

Report from the meetings of the Strategic Patient Engagement, Experience and Equality Committee meeting

Governing Body meeting

Item16h

7 November 2019

Author(s)	Helen Mulholland, Engagement Manager
Sponsor Director	Mark Gamsu, SPEEEC Chair Nicki Doherty, Director of Delivery – Care Out Of Hospital
Purpose of Paper	
The unadopted minutes summarise the key points arising from the CCG's Strategic Patient Engagement, Equality and Experience Committee meeting on 10 September 2019.	
Key Issues	
Key points are highlighted below	
Is your report for Approval / Consideration / Noting	
For noting	
Recommendations / Action Required by Governing Body	
Following the SPEEEC meeting on 10 September, the Governing Body is asked to note:	
<ul style="list-style-type: none"> • Further work is required to systematically gain patient experience feedback from people receiving CHC, alongside their carers and advocates • Ongoing issue of Council representation on this Committee • The communications and engagement strategy is progressing and will aid the delivery of the overarching CCG strategy, alongside the work undertaken on an ACP and ICS footprint over the next three years • The Task and Finish Group will conclude their review of common definitions and this will contribute to the engagement framework that focuses on delivery of our legal duties • The SEND and IVF reports were positive reports and the staff were commended on the approach undertaken and their positive attitude • The progress of this Committee and good pieces of work coming through. Having a proactive approach to seeking experience and going above and beyond 	
What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?	
Which of the CCG's Objectives does this paper support?	
Objective 1: To improve patient experience and access to care	
Description of Assurances for Governing Body	
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.	

Are there any Resource Implications (including Financial, Staffing etc)?
No
Have you carried out an Equality Impact Assessment and is it attached?
No, as this is a highlight paper
Have you involved patients, carers and the public in the preparation of the report?
Two public representatives are part of the committee, alongside two Governing Body lay members. All discussions relate to assuring the Governing Body that appropriate public engagement, equality and patient experience work has been undertaken.

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Strategic Patient Engagement, Experience and Equality Committee
held on 10 September 2019 at 11.30am in the Palin Room, 722 Prince of Wales Road**

Present:

Ms Amanda Forrest, Lay Member (Chair)
Ms Parveen Ali, Senior Lecturer in Nursing and Midwifery, University of Sheffield
Ms Eleni Chambers, Public Representative
Ms Lucy Davies, Healthwatch
Ms Nicki Doherty, Director of Delivery Care Outside of Hospital
Ms Lucy Ettridge, Deputy Director of Communications, Engagement and Equality
Mr David Foster, Public Representative
Ms Michelle Glossop, Practice Development Officer, Sheffield City Council
Mr Richard Kennedy, Engagement Manager
Mrs Helen Mulholland, Engagement Manager
Ms Sarah Neil, Patient Experience Manager

In Attendance: Ms Alison Hall, Senior Operational Lead (Item 91/19)
Ms Dani Hydes, Head of Continuing Health Care (Item 91/19)
Ms Debbie Stovin, Commissioning Manager – Elective Care (Item 92/19)
Ms Sapphire Johnson, Head of Commissioning, Children, Young People & Maternity Portfolio (Item 93/19)
Mrs Michelle Oakes, Business Manager (minutes)

	ACTION
81/19 Welcome	
The Chair welcomed members of the Strategic Patient Engagement, Experience and Equality and those in attendance to the meeting.	
82/19 Apologies for Absence	
Apologies for absence had been received from Professor Mark Gamsu, Dr Terry Hudson, Mrs Mandy Philbin, Alun Windle	
The Chair declared the meeting was not quorate to meet as a Committee however, as there were no decision-making agenda items the meeting would go ahead. Items that required approval would be brought to the attention of members not present and they would be asked to contribute via email within two weeks, as to not delay operational timescales. The Chair has spoken to the Executive Director responsible for Governance to advise of this.	
83/19 Declarations of Interest	
There were no declarations of interest from agenda items at today's	

meeting.

84/19 Minutes of the Strategic Patient Engagement, Experience and Equality held on 23 July 2019

The minutes of the meeting held on 23 July 2019 were agreed as a true and correct record.

85/19 Matters Arising

a) Adult Short Breaks (10/19)

Detailed work with the engagement team has taken place and will be presented to the October meeting which will give an update with a proposal going to consultation. For clarification, it is not the business case that will come back as SPEEEC does not need to have sight.

b) Accountable Care Partnership (46/19) and (69/19c)

The Chair tabled a copy of the list of the partnership forums around the city. The Deputy Director of Communications, Engagement and Equality agreed to contact Maddy De Forge from VAS for the latest version.

LE

Ms Chambers, Public Representative commented about the need to distinguish between third sector reps and public reps.

c) Patient Participation Group Network (47/19)

Mr Kennedy, Engagement Manager confirmed no dates for the next PPG network from Primary Care Sheffield had been received yet. Item to be presented to the October meeting.

d) Learning Lunch for complaints (69/19a)

The Patient Experience Manager reported that this committee does not need to follow up. The complaints policy will be presented at the next Quality Assurance Committee. Closed.

e) Patient Experience Action Plan (69/19b)

The Patient Experience Manager reported that within the quality schedule STH have been asked to report six monthly on the accessible information standard which is due this month. If there are concerns, these will be escalated to Contract Monitoring Board with a report back to SPEEEC. Quality monitoring and contract monitoring will be business as usual and if that were not being achieved would then be raised at SPEEEC.

f) Accountable Care Partnership (69/19c)

this is the same action as (46/19.) Closed.

LE

g) Accountable Care Partnership and the quality of its engagement (69/19f)

Regular updates from ACP will be presented to this committee. The Deputy Director of Communications, Engagement and Equality agreed to advise what actions had not been responded to from the April meeting minutes to clarify the matters arising. Mr Foster asked for clarification that engagement, and the quality of engagement, are both updated to this Committee. A review of previous matters arising to be carried out.

EC / LE

h) Better Care Fund Programmes Delivery Lead (71/19)

Ms Glossop reported that she had spoken to Michael Bowles concerning the engagement across the Council stating that each portfolio within the Council is responsible for its own engagement. The Deputy Director of Communications, Engagement and Equality confirmed that Laurie Brennan has replaced Michael and she would be meeting with Laurie and James Henderson to discuss working together. Lucy has spoken to the Better Care Fund lead in terms of discussing adult short breaks with the Joint Commissioning Committee.

The clean air consultation has been circulated to the Governing Body and will be circulated to this Committee for information.

i) Presentation: Urgent Care Review (73/19)

This phase of the review has now concluded so there are no further engagement campaigns or consultations planned at this time. Closed.

j) Involvement Framework (75/19)

Relates to the Task and Finish Sub Group.

k) Equalities Quality Impact Assessment (76/19)

Mrs Mulholland, Engagement Manager reported of a learning lunch planned around transgender issues in November on the back of the work conducted by Healthwatch. We will be working through the Equality Impact Assessment Communities to look at issues that face them.

l) Equality Delivery System (EDS) 3 (77/19)

No date has been confirmed yet for NHSE to publish the refreshed guidance.

86/19 Update from Healthwatch

Ms Davies updated the Committee of the following issues:

Transgender report has been responded to by all relevant organisations including the CCG and is now published on the website and work is ongoing within the CCG.

The Deaf Access to Health Care Equal report is being reviewed currently, particularly in light of the accessible information standard.

The Director of Delivery Care Outside of Hospital queried how robust the responses are and have people done what they said they were going to do. The Patient Experience Manager reported that the providers have not completed as much as they could which could apply to other groups including language line. Mrs Mulholland, Engagement Manager reported this is being worked on as part of EDS2/3.

Engagement is taking place around the Health and Wellbeing Strategy working with Voluntary Action Sheffield with an event arranged looking at infant mortality.

Healthwatch is coming to the end of 2018/20 plan and taking stock of the priorities and what needs to be undertaken in the next few months. They are about to start a consultation on a two year plan and have a set of priorities for next year's plan. The Healthwatch current contract is to 2022.

87/19 Update from Sheffield City Council

Ms Glossop updated the Committee advising that the individual directorates carry out their own engagement. The Deputy Director of Communications, Engagement and Equality agreed to feedback to Ms Glossop following her meeting with Laurie Brennan and James Henderson

LE

88/19 Update from the Deputy Director for Communications, Engagement and Equality at NHS Sheffield CCG

The Deputy Director for Engagement, Equality and Communications reported that a task and finish meeting was held where members of the Committee discussed commonly used words. A further meeting is being arranged for the end of the month to complete the work.

The advert for public patient reps who sit on the Committee is due to go out this week.

89/19 SPEEEC's role in assuring delivery of CCG improvement plan

The Director of Delivery Care Outside of Hospital reported on the external 360 review which acknowledged that SPEEEC was considered to be a strength of the CCG and it acknowledged that we commissioned Healthwatch to do a piece of work to understand the process relating to continuing healthcare (CHC) and that an action plan was developed.

However a relatives' support group expressed concerns and questioned whether the high level action plan fully addressed the underlying issues as

part of the 360 assessment. There was a recommendation in the 360 assessment that the engagement should be reviewed with relatives and patients regarding CHC processes and work jointly with the local authority.

Within the overall improvement plan, this was taken further. This Committee needs to assure Governing Body that engagement has been heard. Governing Body need to be confident that the actions taken will reflect an improvement and this should be regularly reported to Governing body.

Two members of CHC team will attend for the next agenda item to give the Committee assurance regarding the next steps. The Director suggested this Committee regularly report to Governing Body and clearly reflect and give examples of where improvements have been made. This will give confidence, which is also a helpful message to the public, and strengthens the role of SPEEEC.

After discussion, the committee recognised that there are two aspects that Governing Body requires assurance on. Firstly, Governing Body needs to be assured that engagement with CHC patients and their relatives and carers is proportionate, effective and appropriate. It is SPEECS role to advise Governing Body on this. Secondly, Governing Body needs assurance that the appropriate action is taken by the CHC service to make quality improvements in response to feedback. This is not the role of SPEEEC. This sits within the Quarterly Patient Feedback Report which the Chief Nurse presents to Governance Committee and Governing Body.

In relation to public engagement in general, the Chair asked for one side of A4 proposal of *how* and *what* is reported to Governing Body so they are assured that we have engaged with people appropriately and actions have been taken by the organisation. To come to October's meeting.

LE

90/19 Update on the 'How We Did' questionnaire for Continuing Health Care and CHC Patient Experience and Engagement Review

The Senior Operational Team Lead and Head of Continuing Health Care joined the meeting.

They presented the paper for SPEEEC to note the update provided in relation to the 'How we did' questionnaire for CHC linked to the ongoing care programme

A small pilot was conducted in June where nurses gave out the questionnaire to families and individuals however, staff felt it was not the right time and unfortunately received no completed surveys back.

A new survey and (on line or by filling in a form) were sent out again on 2 September. The majority of the clientele are elderly therefore, this needs to be carried out in a way that they are comfortable with and is anonymous. As part of the paper work, clients are asked if they have advocates or if carers want assessments or support allowing them and families to give feedback.

New plan for implementation is to be developed and put into place.

Ms Chambers reported she has had the assessment herself and asked if there was any help from patients or carers in designing the questionnaires. The Senior Operational Team Lead reported that the questionnaire would be made shorter. Ms Chambers would welcome getting people more involved and suggested various changes to the form to make it obvious that people do not have to include their personal details. Some are double barrelled questions which needs to made simpler. Need to involve patients and carers in the development of the questionnaire.

The Chair asked about concerns for potential repercussions and need to overcome people's worry that filling it in would affect funding decisions or care. We need to demonstrate there is no connection between asking people's view and what happens in terms of the care that they will receive.

Ms Davies from Healthwatch highlighted there was no system in place to obtain feedback from individuals when they had been through the decision support tool process. The Senior Operational Team Lead reported they are learning how best to gain feedback and, once up and running, will look to extend other feedback opportunities at different times in the process.

The CHC staff network across the ICS footprint has been reinstated and attendees will be asked what mechanisms they use to gain patient experience feedback systematically.

The Patient Experience Manager reported that members of SPEEEC met with Support 67 representatives who gave concerns from some relatives around the issues specifically related to Birch Avenue and Woodland View and the Continuing Healthcare process. Whilst the feedback received is important and must be heard, it should be acknowledged that these representatives do not necessarily reflect what other patients are experiencing and reporting.

The key themes and issues from the range of sources, including complaints, were around communication process, values, and behaviours.

Mr Richard Kennedy, Engagement Manager highlighted that there is a danger of hearing from a limited amount of people and there are wider underlying issues that also need addressing.

Ms Mulholland commented that she had reviewed the patient experience data through the lens of our engagement legal duties and there had need widespread acknowledgement that a limited number of people had been heard and further work needs to be undertaken both to meet our statutory duties, as well as our moral obligations.

SPEEEC recognised there needs to be some changes to the initial pilot and there is huge expertise in the organisation, which should be accessed. There is a greater need to work with patients and their carers earlier to ensure that feedback mechanisms are in place. Governing Body can be assured that there has been progress made but recognised that this needs

further work.

91/19 CHC Patient Experience and Engagement Review

Covered as above.

92/19 Access to IVF commissioning policy

The Commissioning Manager for Elective Care presented the paper that outlines to the Committee the activity to involve the population of Sheffield in our decision making around the adoption of proposed changes to the Access to IVF Policy in the Yorkshire and Humber region. North East Lincolnshire CCG has led this.

It was agreed to do an eight-week engagement process locally to share the draft policy and the specific changes identified in the policy. Discussions were held with our communication and engagement team to identify groups and people who would most likely be affected and key stakeholders. We contacted the overview and scrutiny committee who suggested they did not want to discuss the policy until after the engagement period, as they wanted to hear the views of the public before making a decision. The engagement process finishes on 6 October and will respond back to SPEEEC in December. It will also be presented to the Clinical Commissioning Committee.

The Commissioning Manager was commended on the work carried out in a short timescale and recognising the importance of the equality impact assessment process.

The paper is for approval so will need to be approved virtually by email to this Committee asking for approval within two weeks.

LE

93/19 Special educational needs and disability (SEND) strategy engagement

The Head of Commissioning – Children, Young People and Maternity presented the paper to update SPEEEC on progress to date with patient engagement activities in relation to development of the Special Educational Needs and Disability (SEND) and Inclusion Strategy for the city and inform SPEEEC of the communication plan and next steps in the process.

Following the SEND inspection in November 2018, the lack of a co- strategy between the CCG and the Locality Authority was highlighted as a weakness. Therefore, a strategy needs to be developed and launched by February 2020 building on information that is already available.

It is crucial that we gather views of patients and the public as part of the strategy development and whilst we have already heard lots of views and received significant amounts of feedback regarding SEND, there are still some areas where we have gaps in engagement activity, for example from particular postcode areas, from parents of children in certain age groups and from BAMER groups. A targeted approach has been ongoing to those particular community groups. The online survey is open until 22 September.

To date there have been 220 responses. In October there will be a stakeholder session arranged to prioritise the feedback on key areas which will shape the first draft of the strategy. The draft will then be circulated amongst stakeholders for further feedback and final version will be signed off in December/January and launched publicly in February 2020. A steering group involves the CCG, local authority and the Sheffield Parent Carer Forum. MPs and cabinet members have also been liaised with to use feedback already received.

A lecturer at the university who has a special interest around co-production and developing tools and techniques to engage with wide groups of stakeholders and co-produce strategies has offered time to help facilitate the group session and set priorities.

In order to clearly identify these gaps and take steps to mitigate them, a summary of feedback gathered to date, stakeholder matrix, equality impact assessment (EIA) and communications plan have been developed.

The Head of Commissioning was thanked for the work carried out. SPEEEC felt the process was very robust in terms of a targeted approach and will be invited back to this meeting to share the wider work ongoing in the portfolio.

94/19 Communications and engagement strategy

The Deputy Director for Engagement, Equality and Communications presented an outline of the strategy stating that the full strategy will be presented at the October Committee.

The CCG has not had a live communication and engagement strategy since 2016. There have been communication and engagement plans in place and have started to test methods that support the organisation to meet the statutory requirements but also to do the right thing for the people of Sheffield.

The broad aim of the strategy is that through effective communications and engagement, will have a good reputation so the services commissioned by the CCG will reflect the needs of Sheffield people, and ultimately people trust and support the decisions we make. Our staff, members, public and stakeholders will be well informed about our vision and values, become advocates of the CCG, will talk positively about our work, and about the CCG as an employer, and people will want to get involved and share their views. We also aim to meet our statutory duties.

The Deputy Director for Engagement, Equality and Communications highlighted the overall principles and the engagement principles.

Engagement principles will look at the gaps and build on that and move towards individual and collective engagement recognising the difference between both.

It is a three year strategy which shift resources from individual engagement to collective engagement and shift resources from patient practice forum

network to supporting equality hubs to do more of the targeted quality work to complement work with hub members.

The strategy will also be presented to Audit Committee and other group members including the Council, Equality Hubs, Healthwatch and ACP/ICS. Following October SPEEEC will then go to November Governing Body for approval.

The Director of Delivery Care Outside of Hospital commended on the amount of effort that has gone into this work. The Committee felt it should go out to external groups to shape.

The Committee was advised that Healthwatch is running a workshop on 2 October around ACP communication and engagement which could be utilised in terms of the timescales.

Also need to consider how work with GP members is carried out and involve LE/RK PPGs.

95/19 SPEEEC Forward plan

The Committee noted the forward plan with the following additions.

All portfolios would be asked to present a brief overview - primary care was missed off.

Patient Experience Strategy to be added to the October agenda.

96/19 Policy for involving volunteers in our work review

The Committee noted the paper that informs SPEEEC of the challenges and success regarding implementation of the Policy for Involving Volunteers In Our Work following its approval in November 2018.

As we approach the year one review, we are exploring whether developing a consistent approach across ACP partners is possible.

In terms of the current CCG policy, it has been welcomed and well received by staff following approval and has been used locally and nationally as an example of good practice.

One of the key successors was celebrating volunteers' week to say thank you to people who had given their time, which was well received.

There are a number of changes suggested following feedback from staff, volunteers and Patient and Public Voice Partners based on the changing NHS landscape and greater partnership working and these will be brought into discussions with ACP partners.

The issue of payment has proved challenging, particularly in the arena of Experts by Experience and the introduction of the Patient and Public Voice role, as this policy was originally designed to support 'volunteers' i.e. those

giving their time without expectation of payment other than reimbursement of out of pocket expenses.

Based on these issues, a review of terminology and other situations where payment might be appropriate will form part of the formal review prior to Governance Sub Committee in November 2019

97/19 Any Other Business

There was no further business to discuss.

98/19 Key points for Governing Body

Further work is required to systematically gain patient experience feedback from people receiving CHC, alongside their carers and advocates.

Ongoing issue of Council representation on this Committee.

The communications and engagement strategy is progressing and will aid the delivery of the overarching CCG strategy, alongside the work undertaken on an ACP and ICS footprint over the next three years.

The Task and Finish Group will conclude their review of common definitions and this will contribute to the engagement framework that focuses on delivery of our legal duties.

The SEND and IVF reports were positive reports and the staff were commended on the approach undertaken and their positive attitude.

The progress of this Committee and good pieces of work coming through. Having a proactive approach to seeking experience and going above and beyond.

99/19 Date and Time of Next Meeting

The next meeting will take place on Tuesday 22 October 2019, 9:30 am – 11:30 am, Cocker Meeting Room, 722 Prince of Wales Road, Sheffield, S9 4EU