

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

Item 19h

Governing Body meeting

7 March 2019

Author(s)	Lucy Ettridge, Deputy Director of Communications, Engagement and Equality
Sponsor Director	Mark Gamsu, SPEEEC Chair Nicki Doherty, Director of Delivery - Care Out Of Hospital
Purpose of Paper	
The adopted minutes summarise the key points arising from the CCG's Strategic Patient Engagement, Experience and Equality Committee meeting on 18 December 2018.	
Key Issues	
The key points for Governing Body are highlighted below	
Is your report for Approval / Consideration / Noting	
Noting.	
Recommendations / Action Required by Governing Body	
<p>Governing Body is asked to note:</p> <ol style="list-style-type: none"> 1. CHC and Learning Disability - Work about experience of individuals sighted on going forward 2. Three presentations received on engagement, co-production and consultation which felt qualitatively different to where we were as an organisation a couple of years ago 3. Patient Participation Groups - need to keep on the agenda 4. Recognition that it is useful to think about our Patient Experience Strategy and the Experience Strategies within the three Foundation Trusts 5. SPEEEC were assured on a plan to meet its mandatory statutory duties around EDS2 	
Governing Body Assurance Framework	
<p><i>Which of the CCG's objectives does this paper support?</i></p> <ol style="list-style-type: none"> 1. To improve patient experience and access to care <p>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.</p>	

Are there any Resource Implications (including Financial, Staffing etc)?
None.
Have you carried out an Equality Impact Assessment and is it attached?
<i>Please attach if completed. Please explain if not, why not</i> Not applicable.
<i>Have you involved patients, carers and the public in the preparation of the report?</i>
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 18 December 2018 in the Thornton 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 Nicki Doherty, Director of Delivery, Care Outside of Hospital
 Mr David Foster, Public Representative
 Dr Terry Hudsen, GP Clinical Lead with responsibility for Engagement, Equality
 Mr Richard Kennedy, Engagement Manager
 Ms Margaret Kilner, Chief Officer, Healthwatch Sheffield
 Lucy Ettridge, Deputy Director of Communications, Engagement and Equality

In Attendance: Mr Alun Windle, Deputy Chief Nurse (shadowing Chief Nurse)
 Mrs Rachel Dillon, Programme Manager, Urgent Care
 Ms Heather Burns, Head of Commissioning, Mental Health Commissioning Portfolio
 Mr Owen Jones, Commissioning Manager, Mental Health portfolio
 Mrs Karen Shaw, Executive Assistant Chair and Accountable Officer

		ACTION
101/18	Welcome	
	<p>As the Chair, Professor Mark Gamsu, had been delayed, the Director of Delivery, Care outside of Hospital, opened the meeting.</p> <p>The Director of Delivery, Care Outside of Hospital, welcomed members and those in attendance to the meeting. She declared the meeting was quorate.</p>	
102/18	Apologies for Absence	
	<p>Apologies had been received from Amanda Forrest (Lay Member), Sarah Nield (Patient Experience Manager), Helen Mulholland (Engagement Manager) and Simon Richards (SCC).</p>	
103/18	Minutes of the meeting held 6 November 2018	
	<p>The Minutes of the meeting held 6 November 2018 were agreed. A full write up of the workshop would be brought to January's meeting.</p>	LE

<p>104/18</p>	<p>Matters Arising</p> <p>Minute 72/18 – Learning Lunch – The Chief Nurse advised she was meeting with the Patient Experience Manager post christmas to discuss the plan for taking this forward.</p> <p>Minute 79/18 – The Director of Delivery Care Outside of Hospital had spoken to Phil Holmes about SCC representation at this meeting and a nominated representative had been agreed to attend. The Director of Delivery Care Outside of Hospital to chase with Phil Holmes.</p> <p>Minute 84/18 – Update from Chief Officer (Healthwatch) – Evaluation had been sent to Deputy Director, Comms, Engagement and Equality for circulation to group, noting that was confidential and should not be shared further.</p> <p>Minute 92/18 – Public Representative, DF, referred to the issue of the number of practices who did not have a PPG which he had raised in September. The Director of Delivery Care Outside of Hospital commented that it was not the role of SPEEEC to oversee use of PPGs within practices. Public Representative, DF, said that he thought that it was the role of the Committee to discuss how to engage more people in engagement using PPGs as a gateway.</p> <p>The Committee discussed how PPGs should be used in our engagement and what the CCG was doing where PPGs did not exist.</p> <p>Public Representative, EC, requested to see the work completed on PPG engagement and Director of Delivery Care Outside of Hospital asked that the report that had been presented to the Primary Care Commissioning Committee be circulated to members.</p> <p>The Chair joined the meeting.</p> <p>The Committee further discussed the role of the commissioner in building effective PPGs; noting that primary care is the mechanism whereby delivery and contractual issues are monitored. Following further discussion it was agreed that a forward plan for communication and engagement, based on next year's operational plan, would be brought to a future meeting as part of our wider plan on engagement would factor in how we link with PPGs and with the PPG Network.</p> <p>The Chair highlighted the good work that the Patient Experience Manager had done at the last PPG by raising the profile of how CCGs could be more supportive and sympathetic in making PPGs more effective.</p> <p>The Director of Delivery Care Outside of Hospital referenced an email she had received from the Patient Engagement Manager.</p>	<p>MP</p> <p>ND</p> <p>LE</p> <p>KMS</p> <p>ND/LE</p>
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105/18	Declarations of Interest	
	<p>The Chair reminded members of their obligation to declare any interest they may have on matters arising at Governing Body meetings that 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: http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm</p> <p>A copy of the SPEEEC Register of Interests had been circulated with the meeting papers.</p>	
106/18	Update from Chief Officer at Healthwatch Sheffield	
	<p>The Chief Officer, Healthwatch, advised that Healthwatch meets four times a year in public with advisory groups. They had recently changed the format, which appears to have been successful with regard to the engagement element, and she offered to share learning with the engagement team if required.</p> <p>She highlighted that Healthwatch had been holding co-production workshops with Lab for Living (part of Sheffield Hallam University). Although there was no plan of what the outcome would be, it had been agreed to look at a decision and support tool, which different people from the group would be testing, to become a web resource.</p> <p>NHS England had asked Healthwatches if they would like to conduct some engagement with their local populations on the NHS Long Term Plan. Sheffield Healthwatch had expressed its interest but awaited the detail.</p> <p>Healthwatch is currently writing its Business/Operational Plan for 2019/20 and The Chief Officer asked that if there was any work the CCG may want Healthwatch to assist with; it would be opportune to identify now.</p> <p>Healthwatch currently does not have strong relationships with PPGs and would be happy to support them or the Network.</p> <p>Healthwatch would also be keen to understand the process within organisations when they provide their reports to see how the process works.</p>	<p>MK</p> <p>ALL</p>

	<p>Healthwatch will be publishing two reports due in January:-</p> <ol style="list-style-type: none"> 1. People's Experiences of Care at Home 2. Experiences of people who are transgender and non-binary <p>Patient Representative, EC, specifically enquired about the decision support tool and what the decision would be. The Chief Officer, Healthwatch, explained that currently the group was looking at co-production and what this means and explained the idea behind the choice, which was still in design phase.</p> <p>It was noted that Helen Mullholland, Engagement Manager, is currently exploring the potential for using Lab for Living for Urgent Care.</p> <p>Following a conversation on Twitter, the Chair and Chief Officer, Healthwatch confirmed that Healthwatch had agreed to attend a PPG Network meeting to help gain people's opinions/views on services in Sheffield.</p> <p>The Committee noted the update.</p>	
107/18	<p>Update from Sheffield City Council</p> <p>No update was provided on this occasion.</p>	
108/18	<p>Update from the Deputy Director for Communications, Engagement and Equality</p> <p>The Deputy Director for Communications, Engagement and Equality provided an update as follows:-</p> <ol style="list-style-type: none"> 1. November Workshop – The Deputy Director for Communications, Engagement and Equality had met with the Chair following the workshop in November and agreed that a plan on how to improve SPEEEC, new draft Terms of Reference and toolkit would be brought to the January meeting. 2. Development with ICS engagement - a gap had been identified with regard to the engagement around the Hospital Services Review and further engagement would be undertaken. Five focus groups were being held across South Yorkshire and Bassetlaw, looking at the evaluation criteria to shape the options for the consultation. Healthwatch had been invited to help with this work but unfortunately the January deadline meant this was not possible. However, Healthwatch had offered to help with some elements of the work but was awaiting further information. <p>The GP Clinical Lead with responsibility for Engagement and Equality referenced the ICS engagement following the event he had attended at the end of November and asked if the issues around nomenclature had been settled which he had raised with their Communications Lead for example, in relation to urgent and emergency care going to urgent</p>	<p>LE</p> <p>LE</p>

	<p>care. The Deputy Director for Communications, Engagement and Equality agreed to pick up with the ICS communications team; also need to change language retrospectively.</p> <p>The GP Clinical Lead with responsibility for Engagement and Equality agreed to bring a summary of the ICS Engagement Approach to January's meeting. The Deputy Director of Communications, Engagement and Equality to share the analysis plan in January.</p> <p>3. The Volunteering Policy had been agreed by sub-committee and Helen Mulholland is working on a training plan to train staff next year.</p> <p>The Committee noted the update.</p>	LE/TH
109/18	<p>Patient Experience Action Plan</p> <p>In the Patient Experience Manager's absence, the Chief Nurse presented the overview of the action plan and reported on progress to date.</p> <p>The Patient Experience Action Plan set out the work planned by the CCG's Quality Team to implement the CCG's Patient Experience Strategy. The CCG's Quality Assurance Committee (QAC) receives updates on the action plan and these are shared with SPEEEC for information.</p> <p>The Chief Nurse highlighted the key issues as follows:-</p> <ol style="list-style-type: none"> 1. Actions relating to Continuing Healthcare, Primary Care and the Accessible Information Standard. 2. Continuing Healthcare is working with patients and carers to develop better processes for receiving patient feedback as this can be quite contentious. The Chief Nurse would expect evaluations to be undertaken as part of CHC, performance and quality. 3. The CCG has developed a range of patient experience quality indicators for primary care which are monitored and triangulated with other quality and performance indicators. Feedback has been positive. The Chief Nurse acknowledged the value the Patient Experience Manager was bringing to this area given time/capacity constraints. 4. Compliance with the Accessible Information Standard has been included in provider quality schedules, audit schedules and service development improvement plans. There are concerns around STH complying with this standard and the Patient Experience Manager is working with her peers to try and influence. If we are unable to influence via peers, there are contractual mechanisms which can be introduced but at this point we are trying to offer clarity and work with STH on an action plan. The main issue is lack of responsiveness from STH, which 	

	<p>has been raised with contracting colleagues.</p> <p>5. Patient Experience Strategy - currently rated red - to be updated to reflect changes in national guidance/directives and to include a more detailed description of the CCG's processes for engaging with providers, and for escalating and managing quality concerns relating to patient/carer experience or patient/carer experience data. Additional capacity had been sourced to undertake this work in Quarter 4.</p> <p>The Chair asked for questions/comments.</p> <p>Public Representative, EC, shared her experience on the CHC process/assessment document (she thought the emphasis on mental health in comparison to physical health was poor in the assessment document). The Chief Nurse acknowledged there was more work to do and described the work that is currently ongoing with the local authority around the ongoing care programme which aims to improve CHC process across the system. This area was a top priority for the CCG/LA.</p> <p>The Chief Officer, Healthwatch, provided views on the responsiveness on the work which they had undertaken with various groups on CHC.</p> <p>She highlighted that Healthwatch also had concerns around STH and the Accessible Information Standard. She had been attending a Task and Finish Group with service users but this had been disbanded due to non-attendance of STH personnel. Healthwatch had tried to talk to STH about using the co-production approach but STH had so far not responded.</p> <p>The Chair suggested that as part of the forward planner there should be a discussion about the three foundation trusts' approach to Accessible Information Standards.</p> <p>Action: The Director of Delivery Care Outside of Hospital to follow up with the Deputy Director, Communications, Engagement and equality how the CCG can encourage STH to engage</p> <p>The Programme Manager for Urgent Care, Rachel Dillon, joined the meeting.</p> <p>The Chair asked that as part of the development of the Patient Engagement Strategy it would be worth having a discussion on understanding the relative positions of the three trusts in respect of their Patient Engagement Strategies.</p> <p>The Director for Delivery, Care Outside of Hospital, referenced some work which was currently being done in the ACP around People's Voice and capturing that. She suggested that maybe there should be a discussion with the Programme Director to establish the connection.</p> <p>The Chair suggested that i) Voice and Involvement and (ii) Experience</p>	<p>ND/LE/SN</p>
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	<p>be picked up under AOB which was agreed.</p> <p>ACTION: The Patient Experience Manager to consider alignment of patient experience within the three trusts with ACP. Bring back March</p> <p>The Committee noted the update.</p>	<p>SN/MP</p>
<p>110/18</p>	<p>Urgent Care</p> <p>Rachel Dillon, Programme Manager for Urgent Care, attended for this item.</p> <p>She advised that at the September meeting of the Primary Care Commissioning Committee a decision had been made to revisit the proposals for urgent care. Since then, discussions have been ongoing with the Accountable Care Partnership (ACP), in the first instance, to understand what it is as a whole Sheffield, needs to be done around Urgent Care.</p> <p>Two workshops have been held with members of the public and partners across the city to discuss what the problems are in Sheffield around urgent care and what our objectives should be to meet the problems. The information from the workshops is currently being condensed and themed. Further workshops will be held post-Christmas to work up the proposals to deliver the objectives.</p> <p>A design group, comprised of partners and public, has been formed to help inform the workshops; the first meeting being held this week. As it was the Christmas period, it was expected this may happen virtually.</p> <p>Following the workshops, the CCG will then be in a position to develop options, which will be appraised by a panel, and will be presented for consultation later in 2019.</p> <p>The Deputy Director of Communications, Engagement and Equality highlighted that early conversations had begun with some groups and that engagement with the harder to reach groups would commence in January - March to complement the workshops.</p> <p>The Programme Manager for Urgent Care and the Chief Nurse enquired if the EIA should come to Committee for approval. It was agreed that the EIA should be attached to the Engagement Plan for due diligence as an appendices but should be signed off, in advance, by the appropriate Executive director.</p> <p>Action: The Engagement Plan would be brought back to Committee in January, including the EIA.</p> <p>The Deputy Director of Communications, Engagement and Equality highlighted that a new process was currently being designed for QIA/EQIAs.</p>	<p>RD</p>

	<p>The Committee noted the update.</p> <p>The Programme Director left the meeting.</p>	
<p>111/18</p>	<p>Dementia Engagement Plan</p> <p>Richard Kennedy, Engagement Manager, presented this paper which set out the activity proposed for the engagement on the draft Sheffield Dementia Strategy.</p> <p>The draft Dementia Strategy, which has been influenced by national guidance and best practice, as well as through conversations with people living with dementia, their carers, volunteers and professionals, had been signed off by the Dementia Strategy Implementation Group in November.</p> <p>Since then, work has been ongoing with partners to identify a range of activities and methods to engage on the final draft.</p> <p>Engagement began on 3 December and will run until 18 January 2019.</p> <p>The Engagement Manager, Richard Kennedy, detailed the purpose and objectives of the engagement plan.</p> <p>The draft strategy will be presented to all boards and bodies of the partner organisations for their comments.</p> <p>The Chair sought questions from the Committee.</p> <p>The Chief Officer, Healthwatch, enquired if the Engagement Manager knew what partners had committed to undertake during the engagement period and was advised that there was an operational plan in place which captured this information.</p> <p>The Chief Officer advised that Healthwatch would do its engagement on top of the dementia friendly training already in place.</p> <p>The Director of Delivery Care Outside of Hospital enquired if there was sufficient resource to deliver the plan by the end of February.</p> <p>Public Representative, EC, liked the approach but raised a concern around reaching people who were not linked to any networks. She would like to see more emphasis on the standard way we involve the public - could we use social media, newsletters, TARAs etc.</p> <p>She also raised an issue with using professionals for feedback; were they being asked for feedback on what they thought or are we using them to advocate to gain views; she asked if this presented a conflict. The Engagement Manager, Richard Kennedy, responded. It would need to be clear where perspectives were coming from.</p>	

	<p>The Director of Commissioning and Performance was noted as the Sponsor Director of this paper but the Chief Nurse would check this was correct as she was Executive Lead on dementia.</p> <p>Action: Chief Nurse to check Sponsor. (Post Meeting Note; The Chief Nurse is the Sponsor).</p> <p>The Chief Nurse advised this had been discussed with Members of Parliament earlier in the month who failed to understand the engagement process; more work was required.</p> <p>The Engagement Manager, Richard Kennedy, responded to the issue around resources and advised that this was very much a partnership approach with the CCG leading in terms of oversight. Capacity would come from all teams across partners. The analysis would follow the same path. The CCG would collate the information into easily accessible formats/themes.</p> <p>The Director of Delivery Care Outside of Hospital asked if the CCG needed to log a risk should partners fail to deliver their commitments. She was assured that the plan had been agreed at the Dementia Steering Board and all partners were committed; it was a strategy for Sheffield not just the CCG. There was a small budget available to support this work.</p> <p>The Chief Nurse emphasised how the approach to this engagement had been different to previous engagements and felt more robust.</p> <p>It had been well received by the Health and Wellbeing Board.</p> <p>Heather Burns, Head of Commissioning Mental Health and Owen Jones, Commissioning Manager, Mental Health, joined the meeting.</p> <p>Patient Representative, EC, asked for further clarification around the action that would be taken to reach people who were not connected to networks and also about 'who said what on whose behalf.</p> <p>The Engagement Manager, Richard Kennedy, said that as part of the survey feedback, the CCG is explicit in asking where feedback comes from to avoid any mis-representation. With regard to the wider communication issue, there was a central pot of messages, articles of varying length/detail, which would be used to target community newsletters, TARAs, etc.</p> <p>The Chief Officer, Healthwatch, suggested that an evaluation should probably be completed at the end of the process to see how well it went.</p> <p>ACTION: The Engagement Manager, Richard Kennedy, to take forward.</p> <p>The Chair suggested that the City Lunch Club Network be added to the</p>	<p>MP</p> <p>RK</p>
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	<p>list of stakeholders.</p> <p>ACTION: The Engagement Manager, Richard Kennedy, to note.</p> <p>The Committee approved the Engagement Plan.</p>	RK
112/18	<p>Enhancing Sheffield Community Intensive Learning Disabilities Service</p> <p>Heather Burns, Head of Commissioning, and Owen Jones, Commissioning Manager for Learning Disability and Mental Health, attended for this item.</p> <p>By way of a presentation, entitled 'Co-producing future services for people with learning disabilities whose behaviour presents challenges to services', they provided the committee an update on the outcomes and next steps of the Transforming Care Programme in Sheffield which is due to complete in April.</p> <p>During November and December, engagement had taken place to think about what future services might look like which would then be collated to help inform the options. Stage 2, (January - March) would be the consultation period for which they sought Committee's views on improving community services to help shape the options for the consultation. Sheffield is the only place in South Yorkshire and Bassetlaw that has assessment and treatment beds. Community Intensive Support Service is currently only available Monday - Friday 9 - 5 pm. More expertise is needed out of hours.</p> <p>Noting that this relates to a very small number of people with complex needs, Committee members proffered their comments/thoughts on the processes/service issues/engagement which were duly noted.</p> <p>ACTION: Following the discussion, it was agreed that Heather and Owen would return to Committee in January with emerging options/evaluation of cohort and consultation plan for approval.</p> <p>ACTION: The Commissioning Manager, Mental Health, to speak to Parveen Ali, Senior Lecturer in Nursing and Midwifery, University of Sheffield around the sensitivities relating to Pakistani women and parents when disclosing their views.</p> <p>The Committee noted the update.</p>	<p>HB/OJ</p> <p>HB/PA</p>
113/18	<p>Equality Delivery System Two update (EDS2)</p> <p>The Deputy Director for Communications, Engagement and Equality presented this paper which sought to update SPEEEC on the plan to meet legal and mandatory equality duties.</p>	

	<p>She advised that currently the CCG is meeting its duties around equality (Public Sector Equality Duty), but only just. Due to a lack of capacity (historical), the CCG is not meeting its mandatory duties on equality delivery systems (EDS2). The CCG is currently exposed as there is no evidence of completing an EDS2.</p> <p>NHS England has recently consulted on a new EDS – EDS3 which would be a more manageable system and will launching in 2019. She highlighted the key changes. The CCG had volunteered to be a pilot area for EDS3.</p> <p>She advised that for the CCG to meet its duties on EDS2, it was proposed to use the framework EDS2 as a guide for one service and following a discussion at SMT, a task and finish group had been set up to look at extended hours in primary care (hubs). This approach is a midpoint between EDS2 and EDS3 and will allow the CCG to develop systems and processes to meet its equality duties.</p> <p>The Committee discussed the action taken to date and steps to move forward and it was agreed that a further update would be brought to SPEEEC in March, along with an Action Plan.</p> <p>The Committee noted the update.</p>	<p>LE</p>
<p>114/18</p>	<p>Any Other Business</p> <p>Patient Representative, EC, enquired if the Committee was sighted and connected with the engagement work the ACP is developing on how the ACP is engaging across the city, which had arisen from public recruitment by Healthwatch which she had not been aware of.</p> <p>It was suggested that the Accountable Care Partnership Programme Director, Rebecca Joyce, be invited to a SPEEEC meeting to talk about the approach the ACP is taking about engaging with the public.</p> <p>Healthwatch would continue operationally taking this forward but SPEEEC should consider the role the ACP is taking with regard to engagement.</p> <p>The Deputy Director of Communication, Engagement and Equality commented that the Plan had not yet been written but would come to SPEEEC for assurance in due course.</p> <p>Public Representative, EC, expressed her concern that for a contract that was signed in September (which is only one year duration) there is no plan or engagement work on-going. Due to time constraints, this could not be discussed in detail but the Chair reiterated that the Programme Director would be invited to SPEEEC to discuss. As the Public Representative, EC, would not be at January's meeting, date to be agreed.</p>	<p>LE</p> <p>LE</p>

	The Committee noted the update.	
115/18	<p>Key Points for Governing Body</p> <ol style="list-style-type: none"> 1. CHC and Learning Disability - Work about experience of individuals sighted on going forward 2. Three presentations received on engagement, co-production and consultation which felt qualitatively different to where we were as an organisation a couple of years ago 3. Patient Participation Groups - need to keep on the agenda 4. Recognition that it is useful to think about our Patient Experience Strategy and the Experience Strategies within the three Foundation Trusts 5. EDS2/3 - feedback to Governing Body 	
116/18	<p>Date and Time of Next Meeting</p> <p>The next meeting will take place on Tuesday 29 January, 2019. 9.30 – 11.30, Boardroom, 722.</p>	