



NHS
Herts Valleys
Clinical Commissioning Group

Meeting : NHS Herts Valleys CCG Patient and Public Involvement Committee Meeting

Date : 23 January 2019

Time : 10.00 – 12.35

Venue : Apsley meeting room, Hemel One, Hemel Hempstead

Present:	
Alison Gardner (AG)	Lay Board Member, and Meeting Chair
Jill Ainsworth Beardmore (JA)	Patient Representative (Dacorum)
Madeleine Donohue (MD)	Patient Representative (Dacorum)
Alex Hickinbotham (AH)	Patient Representative (St Albans & Harpenden)
Kate (Catherine) Page (KP)	GP Board Member
Juliet Rodgers (JR)	Associate Director, Communications and Engagement
Gavin Ross (GR)	Patient Representative (St Albans & Harpenden)
John Wigley (JW)	Chair of the St Albans & Harpenden Patient Group
Diane Eaton (DE)	Patient Representative (Watford & Three Rivers)
Kevin Minier (KM)	Patient Representative (Dacorum)
Robert Hillyard (RH)	Patient Representative (Hertsmere)
In attendance:	
Kathryn Magson (KMa)	Herts Valleys, Chief Executive Officer (from PPI/08/19)
Caroline Fry (CF)	Corporate Admin (minutes)
Heather Aylward (HA)	Public Engagement Manager
Tracey Brown (TB)	Deputy Director of Continuing Health Care & Clinical Quality (until item PPI/07/03)
Amanda Burfot (AB)	Planned & Primary Care Commissioning Manger (for PPI/08/19)
Louise Manders (LM)	Head of Programme Communications and Engagement
Helena Russell (HR)	Herts County Council (HCC) - Child & Adolescent Mental Health Service (CAMHS)
Tara Mullaney (TM)	Herts County Council (HCC) - Child & Adolescent Mental Health Service (CAMHS)

PPI/01/19	Chairman's introduction and apologies for absence (Chair)
01.1	<ul style="list-style-type: none"> AG welcomed everyone to the meeting. <ul style="list-style-type: none"> Apologies had been received from: Colin Barry (CB), Caroline Sutherland (CS), Rod While (RW) The meeting was quorate.
PPI/02/19	Declarations of interests (Chair)
02.1	There were no interests declared in relation to items on the agenda.
PPI/03/19	Minutes of previous meetings and action log (Chair)
03.1	The committee approved the minutes of the meeting held on 14 November 2018.

PPI/04/19	Matters arising and action log (Chair)
04.1	The action log was reviewed
PPI/05/19	Committee work plan
05.1	<p>The key points were as follows:</p> <ul style="list-style-type: none"> • The work plan is being developed but should remain responsive to individual issues as they arise. • National GP Survey - results will be ready by July 2019 and this should be included • Feedback will be included on the extended hours contract within GP practices. • Patient reps have recently been invited to Quality Assurance visits held within each GP practice. This will be a standing agenda item each meeting - feedback to PPI committee on experience • DE informed the group, patient reps are now welcome at the Watford & Three Rivers Locality Commissioning Committee meetings, as observers only. This will be very beneficial for communication throughout the locality.
05.2	The committee resolved that as a standing item patient reps will feedback experiences from the quality assurance meetings with practices.
PPI/06/19	Board Assurance Framework (BAF)
06.1	Following a recommendation made by audit committee, it has been agreed that each board committee will look at this and minute discussions around each risk the committee has responsibility for.
06.2	<p>The following points were made in discussion points:</p> <ul style="list-style-type: none"> • JW asked if this could be explained in more depth. • The group agreed on an educational session with Katy Patrick (deputy head of corporate governance) to provide additional clarity on the role of the BAF.
06.3	<i>ACTION: Katy Patrick (IG) to give session on BAF, on the next agenda.</i>
PPI/07/19	Discharging patients from Accident & Emergency - Watford General Hospital (WGH)
07.1	<p>TB explained the WGH discharge process along with changes being made presently:</p> <ul style="list-style-type: none"> • WGH currently take 100/120 admissions daily the amount discharged on the same day is approximately 50. • The Integrated Team at WGH are a multi-disciplinary team, who will now go and see each patient in A&E whilst assessing their needs. • The patient discharge time is also being reviewed, WGH are aiming to discharge patients before midday, this will impede on the patient arriving home too late in the day. • WGH now work closely with both End of Life (EoL) team and local hospices; this is to help people at the end of their lives die at home, results show this is much more humane, private and peaceful for both patients and their families.
07.2	<p>Discussion points:</p> <ul style="list-style-type: none"> • RH commented the need for the CCG need to focus on people with no family support and the elderly. He cited Barnet Hospital have as offering a good package. TB replied, this can be looked into. • TB there is now a new funding stream under the 'Frailty Focus' campaign that will allow a visit to all elderly patients homes after hospital discharge for further assessment. • MD enquired about non frail patients. TB informed there will be patients that fall through the net, once this has been noted an automatic investigation process will begin by the NHS Safeguarding Adults team.
07.3	The committee noted changes now in place with more care taken for vulnerable patients.
<i>TB left the meeting</i>	
<i>KMa joined the meeting</i>	
PPI/08/19	Deep dive into the Connect MSK (Muscular Skeletal) Service

08.1	<p>AB introduced the paper with the following points:</p> <ul style="list-style-type: none"> • AB has been out into the community to speak with patients about their experiences with the new service. One of the first changes made following feedback was more communication with patients as only one appointment text message was in place before, a letter is now sent as well. • Further engagement with patient groups and reps is planned to give patients understanding on how the service is set up. • LM stated that self-care is very important with both exercise sheets and self-help programmes. • JR stated that a programme is to be launched with Healthwatch to give people a better understanding.
08.2	<p>Discussion points:</p> <ul style="list-style-type: none"> • KM informed the triage system in place sometimes isn't helpful. AB stated that the service was heavily researched with Dr John Hykin the Clinical MSK Lead at HVCCG, at triage the staff use body maps, some of the GP referrals go directly into the service and some for self-help. • CP stated that whilst the patient is with the GP a leaflet is handed out for information, although there is a need to improve administration. • RH felt that more availability is needed in Hertsmere locality. JR stated that this had been escalated to the CCG board. CP added practices did need information a little sooner. • JA stated that more dissemination of information to GPs would be a good idea.
08.3	The committee noted the service updates.
08.4	<i>ACTION: AB to circulate the service leaflet to the group</i>
PPI/09/19	Child & Adolescent Mental Health Service (CAMHS) review
09.1	<p>The following key points were made regarding the paper:</p> <ul style="list-style-type: none"> • HR stated that Herts Partnership Foundation Trust (HPFT) provide all CAMHS services, an in depth review was written in 2015 about the service and this has prompted a new transformation plan written in 2018. • A single gate way for the mental health needs of children and young people. • More money has been invested into eating disorders, mental health in schools, and young people dealing with a mental health crisis. • CAMHS would like to move toward a more needs model. • The service is refreshed on an annual basis (October 2018) which will continue to improve access and waiting times. • A government 'green paper' sets out the ambition that children and young people who need help for their mental health are able to get it when they need it. • The most vulnerable group is 17-19 years of age. There is extra funding to help with mild/moderate needs. The two areas chosen for this are Hoddeston and St Albans & Harpenden localities - the reason is academic pressures.
09.2	<p>Discussion points:</p> <ul style="list-style-type: none"> • JW suggested training for school pupils to help monitor their peers. HR informed the Royal College of Psychotherapy are training pupils for this very reason, Positive Behaviour, Autism and Learning Difficulties Mental Health Service (PALMS) is the sister service for CAMHS. • HR stated that new pathways have been set up with school health teams embedding the The Lancaster Model to help NHS school nurses to identify physical and mental health needs in both pupils and families and provides appropriate support and response feedback for certain aspects, one being Mental Health.
PPI/10/19	Strategic Outline Case (SOC) engagement update for information
10.1	<p>JR stated that the next public update is 29 January 2019 at the Stanborough Centre, Watford. Constraints and affordability will be discussed and the next stage will be onto an evaluation panel;</p>

	Commencing 21 March 2019 local election will go into a period of purdah for 6 weeks.
PPI/11/19	Patient Participation and Engagement report
11.1	JR stated HVCCG have now received detailed requirements on 'Indicator 57' published by NHS England, it is not very different to the previous one written and should be signed off by 8 March 2019 with the result in by July 2019.
PPI/12/19	Board Meeting held in Public 17 January 2019 – (overview)
12.1	<p>KMa stated that Herts Valleys CCG is moving towards collaborative working/joint commissioning and strategic commissioning to be in place by 2021. This will be discussed at the next engagement update. JR stated that local MPs are to be kept fully up to date.</p> <p>Further items discussed:</p> <ul style="list-style-type: none"> • Moving towards collaborative working, a primary care network, describing practices as groups or hubs, there are 13/14 hubs across this CCG. • The new Ophthalmology service is now live - 15 January 2019. • The new Ear Nose & Throat (ENT) service will be live 4 February 2019. • Frailty; one of the Sustainability Transformation Plan (STP) work streams has bought a new Ambulance emergency car. • UK EU Exit processes. • HVCCG office moves to The Forum, Hemel Hempstead. • The new HVCCG 'Meetings Policy'.
12.2	<p>Discussion points:</p> <ul style="list-style-type: none"> • AG escalated to the board about the lack of representatives for Watford & Three Rivers. Significant progress made • DE confirmed that patient reps have now been invited to the Watford and Three Rivers locality commissioning committee (LCC) meetings, as observers. The three other localities have patient reps attending their LCC meetings. KMa asked to keep this on the PPI committee agenda.
12.3	<i>ACTION: KMa asked to circulate the new meeting policy</i>
PPI/13/19	Items agreed for discussion at future meeting
13.1	<ul style="list-style-type: none"> • Patient involvement experience of procurements. • Katy Patrick (HVCCG) to give a session on BAF and corporate risk. • Patient representation at Locality Commissioning Committee (LCC) meetings. (KMa) asked to keep this on the agenda. • Standing agenda item; patient reps to feedback Quality Assurance meeting information to this committee and the localities. To report on their experience on involvement in this – invite people – assurance process. Being developed •
PPI/14/19	Risks identified during the meeting
14.1	The need for a consistent approach to patient involvement in locality business meetings.
PPI/15/19	Date and time of next meeting
15.1	10.00-13.00, Wednesday 20 March 2019.