



NHS
Herts Valleys
Clinical Commissioning Group

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

Date : 20 March 2019

Time : 10.00 – 13.05

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)
Brian Gunson (BG)	HealthWatch Representative
Kate Page (KP) to PPI/24/19	GP Board Member
John Wigley (JW) to PPI/24/19	Chair of the St Albans & Harpenden Patient Group
Diane Eaton (DE)	Patient Representative (Watford & Three Rivers)
Colin Barry (CB)	Patient Representative (Watford & Three Rivers)
In attendance:	
Kathryn Magson (KMa) PPI/22/19	Herts Valleys, Chief Executive Officer
Charlotte Earl (CE) PPI/25/19	Senior Pharmaceutical Advisor, Pharmacy & Medicines Optimisation Team
Katy Patrick (KPa) PPI/21/19	Deputy Head of Corporate Governance
Heather Aylward (HA)	Public Engagement Manager
David Evans (DEv) PPI/22/19	Director of Commissioning

PPI/16/19	Chairman's introduction and apologies for absence (Chair)
16.1	<ul style="list-style-type: none"> AG welcomed everyone to the meeting. Apologies had been received from: Juliet Rodgers (JR), Alex Hickinbotham (AH), Gavin Ross (GR) and Robert Hillyard (RH) The meeting was quorate.
PPI/17/19	Declarations of interests (Chair)
17.1	There were no interests declared in relation to items on the agenda.
PPI/18/19	Minutes of previous meetings and action log (Chair)
18.1	It was noted that 12.2 should be reworded to clarify that the particular issue was around Watford and Three Rivers locality.
18.2	The committee approved the minutes of the meeting held on 23 January 2019 subject to the above amendment.
PPI/19/19	Matters arising and action log (Chair)
19.1	The action log was reviewed and it was noted that for PPI/08.4/19, the service leaflet has been redrafted and will be circulated when ready. Other items on the log are either completed or ongoing and on track.
PPI/20/19	Committee work plan

20.1	It was noted that we should ensure that service updates planned for May are on the agenda as they had been delayed from March.
20.2	The committee noted the updated workplan
20.3	<i>ACTION: RW to add update on community respiratory service to the workplan</i>
PPI/21/19 Board Assurance Framework (BAF)	
21.1	<p>KPa introduced the paper with the following points:</p> <ul style="list-style-type: none"> • Risk management is about ensuring we deliver our statutory responsibilities and strategic objectives. • Reminder of the CCG strategic objectives of which there are four. • The board has a responsibility for risk and there are risks inherent in moving forward, therefore the board will review on a regular basis via the board assurance framework (BAF). • There are 15 key strategic risks in the current BAF. Management of risk is a statutory requirement and a fundamental part of our total approach • There is a bottom up and top down approach with strategic risks at the top, individual risks at the bottom. • The context is the first step in managing risk. The STP has changed the context and we are increasingly evaluating at risks associated with STP workstreams. We are often managing risks without direct responsibility for them. • Key terminology explained regarding risk scoring: inherent, current, target and forecast.
21.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> • Risk scores are often developed as a result of consensus, though there is formal approach described in the risk management strategy and process. • The organisation is grappling with a very large number of risks at any one point in time and this cannot be underestimated. • Sometimes it may appear that no changes have happened over a period of time as the scores have remained the same but actions may have helped prevented a worsening of risk scores. • It was clarified that all NHS organisations have a similar approach to risk.
21.3	The committee thanked KP for a helpful overview of risk management in the CCG.
21.4	<i>ACTION KP to return to next meeting to take the committee specifically through the engagement risks.</i>
PPI/22/19 Strategic outline case engagement update	
22.1	<p>DvE introduced the paper with the following points:</p> <ul style="list-style-type: none"> • There have been a number of public meetings to update residents at various points in the process so far and a meeting at the end of January was well attended and more than half the meeting was devoted to questions and answers. • There has been an increased emphasis on use of social media in order to attract a wider audience, including younger people • A significant amount of correspondence has been received on planning assumptions • We have aimed to be as transparent as possible and do not expect FOI requests as a result • We have engaged closely with district councils and health scrutiny • Recent sessions have been involving panels and those people were independently identified. • The final evaluation will be a qualitative one which will be followed by a further public event. The public voice provides a view that will be used by boards to make decisions.
22.2	<p>The following points were made in discussion:</p> <ul style="list-style-type: none"> • JA felt it was difficult to find documentation on websites so there needs to be a hyperlink on the front page of the website • Consultation is planned for May and the decision will go to the boards in June.

	<ul style="list-style-type: none"> • There are 4 permutations, some include Hemel Hempstead site to various degrees. If planned care moves to Hemel this would result in a big expansion. • KM stated that the SOC is predicated on shifting 40% activity to the community and people may not widely understand this. Recent and ongoing procurements will ensure that this happens. • Discussion on location of services should be switched to the advantage of shorter waiting times for community based services. • People are concerned about losing hospital services and we need to reassure them about the community based solutions. • MD suggested that patients are struggling with the connect service and this needs to be addressed in order to convince patients that the out of hospital services work and are a viable alternative to the hospital.
22.3	The committee noted the update
22.4	<i>ACTION: RW to send members locality reports from board and also consultation document on changes in legislation.</i>
22.5	<i>ACTION: RW to send CEO report to be send after each CCG board meeting.</i>
22.6	<i>ACTION: DE/JR to address difficulty in accessing information on the CCG website</i>
PP/23/19 NHS England IAF participation submission	
23.1	<p>HA introduced the report with the following points:</p> <ul style="list-style-type: none"> • This covers five domains : governance, annual reporting, day to day practice, feedback / evaluation and equalities / health inequalities • Within these there are various criteria where we presented to NHSE examples of how those were met. • All the information used as examples is available on the CCG website. • NHSE are expected to publish their assessment by July. • The process is much more detailed than in 2018.
23.2	The committee expressed positive views on the content of the report and felt that it accurately reflects the performance and approach of the CCG.
23.3	The committee noted the report
PPI/24/19 CCG Constitution	
24.1	<p>RW introduced the paper with the following points:</p> <ul style="list-style-type: none"> • The constitution is undergoing a revision at the present time. • We tend to review on an annual basis but also NHSE have introduced a new model constitution which is intended to streamline constitutions. • The model included only one line about PPI. • We have expanded this and also included the golden thread though chair of PPI committee to the CCG board
24.2	The committee discussed the section on patient and public involvement and concluded that it was highly appropriate.
24.3	The committee noted the report
PPI/25/19 Patient participation in medicines programmes	
25.1	<p>CE introduced the discussion with the following points:</p> <ul style="list-style-type: none"> • We try to engage the patient voice where we can • We have added patient inputs to the local prescribing committee and also across the whole of Herts committee (2 reps each) • There have been changes in patient attendees– the technical nature of papers and one change of circumstances with the result that we have one vacancy for each committee. • The campaign has been run on gluten free foods and was developed with really helpful patient inputs. We would like patients to comment on documentation at an early stage in order to shape the communications.

	<ul style="list-style-type: none"> Patients who are interested should contact HA.
25.2	<ul style="list-style-type: none"> BG suggested that there be a job spec for patient representatives for patient groups. CE stated that we did not want to exclude people because they do not have a technical background.
25.3	<i>ACTION: CE to speak to HA in relation to patient representatives on the prescribing groups</i>
PPI/26/19	Participation report
26.1	<p>HA introduced the report with following points:</p> <ul style="list-style-type: none"> We now have 28 health and wellbeing ambassadors In Watford and Three Rivers, there have been requests from individual practices for discussions on how to improve local PPGs. There will be a session on 28 April across all localities to discuss patient engagement.
26.2	<ul style="list-style-type: none"> MD would like to know who provide patient inputs on the various groups run by the CCG. It was noted that there are data privacy issues related to this and we need to respect the views of those individuals. KP suggested that patients would be given the opportunity to contact PPI members if they so wished rather than vice versa
PPI/27/19	Locality reports
27.1	Dacorum - as an addendum to the report MD and JA discussed the joining of Dacorum Commissioning Committee and the Dacorum Locality Delivery Board. The two meetings will be held monthly back to back to separate commissioning and provider focused agendas.
27.2	<p>Watford and Three Rivers</p> <ul style="list-style-type: none"> The relaunch of PPG network and locality PPI was noted. DE stated that she had been involved in a quality assurance visit to WHHT. The trust had asked HealthWatch to report on complaints management and how they apply learnings to service delivery. It was found that this had improved considerably. Sheepcote practice PPG attended as observers.
27.3	The St Albans and Harpenden report was noted (JW had already left the meeting).
27.4	It was noted that Hertsmere report was excellent and useful informative of interest to all other members
27.5	<i>ACTION: Quality Assurance involvement to be included as a standing item.</i>
27.6	<i>ACTION: Future meetings should consider the locality reports higher in the agenda</i>
PPI/28/19	Review of terms of reference
28.1	The committee was asked to review the committee terms of reference which had not been reviewed for some time.
28.2	CB noted that 2.3 suggested that chairs of all PPG locality groups had an open invitation to PPI committee, AG noted that this was for locality PPIs only. The ToRs will be amended to clarify this
28.3	<i>ACTION: Members to review and send comments to RW</i>
28.4	<i>ACTION: RW to amend ToRs as described in 28.2 above</i>
PPI/29/19	Date and time of next meeting
29.1	10.00-13.00, Wednesday 15 May 2019.