

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

Item 221

Governing Body meeting

2 May 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 meetings on 29 January 2019.	
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>The Governing Body is asked to note:</p> <ol style="list-style-type: none"> 1. Adult short breaks <ul style="list-style-type: none"> o Committee had asked for sight of the consultation document o Timescales welcomed and noted o SPEEEC remain concerned about the split between the SCC's/CCG's approach but noted that it was not in the committee's remit to resolve 2. Improvement and Assessment Framework 2018/19 <ul style="list-style-type: none"> o Noted rating for last year and ambition for this year 3. Review of SPEEEC 	
Governing Body Assurance Framework	
<i>Which of the CCG's objectives does this paper support?</i>	
<ol style="list-style-type: none"> 1. To improve patient experience and access to care <ol style="list-style-type: none"> 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?
<i>Please attach if completed. Please explain if not, why not</i> Not applicable as a highlight paper.
<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.

Adopted Minutes of the meeting of the Strategic Patient Engagement, Experience and Equality Committee held on 29 January 2019 in the Boardroom, 722 Prince of Wales Road

- Present:** Professor Mark Gamsu, Lay Member (Chair)
 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 Manager, Sheffield City Council
 Mr Richard Kennedy, Engagement and Equality Manager
 Ms Margaret Kilner, Chief Officer, Healthwatch Sheffield
 Mrs Helen Mulholland, Engagement and Equality Manager
- In Attendance:** Mrs Rachel Dillon, Programme Manager, Urgent Care
 Mr Paul Higginbottom, Senior Programme Manager, Ongoing Care
 Mrs Alison Hall, CHC Operational Lead
 Mrs Emma Green, CHC Operational Service Integration and Business Function Lead
 Mrs Karen Shaw, Executive Assistant (Minutes)

		ACTION
1/19	Welcome Welcome and introductions were made.	
2/19	Apologies for Absence Apologies had been noted from the Senior Lecturer in Nursing and Midwifery, Parveen Ali, Public Representative, Eleni Chambers and the GP Clinical Lead with responsibility for Engagement and Equality, Terry Hudson. The Chair declared the meeting was quorate.	
3/19	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). 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 SPEEEC 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>Amanda Forrest, Lay Member, declared her interest in Item 9, Adult Short breaks briefing paper, as Chair of the Sheffield Carers Centre as the Centre had been involved in this work and had a view on it. As there was no financial gain for the Carers Centre and the Lay member could provide oversight on this issue, it was agreed that she could participate in the discussion.</p>	
4/19	Minutes of the meeting held on 18 December 2018	
	<p>Page 1, Minute 102/18 - Noted the incorrect spelling of Sarah Nield, should be Neil.</p> <p>Page 2, Minute 92/18 - Paragraph to read - The Chair highlighted the good work that the Patient Experience Manager had done at the last PPG, should read last PPGN.</p> <p>The Chair commented that the process for reviewing minutes was being refined and would be discussed later in the meeting.</p> <p>Subject to the above amendments, the minutes were agreed.</p>	
5/19	Matters Arising	
	a) Minute 104/18 – This item can be closed.	
	b) Minute 107/18 - A summary of the ICS Engagement approach would be brought to the March Committee.	LE/TH
	c) Minute 108/18 - Patient Experience Action Plan - Timeframe noted as March 2019.	
	<p>d) Minute 113/18 - The Programme Director for the Accountable Care Partnership (ACP) to be invited to the March meeting to provide an overview on how the ACP is talking about engagement with the public and about the contract that was signed in September.</p> <p>The Director of Delivery for Care Outside of Hospital commented that this would fit with 105/18 relating to work being undertaken on the forward plan with Sandie Buchan for engagement.</p>	
	e) The Chief Officer, Healthwatch, highlighted a possible conflict for her role on this Committee when discussing ACP engagement as Healthwatch were receiving funding for delivering some of this work and her role on this Committee was to help scrutinise. She suggested that maybe another member of her team delivered the	

	<p>presentation. The Chair commented that he thought that Healthwatch should be part of the discussion but would clarify outside of the meeting.</p>	MG/MK
6/19	Update from Healthwatch Sheffield	
	The Chief Officer provided the following update:-	
	<ul style="list-style-type: none"> Healthwatch was currently undertaking a series of review visits where trained volunteers were visiting NHS or social care funded providers to make some recommendations for improvements. They had currently visited five out of six care homes on their plan. The CCG and Sheffield City Council (SCC) are aware of this work but it does not have a great profile in the city; need to consider how to raise profile and sustain the visits. The Chief Officer suggested that the reports from the visits come to SPEEEC for discussion on how helpful they are. Healthwatch had produced a briefing from three listening events they had conducted with adults with autism. Detailed feedback was being shared with individual providers or to more appropriate forums. Healthwatch had looked at the themes from these events and had produced 'Your Voice Counts'. It was hoped this could be replicated with other groups and she welcomed SPEEEC views. An event had been held with the voluntary sector to look at how the voluntary sector could support good engagement in health and social care. Launched SPEEEC Up grants and had discussed 'ghosts of engagement'. The Programme Director for the ACP had joined the meeting. Healthwatch England had negotiated with NHS England a small amount of funding for Healthwatch Sheffield to carry out some local engagement on the NHS Long Term Plan. Healthwatch would be working with the Integrated Care System and Place to identify topics. The Chief Officer described the work to date and how this would be taken forward. <p>The Public Representative, DF, highlighted that he had received a copy of the Healthwatch newsletter, which he had found informative, and thought it might be useful for others to receive.</p> <p>The Chair thanked the Chief Officer for her update but asked that the CCG be informed on the outcome of the discussion on the NHS Long Term Plan.</p> <p>The Deputy Director for Communications, Engagement and Equality commented that the ICS was co-ordinating this work but that each Place has to do its own plan on their engagement and identify any gaps. The Chief Officer, Healthwatch, described the role of Healthwatch Doncaster who were taking a lead on co-ordinating the work that each Healthwatch organisation was doing.</p> <p>Healthwatch had a small budget of £2.5K for this work.</p>	MK

	<p>To conclude the discussion, the Chair asked that the Chief Officer, Healthwatch and the Deputy Director for Communications, Engagement and Equality bring a joint plan to the next meeting around engagement on the NHS Long Term Plan.</p> <p>The Committee noted the update.</p>	<p>LE/MK</p>
<p>7/19</p>	<p>Update from Sheffield City Council</p>	
	<p>The Practice Development Manager advised that SCC was supporting the work around the dementia strategy but that the events planned to support this had not been that successful as a number of events had been cancelled due to lack of interest. SCC would be supporting the analysis of the data which would inform the Easy Read Versions. SCC had been involved in CHC work but this would be updated under Item 8, CHC Action Plan update.</p> <p>Amanda Forrest, Lay Member, sought more information on why it was felt that the sessions had not been successful. It was explained that these comments related to two specific workshops which were poorly attended, generally it was felt that the work on the dementia strategy was going well. The Engagement Manager, Richard Kennedy, broadly described what had taken place and advised that the engagement ended on the 18 January and once the plan had been presented to the Dementia Strategy Implementation Group it would be brought to SPEEEC for discussion.</p> <p>The Deputy Director of Communications, Engagement and Equality commented that when the plan is presented to Committee in March a Lessons Learnt and Evaluation will be included.</p> <p>Members went onto discuss if the CCG was sighted on the Engagement Strategy for the ACP not just from CCG perspective but also from the LA perspective, to which the Deputy Director of Communication, Engagement and Equality responded. It was felt that when the Programme Director for the ACP attended SPEEEC, this would allow this to be explored; to talk through the approach and the initial plan; would need to consider what the CCG's contribution is and how our partners are playing in.</p> <p>Amanda Forrest, Lay Member, commented that it was helpful to know about specific projects; going forward it would be helpful to hear a strategic overview of relevant local authority activity.</p> <p>Following further discussion, the Chair agreed that it would be helpful to bring to the Committee, SCC's perspective with regard to health and social care around engagement, experience and equality. The Chair would discuss with SCC's Practice development Manager outside of the meeting.</p>	<p>RK</p> <p>MG/MiG</p>

	The Committee noted the update.	
8/19	<p>Update from the Deputy Director for Communications, Engagement and Equality, NHS Sheffield CCG</p> <p>The Deputy Director for Communications, Engagement and Equality advised that she and Helen Mulholland, had met with Michael Bowles, Head of Involvement, Equality and Elections for SCC(also responsible for Scrutiny) about how the CCG could work more closely and possibly how he could get involved in SPEEEC.</p> <p>The Committee noted the update.</p>	LE
9/19	<p>Continuing HealthCare Action Plan Update</p> <p>Paul Higginbottom, Senior Programme Manager Ongoing Care and Alison Hall, CHC Operational Lead, presented this paper which updated SPEEEC on the progress to date with regards to the collaboration with Healthwatch in the co-production of Continuing Healthcare (CHC) service improvements, which included the wider activities and progress to date associated with the Healthwatch Action Plan.</p> <p>The Chief Officer, Healthwatch, provided the background and described the work that had been undertaken around Listening which had helped to inform the Action Plan. She would circulate some papers following the meeting.</p> <p>A short presentation was provided which gave an overview of the CHC service development work being delivered through co-production in collaboration with Healthwatch and the intended outcomes for individuals and their representatives that access the services, which incorporated the wider Healthwatch Action Plan, and included key activities and progress against the plan.</p> <p>The Chair clarified with the Senior Programme Manager that this exercise had involved sampling from a cohort of circa 550 people in receipt of CHC, not just those in Birch Avenue/Woodland View and that this was to look at the process of people's experience and aspirations to provide a better service from assessment to provision, which was confirmed. The Senior Programme Manager then received questions/comments from members of the Committee.</p> <p>The Chair summarised that we need to be clearer about the CHC service when communicating with the public; what it means and how it fits within the context of other services and this should be followed up and reviewed.</p> <p>With regard to 'noise in the system', the Chair commented that part of the challenge would be to capture the ongoing experience of the 550 people in the system to ensure that we continue to sustain the experience. The Quality Manager for Patient Experience advised that</p>	

	<p>this work was on-going. The CCG was also considering how to tell people what has happened in response to their feedback so they continue to provide information on their journey.</p> <p>From a governance perspective, the Chief Nurse asked members when they would require sight of the Action Plan again and it was agreed this would come to the meeting in early Summer.</p> <p>The Committee noted the update.</p>	
10/19	<p>Adult Short Breaks</p> <p>The CHC Operational Service Integration and Business Function Lead, Emma Green, presented this paper which sought to provide assurance that due process has been followed within the CCG's statutory obligations.</p> <p>She provided the background, detailed SCC's and CCG's responsibilities, highlighted the engagement and equality activity that had been undertaken, and provided details on the impact and mitigation for service users and families and carers that attended Longley Meadows, key risks and next steps. She also highlighted the possible introduction of a framework for allocating short breaks across Sheffield.</p> <p>It was noted that a statutory obligation to consult with the service users when Longley Meadows was closed had not been completed and there was a gap in engagement with minority groups eg BME.</p> <p>Amanda Forrest, Lay Member, declared her role as Chair of the Carers Centre and raised an issue relating to carer assessments and her concern that there would be two processes (CCG and SCC) which might identify who should be prioritised.</p> <p>The CHC Operational Service Integration and Business Function Lead left the meeting.</p> <p>The Chair reminded the Committee of its purpose around Engagement, Equality and Experience; the Committee needed to address how the CCG is connecting and listening to the concerns of people. It was the remit of this Committee to discuss with the public their experience with regard to respite.</p> <p>The Director of Delivery Care Outside of Hospital recognised the sensitivity of this issue and made the following points:-</p> <ul style="list-style-type: none"> • As a commissioner, the CCG has a statutory responsibility to meet to provide short breaks within associated timeframes to the citizens of Sheffield; • As a strategic, integrated commissioner the CCG has a joint responsibility for commissioning short breaks for people in the city; • The CCG needs to understand what SCC's statutory duties are; 	

	<ul style="list-style-type: none"> • As we move to an integrated world, SCC and the CCG need to work together as a single voice, rather than two separate commissioners, accepting and understanding the separate statutory duties; • Insufficient information at this meeting to understand the dynamics • Need to be clear on boundaries and how they are managed <p>The Chief Nurse stated that as a city we were not performing well and there was a disparity between the CCG and SCC on this issue. The paper described the situation.</p> <p>The paper describes, from a business aspect, putting in place a framework, as was done for the Children's, to ensure equitability across the children's and adult services. Consultation was now being planned on the framework. SCC had been asked to participate and had not been able to because their statutory duties are different to the CCG's.</p> <p>The Chief Officer, Healthwatch, asked that the paper recognise and acknowledge the confusing process and that during the consultation everything will be done to be clear about the remit.</p> <p>Richard Kennedy, Engagement Manager, highlighted the reputational risk to the organisation and also the possibility of legal challenge for consultations due to delays in consulting over the closure of Longley Meadows.</p> <p>The Director of Delivery Care Outside of Hospital, asked that a 'Lessons Learnt' around Longley Meadows be brought to Committee in due course, to which the Chair agreed.</p> <p>The Deputy Director of Communications, Engagement and Equality referenced 'next steps' and the issue of the timing of the Business Case after consulting. To meet Gunning Principle 2 for people to give an informed view we need to give people sufficient information and so suggested that a level of detail was required around cost, impact, options etc. She also commented that she was unsure if the engagement process was complete as the CHC Operational Lead had alluded that engagement had not been done around frequency/days of the week.</p> <p>The Chair summarised that the Consultation will say that this is the framework and people can make a judgement from an individual point of view if they think it is fair and they agree. The Chair also expected some challenge from organisations as to why the CCG and SCC cannot work together to find a shared approach and we should allow sufficient space to address this concern.</p> <p>From a governance perspective, the Chief Nurse sought clarity on if the Committee were agreeing to the timeline on Page 11.</p> <p>The Committee agreed the timeline in principle, subject to the business</p>	<p>ND</p>
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	<p>case being developed, and the Committee receiving sight of the Consultation document which has been informed by the business case (between February and May).</p> <p>The Chief Nurse to discuss the timing of what comes to SPEEEC with the Chair outside of the meeting.</p> <p>The Committee noted the update.</p>	MP
11/19	<p>Urgent Care</p> <p>The Programme Manager, Urgent Care attended for this item.</p> <p>She had been asked to provide an update on:-</p> <ul style="list-style-type: none"> • the overall approach methodology in terms of the stakeholder engagement • general update • further outline of the engagement activities that are taking place and plan • inform members of proposed activity over the next couple of months <p>She reminded members that the aim is to refresh the review of urgent care in order to develop proposals to ensure urgent care is fit for the future.</p> <p>The Programme Manager described Phase 1 (working with the public and partners to agree a plan and case for change), Phase 2, (design and construct) and Phase 3 (building and constructing). Once Phase 1 and 2 have been completed these would need to be presented to the Accountable Care Partnership before Phase 3 can commence.</p> <p>The Engagement Manager, Helen Mulholland, then presented an update on the engagement activities currently underway and planned in the coming months to inform the Urgent Care review (Paper E). She highlighted key issues. She informed the Committee that this was a significant piece of work with limited capacity available.</p> <p>The Chief Nurse left the meeting.</p> <p>Members offered their comments which included:-</p> <ul style="list-style-type: none"> • NHS England had commended the CCG on its 'Gold standard' pre-consultation engagement last time so the Director of Delivery for Care Outside of Hospital wondered if this level of engagement was necessary again, did we need to think more broadly? • The NHS Long Term Plan stipulates that Urgent Treatment Centres have to be in place by October; if this is the case how does this impact retrospectively on our plans? • Good plan, but should we target specific areas and not try to do it 	

	<p>all?</p> <ul style="list-style-type: none"> • Reputational risk to CCG, so must get this right • Need to understand the capacity and resource issue if we are to deliver this • Recognising evidence that is being presented publicly, addressing transparency issues around decision making - can we publicise wider? • Great engagement; opportunity for the CCG to promote good work and take control of narrative • On capacity, involve partners earlier if want their involvement <p>The Chair highlighted that he was concerned that the CCG learnt from the previous Urgent Care consultation when despite a large number of petitions being received the voice and experience of the most disadvantaged communities who were likely to be most affected by changes to urgent care was not heard sufficiently strongly. How should this be re-balanced? The CCG needs to be on the front foot with regard to communication. Clarity was also needed around the resource implications.</p> <p>The Programme Manager welcomed the challenges and would include a response in her next update.</p> <p>The Committee noted the update.</p> <p>Amanda Forrest, Lay Member, left the meeting.</p>	
12/19	<p>Improvement and Assessment Framework (IAF) 2018/19</p> <p>Richard Kennedy, Engagement Manager, provided an update on the Improvement and Assessment Framework (IAF) for 2018/19 in respect of compliance with statutory guidance on patient and public participation in commissioning health care.</p> <p>The CCG would be aiming for a good score and green rating.</p> <p>Amanda Forrest re-joined the meeting.</p> <p>Following discussion, it was agreed to circulate the presentation and the criteria for the Framework. Members were asked to provide the Engagement Manager any comments they may have on where, if any, they thought improvements may be made on patient experience.</p> <p>The Engagement Manager agreed to circulate his presentation.</p> <p>The Committee noted the update.</p>	<p>ALL</p> <p>RK</p>
13/19	<p>Review of SPEEEC</p> <p>The Deputy Director for Communications, Engagement and Equality</p>	

	<p>provided a paper and a presentation which sought to update SPEEEC on actions taken following the informal SPEEEC workshop held in November 2018 and sought approval for the revised terms of reference and new processes around SPEEEC.</p> <p>The Chair acknowledged the work that the team had done to move this forward.</p> <p>David Foster, Public Representative, requested that the changes between the current and 'draft new' SPEEEC Terms of Reference be highlighted, to avoid the need to compare the two documents side by side.</p> <p>The Deputy Director for Communications, Engagement and Equality agreed to circulate her presentation.</p> <p>The Committee noted the update.</p>	<p>LE</p> <p>LE</p>
14/19	<p>Any Other Business</p> <p>There was no further business to discuss this month.</p>	
15/19	<p>Key Points for Governing Body</p> <p>The Chair agreed the following points to report to Governing Body:-</p> <ul style="list-style-type: none"> • Adult short breaks - <ul style="list-style-type: none"> - Committee had asked for sight of the consultation document. - Timescales welcomed and noted - SPEEEC remain concerned about the split between the SCC's/CCG's approach but noted that it was not in the Committee's remit to resolve • Improvement and Assessment Framework 2018/19 - <ul style="list-style-type: none"> - Noted rating for last year and ambition for this year • Review of SPEEEC 	
16/19	<p>Date and Time of Next Meeting</p> <p>The next meeting will take place on 19 March 2018, 11.30 – 1.30 pm in the Palin Room, NHS Sheffield CCG.</p>	