

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

**Date** : 20 June 2018

**Time** : 10.03am – 1.13pm

**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)
Madeleine Donohue (MD)	Patient Representative (Dacorum)
Brian Gunson (BG)	Healthwatch Herts Representative (from PPI/33/18)
Alex Hickinbotham (AH)	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
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 and Harpenden Patient Group
<b>In attendance:</b>	
Laura Abel (LA)	Corporate Governance Support Manager (Secretary to the Committee)
Ruth Boughton (RB)	Information Governance Manager (for item PPI/35/18)
Charles Wheatcroft (CW)	Director of Delivery (from PPI/30/18 to PPI/34.4/18)

#### **PPI/30/18 Chairman's introduction and apologies for absence (Chair)**

- 30.1
- AG welcomed everyone to the meeting. Apologies had been received from: Colin Barry (CB), Diane Eaton (DEa) and Heather Aylward (HA).
  - The meeting was quorate.
- 30.2
- AG explained that this was LA's last meeting as secretary to the committee. She thanked LA for her governance advice and support which had helped the committee develop and mature. AG continued that as the committee had a unique role, it was particularly important that high standards of governance were maintained. The committee thanked LA for her contribution in the development of the committee.

#### **PPI/31/18 Declarations of interests (Chair)**

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

#### **PPI/32/18 Minutes of previous meetings and action log (Chair)**

- 32.1 The committee approved the minutes of the meetings held on 7 February and 18 April 2018.**

*B Gunson joined the meeting*

#### **PPI/33/18 Matters arising and action log (Chair)**

- 33.1
- It was agreed to close all actions with a 'completed' status.
  - PPI/04.2/18:** LA to share board and board committee dates with the PPI committee for information.

This had been done. *Agreed to close.*

MD noted that the dates of the primary care commissioning committee were difficult to find on the website. LA explained that one of the communications and engagement officers (Claire Matyus-Flynn) was leading a project to implement a new website. This would be live in September 2018 and would greatly improve accessibility of information.

- **Locality reports on patient and public involvement**

**PPI/10.3/18:** Dacorum report: M Donohue to share HCT letter to patients relating to handover to Connect with J Rodgers.

MD confirmed that this action had been completed. *Agreed to close.*

- **PPI/10.7/18:** H Aylward to send the National Association for Patient Participation presentation from 5 February to M Walton.

JR confirmed that this had been done. *Agreed to close.*

It was agreed to share this with patient practice groups (PPG) chairs for circulation.

- **Review of the participation strategy**

**PPI/22.4/18:** Patient Representatives to email J Rodgers with any suggestions about improving patient participation.

On agenda at item 10. *Agreed to close.*

**PPI/22.5/18:** 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.

This had been done. *Agreed to close.*

**33.2** The action log and matters arising were noted.

**33.3** ***ACTION: H Aylward to share National Association for Patient Participation presentation with PPG chairs.***

**PPI/34/18** **HVCCG Quality, Innovation, Productivity and Prevention (QIPP) and Transformation programme (Director of Delivery)**

34.1 CW presented an overview of the QIPP programme, which covered:

- Background and context
- Strategic aims of QIPP schemes
- 2018-19 QIPP plan
- How schemes were validated, including key performance indicators that were more outcome focussed and deliver benefits for patients.
- A briefing on key schemes
- High level timeline.

34.2 The presentation was discussed.

- AH requested more information about the impact of the CCG's age profile on demand, and wondered if there were extra non-elective admissions due to the lack of community beds. She also asked about how the CCG was working with social care to manage discharges from hospital. JR explained that discussions with social care were a daily occurrence. It was agreed that this would be covered at a future meeting.
- JR explained that it was important for everyone to consider alternative services, e.g. NHS 111 instead of 999, urgent treatment centres instead of A&E. This was part of the wider work around provision of services in the community to provide care before a health issue became critical and required a hospital admission.
- CW added that initiatives such as promoting self-management, improving pathways and better use of ambulatory care were all helping to reduce demand for emergency and urgent care services.
- As commissioners it was important to identify and address issues in collaboration with the acute providers.
- In response to a question from JAB about learning from other CCGs, AG explained that QIPP was an on-going process and different approaches were being identified and explored.

**34.3** The committee noted the overview of the QIPP programme.

**34.4** ***ACTION: J Rodgers to arrange an agenda item for a future meeting to explain how the system***

**works to help patients get discharged with the right care.**

*C Wheatcroft left the meeting*

*R Boughton joined the meeting*

**PPI/35/18 General data protection regulations (Information Governance Manager)**

- 35.1
- RB explained the main changes and the additional principles under the new regulations.
  - The purpose was for organisations to be more accountable for and transparent about the lawful basis for processing data.
  - The CCG's Data Protection Officer was the Head of Information Management and Technology and Head of Business Intelligence.
  - Additional rights had been given to 'data subject' (people).
  - Consent must be freely given, specific, informed and unambiguous: there must be a positive opt-in.
  - Organisations still had to comply with the common law of confidentiality.
  - Aim was to protect the confidentiality, integrity and availability of information and systems.
  - It was important to use 'safe' email accounts, such as nhs.net.
  - The CCG had created and followed a robust action plan in advance of the new regulations to ensure that we were compliant.
  - Merged our GDPR action plan with our 2018-19 information governance plan to ensure that GDPR has been embedded within our policies and processes and will be monitored throughout the year.
- 35.2
- The impact of the new regulations was discussed.
  - It was important to obtain consent to use email addresses provided previously for circulation of information: positive consent, rather than presuming that they could continue to be used.
  - JR explained that those on the stakeholder list had been asked if they wanted to continue to remain on the list.
  - This would also apply to patient practice group mailing lists.
  - The committee were asked to submit any questions via HA.

**35.3 The committee noted the update on the new general data protection regulations.**

*R Boughton left the meeting.*

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

**PPI/36/18 Patient participation and engagement report (Associate Director Communications and Engagement)**

- 36.1
- JR explained that the report had been taken from the board report and contained a wider range of information than just patient participation. The key points were:
- NHS 70**
- Engagement with local communities to encourage people to participate in the NHS70 celebrations.
  - The focus locally was on 'giving something back to the NHS'.
  - This would be a year-long ongoing campaign.
  - Central to the campaign were 'pledge cards' which invited people to think how they could give something back to the NHS and others by keeping active, quitting smoking, giving blood, attending a dementia awareness session, volunteering and so on.
  - The CCG was also taking part in #HemelRocks which was a fun initiative decorating stones and leaving them in parks or other public places for people to find. CCG staff had decorated 70 rocks to mark 70 years.
  - The CCG would be hosting a tea party 5 July 2018, the official anniversary of the NHS.
- 36.2
- Urgent care consultation**
- RH challenged the purpose of the consultation and asked how many respondents there had been from each locality.
  - JR referred him to the board papers for the meeting held on 10 May 2018 which provided a breakdown of this information.
- (<http://hertsvalleysccg.nhs.uk/publications/board-documents/board-papers/10-may-2018>)

- She stressed that a very robust discussion had taken place at the board meeting which had been held in public. Lack of GP staffing had been the determining factor in the decision.
- BG added that the board was responsible to decide if staffing levels were safe and JW added that the decision had been driven by most appropriate use of limited workforce.

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

### PPI/37/18 360° stakeholder survey feedback (Associate Director Communications and Engagement)

- 37.1 JR presented the results of the annual 360° stakeholder survey commissioned by NHS England (NHSE).
- The groups of stakeholders who were asked to participate were specified by NHSE.
  - The response rate had improved and was higher than the national average.
  - Overall, the CCG had performed well and in some areas, very well and far exceeding previous years' performance and comparing with other CCGs.
  - There were two areas where the CCG had done less well than previously:
    - People having opportunities to influence decisions (this was particularly an issue among GPs).
    - People feeling their views have been taken into account.
  - The CCG had performed particularly well on all areas of leadership and the Chief Executive was going to be interviewed by IPSOS Mori to share the learning about how this had been achieved.
  - Verbatim comments would not be published this year as the request of NHSE.
- 37.2 The survey feedback was discussed and the following points noted:
- In response to an observation from RH about GPs not feeling engaged in decision making, KP advised that this was improving and that it was important for practices to participate in service transformation.
  - Any further questions to be sent to HA for collation and response.

### 37.3 The Committee noted the feedback from the 360° stakeholder survey.

### PPI/38/18 Review of the participation strategy (Associate Director Communications and Engagement)

- 38.1 JR presented the paper which was an update following discussion at the meeting held on 18 April. The key points to note were:
- Recommendation that all members of the PPI committee to be health ambassadors. This would be to raise awareness of current issues and help support campaigns around preventing ill-health.
  - KM wondered if this would be a conflict with being a patient representative, but JR assured him that the two roles could co-exist, but would be clearly defined.
  - Providing feedback following patient engagement, although transforming services took time and specific patient input was not always easy to extrapolate.

*R Hillyard and K Page left the meeting.*

- 38.2
- How could the CCG and patient practice groups better engage and involve younger people and harder to reach groups? Suggestions included:
    - Engaging mothers about services that affected children and young people.
    - Inviting young people to join/attend PPGs.
    - Engage with youth councils.
    - Develop a system-wide approach across the CCG.
    - Different use of social media.
    - Inviting young people to be health ambassadors within their schools.
  - JR explained that the next steps would be to engage the patient practice group network (PPGN). The draft strategy would be presented to the committee on September and to the board in November for approval.
  - Patient representatives were asked to submit any further suggestions to HA.

### 38.3 The Committee noted the update on the review of the patient participation strategy.

### 38.4 ACTION: Patient Representatives to email H Aylward with any suggestions about improving

## patient participation.

<b>PPI/39/18 Observation of CHC appeals panel (Board Lay Member and PPI Chair)</b>	
39.1	<ul style="list-style-type: none"><li>AG presented her paper to provide assurance around the working practices of the continuing health care (CHC) team in relation to the CHC appeals process; specifically to how the CCG interacts with patients and their families when they are appealing a CHC decision.</li><li>Both Stuart Bloom and AG had observed two appeals.</li><li>JAB requested more information about support provided where funding had been refused following appeal.</li><li>It was agreed that further information about continuing health care would be provided at a future meeting.</li></ul>
39.2	<b>The Committee noted the assurances provided about the CHC appeals process.</b>
39.3	<b>ACTION: A further update about continuing health care to be provided at a future meeting (J Rodgers).</b>
<b>PPI/40/18 Feedback from 10 May and 14 June 2018 board meetings in public (Lay Board Member)</b>	
40.1	AG provided an update from the most recent board meetings held in public. The areas she highlighted were: <ul style="list-style-type: none"><li>The annual report and accounts had received an unqualified audit opinion from the external auditors, i.e. there were no discrepancies in the accounts.</li><li>The CCG was in financial balance and fulfilling its statutory obligations.</li></ul>
40.1	<b>The Committee noted the updates from the 10 May and 14 June board meetings held in public.</b>
<b>PPI/41/18 Locality reports on patient and public involvement (patient representatives)</b>	
41.1	<ul style="list-style-type: none"><li>MD recommended review of the papers for the primary care commissioning committee to find out about extended access across the CCG.</li><li>She noted that it was difficult to cancel extended access appointments made over the telephone/in person, if your practice was closed and you did not use online booking. She suggested a single point of access number to contact.</li><li>JR noted that there was going to be a survey across the CCG to identify these sorts of issues.</li><li>Patient representatives were requested to include any extended access issues in their locality reports for the September meeting.</li></ul>
41.2	<b>The Committee noted the reports from the locality patient groups.</b>
41.3	<b>ACTION: Patient representatives to include extended access issues in their September locality reports.</b>
<b>PPI/42/17 Update on patient representative involvement in HVCCG business meetings (Patient Representatives)</b>	
42.1	<b>The Committee noted the reports from Herts Valleys' business meetings.</b>
<b>PPI/43/17 Items agreed for next meeting</b>	
43.1	<ul style="list-style-type: none"><li>JW explained that he had proposed the addition of an agenda item to be agreed by the committee on a subject of current interest.</li><li>A number of items had been submitted to the committee secretary for consideration:<ul style="list-style-type: none"><li>Report on Connect performance</li><li>Update on community respiratory service performance</li><li>Frailty/falls in context of GPFV transformation funding for 18/19</li></ul></li><li>The following two items were agreed for the agenda:<ul style="list-style-type: none"><li>Report on Connect performance</li><li>Update on extended access.</li></ul></li></ul>
43.2	<b>The Committee noted the new agenda item.</b>
43.3	<b>ACTION: J Rodgers to include Connect performance and an update on extended access on the September agenda.</b>

**PPI/44/17 Any Other Business (Chair)**

- 44.1
- MD circulated a leaflet from New Leaf College (Hertfordshire's Wellbeing College) which provides a range of courses and workshops to enable people to take better control of their wellbeing and commended their courses.

**PPI/45/17 Risks identified during the meeting**

45.1 There were no new risks identified during the meeting.

**PPI/46/17 Items for cascade to the localities**

46.1 Patient representatives to collect information about issues relating to extended access.

**PPI/47/17 Date and time of next meeting**

47.1 The meeting closed at 1.13pm.  
10.00-13.00, Wednesday 19 September 2018.