

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

**Date** : 13 December 2017

**Time** : 10.09 – 12.58

**Venue** : Apsley meeting room, Hemel One, Hemel Hempstead

<b>Present:</b>	
Alison Gardner (AG)	Lay Board Member, Meeting Chair
Jill Ainsworth Beardmore (JAB)	Patient Representative (Dacorum)
Colin Barry (CB)	Patient Representative (Watford and Three Rivers)
Madeleine Donohue (MD)	Patient Representative (Dacorum)
Diane Eaton (DEa)	Patient Representative (Watford and Three Rivers)
Brian Gunson (BG)	Healthwatch Hertfordshire representative
Robert Hillyard (RH)	Patient Representative (Hertsmere)
Kevin Minier (KM)	Chair of the Dacorum Patient Group
Juliet Rodgers (JR)	Associate Director, Communications and Engagement
Gavin Ross (GR)	Patient Representative (St Albans and Harpenden)
Caroline Sutherland (CS)	Patient Representative (Hertsmere)
John Wigley (JW)	Chair of the St Albans Patient Group (from PPI/65.2/17 to PPI/78/17)
<b>In attendance:</b>	
Laura Abel (LA)	Corporate Governance Support Manager (Secretary to the Committee)
Heather Aylward (HA)	Public Engagement Manager
Lynn Dalton (LD)	Assistant Director of Localities and General Practice Development (from PPI/68/17 to PPI/69.3/17)
David Evans (DEv)	Director of Commissioning (from PPI/69.3/17 to PPI/78/17)
Elke Taylor (ET)	Deputy Chief Finance Officer (from PPI/62/17 to PPI/67.3/17)

#### **PPI/62/17 Chairman's introduction and apologies for absence (Chair)**

- 62.1 AG welcomed everyone to the meeting.
- 62.2 Apologies had been received from Mike Walton (MW) and Helen Clothier (HC) had stood down from the committee. A new patient representative from St Albans and Harpenden would be recruited to the committee early in the new year.
- 62.3 The meeting was quorate.

#### **PPI/63/17 Declarations of interests (Chair)**

- 63.1 There were no interests declared.

#### **PPI/64/17 Minutes of previous meeting, matters arising and action log (Chair)**

- 64.1 There were no minutes for review due to workload. Minutes and updated action log would be circulated for agreement via email.
- 64.2 L Abel to circulate the minutes of the meeting held on 11 October 2017 for agreement via email together with the updated action log.

## PPI/65/17 Patient representative to the board (Chair)

- 65.1
- AG was pleased to announce that both JAB and JW had been jointly selected as patient representatives to the board (subject to board approval), bringing different skills and experience.
  - How this would work in practice was being developed, and a paper would be submitted to the 18 January 2018 board meeting in public for discussion and approval.
  - It was intended that JW would attend the board meetings as the patient representative to the board for the first year and JAB for the second year.
  - The longer term intention was that one of the patient representatives would be involved in the Sustainable Transformation Partnership (STP).
- 65.2
- RH expressed his concern about the joint appointment as this had not been approved by the committee. He considered that an election should have been held by the committee.
  - JR responded that the process had not changed from that followed in November 2015 when CS had been appointed for a second two year term. Interviews had been held and at that time there was only one suitable candidate. The joint appointment was an opportunity to expand and develop the role of patient voice in local healthcare commissioning.

*J Wigley joined the meeting.*

- AG reminded the committee that the role of patient representative to the board was a very unusual one and that it was up to board to ratify the appointments.
- CS noted that all patient representatives on the committee had had the opportunity to apply for the role and she could verify the robustness of the processes followed.
- CS added that this process followed all other appointments to the board; therefore the role of patient representative should be no different.
- The committee congratulated JAB and JW on their appointments and welcomed the opportunities to develop and expand patient involvement in the commissioning of local healthcare services.

**65.3 The Committee noted the outcome of the process for the appointment of the patient representative to the board, i.e. that both J Wigley and J Ainsworth Beardmore had been jointly appointed.**

## PPI/66/17 Feedback from board meetings (Chair)

- 66.1
- AG provided an update from the board meeting held on 9 November 2017.
  - Key highlights from the board meeting were:
    - In terms of financial assurance, the CCG had been de-escalated by NHS England (NHSE), i.e. NHSE were more assured about the plans and controls in place for the CCG to achieve its financial position at year end and the frequency of financial escalation meetings had been reduced.
    - T Fernandes had advised that the membership welcomed the activities from the GP Forward View (GPFV) and winter resilience plans.
    - STP progress report: as an STP the system was in deficit and this was an area of major focus. Three winter plans had been developed across the STP and these had been aligned and submitted to NHSE.
    - Award of MSK contract: a contract for integrated community MSK, pain, rheumatology and postural stability had been awarded in October to Connect Physical Health Centres Limited. This was a three year contract with an option to extend for two years. Connect Physical Health had a good reputation.
    - General Data Protection Regulations (GDPR) comes into force on 25 May 2018 and replaces the Data Protection Act. The principles remained the same but there would be a bigger focus on evidence-based compliance, more extensive rights for data subjects and bigger penalties for non-compliance. DEa added that there was a good overview on the GOV.UK website. She was also attending a course in January 2018 and would report back to the committee in February. It was agreed that a session would be held with patient representatives in the spring to raise

awareness.

- Patient story related to Watford Workshop which was a sheltered employment organisation providing people with learning disabilities with life skills and employment placements.

**66.2 The Committee noted the update from the 9 November 2017 board meeting.**

**PPI/67/17 Financial Turnaround update (Director of Programmes and Commissioning)**

- 67.1 EK presented the month 6 financial position and highlighted the following:
- The month 7 report would be presented to the finance and performance committee on 14 December.
  - The financial de-escalation with NHSE was particularly significant as highlighted above.
  - The CCG was reporting a year to date deficit of £2.6m (£2.9m at month 5).
  - This small improvement in the financial position was due to an improvement in the acute position, particularly at West Hertfordshire NHS Trust (WHHT), offset by a further worsening in continuing care due to new as well as backdated claims.
  - The month on month improvement in the year to date deficit was partly due to temporary theatre closures at WHHT because of loss of JAG (joint advisory group) accreditation for endoscopy impacting the volume of activity being undertaken. The theatres had re-opened and normal activity had resumed in month 8 (November).
  - The CCG was currently forecasting breakeven for the year, with financial risk offset by mitigations.
- 67.2 The theatre closures at WHHT were discussed with the following points being made:
- If the endoscopy activity was still required, either at another trust during the closure, or at WHHT once the theatres re-opened, why would the cost not be transferred or deferred?
  - ET explained some activity had been sub-contracted by WHHT to private providers.
  - The number of patients involved was relatively small in the overall cost of acute services.
  - In response to a question from CB about the use of non-NHS providers, ET confirmed that use of private providers had not changed.
  - In response to a question from CS, ET and JR explained that patients had continued to be treated.
  - RH asked that information about impact on patients be included in the report in the future. ET reminded the committee that this was a finance report, produced for the finance and performance committee. AG added that the quality committee reviewed performance from a patient impact viewpoint.
  - DEa wondered how many patients had been offered elective surgery elsewhere but had chosen to wait for the theatres at WHHT to re-open.
  - MD suggested that not all patients realised that they had a choice about where their surgery would take place.

**67.3 The Committee noted the financial performance at month 6.**

*E Taylor left the meeting.*

*L Dalton joined the meeting.*

**PPI/68/17 Existing and developing assurances around general practice (Assistant Director of Localities and General Practice Development)**

- 68.1 LD presented the update and highlighted the following:
- Commissioning of Primary Medical Services (GP) contracts**
- Herts Valleys had 67 member practices from October 2017 as two practices had chosen to merge: Rothschild house and Markyate in Dacorum.
  - 63 of these practices were General Medical Services (GMS) contracts in perpetuity.
  - Four were time limited Alternative Provider of Medical Services (APMS) contracts. These were:
    - New Surgery Tring – a contract had been awarded to Rothschild Surgery; this had commenced on 2 October 2017.
    - West Herts Medical Centre.

- Meadowell Surgery.
- Pathfinder Watford contract – a contract had been awarded in October 2015.
- In response to a question from RH, LD explained that GMS contracts were negotiated and agreed nationally. APMS contracts were locally negotiated, with mandated service provision over and above the core GMS contract.
- No new GMS contracts could be awarded. Any provider could bid for an APMS contract: this had been introduced in 2004 to introduce competition into the market.

#### 68.2 **Mechanisms for contractual compliance and performance**

- GMS contracts – contract management and compliance via annual electronic declaration (e-dec).
- APMS contract – e-dec and quarterly joint service review (JSR) meetings.
- Primary care risk log – monthly monitoring of a range of quality indicators and management of risk by the primary care working group and reported to the primary care commissioning committee.
- Post payment verification (PPV) checks for enhanced payments.
- More robust mechanisms had been put in place to performance manage APMS contracts since delegated commissioning had commenced in Herts Valleys.

#### 68.3 **July 2017 national GP Patient Survey (GPPS) result and CQC inspections**

- Ranked GP practices in Herts Valleys as 29 of 209 CCGs nationally.
- This was a 10 place improvement in the ranking from January 2016.
- One practice was rated outstanding by the CQC. One required improvement, the remainder were rated good.
- Herts Valleys was the highest performing in NHS England Central Midlands region.
- The CCG would be writing to practices to congratulate them on their performance.
- In response to a question from KM, LD explained that the CCG would continue to support practices which wished to improve their rating from good to outstanding. Not all practices wanted to (or could be) rated outstanding.
- HA confirmed that the next patient development session with National Association for Patient Participation (NAPP) would focus on:
  - How patient practice groups (PPGs) could get a more diverse membership.
  - How PPGs could contribute to quality improvement.

#### 68.4 **General Practice Forward View (GPFV)**

- RH noted general practice concerns in Hertsmere around GPFV and the CCG's priority workstreams to deliver extended access to GP appointments evenings and weekends for 50% of the population by March 2018 and 100% by March 2019.
- LD acknowledged that some practices were struggling to deliver extended access, but explained that:
  - This target was mandated by NHSE, not the CCG.
  - There was funding available to support practices (£3.22M in 2018/19).
  - Practices were required to work at scale and not as individual practices.
- LD assured the committee that the targets were achievable: the CCG was reporting 33% achievement on the GP access target due to 26 practices in Watford which had been funded in the national pilot. This figure also included WHMC with 50% access in Dacorum. The other localities had plans in place to achieve the targets.
- CS suggested that further engagement could be undertaken with the public. LD responded that the locality chairs would advise on communications required once the models had been confirmed and as part of the rollout across the three remaining localities.

#### 68.5 **The Committee noted the assurances around general practice following delegation.**

- 69.1 **Procurement of adult community services**
- JR explained that engagement would take place around the re-commissioning of adult community services in early 2018.
  - This procurement was part of *Your Care, Your Future* to deliver care in the community and closer to home.
  - The procurement would involve resource from across the CCG teams.
  - The patient participation group session in February 2018 would focus on the procurement to gain patient views.
  - MD, JW and RH were the patient representatives on the procurement.
  - In response to a question from DEa about the selection process for patient representatives on procurements and service re-design, HA explained that expressions of interest were passed to the team leading the service re-design who were then advised of the sessions as appropriate.
- 69.2 **Let's Talk**
- Implementation of Let's Talk was underway.
  - Revised policies for over the counter (OTC) medicines and gluten free foods (GFF) had gone live on 1 December 2017. These were available on the Herts Valleys website and explanatory materials had been circulated to surgeries for both GP and patient information.
  - JR explained that there remained a need to find further cost savings in the commissioning of healthcare in Herts Valleys. Therefore, there would be a 'Let's Talk 2' consultation in 2018 to seek public views.
  - JR asked everyone to think of areas that could be included for consideration and to send them to HA.
- 69.3 **Urgent care strategy and urgent treatment centres**
- There would be a public consultation from the end of January relating to the opening times of the urgent treatment centre (UTC) in Hemel Hempstead. This would last for about eight weeks.
  - In response to a question from KM about what other services would be provided at the UTC, JR explained that this was being developed.

*D Evans joined the meeting.*

- In response to concerns from RH and JW about the lack of UTC facilities in Hertsmere and St Albans and Harpenden, DEv explained that NHSE had mandated that the CCG had one UTC by 1 December 2017; as there was already an urgent care centre in Hemel Hempstead, this had been the easiest to adapt.
- An overall urgent care strategy was being developed for the CCG, with each locality determining specific requirements for their populations.
- DEv assured RH that work with Hertsmere GPs was scheduled for January 2018 and that initial talks had already taken place with Raja Ganguly, Hertsmere locality chair.
- The main issue for Hertsmere was that there were no suitable existing premises for an UTC.
- LD added that the UTCs were part of the national roll-out and interface with extended access, which involved GPs working together at scale to transform provision of primary care.
- It was important to get the development and timetable in the right order in a strategic way. Internal staffing capacity was constrained as were finances.
- Patient representatives were asked to share this approach with their PPGs.

*L Dalton left the meeting.*

69.4

#### **Practice patient groups**

- HA explained that supporting practices to develop patient groups was a priority for the communications and engagement team.
- This would be reinforced at the session on 5 February, where a discussion led by the chief executive of the National Association for Patient Participation would focus on:
  - Attracting a more diverse membership; and
  - Contribution to quality improvement.
- The biggest gap was within the Watford and Three Rivers locality, where seven practices (out of 24) did not have either a staff or patient contact.
- AG added that at the training provided to aspiring board GPs, a number of GPs had asked for support to develop their PPGs and this was being actioned by HA and the team.
- GR noted that PPGs in St Albans and Harpenden had limited participation and that the patient group was making efforts to encourage practices.
- HA agreed that it was necessary to establish which PPGs were fully functional. It was agreed that all patient representatives would share their local knowledge.

69.5

#### **Patient representatives to advise H Aylward of the engagement levels of PPGs within their localities.**

69.6

#### **Health and well-being ambassadors**

- HA explained that the CCG had been working with a group of patient representatives to support engagement on local NHS and CCG initiatives and consultations.
- The ambassadors had been working within their local communities to identify opportunities to promote the national Stay Well this Winter campaign on keeping well over the colder months and use services appropriately.
- The pilot phase would be reviewed in February to consider any lessons learned and suggestions for further development.
- Wider links would be established following the review, with organisations such as healthwalks, dementia cafés and mums' networks.

69.7

#### **The Committee noted the patient participation and engagement update.**

PPI/70/17

#### **Draft Social Media Policy (Associate Director, Communications and Engagement)**

70.1

- JR presented the draft policy highlighting that this was a key channel for public engagement, particularly for groups that did not traditionally engage with PPGs or the CCG.
- She continued that it was unusual to bring policies to the committee for comment as the committee was not a decision making or approval committee. However, the involvement of patient representatives with social media was important.
- The Executive team had already approved the policy in principle.
- The Staff Involvement Group would review it the following week.
- The risks around social media were acknowledged and DEa suggested sharing some good examples of social media.
- Patient representatives were asked to send any comments/suggestions to HA by 31 January 2018.
- HA was happy to speak to anyone who had concerns about how best to use social media.

70.2

#### **The Committee noted the draft Social Media Policy and agreed to send any comments to H Aylward.**

PPI/71/17

#### **Adult community services procurement update (Director of Commissioning)**

71.1

DEv provided a verbal update to the committee as follows:

- The commissioning executive and board had approved the re-procurement in September.
- The Hertfordshire Community Trust (HCT) contract was the main contract being re-procured. The current contract was not value for money.
- The re-procurement was in line with *Your Care, Your Future* and the STP and the shift of activity from the acute to the community setting. It also aimed to address inconsistencies between service provision in the localities.

- Development of GP Federations was crucial to the delivery of care in the community and the sustainability of general practice.
- There were some elements of the community contract that were being jointly procured through the adult care board at the county council.
- The high-level procurement stages were:
  - Stage 1 – Pre-procurement
  - Stage 2 – Prior Information Notice
  - Stage 3 – Publish pre-qualifying questions (PQQ) and invitation to participate in dialogue (ITPD)
  - Stage 4 – Evaluation/scoring
  - Stage 5 – Contract award
  - Stage 6 – Mobilisation with start of service from April 2019.
- There were strong governance processes in place, with a multi-functional project board, led by the Director of Commissioning (DEv).
- This was a major transformational project and larger than anything that the CCG had delivered on previously.
- HCT staff were key to the success of the procurement and meetings had taken place with them to provide reassurance.
- Equality impact assessments (EQIAs) and quality impact assessments (QIAs) would be undertaken throughout the process.
- Health and social care infrastructures had to adapt in order to deliver transformational change and ‘future proof’ health and social care.

71.2

The procurement was discussed and the following points were made:

- In response to a question from KM, DEv explained that although HCT was a Herts-wide provider, the services commissioned by Herts Valleys, ENHCCG and Herts County Council varied, e.g. Herts Valleys commissioned children’s services, but ENH did not. Therefore, ENHCCG had to decide on the following options:
  - Joint re-procurement with Herts Valleys.
  - Single re-procurement for their services only.
  - Wait for the outcome of Herts Valleys and HCC procurements.
- Herts Valleys GP federations were also more developed than ENH federations, which put them in a stronger position to bid to be community service providers.
- The workforce issues around recruitment and retention of staff so close to London (with increased wages) were noted. DEv explained that other models were being explored such as enhanced training opportunities to attract staff and delivery by appropriately trained non-clinical staff.
- The move towards accountable care systems/accountable care organisations was noted to be the future strategic direction for both commissioners and providers.

71.3

**The Committee noted the update on the re-procurement of adult community services and the timetable and governance processes.**

**PPI/72/17**

**Locality reports on patient and public involvement (patient representatives)**

72.1

- AG commended the quality of the reports, which were comprehensive and factual.
- MD highlighted that the Dacorum report was a joint report from herself and JAB.
- CB expressed his thanks for addressing his concerns about patient involvement in the Watford and Three Rivers locality in advance of the meeting and providing reassurance about the importance of PPGs and the strengthening of relationships.

72.2

**The Committee noted the reports from the locality patient groups.**

**PPI/73/17**

**Update on patient representative involvement in HVCCG business meetings (Patient Representatives)**

73.2

**The Committee noted the reports from Herts Valleys’ business meetings.**

**PPI/74/17 Review of committee effectiveness (Corporate Governance Support Manager)**

- 74.1
- LA explained that the annual committee review should have been undertaken in order to ensure that the committee had met its terms of reference over the previous 12 months and to ensure that the changes made to the committee following the previous review had been effective.
  - However, due to the number of new / returning members, the governance team had agreed to defer the self-assessment.
  - The questionnaire would be circulated in the new year.

**74.2 The Committee noted that the committee self-assessment questionnaire would be circulated in the new year for completion.**

**PPI/75/17 Any Other Business (Chair)**

- 75.1
- HA reminded patient representatives of her request to submit a photograph and short paragraph outlining how they had become involved in their PPG/the CCG and what they hoped to achieve from their involvement for the Patient and Public Involvement Committee page on the CCG's website.
- 75.2
- JR asked for any other volunteers to attend the assessment process for the Deputy Chief Executive interviews to be held on Friday 15 December.
  - Anyone able to attend was asked to contact HA or JR.
- 75.3
- There was no other business.

**PPI/76/17 Risks identified during the meeting**

76.1 There were no new risks identified during the meeting.

**PPI/77/17 Items for cascade to the localities**

**77.1 J Rodgers and L Abel to identify items to cascade to the localities.**

**PPI/78/17 Date and time of next meeting**

10.00-13.00, Wednesday 7 February 2018.