

Herts Valleys Clinical Commissioning Group

APPROVED Minutes of the Patient and Public Involvement Committee held on 22 October 2014 in the Apsley Room, Hemel One, Hemel Hempstead

Present and In Attendance

Alison Gardner, Lay Member of the Board (Chair of the Meeting)
Jan Norman, Director of Nursing and Quality
Heather Alwyard, Public Engagement Manager
Colin Barry, Patient and Public Representative (Watford and Three Rivers)
Meg Carter, HealthWatch Representative
Tracey Cooper, Head of Adult Safeguarding (*item PPI/62/14 only*)
Madeleine Donohue, Patient and Public Representative (Dacorum)
Diane Eaton, Patient and Public Representative (Watford and Three Rivers)
Marie-Anne Essam, GP PPI Lead
Sarah Hill, Chief Locality Officer (Watford)
Lynn Hughes, Interim Head of Corporate Governance
Sushel Ohri, Equality and Diversity Lead (*items PPI/37 and 38/14 only*)
Robin Pike, Patient and Public Representative (Dacorum)
Juliet Rodgers, Associate Director of Communications and Engagement
Caroline Sutherland, Patient and Public Representative for Hertsmere/Board Patient Representative
John Wigley, Patient Representative (St Albans and Harpenden)
Deborah Parkin, Programme Director for the Prime Minister's Challenge Fund at Watford Care Alliance
Tim Anfilogoff (*item PPI/60/14 only*)
Anvi Shah (*item PPP/57/60/61/14 only*)

PPI/48/14 Welcome and Apologies for Absence

- 48.1 A Gardner welcomed everyone to the meeting.
- 48.2 Apologies for absence were received from, V Tiwari, G Ross and B Lloyd. It was noted that M Carter was in attendance in B Lloyd's absence.

PPI/49/14 Declaration of Interests

- 49.1 There were no new interests declared and no interests declared in relation to the open items on the agenda.

PPI/50/14 Minutes of the Previous Meeting

- 50.1 The minutes of the last meeting held on 15 October 2014 were accepted as an accurate record.

PPI/51/14 Matters Arising and Action Log

- 51.1 There were no matters arising in addition to items included on the agenda.
- 34.2 It was agreed that completed actions would be closed and open items were discussed in turn.

PPI/26.2/14 CCG's Arrangements for Roles and Responsibilities of PPI Committee Patient Representatives. It was agreed to leave this action open until the document had been approved by the Committee.

PPI/42.2.14 Terms of Reference for Localities. J Norman explained that work was being taken forward by L Mhlanga, the CCG's Assistant Director of Localities. It was agreed to close the action.

PPI/52/14 Roles and Responsibilities of PPI Committee Patient Representatives

52.1 A Gardner explained that as agreed at the previous meeting the Roles and Responsibilities of PPI Committee Patient Representatives had been drafted by the Task and Finish Group which had met on a number of occasions. Involvement had included participation from C Sutherland, J Wigley, J Norman, L Hughes and J Rodgers.

52.2 Discussion took place around the document and appropriateness of the wording used. Following discussion it was agreed that the document was approved in the main subject to minor amends in respect of the media and the right of appeal sections. It was agreed that J Rodgers would amend the wording for the media section and the document would be emailed to everyone outside of the meeting to agree the wording on the media and appeal process.
ACTION PPI/52.2/14 (PPI Committee)

PPI/53/14 Patient Engagement Update

53.1 H Alwyard spoke to the Patient Engagement report which provided information on engagement activity that had taken place from August to October 2014 which was noted.

53.2 Discussion took place with regards to social media and the encouragement for staff, members and patient representatives from the PPI Committee to use twitter going forward. It was noted that guidance and training would be delivered by the Communications team.

53.3 In response to M Donoghues query, J Rodgers explained that social media and the governance arrangements for talking to the press were totally different and would be further explained at the workshop the Communications team were delivering. Following discussion it was agreed that patient representatives would liaise with the Communications team to book on to training before twitter accounts were set up.

ACTION PPI/53.3/14 (PPI Patient Representatives/H Alwyard)

PPI/54/14 Locality Reports on Patient and Public Involvement

54.1 Dacorum Report

The Dacorum Patient Group update report was noted for the period covering 19 August 2014 to 16 September 2014.

54.2 Hertsmere Report

The Hertsmere Patient Group update report was noted for the period of August to October 2014.

54.2.1 Discussion took place around S Stevens, Chief Executive of NHS England's recent media statement on reducing obesity nationally as well as in the NHS workforce. In response to a query, J Rodgers explained that the CCG would discuss how they wished to take this forward within the organisation in an attempt to support the initiative and reduce obesity of its workforce.
ACTION PPI/54.2.1/14 (J Rodgers)

- 54.3 **St Albans and Harpenden Report**
The St Albans and Harpenden Patient Group update report was noted for the period from July to 24 September 2014.
- 54.3.1 Reference was drawn to the Strategic Review and the plans in place to include patient representatives going forward. A Gardner explained that L Gaffney would provide an update on the Strategic Review later in the meeting.
- 54.4 **Watford and Three Rivers Report**
The Watford and Three Rivers Patient Group update report was noted.
- PPI/55/14 Strategic Review Update**
- 55.1 L Gaffney provided a verbal update on the Strategic Review which was being conducted to ensure the sustainability of West Hertfordshire health economy. She explained that all the provider organisations, local authority as well as patients in West Hertfordshire would work together over the coming months to support the work of the Strategic Review.
- 55.2 L Gaffney explained D Radbourne was the lead for the Strategic Review and Deloitte had been appointed as the Strategic Partner to assist the delivery of the review. It was noted that the review would provide a number of options in the New Year and then work would commence to implement the required changes going forward.
- 55.3 In response to J Wigley's query with regards to the engagement process, L Gaffney explained that Healthwatch had been involved to date as part of the Strategic Partner appointment process and Grayling a global communication company had been commissioned to manage the communications of the Strategic Review. She further explained that previous consultations, conversation cafes etc, would be taken into consideration within the current review process.
- 55.4 It was noted that the governance arrangements for patient engagement would be circulated to PPI patient representatives as soon as they were finalised. **ACTION PPI/55.3/14 (L Gaffney)**
- PPI/56/14 Commissioning Prioritisation Protocol**
- 56.1 L Gaffney provided an update on the Commissioning Prioritisation Protocol which aimed to fit with the CCG's business cycle and governance structure. She explained that the CCG planned to consult the Protocol further with the PPI Committee prior to it being presented to the Board for approval at its January 2015 meeting. **ACTION PPI/56.1/14 (L Gaffney)**
- PPI/57/14 Gynaecology Update**
- 57.1 A Shah provided an update on the progress made to date following Performance and Delivery Committee's recommendation for scoping to be carried out in a different way. She explained that three patients and two patient representatives had been engaged and consultation had also taken place at locality patient groups. She highlighted that consultation had resulted in the questionnaire being revised. In response to a query, A Shah explained that there would also be patient involvement in business case development.
- 57.2 R Hillyard explained that the paper that was presented to Hertsmere raised queries with regards to the Lead Provider Model and the impact on patient choice but it was noted that there was the option to go outside of the Lead Provider Model.

57.3 In response to M Donohue's query with regards to how patient representatives are selected, J Rodgers explained that there was no formal process in place at present but the Participation and Engagement Plan which would be developed following the approval of the strategy would clearly define the selection process for patient representative involvement going forward.
ACTION PPI/66.3/14 (J Rodgers)

PPI/58/14 Commissioning Intentions

58.1 C Allan provided an update on the CCG's Commissioning Intentions for the financial year 2015/16 which had been developed in consultation with GP members in the CCG's four locality areas to take into account the views and priorities voice by the public, patients, carers and Clinical Leads which was noted. He drew reference to letter included within papers from Nicola Bell, Accountable Officer of the CCG which provided details of the commissioning intentions which had been developed to support the CCG's strategy and five year strategic plan to provide more care in a primary care and community setting which is closer to home.

PPI/59/14 Draft Participation and Engagement Strategy

59.1 J Rodgers presented the Draft Participation and Engagement Strategy. She drew attention to the engagement that had taken place to date which included patients, carers and local people as well as staff and key stakeholders to assist the development of the strategy. She explained that the document was in draft form and any comments received would be taken into consideration before the document was presented to the Board at its 6 November 2014 meeting for approval.

PPI/60/14 Carers Strategy

60.1 T Anfilogoff presented the draft Carers' Strategy. He provided an update on progress made to develop the three year strategy for the period covering April 2015 to March 2018 to improve support for carers which was planned to be published on the Carers' Rights Day on 28 November 2014 following Board approval on 6 November 2014. It was noted that T Anfilogoff planned to discuss the strategy with CHC team.

60.2 The discussions with providers, the possible financial and workforce development implications were noted.

60.3 Discussion took place with regards to the Equality Quality Impact Assessment requirements which were being further developed by S Ohri, Equality and Diversity Lead and the support for Carers being made as an extra protected group under the equalities strategy.

PPI/61/14 Watford Care Alliance (Transformational Innovations for Primary Care in West Hertfordshire)

61.1 D Parkin provided an update on the Watford Care Alliance which covered 11 practices in Watford which had been successful in the first wave of the Prime Minister Challenge Fund and secured £794,620 to improve access to care for its patients. The funding was noted as being used to create walk-in appointments until 8pm, seven days a week at two practices in South West Hertfordshire and supported by a new integrated team including social worker, community nurse, physiotherapist, occupational therapist, specialist palliative care nurse working alongside GPs. It was also noted that the pilot helped to support the development of IT data sharing.

PPI/62/14 Adult Safeguarding Strategy

62.1 T Cooper spoke to the safeguarding adults at risk strategy 2014 to 2017 which included information on the CCG's vision and plans with regards to safeguarding adults at risk of harm which was noted.

62.2 In response to R Hillyard's query, it was noted that the Police worked closely with safeguarding leads in the CCG and provider organisations and prosecutions were made when appropriate.

PPI/63/14 Any Other Business

63.1 Training Education Resource and Learning Group

D Eaton explained that she had been asked to attend the CCG's Training Education Resource and Learning (LERL) Group in the capacity as a patient representative and had attended meetings in the past but was no longer in the position to attend meetings going forward. Following discussion it was agreed that any request for patient representative attendance at CCG Groups would be made via the PPI Committee. J Norman agreed to discuss the arrangements for patient representatives on the TERL Group with N Small and N Bell.

ACTION PPI/63.1/14 (J Norman)

63.1.1 It was also agreed that the TERL Group's Terms of Reference and PPI patient representative for the TERL Group would be added to the next meeting agenda.

ACTION PPI/63.1.1/14 (L Hughes)

63.2 Locality Business Cases for Improving Capacity in Primary Care

R Hillyard explained that in response to the CCG's initiative launched in July 2014, Dacorum Locality had prepared a business case for Commissioning Executive approval for additional funding to improve capacity in primary care. In response to that J Norman explained that all four localities had been invited to submit business cases which would be reviewed by Commissioning Executive against robust criteria before funding was approved.

PPI/64/14 Date and Time of Next Meeting

64.1 The next meeting is scheduled to take place on Wednesday, 10 December 2014 at 10am in the Apsley Meeting Room, Hemel One, Hemel Hempstead.