

Approved minutes

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

Date : 18 April 2018

Time : 10.10am – 1.03pm

Venue : Apsley meeting room, Hemel One, Hemel Hempstead

Present:	
Alison Gardner (AG)	Lay Board Member, Meeting Chair
Jill Ainsworth Beardmore (JAB)	Patient Representative (Dacorum) (from PPI/16/18 to PPI/22.5/18)
Colin Barry (CB)	Patient Representative (Watford and Three Rivers)
Madeleine Donohue (MD)	Patient Representative (Dacorum)
Diane Eaton (DEa)	Patient Representative (Watford and Three Rivers)
Alex Hickinbotham	Patient Representative (St Albans and Harpenden)
Robert Hillyard (RH)	Patient Representative (Hertsmere)
Kevin Minier (KM)	Chair of the Dacorum Patient Group
Kate Page (KP)	GP Board Member (from PPI/16/18 to PPI/23.3/18)
Juliet Rodgers (JR)	Associate Director, Communications and Engagement (from PPI/16/18 to PPI/22.5/18)
Gavin Ross (GR)	Patient Representative (St Albans and Harpenden)
Caroline Sutherland (CS)	Patient Representative (Hertsmere)
John Wigley (JW)	Chair of the St Albans and Harpenden Patient Group (from PPI/16/18 to PPI/22.2/18)
In attendance:	
Laura Abel (LA)	Corporate Governance Support Manager (Secretary to the Committee)
David Evans (DEv)	Director of Commissioning (for item PPI/20/18)
Ed Knowles (EK)	Assistant Director, Health Integration (Herts Valleys and Herts County Council) (for item PPI/20/18)
Elke Taylor (ET)	Deputy Chief Finance Officer (for item PPI/19/18)

PPI/16/17 Chairman's introduction and apologies for absence (Chair)

- 16.1
- AG welcomed everyone to the meeting. Introductions were made for the benefit of AH and KP who had joined the committee.
 - Apologies had been received from Heather Aylward (HA).
 - Brian Gunson (BG) was not at the meeting; he had not submitted apologies in advance.
 - The meeting was quorate.
- 16.2
- JAB made a presentation to CS, outgoing patient representative to the board, on behalf of the committee. She thanked CS for all her hard work in establishing the role so successfully.
 - CS thanked the committee for their support over the past four years and wished JAB and JW well for their tenure in the role for the next two years.

PPI/17/17 Declarations of interests (Chair)

- 17.1 There were no interests declared in relation to items on the agenda.

PPI/18/17 Minutes of previous meeting and action log (Chair)	
18.1	Due to work pressures, there were no minutes of the meeting held on 7 February or updated action log. These would be circulated as soon as possible.
18.2	<i>ACTION: L Abel to circulate the minutes of the meeting held on 7 February and the updated action log.</i>
<i>Elke Taylor joined the meeting</i>	
PPI/19/17 Financial update (Deputy Chief Finance Officer)	
19.1	<p>Herts Valleys financial outturn position for 2017/18</p> <ul style="list-style-type: none"> • The year-end process had just been completed. • The financial outturn was £852,769. • The 2017/18 control total was an in-year surplus of £0.1m. • At month 12 the CCG had been instructed to release into the position: <ul style="list-style-type: none"> ○ the 0.5% non-recurrent fund held for the national risk reserve (£3.77m), and ○ the return of the Category M top slice (£0.74m) – this is the prescribing savings coming from discounts on drugs prices. • This increased the CCG's required in-year surplus to £4.6m. • The CCG was reporting a final surplus of £4.7m, which was £0.1m above target, subject to audit. • This positive position demonstrated that the financial control measures that had been introduced together with the QIPP transformation savings had been effective. • The CCG's QIPP target for 2017/18 was £38m net. Forecast delivery was reported to be £34.4m, representing 90% delivery.
19.2	<p>Herts Valleys financial plan for 2018/19</p> <ul style="list-style-type: none"> • ET explained that the final plan would be submitted to NHS England on 30 April 2018. • The NHSE planning guidance had only been received in February 2018 which was later than normal. • The CCG had taken account of the guidance and set appropriate levels of activity growth that were also reflected in the CCG's transformation programme. • Contract variations had been agreed with all NHS providers. • Net QIPP had been set at £26.5m. Schemes to the full value of the target had been identified and the majority has been embedded into contracts or budgets. • The CCG had invested £4.2m into reducing emergency admissions and increasing winter capacity, and £1.4m into meeting the mental health (MH) investment standard (this was the same percentage increase as the CCG's increase in financial allocation). • Growth, inflation and NICE guidance had been budgeted for at 8.3% for prescribing, before applying QIPP. • The CCG had seen a significant rise in continuing healthcare (CHC) cost and activity during 2017/18. For 2018/19 growth and inflation had been budgeted at 9.8% before applying QIPP.
19.3	<p>The committee discussed the update and a number of further clarifications were noted:</p> <ul style="list-style-type: none"> • MD observed that the NHSE requirement to undertake more activity in the acute setting appeared to be contradictory to the CCG's transformation programme to move activity into the community setting. She also wondered if the Trust had the capacity to deliver the extra activity. • ET explained that this was down to classification of expenditure which caused this confusion. Discussions were underway with the acute trusts to balance financial demands of their regulator (NHS Improvement) and NHSE requirements for the CCG to meet financial targets and year-end outturn positions. • RH wondered what the impact of this top down approach would be. ET explained that the CCG had held robust debates with NHSE in order to defend the direction of travel and longer-term aims (<i>Your Care, Your Future</i> and the STP). • CB queried the impact of the DH guidance to postpone all elective surgery in January 2018 to reduce pressures on acute trusts. ET confirmed that there had been little impact on elective surgery at WHHT.

- In response to a question from GR about the necessity (in hindsight) of the Let's Talk consultation and subsequent changes to service provision, ET confirmed that if the decisions had not been taken, the CCG would have failed to meet its control total.
- JR added that these had also been part of longer term financial planning to ensure the sustainability of key services.
- AG pointed out that the QIPP savings delivered had not been achieved by cutting services; rather these had been delivered by transactional savings (i.e. contract monitoring and validations) as well as transformational schemes.
- There would be fewer transactional savings in 2018/19; therefore the focus would need to be on transformational changes.
- ET assured the committee that all decisions taken were based on strong clinical evidence.

19.4 The committee noted the 2017/18 financial outturn of £852,769 and the 2018/19 financial plan.

E Taylor left the meeting

D Evans and E Knowles joined the meeting

**PPI/20/17 Adult community services procurement update
(Director of Commissioning and Assistant Director, Health Integration)**

20.1 DE and EK provided an update on the adult community services (ACS) procurement, highlighting the following:

- This was a very large-scale procurement, looking to deliver the strategic ambitions of *Your Care, Your Future* and based on our understanding that patients want care closer to home rather than in an acute setting.
- The focus was to contract with providers on an outcomes-basis.
- Discussions have taken place with existing providers to inform staff of developments and outline the timeframes. In addition, events have been held to inform wider community audiences. Meetings with the 'third sector' (i.e. voluntary and community groups) had also been held as the importance of these groups was recognised.
- There have been some opportunities for patients to be involved throughout the procurement, including a patient survey where they had the opportunity to identify what they would like to see from adult community health services. Three patient representatives from the committee were on the working group.
- One of the issues for consideration was how to identify the best bids from those submitted and how the questions would allow us to differentiate between providers.
- There are robust governance processes around the procurement to reduce the risk of challenge from unsuccessful bidders.
- All those involved in the procurement have been required to complete a confidentiality and conflict of interest form.

20.2 The update was discussed and the following points made:

- KM asked a question about how Herts Valleys viewed having different community providers across the Hertfordshire CCGs in the context of the STP and integrated commissioning? In response, DEv explained that the existing HCT contract had been inherited from the PCT. There were already differences in the services commissioned and delivered and variation in how services were currently delivered across the county.
- In response to a question from CS about the challenges of communications between organisations, EK noted that this would be required to be addressed as part of the tender documentation.
- Site visits would take place as part of the evaluation process.
- Based on his involvement in the working group, JW noted the lack of specificity about outcomes and the inclusion of the third sector in the technical envelope. DEv explained that there was a market event being held on 19 April and it was important to allow providers to have flexibility to identify opportunities to transform service provision.
- RH noted his concerns about HCT ownership of existing properties and their availability for use should HCT not be the preferred bidder. EK explained that core properties were being identified and there would be an expectation that services would continue to be delivered from these premises.

20.3 The committee noted the update on the adult community services procurement process.

D Evans and E Knowles left the meeting

In order to enable J Rodgers to attend another meeting, agenda item 7 was deferred until later in the meeting

PPI/21/17 Patient participation and engagement report (Associate Director Communications and Engagement)

21.1 JR presented the report on participation activity.

NHS 70

- This would be a yearlong ongoing campaign with a focus on 'giving something back to the NHS' locally.
- The cost of the activities planned would be in the region of £350.
- The CCG would be:
 - working with a local school to design a 70 birthday card;
 - holding a 'celebration of participation' event on 5 July, with refreshments provided by Hertfordshire Independent Living Service (HILS);
 - encouraging staff and local people to get more active by taking part in the #NHS1000mileschallenge;
 - having a presence at community events to raise awareness and encourage more people to get involved and influence local health services; and
 - distributing specially painted rocks with #NHS70.
- This was all about asking people to give something back to the NHS on this milestone birthday.
- In response to comments from CS and DEa about the opportunity to promote Herts Valleys CCG as the local NHS body and the achievements made, JR agreed and explained that there were a lot of national events being planned. As the communications and engagement team were limited in what they could undertake as they were only a small team support from others would be welcome.

21.2 **Urgent care consultation**

- The consultation on future options for services at the urgent treatment centre (UTC) and West Herts Medical Centre (WHMC) which were both located at Hemel Hempstead Hospital closed on 28 March.
- Views gathered through an on-line survey, community events, social media as well as more traditional public meetings were currently being analysed by an independent agency – The Campaign Company - and would be considered, along with other information, at a board meeting in public on 10 May, where decisions would be made.

21.3 JR presented two other items which had not been included in the report:

1. 360° stakeholder survey – annual survey commissioned by NHS England. The results would be presented to a private session of the board on 10 May and then to the next committee meeting after that (20 June). Despite a difficult year, the feedback had been mostly positive.
2. Annual Report – the CCG's draft annual report and accounts would be submitted to NHSE on 30 April. Once the external auditors had reviewed and approved the annual accounts for 2017/18 a summary version would be produced. Members of the committee were invited to take part in this process.

21.4 The Committee noted the patient participation and engagement update.

PPI/22/17 Review of the participation strategy (Associate Director Communications and Engagement)

- 22.1
- The Herts Valleys CCG participation strategy had been agreed early in 2015 and it was now appropriate to review and update it.
 - JR explained that this was the start of the process to agree the way forward for the coming three-year period.
 - The CCG was not envisaging an entirely different approach, but did want to take the opportunity to revisit what we agreed, and to look at what we need to focus on for the coming period.

- Following discussions at the meeting, the communications and engagement team would draft a revised strategy, which would then be presented for further comment at the June meeting.
- NHS England's guide to participation for CCGs would be used as a framework document as the CCG's participation activities were taken into account as part of the overarching 'integrated assessment framework' (IAF) assessments.
- Two areas had been identified as 'requires improvement':
 - Annual reporting and
 - Feedback and evaluation.
- JR noted that the latter requirement was difficult to demonstrate as service improvements took place over a period of time with a number of people providing input, both from a professional, clinical level, through to patient experience.
- The board would have final sign-off of the strategy later in the year.

22.2

The committee discussed the item suggested for consideration as follows:

- JW suggested that this could be a key role for locality patient practice groups. Patient representatives could identify and filter the common issues and feed these into the PPI committee.
- JW reminded his fellow patient representatives that they need to be representing their local populations in a non-political way and without personal agendas.
- JR agreed that this was a good opportunity to develop the role of the patient representatives.
- CB reiterated his concerns about the apparent exclusion of patient representation in the Watford and Three Rivers locality. He and DEa outlined the early stage proposal that they were working on to improve patient participation in the locality. The aims were:
 - To investigate current PPG activity across the locality setting.
 - Analyse any trends.
 - Evaluate and identify what support could be offered to encourage PPG activity.

J Wigley left the meeting.

- Further discussions were taking place with the Chief Locality Officer and the proposal would be shared with the committee when appropriate. The Watford locality could be a pilot for broadening the base of patient and public involvement through their PPGs.
- AG added that she had been discussing CB's concerns with the Chair of the Watford and Three Rivers locality. She also asked CB and DEa to liaise with HA who had already undertaken much of this baseline work.
- AH noted that in her experience, PPGs were not well promoted by practices. It was agreed that some practices were better at this than others and that learning from 'good' practices should be shared.
- JAB agreed that provision of clear information to the public was key to improved awareness and involvement.
- JR suggested that PPGs were not the only 'route in' to the CCG: a lot of new voices had been heard during the Let's Talk consultation the previous summer.
- JR asked that any thoughts about improving patient participation and involvement should be sent to her.
- GR suggested that learning from the good outcomes from the community health councils (CHCs) should be captured and applied to the CCG and the PPI committee. English CHCs had been abolished by the Government on 1 December 2003. GR agreed to provide a briefing paper to JR.
- In response to a question from KM about where patient input was captured, JR reminded the committee that the front sheet for all board and committee papers included a section about engagement with patients, public, staff and other stakeholders. This could be extracted and included in the participation report (to be considered).
- LA added that the workplan for the commissioning executive (the clinical decision making committee of the board) was being populated with the procurements and pathway changes. This in turn would inform the agendas of the PPI committee where appropriate for information about patient involvement.

22.3	The Committee noted the start of the process to review and update the patient participation strategy and that further discussions would take place on 20 June.
22.4	ACTION: Patient Representatives to email J Rodgers with any suggestions about improving patient participation.
22.5	ACTION: G Ross to email J Rodgers with a briefing paper about the role of the community health councils and the positive lessons that could be taken forward.
<i>J Ainsworth Beardmore and J Rodgers left the meeting.</i>	
PPI/23/17	Feedback from 12 April 2018 board meeting in public (Lay Board Member)
23.1	AG provided a comprehensive update from the 12 March board meeting held in public. The areas she highlighted were: <ul style="list-style-type: none"> • The Chairs' reports were part of the assurance process between the committees and the board. • Carers Strategy. • Sustainability Report. • Annual report – update on process for approving the annual report and accounts. • The information relating to the 12 April meeting was not to be circulated outside of the committee as the minutes of the meeting had not been approved.
23.2	<ul style="list-style-type: none"> • KM and AH challenged the information in the financial plan around the demographic growth and levels of future demand. AG assured the committee that the figures were correct and that <i>Your Care, Your Future</i> was the long-term plan to address demographic changes.
23.3	The Committee noted the updates from the 8 March and 12 April board meetings held in public.
<i>K Page left the meeting.</i>	
PPI/24/17	Locality reports on patient and public involvement (patient representatives)
24.1	Hertsmere <ul style="list-style-type: none"> • RH highlighted on-going concerns in Hertsmere regarding the new MSK contract. It was agreed that an update about contract enforcement would be provided as a matter arising.
<i>R Hillyard left the meeting.</i>	
24.2	Dacorum <ul style="list-style-type: none"> • MD highlighted that there were issues with GP provision of extended access to appointments outside of core hours and wondered how this had been so successful in the Watford locality. • AG suggested that MD should look at the papers and minutes of the primary care (medical services) commissioning committee which were published on the website. • It was agreed that LA would circulate the terms of reference and meeting dates of all board and board committees so that everyone could see where issues were discussed and decisions made. • KM noted that PPGs in Dacorum were improving, but more engagement was still required. • He added that PPG Awareness Week would take place 04 - 09 June 2018; this aimed to promote the role and benefits of PPGs to patients, the public and health professionals, to create more understanding of the value of true patient participation.
24.3	St Albans and Harpenden (STAH) <ul style="list-style-type: none"> • GR highlighted the work still to be done to upgrade the minor injuries unit (MIU) at St Albans City Hospital (SACH) to an urgent treatment centre (UTC) and the need to encourage more people to use it. • Hemel and St Albans have about the same population, but more people attend the UTC at Hemel than attend the MIU at SACH and there were concerns that the CCG and the Trust might consider that the upgrade was not financially viable if there was insufficient attendance.
24.4	Watford and Three Rivers <ul style="list-style-type: none"> • The main points had been discussed at 22.2 above.
24.5	The Committee noted the reports from the locality patient groups.
24.6	ACTION: L Abel to circulate terms of reference and meeting dates for all board committees.

PPI/25/17	Update on patient representative involvement in HVCCG business meetings (Patient Representatives)
25.1	The Committee noted the reports from Herts Valleys' business meetings.
PPI/26/17	Any Other Business (Chair)
26.1	DEa raised two items of other business: <ul style="list-style-type: none"> • She queried the process for patient involvement in procurements and how this was communicated to patients. Update to be provided to the next meeting. • Any surveys should include a deadline for completion. This was agreed.
PPI/27/17	Risks identified during the meeting
27.1	There were no new risks identified during the meeting.
PPI/28/17	Items for cascade to the localities
28.1	PPG Awareness Week would take place 04 - 09 June 2018.
PPI/29/17	Date and time of next meeting
	10.00-13.00, Wednesday 20 June 2018.