

## Report from Strategic Patient Engagement, Experience and Equality Committee meeting held on 16 January 2018

Governing Body meeting

Item 19f

1 March 2018

<b>Author(s)</b>	Carol Henderson, Committee Secretary / PA to Director of Finance
<b>Sponsor Director</b>	Amanda Forrest, Chair of Quality Assurance Committee
<b>Purpose of Paper</b>	
The paper summarises the key points arising from the CCG's Strategic Patient Engagement, Experience and Equality Committee meeting held on 16 January 2018 and is accompanied by the unadopted minutes of the meeting.	
<b>Key Issues</b>	
Key issues are as set out in the paper.	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Recommendations / Action Required by Governing Body</b>	
The Governing Body is asked to: <ol style="list-style-type: none"> <li>Note the key messages in the Executive Summary</li> <li>Receive the unadopted minutes from the 16 January 2018 meeting</li> </ol>	
<b>Governing Body Assurance Framework</b>	
<p><b>Which of the CCG's objectives does this paper support?</b></p> <p>Objective 1: To improve patient experience and access to care</p> <p>Principal Risk: 1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to decisions that do not fully meet needs</p>	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
None	
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>	
Not applicable	
<b>Have you involved patients, carers and the public in the preparation of the report?</b>	
Not applicable – the report covers the work of the committee overseeing public and patient involvement	

## **Report from Strategic Patient Engagement, Experience and Equality Committee meeting held on 16 January 2018**

### **EXECUTIVE SUMMARY**

#### Service Redesign of Children's NHS Short Breaks Services

The Committee assured that appropriate plans had been put in place for the consultation and endorsed the targeted approach that will be taken to reach current service users and those who are not currently accessing support but might be eligible to do so now or in the near future. Feedback on the draft consultation document was also provided and will be incorporated in the final version.

#### Community Clinics and Patient Experience (CASES)

An update on the CASES GP Peer Review Service was received, as part of the CCG's strategy to transform elective care. The Committee discussed how patients could be involved in this work and recommended that patient engagement should form part of the tender assessment during the procurement process for the new service. Proposals for patient engagement will be brought back to the Committee for assurance in March.

#### Urgent Care Consultation

The consultation has been a key focus for the Committee, which has sought assurance on the process followed and monitored activity and response rates. The Committee recognised the huge amount of work that has been put into engaging with the public and other key stakeholders and assured that appropriate work had been undertaken to reach target groups, including communities that are harder to reach.

The Committee has requested information from the independent organisation undertaking the statistical analysis of responses so that the methodology being used can be assured. It was also agreed that assurance be sought around the Executive Team's involvement in the process and the process for the review of the consultation feedback.

The importance of learning from the process was recognised and a report will be brought to the next meeting, along with plans for how the responses received will be reviewed.

#### GP Participation Groups

The Committee received a report on GP patient participation group (PPG) activity, based on information from CQC reports. Discussion took place regarding contractual requirements and the CCG's approach to managing these, plus the need to support the efficacy of these groups. The work to engage with these groups through the PPG Network run by the CCG was noted and agreed that dates for meetings should be set for the year ahead to help encourage attendance.

#### Upcoming areas of work for assurance:

- Care Quality Commission System Review – will include patient engagement, findings to be brought to Committee
- Dementia Care review - plans for engagement work to support the review of dementia services to be brought to the Committee.

**Minutes of the meeting of Strategic Patient Engagement, Experience and Equality  
Committee held on 16 January 2018, Davy Meeting Room, 722 Prince of Wales  
Road, Sheffield**

**Present:** Ms Amanda Forrest, Chair  
 Ms Nicki Doherty, Director of Delivery, Care Outside of Hospital  
 Ms Eleni Chambers, Public Lay Member  
 Dr Terry Hudson, GP Clinical Lead with responsibility for Engagement,  
 Equality and Diversity  
 Mrs Helen Mulholland, Engagement Manager  
 Mrs Sarah Neil, Patient Experience Manager  
 Mr Richard Kennedy, Engagement Manager  
 Mrs Mandy Philbin, Acting Chief Nurse

**In Attendance:** Mrs Debbie Morton, Interim Deputy Chief Nurse  
 (shadowing Acting Chief Nurse)  
 Mrs Anna Clack, Commissioning Manager, Children, Young People and  
 Maternity (item 6/18)  
 Ms Abigail Tebbs, Deputy Director of Strategic Commissioning (item 7/18)  
 Mrs Karen Shaw, Executive Assistant to Chair and Accountable Officer

		<b>ACTION</b>
<b>1/18</b>	<b>Welcome</b>	
	The Chair welcomed Eleni Chambers, Public Lay Member to her first meeting of the Strategic Patient Engagement, Experience and Equality Committee, and members of the Committee introduced themselves to her.	
	The Chair suggested that it would be helpful if a meeting was arranged for Eleni Chambers and David Foster, Public Lay members, to have a formal induction to the CCG.	<b>EN</b>
<b>2/18</b>	<b>Apologies for Absence</b>	
	Apologies for absence had been received from Mark Gamsu, Chair, David Foster, Public Lay Member, Margaret Kilner, Healthwatch, Eleanor Nossiter, Strategic Communication Lead, Susan Hird, Consultant in Public Health and.	
	It was noted that Sarah Salway was stepping down from the Committee and the Chair is currently discussing her replacement.	<b>MG</b>

The Chair declared the meeting was quorate.

### **3/18        Declarations of Interest**

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Governing Body meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). She also reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting

Declarations made by members of the Strategic Patient Engagement, experience and Equality Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link:  
<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

There were no declarations of interest from agenda items at today's meeting.

It was noted that David Foster had returned his Declaration of Interest Form as requested at the last meeting. A form would be sent to Eleni Chambers for completion.

**KMS**

### **4/18        Minutes of the meeting held on 12 December 2017**

Minute 14/17 - It was agreed that the order of the third and fourth paragraphs be changed; this was agreed.

Minute 16/17 - The Director of Delivery, Care Outside of Hospital, advised that the role of the SPEEEC had not been formally put in place and the Terms of Reference would need to be changed to reflect this and then taken to Governing Body for ratification. The Director of Delivery, Care Outside of Hospital would circulate the revised Terms of Reference to members.

**ND**

It was noted that Richard Kennedy, Engagement Manager had sent apologies to the meeting.

Subject to the above amendments, the minutes were agreed.

- (a) **Minute 8/17** – The Director of Delivery, Care Outside of Hospital, to speak to the Director of Adult services at Sheffield City Council regarding representation from SCC at the Committee. However, going forward it was really important that the CCG work in partnership with the Local Authority and a representative attends the meeting. **ND**
- (b) **Minute 12/17 (c) - Adult Carers Engagement** - This item would be brought to Committee in February.
- (c) **Minute 14/17 - Patient Experience** - The Patient Experience Manager explained that the Patient Experience Strategy was currently in circulation but that a further iteration was expected by the end of the year. The Director of Delivery, Care Outside of Hospital, commented that the CCG was keen to have a more formal way of ensuring patient experience issues are fed into contracting and commissioning process. It was agreed that a presentation on key points of the strategy and recommendations on how information is gathered be brought to the March meeting. **SN**
- (d) **Minute 15/17 - Interpreting Services** - The Director of Delivery, Care Outside of Hospital, explained the role of the Primary Care Commissioning Committee to Eleni Chambers. She explained that the interpreting service had gone live in September, scaling back face to face appointments for some practices with lesser need and focussing on practices with non-English speaking patients predominantly for the face to face offer. The CCG had received feedback via the Urgent Care consultation in relation to some of the expertise of the interpreters that raised concerns. Feedback from Healthwatch suggested there could be specific issues for people who are deaf, blind and hard of hearing. The Primary Care Commissioning Committee would be receiving an update at its meeting next week and the CCG's Senior Management Team would be discussing later in the day.

Feedback regarding complaints fell into three key themes:-

1. Timeliness of interpreters
2. Issue with lines
3. Skill/conduct of interpreters

There is currently no mechanism to take this forward and the recommendation is that this is managed through the contract, with input from the Quality team.

Helen Mulholland, Engagement Manager, sought assurance that

barriers are not in place which mean patients cannot access the service or comment if things go wrong. The Director of Delivery, Care Outside of Hospital commented that the CCG is currently trying to make feedback easier to provide and work with practices to encourage patients to feedback but needs to understand how to do this better.

The Chair suggested that a 'Lessons Learnt' would be useful to bring back to the Committee in the future. It would also be useful to share our understanding with other organisations.

SN/ND

(e) **Minute 16/17 – Urgent Care Consultation** – Lessons Learnt report to be brought to the Committee following conclusion of the consultation.

BH

(f) **Minute 17/17 - GP Patient Participation Groups** - on the agenda for today's meeting and will be discussed at the Primary Care Commissioning Committee next week.

(g) **Minute 18/17 - Assessment Toolkit from NHS England** – to be brought to next meeting.

EN

(h) **Healthwatch report - Not equal: The experience of Deaf people accessing health and social care in Sheffield** - The Chair drew attention to the letter and report sent by Healthwatch regarding the above. The CCG would need to consider the issues raised within the report. In the interim, a letter would be sent to Healthwatch advising that the report was under consideration and a full response would be sent in due course.

HM

The Chair requested that going forward Matters Arising do not slip and that actions are taken forward promptly.

ALL

6/18

### **Service Redesign of Children's NHS Short breaks (formerly Respite) Services**

Anna Clack, Commissioning Manager, joined the meeting to present this paper. The Chair advised that the paper had also been received by the CCG's Governing Body in January who were supportive of the approach.

Anna Clack summarised the case for change and the key issues.

The Chair sought assurance on the engagement plan and Helen Mulholland, Engagement Manager, explained the targeted engagement and communications plan that the team would work to following the formal launch. .

Eleni Chambers, Public Lay Member, enquired about the numbers involved and was advised it was 118 children which equated to about 54 families accessing the service. Helen Mulholland, Engagement

Manager, offered assurance that families who were not currently accessing the service would be a focus for the consultation, so we can understand any barriers to the current service and provision.

The Chair enquired about engagement with the MPs and Councillors and was advised that a proactive approach was being taken. Eleanor Nossiter, Strategic Communication Lead, would be co-ordinating a briefing paper. The Director of Delivery, Care Outside of Hospital, advised that the Executive Directors had met with the Local MPs during the last week and no major concerns were raised.

EN

Abigail Tebbs joined the meeting.

The Chair requested that an update on the communication plan be brought to the February meeting and that a review period be included in the plan. She also requested that a flyer be produced to supplement the plan and asked whether the Accountable Officer should sign on behalf of the organisation rather than the Acting Chief Nurse. A plain English check would also need to be undertaken. Learning from the Urgent and Emergency Care consultation, it was also suggested that there should be three/four questions around equality/fairness emphasised at the front of the document.

AC/EN

Eleni Chambers enquired if there was a Readers Panel at the CCG. Richard Kennedy, Engagement Manager, advised that there was a Readers Panel, which was a sub-set of the Involve Me membership which comprised a diverse range of people.

The Committee further discussed what should be included in the flyer.

The Committee noted the proposals for public consultation on the three elements of the service process and provision as follows:-

- A new single integrated and person-centred assessment (between health and social care) to assess for the eligibility for NHS short breaks
- A new resource allocation principle
- Service options

Anna Clack left the meeting.

7/18

### **Community Clinics and Patient Experience (CASES)**

Abigail Tebbs, Deputy Director of Strategic Commissioning and Planning, attended for this meeting and updated the Committee on the CASES GP Peer Review Service, which is part of the CCG's strategy to transform elective care. She explained that the purpose of CASES is three-fold:

- to manage demand into secondary care;

- to gain information that we do not routinely receive in other data flows including detail around what conditions patients are being referred for and why;
- to use the information to develop education and support.

Dr Terry Hudson commented that this is not a referral management programme and patients generally receive it well; it is also not mandatory.

Practices currently receive a payment for engaging with CASES and using the service.

Currently, 25 disease pathways have been identified for review and development.

The Deputy Director of Strategic Commissioning advised that the pilot scheme, which had been operating for 18 months and is provided by Primary Care Sheffield, had been evaluated and a paper presented to December's Primary Care Co-Commissioning Committee. She explained that the proposal had been taken to the Primary Care Co-Commissioning Committee as all practices in Sheffield are shareholders of Primary Care Sheffield and, therefore, it would be difficult for Governing Body to make a decision because of the potential conflicts of interest.

She advised that the Primary Care Commissioning Committee had agreed a competitive procurement of a revised CASES Peer Review Service. This option proposed that the CCG proceed to develop a revised specification and financial model for CASES Peer Review Service based on the outcomes and recommendations of the evaluated pilot. The service model would include all routine GP referrals and the model would focus on unwarranted variation, in both quantity and quality of referrals, and identify ways to address this.

The Committee discussed how patients could be involved in developing the service. Richard Kennedy, Engagement Manager, highlighted the current issues around information governance.

Richard Kennedy, Engagement Manager, agreed to meet with the Deputy Director of Strategic Commissioning to discuss how best to engage patients. It was suggested that any conversation should perhaps include an outcome point for the patient and that maybe it would be helpful to engage via the Patient Participation Groups.

Eleni Chambers made reference to co-production groups as she felt that patients need to work alongside GPs and not just the user groups.

It was suggested that patient engagement form part of the tender assessment during the procurement process for the new service.

Following further discussion, it was agreed that a proposal be brought

RK/AT

AT

back to the Committee in two months' time on how to engage patients in developing this service.

The Committee noted the update.

The Deputy Director of Strategic Commissioning left the meeting.

**8/18 Urgent Care consultation update**

Helen Mulholland, Engagement Manager, presented the information within the urgent care infographic up to 8 January 2018.

The Committee discussed the statistics provided, and Helen sought to assure the Committee that the hard to reach groups were being specifically targeted to engage in the consultation and detailed the groups which were being targeted. David Foster, Public Lay Member, had offered his comments by email. He expressed concerns about the lack of transparency in the statistical reporting and thought that the figures were misleading. Eleni Chambers requested sight of Mr Foster's email.

HM

It was recognised that the urgent care consultation was a significant piece of work for the organisation and it was acknowledged that there had been challenges within the process and relationship with partners.

The Director of Delivery, Care Outside of Hospital, advised that a petition will be received from Sheffield Save our NHS at the next meeting of the Primary Care Co-Commissioning Committee regarding the changes to urgent care in Sheffield.

Dr Terry Hudson commented that it would be helpful to receive assurance from the independent organisation undertaking the statistical analysis of the methodology used and the interim report that was presented at PCCC in December.

HM

Brian Hughes was asked to attend the next committee meeting to offer assurance about the process followed throughout the consultation and that a robust decision making process, similar to the NHS England level 2 assurance process, was in place.

HM

Eleni Chambers commented that it would be helpful to see links between demographic data and both qualitative and quantitative feedback received within the final report.

The Chair requested assurance that the Executive Team had been sighted on the process and that they understand the feedback received.

**9/18 GP Participation Groups**

Richard Kennedy and Sarah Neil presented the papers which detailed the level of patient participation group (PPG) activity in Sheffield.

The paper presented showed a steady decline in representation at the PPG Network. It was noted that due to an administrative error the figures for October may not be accurate but they were commensurate with previous intelligence.

The Chair requested that the next four dates of the PPGs be added to diaries and circulated to PPGs.

**RK**

It was noted that practices have a contractual obligation to have a PPG and the CCG should consider serving breach notices if this is not the case. The Director of Delivery, Care Outside of Hospital, would discuss with the Primary Care Team.

**ND**

Dr Terry Hudson shared his experience of ongoing public engagement within his practice, but mentioned that this doesn't fit the definition of a PPG. The group agreed that tailored approaches should be recognised to meet the needs of the population. The Patient Experience Manager commented that information was taken from the CQC reports.

Eleni Chambers commented that it is important not just to consider the number of PPGs but also how effective they are. The Committee agreed with this.

## **10/18 Any Other Business**

The Acting Chief Nurse highlighted that The Care Quality Commission (CQC) has recently announced that Sheffield will be included in its next phase of Local System Reviews of local health and social care systems. The review will include patient engagement. A Working Group has been convened to understand the implications of the visit. The Chair asked that a briefing note be prepared for the Committee.

**MP**

The Acting Chief Nurse updated the Committee on the future plan for engagement work around dementia care. An update would be provided to February's meeting.

**EN**

## **11/18 Key Messages for Governing Body**

- The Chair requested that Urgent Care be discussed in detail at the next meeting and that half the meeting be dedicated to the item.
- How do we involve patients in the evaluation of CASES?
- Urgent Care Consultation – what do we do with the outcome?
- Feedback on PPGs - where practices don't have a PPG, need a flexible approach

**12/18      Date and Time of Next Meeting**

The next meeting will take place on 27 February 2018, 9.30 -.11:30am,  
Thornton Room, 722