

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

Item 16h

Governing Body meeting

10 January 2019

<b>Author(s)</b>	Lucy Ettridge, Deputy Director of Communications, Engagement and Equality
<b>Sponsor Director</b>	Mark Gamsu, SPEEEC Chair Nicki Doherty, Director of Delivery Care Out Of Hospital
<b>Purpose of Paper</b>	
The unadopted minutes summarise the key points arising from the CCG's Strategic Patient Engagement, Experience and Equality Committee meetings on 25 September 2018 and 6 November 2018.	
<b>Key Issues</b>	
The key points for Governing Body are highlighted below	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting.	
<b>Recommendations / Action Required by Governing Body</b>	
<p>Governing Body is asked to note:</p> <ul style="list-style-type: none"> <li>• The committee received and noted an update on the urgent care review after PCCC had agreed to reconsider the options. The equality aspect had been discussed at PCCC and it had been agreed that the CCG had met its duty on equality. The engagement plan for the next phase of the review will be brought to a future SPEEEC.</li> <li>• SPEEEC received a paper on a new methodology on understanding patient experience of urgent primary care. SPEEEC will receive an update when the work to review of patient experience data is complete.</li> <li>• The committee approved the development and implementation of over the counter medicines and local minor ailments scheme engagement plan.</li> <li>• In November, the committee held a workshop, instead of a formal meeting, on improving the working of SPEEEC. An action plan, including a process and new terms of reference, will be presented to the January meeting.</li> </ul>	
<b>Governing Body Assurance Framework</b>	
<b><i>Which of the CCG's objectives does this paper support?</i></b>	
1. To improve patient experience and access to care	

1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions.

**Are there any Resource Implications (including Financial, Staffing etc)?**

None.

**Have you carried out an Equality Impact Assessment and is it attached?**

***Please attach if completed. Please explain if not, why not***

Not applicable.

***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, experience and equality work has been undertaken.

**Unadopted Minutes of the meeting of the Strategic Patient Engagement, Experience and Equality Committee held on 25 September 2018 in Meeting Room 1 at Primary Care Sheffield, Main Road, Darnall**

**Present:** Professor Mark Gamsu, Lay Member (Chair)  
 Ms Eleni Chambers, Public Representative  
 Ms Parveen Ali, Senior Lecturer in Nursing and Midwifery, University of Sheffield  
 Ms Nicki Doherty, Director of Delivery, Care Outside of Hospital  
 Ms Amanda Forrest, Lay Member  
 Mr David Foster, Public Representative  
 Dr Terry Hudson, GP Clinical Lead with responsibility for Equality and Engagement  
 Mr Richard Kennedy, Engagement Manager  
 Ms Margaret Kilner, Chief Officer, Healthwatch Sheffield  
 Ms Helen Mulholland, Engagement Manager  
 Ms Sarah Neil, Patient Experience Quality Manager

**In Attendance:** Mrs Kate Gleave, Deputy Director of Commissioning  
 Mr Jim Milns, Deputy Director of Mental Health Transformation and Integrated Commissioning  
 Ms Heather Burns, Head of Commissioning, Mental Health  
 Ms Kathryn Robertshaw, Programme Manager Dementia Strategy  
 Mrs Karen Shaw, Executive Assistant Chair and Accountable Officer  
 Mrs Eleanor Nossiter, Communications  
 Ms Jo Tsenova, Pharmacy Development Manager  
 Ms Rachel Dillon, Programme Manager, Urgent Care

		<b>ACTION</b>
<b>78/18</b>	<b>Welcome</b>	
	The Chair welcomed members and those in attendance to the meeting.	
<b>79/18</b>	<b>Apologies for Absence</b>	
	Apologies for absence had been received from Mandy Philbin, Chief Nurse, Lucy Ettridge, Deputy Director, Communications and Simon Richards, Head of Practice Development, Sheffield City Council.  It was noted that SCC representation is now difficult as SPEEEC clashes with their Senior Management Team meeting.. ND/LE to speak directly to Phil Holmes and update the Chair prior to the next meeting.	<b>ND/LE</b>
	The Chair declared the meeting was quorate.	

<b>80/18</b>	<b>Declarations of Interest</b>	
	<p>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). He 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</p> <p>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:  <a href="http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm">http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm</a></p> <p>Professor Mark Gamsu declared an interest in his role as Chair of Citizens Advice Sheffield which provides Sheffield's Advocacy Service and Ms Eleni Chambers declared her interest in Item 5, Challenge Sheffield/SODIT report – she is a member of Challenge Sheffield and wrote the report. She also expressed her Declaration of Interest in Item 14 as a user of mental health services. The Chair agreed that she could stay in the room for these discussions.</p>	
<b>81/18</b>	<b>Minutes of the meeting held 14 August 2018</b>	
	The minutes of the SPEEEC meeting held on 14 August 2018 were agreed as a true and correct record	
<b>82/18</b>	<b>Matters Arising</b>	
	a) 67/18 – Equality Objectives – would be discussed as part of the presentation on Equality	<b>RK</b>
	b) 71/18 – Dementia Engagement Plan – HM to circulate	<b>HM</b>
	c) 72/18 Results from evaluation of the APM still to be circulated and Q, Q & A still not on the website	<b>RK</b>
	d) 72/18 - Learning Lunch - CCG Complaints service will be relaunched in the coming months and it had been agreed that Engagement and Experience Leads will join the Complaints team to deliver a joint learning lunch. The Chair request feedback when this had happened	<b>SN</b>
	e) 72/18 APM - Planning early to ensure more inclusive attendance – HM to check this is part of SPEEEC's engagement plan	<b>HM</b>

	f) 72/18 – Urgent Care – Discuss the use of Healthwatch reports/surveys outside of the meeting – report had been sent but not discussed.	MK/SN
	g) 75/18 – Integrated Care System Update on the Hospital Services review - Chase Helen Stevens for progress	LE
	Noted that an extra column would be added to the Matters arising table to include timeline	
<b>83/18</b>	<b>Dementia Engagement report</b>	
	<p>Kathryn Robertshaw, Programme Manager for the Dementia Strategy Programme, joined the meeting for this item and presented this paper which provided an overview of the dementia strategy engagement work to date and feedback received to date. She highlighted the key issues that the feedback had highlighted, noting there remains some gaps in knowledge that need to be addressed through the strategy implementation plan. An engagement group consisting of partners in this work was due to meet on 26 September to develop an engagement plan for the next stage of public engagement on the draft Dementia Strategy.</p> <p>It was noted that an equality gap analysis had been undertaken prior to this work to identify the gaps in patient voice and had identified that the following groups had not been covered in previous engagement activities.</p> <ul style="list-style-type: none"> <li>• Carers</li> <li>• Black, Minority and Ethnic patient (BME), families and carers</li> <li>• Co-morbidities and sensory impairment</li> <li>• Young onset dementia</li> </ul> <p>These areas were pursued through the engagement work. All the groups identified were reached, however, whilst some feedback was received from members of the BME community, this was not substantial and was still recognised as a significant gap. This will be addressed in the next stage of engagement and strategy implementation plan.</p> <p>The Lay Member, AF, suggested that the Sheffield Carers Centre should be contacted directly to assist, which she could help to facilitate if required.</p> <p>The Chief Officer, Healthwatch, noted that the Sheffield Carers centre also have a BME Carers Advisor. She asked that when statutory services were doing engagement work, there could be a plan up front to engage with these groups before. Would this engagement plan be published with limitations? The Programme Manager responded that it would be published with limitations on this occasion but within the plan there is a commitment to take forward the work around inequality.</p> <p>The Lay Member, AF, commented that the Carers Centre have links to</p>	

different BME groups. It would also be useful to focus on carers of people with dementia eg via the Pakistan Advice and Community Association (PACA), Roshni.

The Programme Manager confirmed that the plan was linked to the City Carers Action Plan.

PA, the Senior Lecturer in Nursing and Midwifery suggested ways to engage with the different BME groups, for example via exercise classes, lunch clubs, mosques, temples, etc.

The Engagement Manager, HM, highlighted the work that had been undertaken with the BME population, including a meeting with the cross cutting equality hub which had recently been formed. She advised that SCC was also concentrating effort on working with the Carers' Centre and she would follow up with Simon Richards.

ND, the Director of Delivery, Care Outside of Hospital, sought assurance regarding the links into CHC and Woodland View. In our approach with this work, we had recognised that a city wide dementia strategy was being developed but this would need to have a clear, consistent message in the strategy. How confident did we feel that the right message was being communicated? The Programme Manager assured members that work was being undertaken with the CCG and SHSC to link up the communication and work was ongoing with the contracting teams regarding the service specifications. The Director of Delivery, Care Outside of Hospital, highlighted that in light of the strength of feeling from the relatives of those in Woodland View, it was important that we hear and respond to the wider population as well as minority groups.

The Chair agreed that it was a real issue on how this is communicated going forward. In the draft strategy he would like to see a mechanism to ensure that a voice continues to be strong following implementation.

In summary the following was agreed:-

- There is an issue around how the communications are managed recognising the concerns around Birch Avenue/Woodland View
- Need to engage with BME communities
- Needs to be in partnership with the Carers Centre
- The plan needs to include proposals to strengthen the voice of public in any new service configuration
- City wide Communications and Engagement Plan will be brought back to SPEEEC

The Programme Manager left the meeting.

The Committee noted the report.

84/18	<b>Update from the Chief Officer at Healthwatch Sheffield</b>	
	<p>The Chief Officer, Healthwatch, presented the following reports to the Committee:-</p> <ul style="list-style-type: none"> <li>• Zest report – Your Voice, Your Health</li> <li>• Challenge Sheffield and SODIT</li> <li>• Sheffield City of Sanctuary - Experience and Opinions of Asylum Seekers and Refugees</li> </ul> <p>She explained that 13 small grants had been awarded to community groups to conduct some engagement in areas of their own interest and these were the three that were most pertinent to SPEEEC at this point in time. Healthwatch wanted to hear from people where the quality of information, which HW may be unable to gather without strong relationships, may not be available. An evaluation had been undertaken which had shown that some groups would need support to do the exercise next time but Healthwatch felt their voice should be heard.</p> <p>The fourth report, Woodland View and Birch Avenue and action plan had been commissioned by the CCG's Chief Nurse, Mandy Philbin in view of the publicity and strength of public feeling in relation to the CHC reviews.</p> <p>The Public Representative, EC, provided a brief background to the Challenge Sheffield and SODIT report which had been perceived as a good model of involvement for mental health service users. No formal evaluation had been undertaken.</p>	
	<p>Healthwatch had offered help to all the groups to write their reports and to support them to take their actions forward.</p>	
	<p>The Chief Officer highlighted the work that had been undertaken with the mental health team, the City of Sanctuary and Assist with regard to accessing mental health care. As part of contract discussions, all providers will be asked how they will address the needs of asylum seekers going forward.</p>	
	<p>Members then offered their comments:-</p> <ul style="list-style-type: none"> <li>• The CCG would be keen to learn about the model used for the community engagement to share learning</li> <li>• Interesting to see from the City of Sanctuary report people waiting in A &amp; E and not knowing about urgent care alternatives. The CCG needs to follow up when resetting the work on Urgent Care.</li> <li>• Need to see common themes and these need to be considered by the Committee and the organisation</li> <li>• Need to see involvement from the outset</li> <li>• One of the CCG's aspirations is to move into a more community based engagement model. Range of issues to explore and learning is important. The challenge from receiving the reports</li> </ul>	

	<p>is to learn what they are telling us and how we manage going forward. Organisations need to respond.</p> <ul style="list-style-type: none"> <li>• Recognising EC's comments, is there something SPEEEC can do as a group to engage and strengthen response from providers?</li> </ul>	
	<p>The Chief Officer advised that a summary report will be pulled together which would bring together the findings and the recommendations from the reports. Given the volume of reports, Healthwatch would not be making formal recommendations.</p> <p>Healthwatch was working with Isobel Thomas on the internal evaluation which the Chief Officer agreed to share with the group (noting this would not be for wider circulation).</p>	<b>MK</b>
	<p>Further comments were proffered as follows:-</p> <ul style="list-style-type: none"> <li>• The CCG should think about giving some funding through neighbourhoods to do community engagement</li> <li>• Should not be only statutory organisations to respond, community groups should also be given the opportunity</li> <li>• Should not lose messages within the reports; don't just focus on the recommendations</li> <li>• As Healthwatch had developed methodology should funding be via Healthwatch?</li> <li>• Reflect back to Mental Health team about potential model</li> <li>• Work in partnership/collaboratively in terms of small grants</li> <li>• Reports not received at Provider Trusts' Experience Committees – Patient Experience Quality Manager to take forward</li> <li>• Noted that some organisations receive no funding to undertake specific involvement activities.</li> </ul>	<b>SN</b>
	<p>The Chair concluded the discussion and noted that SPEEEC look forward to receiving the internal evaluation report and the overall report. This should also not be just about SCC grants; need to build on the experience of the health service engaging more.</p> <p>Jo Tsoneva, Kate GLEAVE, Eleanor Nosier and Rachel Dillon joined the meeting.</p>	
	<p>The Chief Officer, Healthwatch, provided the background to the report on Birch Avenue and Woodland View. This report had been instigated by Mandy Philbin, Chief Nurse, Sheffield CCG, for Healthwatch to undertake an independent engagement exercise with residents and their relatives at Birch Avenue and Woodland View dementia care homes in Sheffield.</p> <p>The recommendations and the CCG's response to the recommendations were detailed in the report.</p>	

	<p>The Committee discussed the findings of the report, which was well received. The Chair reaffirmed the ambitions that Healthwatch provided an independent challenge and provided assurance to the public in Sheffield which demonstrated they were being met.</p>	
85/18	<p>Engagement - Urgent Care</p> <p>The Deputy Director for Commissioning, Eleanor Nossiter and Rachel Dillon attended for this item.</p> <p>The Deputy Director introduced Rachel Dillon as the new Programme Manager for Urgent Care.</p> <p>She advised that the recommendations for Urgent Care had been presented to Primary Care Commissioning Committee (PCCC) on Thursday 20 September 2018, and offered to share the paper for those who may not have seen it. The recommendations had been accepted in full and as a result the CCG will be reconsidering the options around the Urgent Treatment Centre for Minor Illness and Minor Injuries. The options around the urgent eye care proposal would not be progressed. A new consultation would be launched next year.</p> <p>EN advised that the equality aspect had been discussed at PCCC and it had been agreed that the CCG had met its duty on Equality.</p> <p>With regard to health inequalities, from the feedback received during the consultation it does feel that more could be done with regard to addressing the issue in primary care.</p> <p>Overall there had been very positive feedback about the most recent communications in relation to this and in particular the engaging and listening tone with the public reference group. It was felt there could be other approaches what more could be done to reduce inequalities further and this would be considered as a priority.</p> <p>The Deputy Director agreed to circulate the detail.</p> <p>The Chair enquired going forward, was there a view when it is important to present to SPEEEC again and with what?</p> <p>EN detailed her thoughts around the plans for engagement and development of new options. She highlighted the need to ensure that the CCG allows sufficient time to do the work and involve people around information. For SPEEEC, we need to consider how people are involved in the options development/criteria to assess options and then producing the information. One reflection from the learning is that there is a lot more appetite from members of the public for detail.</p> <p>The Lay member, AF, advised that the Urgent Care Programme Board would be meeting and would start to work out the detailed Project Plan, including when the reports should be brought to SPEEEC. A timetable would be brought to the next meeting.</p>	

	<p>The Public Representative, DF, supported EN's comments and commented that as a member of the public, the difference to what had just been published and the listening/sharing tone is completely different and very much a higher level of quality compared to what was published in September/January. He thought the final results were excellent and that this was due to a change in attitude within the CCG.</p> <p>The Chief Officer, Healthwatch, drew attention to a report which had been produced by Darnall Health and Wellbeing where they had spoken to young adults who attended a Boxing Gym and who indicated that they do not access healthcare unless they are in emergency situations. What do we know about communities before we talk to them, one size does not fit all.</p> <p>The Committee noted the update.</p>	
86/18	<p><b>Patient experience – Urgent primary care: establishing baseline patient experience data</b></p> <p>The Quality Manager, Patient Experience, presented this report which sought to update SPEEEC on the proposed methodology for understanding patient experience of urgent primary care.</p> <p>The CCG has undertaken to make improvements in two specific areas:-</p> <ul style="list-style-type: none"> <li>• All patients are promptly signposted to the most appropriate service and clinician or given self-care advice</li> <li>• All patients receive an appointment within 24 hours when clinically needed within their local area</li> </ul> <p>The CCG will be reviewing the patient experience data that is currently available to establish what is known about patients' experiences of these two areas and understanding the gaps.</p> <p>The Deputy Director for Strategy explained that work is planned to define the outcomes associated with this to ensure the changes are having the impact that is intended. As part of the work, the CCG needs to understand and develop outcomes from a patient's expectation and a clinician's perspective.</p> <p>The Chair requested that a further paper be presented to SPEEEC when the work review of patient experience data is complete.</p>	SN
87/18	<p><b>Engagement – Issues Paper – Over the Counter Medicines and Local Minor Ailments Scheme</b></p> <p>Jo Tsoneva, Pharmacy Development Manager, attended for this item.</p> <p>Public Representative, DF, asked for an explanation of the Scheme.</p>	

She advised that NHS England issued guidance in March 2018 'conditions for which over the counter (OTC) items should not routinely be prescribed in primary care: Guidance for CCGs'. The purpose of the guidance is to reduce routine prescribing of over the counter medicines for self-limiting illnesses; minor illnesses suitable for self-care, and those of low clinical effectiveness.

Since 2002, the CCG had commissioned a Minor Ailment Service (MAS) from all Sheffield community pharmacies providing advice about minor conditions and free OTC medicines.

The MAS will be inconsistent with the overall approach of the CCG in reducing routine prescribing of the listed OTC items in the NHS guidance. Therefore, the CCG wishes to carry out an engagement exercise to explore associated issues with Sheffield residents to gain a better understanding of residents' perspectives which will help inform thinking about the future direction of the CCG around these issues.

The Pharmacy Development Manager explained that the scheme was available to everyone who was registered with a GP and does not pay for their prescriptions. The scheme is promoted via different routes, for example GP leaflets, posters in community pharmacies. In areas of greater deprivation, the scheme is much more utilised.

Additionally, she advised that the Integrated Care System had put together an engagement programme around the guidance and will be launching a campaign to survey across the whole of South Yorkshire and Bassetlaw a view around over the counter products. Although the CCG is being encouraged to support, we would also want to include local knowledge on the Minor Injury Scheme.

The Public Representative, EC, left the meeting.

Comments from the Committee were noted as follows:-

- Public representative, DF, suggested that the first question on the survey should be 'have you heard of the MIS?'
- It would be good to promote this via the Patient Participation Groups.
- DF's noted that he was not aware of the Scheme and is actively involved in information sharing at his practice; he had not seen any publicity about this although he had seen the guidance
- Role of the ICS - it was queried whether or not this is outside of their remit when it is essentially a place thing. We need to understand where we have that conversation

	<ul style="list-style-type: none"> <li>• If we survey people who only use MIS as is, there is a cohort of people who you would not engage</li> <li>• When directing people to buy their own medicines we cannot direct to specific outlets. How do we engage public to buy goods at a reasonable price?</li> <li>• MIS – this is not necessarily prescribing, we need to look at community pharmacists as part of Urgent Care</li> <li>• We need to ensure that we make sure everyone has access to the care they need</li> <li>• Interesting to know whether those who are in receipt of free prescriptions need free prescriptions; for example in relation to condition rather than finances.</li> <li>• It was suggested that it would also be helpful to have a discussion at PCCC about the role of ICS</li> <li>• There was a risk around having two separate engagement processes and a view that this should be one integrated approach; target people who do not access the service with unmet needs. There is a potential equality/inequality issue.</li> <li>• We need to consider who uses it, who knows about it and what affects the ability to use the scheme</li> <li>• Conversations with parent/carer forums</li> <li>• If the scheme is not available where would people access the service and would this impact on Urgent Care?</li> </ul> <p>SPEEEC approved the development and implementation of the engagement plan and following further discussion, it was agreed that this was a very complex area and the Pharmacy Manager was asked to bring a paper back in more detail around the engagement process as the conversation had highlighted a cohort of people who had previously not been targeted previously.</p> <p>Jim Millns, Deputy Director of Mental Health Transformation and Integrated Commissioning and Heather Burns, Head of Commissioning, Mental Health portfolio, joined the meeting.</p>	
88/18	<p><b>Spotlight on Commissioning – Mental Health</b></p> <p>The Deputy Director of Mental Health and Integration presented an overview of the <b>Sheffield Mental Health Transformation</b></p>	

## Programme (Item 1).

Key points noted were:-

- There are 8 different organisations delivering different aspects of the programme
- Good work to date around IAPT, Dementia Care and Eating Disorders
- Aspiration to engage across the wider population rather than those just accessing mental health services
- Approach to eating disorders to work with people to get service design right felt to be a great example and something that could offer some good practice for others to learn from
- As part of the evolving relationship with the people of Sheffield, as an example, written to Eleni Chambers with regard to Challenge Sheffield to explain that this should be a system wide response
- Responded to the Experience of Mental Health report 2017
- Considered the role of Carers in the system

Members reflected their comments which were noted.

- Need to consider mental and physical ill health – early intervention, conversation around depression, anxiety, stress
- Concern about the practicalities of engaging the wider population
- Agree that people rarely get involvement right – would like to see an overarching involvement plan
- Difficult to see overarching approach
- Eating disorder service – is this being evaluated, such a great programme that could be used as a 'gold standard' for this type of engagement
- Where does expertise/resources lie?
- What is SHSC's plan for capturing experience in a coherent way recognising that the scope may not be perfect which allows a range of people to engage which would help move us forward
- SPEEEC would be actively interested in approach in uniting experience and involvement

JM advised that the Mental Health Partnership Board was considering how it could work better. It had been suggested that a Summit be held later in the year to discuss the issues.

JM described his vision going forward in that he would very much like Sheffield residents to help design the programme of work. Once the Partnership Boards were operating more effectively, it was hoped there would be a more structured/co-ordinated programme.

The Public Representative, EC, highlighted that if the Summit was to be facilitated by User Groups, they would need to be funded. There was a need to review reimbursement when users were doing high level work.

The Chair asked that a report come back to SPEEC following the Summit.

**Item 2: Parity of Esteem (the principle by which mental health should be given equal priority to physical health).**

The Head of Commissioning, Mental Health portfolio, spoke to this paper to seek how:-

- SPEEEC can support the organisation to better address Parity of Esteem
- Become organisational champions for Parity of Esteem alongside the Mental Health Portfolio team
- Offer advice and support to the Mental Health Commissioning Team, and the wider CCG on approaches to increasing Parity of Esteem.
- Asked SPEEEC to note that partly due to the societal impact of Parity of Esteem, avoidable health inequalities are faced by people with mental health conditions, learning disabilities and autism, and lead to a 20 – 30 year gap in mortality for these populations

It was noted that there is an identified Governing Body Assurance Framework (GBAF) risk logged for Parity of Esteem. The CCG spends 10% of its budget on core mental health services when there is a 23/24% burden of disease.

The Director of Delivery for Care Outside of Hospital stated that it was not the role of SPEEEC to determine how the organisation spends its budget, it was about ensuring equality. If the Equality Assessment Form did not reflect this, it would need to be discussed at the time out session. She commented that data she had seen demonstrated that the CCG had quite high spend for mental health services but reflected that people can struggle in having their mental health issues recognised as part of their physical health care and therefore the investment is not measured for separate services but in a way in which we commission services generally. This should be reinforced via the EIA.

The Chair summarised the discussion. He welcomed the challenge but further work would be required. What work should SPEEEC be championing which would improve the quality of discourse within the Organisation? He felt that at Governing Body meetings, discussions around Parity of Esteem get distilled down. He invited the Deputy Director and Head of Commissioning back to the Committee and asked they bring some ideas that could help improve the discourse.

The GP Lead for Engagement highlighted that the national marker for the national standard for early intervention in psychosis is 50%. Should the CCG be challenging the target?

The Chair agreed that SPEEEC had a role to play to ensure that the

	<p>Organisation was supporting the Parity of Esteem across the wider agenda.</p> <p>The Committee noted the update.</p>	
<b>89/18</b>	<p><b>Updates from Partners on strategic engagement, experience and equality</b></p> <p>Due to time restraints, the Engagement Manager (HM) would circulate the update from Sheffield City Council and the Deputy Director for Engagement, equality and Communications via email.</p>	HM
<b>90/18</b>	<p><b>Equality – Equality Delivery System Two update</b></p> <p>To be discussed at a later date.</p>	RK
<b>91/18</b>	<p><b>Patient Experience Action Plan Update</b></p> <p>This report to be brought to a future meeting.</p>	SN
<b>92/18</b>	<p><b>Any Other Business</b></p> <p>The Public Representative, DF, had raised a question via email relating to the significant number of GP practices without a PPG – whether they have any commonality (eg particular size/geographical area/demographic status). Additionally, he asked what sanction the CCG takes against them and whether the actions taken to date are strong enough (if taken at all).</p> <p>Due to time restraints, this would be picked up at the next meeting.</p>	
<b>93/18</b>	<p><b>Date and Time of Next Meeting</b></p> <p>The next meeting will take place on 6 November 2018, 9.30 – 11.30 am, 722, Palin Meeting Room.</p>	

**Unadopted Minutes of the meeting of the Strategic Patient Engagement, Experience and Equality Committee held on 6 November 2018 in Palin Meeting Room, 722 Prince of Wales Road**

**Present:** Professor Mark Gamsu, Lay Member (Chair)  
 Ms Eleni Chambers, Public Representative  
 Ms Parveen Ali, Senior Lecturer in Nursing and Midwifery, University of Sheffield  
 Ms Lucy Ettridge, Deputy Director of Communications, Engagement and Equality  
 Ms Amanda Forrest, Lay Member  
 Mr David Foster, Public Representative  
 Dr Terry Hudson, GP Clinical Lead with responsibility for Equality and Engagement  
 Mr Richard Kennedy, Engagement Manager  
 Ms Helen Mulholland, Engagement Manager  
 Ms Sarah Neil, Patient Experience Quality Manager  
 Mrs Mandy Philbin, Chief Nurse

		<b>ACTION</b>
<b>94/18</b>	<b>Welcome</b>	
	The Chair welcomed members and those in attendance to the meeting.	
<b>95/18</b>	<b>Apologies for Absence</b>	
	Apologies for absence had been received from Nicki Doherty, Director of Delivery, Care outside of Hospital, Simon Richards, Head of Practice Development, Sheffield City Council and Margaret Kilner, Chief Officer, Healthwatch.	
	The Chair declared the meeting was quorate.	
<b>96/18</b>	<b>Declarations of Interest</b>	
	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). He 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	

	<p>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:  <a href="http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm">http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm</a></p> <p>Professor Mark Gamsu declared an interest in his role as Chair of Citizens Advice Sheffield which provides Sheffield's Advocacy Service and Ms Eleni Chambers declared her interest in Item 5, Challenge Sheffield/SODIT report – she is a member of Challenge Sheffield and wrote the report. She also expressed her Declaration of Interest in Item 14 as a user of mental health services. The Chair agreed that she could stay in the room for these discussions.</p>	
<b>97/18</b>	<b>Minutes of the meeting held 25 September 2018</b>	
	<p>The minutes of the SPEEEC meeting held on 25 September 2018 were agreed as a correct record subject to the following amendments:-</p> <p>Minute 88/18 – page 12. Change to “Should the CCG set a more challenging target and be more ambitious?”</p>	
<b>98/18</b>	<b>Matters Arising</b>	
	<b>Minute 79/18</b> – Deputy Director of Communication and Engagement to speak to the Director of Delivery – Care outside of Hospital to see if she had spoken to Phil Holmes	<b>LE</b>
	<b>Minute 85/18</b> - Add to the agenda for December.	<b>LE</b>
	<b>Minute 92/18</b> - change from November to December	<b>LE</b>
<b>99/18</b>	<b>Any Other Business</b>	
	<p>A new process was agreed on signing off the minutes. The minute taker is to agree draft notes with the presenters, then send to the Director of Delivery, Care outside of Hospital and the Deputy Director of Communications, Engagement and Equality for their approval and then for the Chair to sign off the final version. All inaccuracies and changes to minutes from members will be brought up at the next meeting, and not by email, so the Committee can discuss, and respond collectively and formally.</p> <p>The remainder of the meeting was utilised as a workshop to discuss ways of working.</p>	<b>LE</b>
<b>100/18</b>	Date and Time of Next meeting	
	18 December 2018, 9.30 – 11.30 am , Thornton Meeting Room	

