

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

Date : 14 November 2018

Time : 10.05 – 13.10

Venue : Apsley meeting room, Hemel One, Hemel Hempstead

Present:	
Alison Gardner (AG)	Lay Board Member, Meeting Chair
Jill Ainsworth Beardmore (JA)	Patient Representative (Dacorum)
Madeleine Donohue (MD)	Patient Representative (Dacorum)
Colin Barry (CB)	Patient Representative (Watford and Three Rivers)
Alex Hickinbotham (AH)	Patient Representative (St Albans and Harpenden)
Kate Page (KP)	GP Board Member
Juliet Rodgers (JR)	Associate Director, Communications and Engagement
Gavin Ross (GR)	Patient Representative (St Albans and Harpenden)
John Wigley (JW)	Chair of the St Albans and Harpenden Patient Group
In attendance:	
Rod While (RW)	Head of Corporate Governance (minutes)
Emma Williams (EW) to PPI/74/18	Senior Commissioning Manager, Mental Health
Heather Aylward (HA)	Public Engagement Manager
Kathryn Magson (KM) to PPI/74/18	Chief Executive Officer
Sue Fogden (SF) (item PPI/73/18)	Assistant Director – Premises

PPI/66/18	Chairman's introduction and apologies for absence (Chair)
66.1	<ul style="list-style-type: none"> AG welcomed everyone to the meeting. Apologies had been received from: Diane Eaton (DEa), Kevin Minier (KM), Robert Hillyard (RH), Brian Gunson (BG). The meeting was quorate.
PPI/67/18	Declarations of interests (Chair)
67.1	There were no interests declared in relation to items on the agenda.
PPI/68/18	Minutes of previous meetings and action log (Chair)
68.2	The committee approved the minutes of the meetings held on 19 September 2018.
PPI/69/18	Matters arising and action log (Chair)
69.1	It was agreed that the committee would benefit from a workplan.
69.2	It was raised that we should not lose sight of the Connect MSK service and the need for this to be revisited at a future meeting.
69.3	PPI/48.4/18 (PPGs) HA is setting up an evening PPI development session in June next year to help attract a different audience. The item should remain open.
69.4	PPI/54.5/18 (choice statement) JR noted that this has been published on the CCG website and discussed at ppi development and network session. KM suggested sharing this more widely with PPGs to describe when choice applies. It is important to make patients aware that referral to

	secondary care is not the default position.
69.5	The action log and matters arising were noted.
69.6	<i>ACTION: Patient choice summary statement to be circulated to PPGs – HA.</i>
69.7	<i>ACTION: Patient choice summary to be shared with HealthWatch with the suggestion that they help promote it – JR.</i>
69.8	<i>ACTION: JR and RW to propose work plan for the committee.</i>
PPI/70/18	HPFT Contract
70.1	EW introduced the presentation with the following points: <ul style="list-style-type: none"> • Contract is for specialist mental health services in Herts. • Contract will run for five years from April 2019 and the partners are East and North Herts CCG, Herts Valleys CCG, Hertfordshire County Council (HCC), and Cambridgeshire and Peterborough CCG. • The value is £168m. • There is a steering group and a number of sub groups in place and the contract is being driven by the Five Year Forward View for mental health • We are asking users and carers to feed into the service improvement plan and some feedback is already being received.
70.2	Discussion points: <ul style="list-style-type: none"> • It was noted that service user representation is part of the governance of mental health commissioning. There is a planning and performance group which also has representation and they help drive the needs of the contract. There have been two stakeholder events so far and feedback has been received from acute in-patients. This all contributes to the service improvement plan. • AH asked what is meant by the golden threads of personalisation. EW stated that this indicated that service user feedback is a key theme in individualised care. • CB welcomed the strengthening of CAMHS in the contract as early intervention was absolutely vital • EW stated that there is a full CAMHS programme in place and it was agreed that this would be a good subject for an in depth review at the committee. • MD has a concern about early intervention at children’s centres and it was clarified that this is in place via perinatal interventions. Work has been carried out on training to ensure that there is high awareness amongst staff. HCC have recommissioned these services. • The dementia pathway has been revamped to ensure that people see a consultant for a diagnosis within 12 weeks; previously this could have been up to 38 weeks. • KP stated that mental health services have been brought into three Hertsmere practices and there is a desire to expand this. • JAB asked whether GPs were getting sufficient feedback on patients being treated by mental health services. KP stated that this has improved a lot over the past 18 months.
70.3	The committee noted the report on the HPFT contract and thanked EW for the information presented.
70.4	<i>ACTION: E Biggs to bring a discussion on on CAMHS to the PPI committee.</i>
PPI/71/18	Acute SOC – engagement process
71.1	JR introduced the paper: <ul style="list-style-type: none"> • WHHT are undergoing a refresh of the SOC and are partway through the process. • Four engagement events have been held, views from the events were captured and we will publish the high level outcomes on the CCG website. • The next steps are that there will be an additional public meeting in early January and a large venue is being sourced for this. • The following week there will be a number of evaluation panels (with mixed audience)

	involving patients and the public as a whole. There will be five patients on each of those.
71.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> • MD asked whether there would be all localities represented at the panels. JR stated that this needs to be decided but we wanted a good geographical spread. It would be helpful to get younger people and some fresh voices involved. • MD noted that people from Dacorum attended all of the meetings. • KP stated that Hertsmere patients had felt the local voice was not heard because of Dacorum presence. JW reflected also that at all meetings the local voice was “drowned out” and also the media had quoted the Dacorum view at the St Albans meeting, this wasn’t an accurate representation of what happened at the meeting. • JA was anxious for more people to attend from the localities to avoid the same views being expressed. We need to reach out to get a wider voice. • KM stated that the people attending the panel must be able to demonstrate that they are independent. She favoured the public meeting being held in Hertsmere and suggested hearing from everyone via a market stall approach.
71.3	The committee noted the update on SOC engagement
PPI/72/18	Participation strategy and implementation plan
72.1	<p>JR introduced the participation strategy and plan with the following points</p> <ul style="list-style-type: none"> • This has been reviewed by the committee previously and the plan was approved by the CCG board on 8 November. • NHS England has not yet decided how they will be carrying the annual assessment as part of the Improvement and Assessment Framework (IAF). • We are producing a summary strategy which will go to the reader panel. • The implementation plan is a work in progress but the strategy? is already being implemented.
72.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> • JR stated that we need to be better at measuring what we do and we would like feedback from the committee on that. • JW referred to the role of the PPI committee described in the strategy. This refers to assuring and advising the board and it states that the committee does not have any power of decision making. Patient representatives need to understand this. • It was confirmed that locality patient group chairs have a standing invitation to PPI committee meetings. • AH reflected that there still needed to be improvements in some of the PPGs. • CB stated that the influence of patient representatives in the Watford locality was quite low. The committee reflected that this was disappointing. It was noted that there are no locality PPI meetings and patients do not get invited to the business meetings. • KM stated that we need to drive compliance with patient engagement through the Enhanced Commissioning Framework, which is enforceable contractually. There is potential to carry out an audit on this.
72.3	The committee noted the report.
72.4	<i>ACTION: KM and JR to develop a plan to drive consistency in patient engagement across the four locality committees.</i>
PPI/73/18	CCG approach to estates
73.1	<p>SF stated the following:</p> <ul style="list-style-type: none"> • SF is responsible for primary care estates across Hertfordshire. • There are 170 primary care buildings and the CCGs pay for the rents for those buildings. • The team ensure that properties represent value for money. • There has not been any new money via the Estates and Technology Transformation Fund (ETTF) for a while. • One project in Hemel Hempstead has completed alongside the Elms in Watford and

	<p>others are in process.</p> <ul style="list-style-type: none"> The team liaises with local authorities to understand where housing developments are taking place so that the impact on general practice can be understood.
73.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> The Potters Bar area is well served. The Borehamwood area is an area of high growth and current buildings are up to capacity. There are plans in place to address this and the practices are collaborating on the issue. AH reflected that there is a concern in public that planning is not taking place and awareness needs to be raised. Progress is being made on the needs of Berkhamsted but the funding mechanism still needs to be decided by NHSE. There have been some major needs in Watford (Meadowell) which has taken a great deal of time to address.
73.3	The committee noted the verbal report on primary care estates.
73.4	<i>ACTION: Paper on how we manage planning applications to be circulated - SF</i>
PPI/74/18	Locality reports
74.1	Dacorum: MD noted that the locality commissioning committee is very welcoming to patient representatives.
74.2	Watford: There is no report because there is not a locality PPI meeting.
74.3	St Albans: JW stated that there would be a talk shortly on the extended hours programme.
74.4	Hertsmere: Harvey Ward has been made chair. Fairbrook held an evening meeting on contraception advice for women and this was extremely successful. KM suggested writing this up as a case study.
74.5	It was noted there was an issue with flu vaccines. KM stated that this was a delivery rather than supply problem and had been delayed in some practices. Practices have been encouraged to liaise with each other on this. Some practices did not handle this well.
74.6	The committee noted the locality updates.
KM and EW left the meeting at 12.05.	
PPI/75/18	Patient participation and engagement report
75.1	<p>HA introduced the report with the following points</p> <ul style="list-style-type: none"> PPI development – the meeting in June will be an evening meeting taking on board comments previously made by the committee. There is a “let’s get connected” meeting shortly with 85 attendees with a focus on connecting PPGs across the localities. Key topics are local support mechanisms and social prescribing. We are looking for patient involvement in quality visits and volunteers are requested. We are looking for two patients for each visit.
75.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> MD asked whether DBS checks were being carried out on volunteers. JA stated that she did not believe it was necessary. MD stated that insufficient patients are attending engagement meetings with planned and primary care. This needs to be addressed with AS and KB to assess whether these projects can be brought to PPI development sessions.
75.3	The committee noted the patient participation and engagement report.
75.4	<i>RW – check DBS requirements and best practice for volunteers and to check volunteer policy.</i>
75.5	<i>ACTION: JR to discuss planned and primary care projects with Avni Shah and Kevin Barrett and a proposal to be brought to the next committee meeting.</i>
PPI/76/18	Board meeting held in public 8 November 2018
76.1	<p>AG introduced the item with the following key points:</p> <ul style="list-style-type: none"> Time was spent at the board discussing a letter from HCC to Simon Stevens which

	<p>contained a number of factual inaccuracies. This has been addressed in a letter to HCC by Nicolas Small.</p> <ul style="list-style-type: none"> • NHS England's response is available on the CCG website, in addition to the original letter and the CCG's response • The IVF decision was reconsidered as a year had elapsed. It was felt that we needed to allow another six months to pass so that the CCG can take stock. • The board agreed not to extend the hours of operation of the Urgent TC due to a limited pool of doctors to cover.
76.2	<ul style="list-style-type: none"> • It was noted by JA that regarding IVF there was confusion about individual funding; KP noted that the consultant can apply for this on patients' behalf if they feel it is appropriate. It was noted that 13 patients had received IVF on an exceptional basis. • MD noted that the IVF paper by public health was insensitive. JR stated we need to pay a little more attention to how papers such as this are perceived.
76.3	The committee noted the update on the CCG board meeting.
PPI/77/18	Items agreed for next meeting
77.1	<ul style="list-style-type: none"> • IVF discussion on the lead up to the next review to discuss any issues emerging from the public. • Patient discharge processes. • Further report from CCG on MSK service. • Deep dive on CAMHS
PPI/78/18	Risks identified during the meeting
78.1	The need for a consistent approach to patient involvement in locality business meetings.
PPI/79/18	Items for cascade to the localities
79.1	Consistent approach to patient involvement in locality meetings.
PPI/80/18	Any other business
80.1	There was no other business.
PPI/81/18	Date and time of next meeting
81.1	10.00-13.00, Wednesday 23 January 2019.