

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

Governing Body meeting

5 March 2020

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Purpose of Paper	
The adopted minutes from the Strategic Patient Engagement, Equality and Experience Committee in October and December 2019 are summarised, together with the un-adopted minutes from the January 2020 meeting.	
Key Issues	
Key points are highlighted below	
Is your report for Approval / Consideration / Noting	
For noting	
Recommendations / Action Required by Governing Body	
<p>Following the SPEEEC meetings in October and December 2019 the Governing Body are asked to note:</p> <ul style="list-style-type: none"> • October meeting wasn't quorate, so no items are being shared. • At the December meeting (minutes haven't been approved yet). • Challenges have been encountered around partnership working with Sheffield City Council on the SEND consultation due to different pre-election period guidelines. • Acknowledgement of new membership. • Recommendation the engagement plan for CCG's organisational strategy follows best practice meaning the strategy will be published in July. <p>Following the SPEEEC meeting in January 2020 the Governing Body are asked to note:</p> <ul style="list-style-type: none"> • IVF – Concern about engagement across partners within the ICS, with low response rates in other areas. • Progress on Primary Care Sheffield commissioned support to the citywide Patient Participation Group network has been delayed. The CCG is therefore holding one further meeting of city wide group in March. • Healthwatch Sheffield – is commissioning is second round of Speak Up grants – this innovative programme has the potential to be an important part of the way that Sheffield ensures that the voice of the public is heard. • Primary Care and Community Mental Health Programme – has been a good example of maintaining our commitment to public voice while managing very tight national delivery deadlines. 	

What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?
<p>Which of the CCG's Objectives does this paper support?</p> <p>Objective 1: To improve patient experience and access to care</p> <p>Description of Assurances for Governing Body</p> <p>Principal Risk: 1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to decisions that do not fully meet needs.</p>
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 Strategic Patient Engagement, Experience and Equality Committee on Tuesday 22 October 2019 in the Cocker Meeting Room, 722 Prince of Wales Road

- Present:** Professor Mark Gamsu, Chair
 Ms Nicki Doherty, Director of Delivery, Care Outside of Hospital
 Mrs Helen Mulholland, Engagement Manager
 Mrs Sarah Neil, Patient Experience Manager
 Mr A Windle, Deputy Chief Nurse (on behalf of the Chief Nurse)
- In attendance** Ms Dyan Bell, Senior Commissioning Nurse (items 109/19 and 110/19)
 Mrs Alison Hall, Operational Lead for Continuing Healthcare Team (items 109/19 and 110/19)
 Ms Karen Shaw, Executive Assistant to Chair and Accountable Officer (minutes)

ACTION

100/19 Apologies for Absence

Apologies for absence had been received from Parveen Ali, Eleni Chambers, Lucy Davies, Lucy Ettridge, Terry Hudson, Amanda Forrest, Richard Kennedy and Mandy Philbin.

It was noted that David Foster had resigned from the Committee.

The Chair declared the meeting was not quorate to meet as a Committee and this meeting would be used for discussion only.

The Engagement Manager advised that it was hoped that, going forward, there would be two clinicians on the Committee, names had yet to be confirmed.

101/19 Declarations of Interest

As this was now an informal meeting, no declarations of interest were made.

102/19 Minutes of the Strategic Patient Engagement, Experience and Equality Committee 10 September 2019

As the meeting was not quorate, the minutes of the meeting held on 10 September 2019 would be formally ratified at the December meeting.

103/19 Matters Arising

a) Minute 85/19 – Accountable Care Partnership (46/19) and (69/19c)

Lucy Davies had sent a list of VCS representation on health-related boards which had been circulated to members. This would be brought back to the next meeting.

LD

b) Minute 85/19 – (g) Accountable Care Partnership and the quality of its engagement (69/19f) – Deputy Director of Communications, Engagement and Equality agreed to advise what actions had not been responded to from the April meeting. A review of previous matters arising to be carried out – this was still outstanding.

LE

c) Minute 87/19 -Update from Sheffield City Council – The Engagement Manager reported that the Deputy Director of Communications, Engagement and Equality had spoken to Laurie Brennan and James Henderson at Sheffield City Council (SCC) and Laurie Brennan had agreed to join the Committee. His remit for SCC included Scrutiny, Engagement and Equality. Michelle Glossop, Practice Development Officer at SCC had been stood down from the Committee.

The Chair commented that following his attendance at the Joint Commissioning Committee he thought it was increasingly important that the SCC representative should be linked into and connected with the JCCC agenda.

d) Minute 89/19 - SPEEEC’s role in assuring delivery of CCG improvement plan - This was on today’s agenda

e) Minute 92/19 - Access to IVF Commissioning Policy – This was actioned following September’s meeting and therefore the action could be closed.

f) Minute 95/19 – SPEEEC Forward Plan – This was on today’s agenda.

104/19 Update from Healthwatch

An update from Healthwatch had been circulated to members. The Engagement Manager highlighted key points. The Director of Delivery Care Outside of Hospital suggested this also be sent to Clinical Commissioning Committee members.

KMS

The Chair commented that he was not sure of the process for deciding which patient stories were presented to Governing Body and wondered if there should be a discussion with Healthwatch about bringing a story around two or three speak up grants which had been completed.

The Deputy Chief Nurse clarified that patient stories were often set in relation to the Governing Body agenda to help set the theme in relation to the structure of what is being discussed.

The Chair thought that the stories which were presented were often positive examples and thought that maybe there ought to be a balance between the positive and more challenging stories.

The Engagement Manager cited Barnsley CCG, who had used patient stories for a long time, as an example and thought there could be some learning.

105/19 Update from Sheffield City Council

No update had been provided. The next update would be provided for the December meeting.

LB

106/19 Update from the Deputy Director of Communications, Engagement and Equality (NHS Sheffield CCG)

The Engagement Manager provided the update on behalf of the Deputy Director.

Key points to note:-

- With regard to the IAF submission, NHS England had identified the CCG as an example of good practice and the CCG had been asked to lead and participate in a webinar. SPEEEC had been highlighted for its work on the dementia engagement report, as NHSE thought SPEEEC had specifically listened to the dementia engagement, identified gaps and set actions. Thanks had been recorded to the Dementia Action Alliance (Kath Horner) and Kathryn Robertshaw.
- The IVF policy changes had been discussed at the Sheffield Overview and Scrutiny Committee (OSC) and the Committee did not think they constituted a substantial variation and therefore do not feel there is a need to consult formally although they wish to be kept informed.

The Quality Manager, Patient Experience, said that from her experience in Complaints she thought that the changes would be viewed as controversial and that the Complaints team would need help to formulate a standard response.

The Deputy Chief Nurse commented that as this did not just apply to Sheffield should there be a scoping exercise to see what the feedback was from other OSCs with regard to consultation. There would need to be a consistent approach across the ICS and beyond.

Members discussed the widening of access to the LGBT community and the eligibility criteria for IVF generally.

Following further discussion, it was agreed that the Engagement

team would work with the Elective portfolio (Debbie Stovin) to formulate a response and check the position re consultation with other Local Authorities.

HM

- The Deputy Director had asked that David Foster and Eleni Chambers be thanked for their contribution and commitment over the last two years as their tenure comes to an end. The Lay Member posts had been to advert, there had been 38 strong applications. Six had been shortlisted and interviews are scheduled for 8 November.

The Committee recognised the contribution and commitment David and Eleni had made during their tenure and this will be recorded formally at the next formal meeting of the Committee.

MG

- Volunteering Policy Work – exploratory work at an ACP level rather than CCG level was now underway.

The Committee noted the update.

107/19 Patient Experience Draft Strategy

The Quality Manager, Patient Experience, presented the draft strategy for comment.

The Patient Experience Strategy 2015-19 is due for renewal and in view of the changing commissioning landscape a two year strategy (2019-2021) is being drafted.

She drew attention to Section 7 (embedding patient experience into everything we do) and the Objectives on Page 11 and sought comment from the Committee.

The Committee discussed the draft strategy in detail and the Quality Manager, Patient Experience noted the comments.

108/19 Transformation of mental health services

Due to time constraints this item was deferred to the December meeting.

109/19 Longley Meadows

Dyan Bell, Senior Commissioning Nurse and Alison Hall, CHC Operational Nurse attended for this item.

The Chair advised the Senior Commissioning Nurse and CHC Operational Nurse that the meeting was not quorate but due to these two papers, the meeting had taken place in order for a discussion to be held around this paper and Paper E, Adult Short Breaks. The Chair would formulate a response to OSC.

The Engagement Manager set the context advising that these two areas

of work used to be one but following advice from the Consultation Institute, because of the different legal duties, the work had now been separated into two. This had been helpful in moving the narrative forward and for the CCG to meet its legal duties.

The intention of this paper was to :-

- Provide a clear overview of the impact that the closure of Longley Meadows had on the families of the people that accessed the service
- Provide a clear overview of what is being proposed to consult
- Provide assurance that the issues raised during the engagement process have been considered and are appropriate in the development of the consultation plans.

The Chair raised his concern that in 2016 the facility was closed without consultation and that people were now living their lives based on the action taken at that time and that now we were asking for consultation to take place to avoid legal challenge.

The Deputy Chief Nurse said that in his view there were serious quality issues at the facility and the action had to be taken, irrespective of consultation, to ensure patient safety. He was unsure of why the CCG was now in a challenge process of not following consultation when patient safety was concerned.

The Engagement Manager reminded members that the CCG has a legal duty to consult when there is a change in service provision. The issue is whether the people who were part of the Longley Meadows cohort know they are in a permanent arrangement. If they don't know then consultation is required.

The Senior Commissioning Nurse advised that Longley Meadows was already being reviewed because STHFT wanted the facility back; it was only leased and therefore a number of meetings had already taken place with SCC and the families involved. However, serious quality issues were then raised following monitoring by the CCG and SCC which brought forward the closure based on patient experience.

The Senior Commissioning Nurse said that work with the families had continued since the closure and the cohort concerned were aware that they cannot go back to Longley Meadows. They had been given a choice of respite facility at the time of closure. The number of nights offered had not changed. The CHC team continue to work closely with the families and hold monthly MDTs to ensure their needs are met. Although there may not have been a final consultation on the closure because of the necessity to act quickly, there is now a need to look at the impact of making that sudden decision.

The Engagement Manager referenced the Health and Social Care Act 2012 which says that there is a need to consult if a series of decisions have been made to move people in this way. If the CCG does not take

any action it could be open to Judicial Review.

The issue is that although we have an on-going relationship with the cohort of people concerned to check that their needs are being met, OSC may decide this is sufficient and consultation is not required but as an organisation, the CCG has to decide if the process that was followed was robust. Any consultation would only be with the cohort that were/are fully funded.

Following further discussion, the Chair asked what the Committee's view to the OSC should be. The Engagement Manager, who was meeting later in the day with a representative from OSC, suggested that it should be that " as an organisation we feel that we have acknowledged that we did not follow due process initially, however, we have ongoing discussions and relationships with those people, we have listened and responded appropriately during that time and we feel that this can now be essentially closed but would welcome OSC's perspective on that".

The Chair aired his concern that from a statutory point of view, if OSC want the CCG to conduct a consultation, is the CCG in a robust position, if anyone comes back for advice, does this count as consultation and is this approach appropriate? The Engagement Manager, based on the paper presented today, thought that the CCG had been proportionate in its response but that there was a timing issue.

The Chair commented that he did not feel that the paper highlighted the rationale that the primary reason for the closure of Longley Meadows was the safeguarding issue and that this should therefore be part of the narrative. He also felt that the paper did not set out the engagement and dialogue subsequently with the cohort concerned and this should also be part of the narrative.

Following further discussion, it was agreed that the paper would be updated and sent to the Engagement Manager. Following her discussion with OSC, the Engagement Manager would update the Senior Commissioning Nurse on the outcome of her discussion. The paper would be sent to the Chair for his support and it may be helpful to bring back to SPEEEC in the future.

DB/HM

110/19 Adult Short Breaks

Dyan Bell, Senior Commissioning Nurse and Alison Hall, CHC Operational Nurse presented this paper which sought to:-

- Provide assurance that the issues and ideas raised during the engagement process have been considered in the development of the draft framework
- Provide a clear overview of what the potential impact of

- implementing the Framework is on and by equality groups
- Respond to queries that were raised by members at the last meeting
- Provide a clear overview of what is being proposed to consult on
- Seek approval from SPEEEC on the approach

Key issues to note:-

- No framework is in place for deciding how to allocate short breaks: there is therefore no consistent way of deciding and allocating what short breaks are needed for people who are fully health funded in Sheffield
- A small cohort (38, of which 16 are NHS fully funded) had short breaks allocation. The level of service was determined by the provider and this led to an inequality in allocation of short breaks across Sheffield
- SPEEEC agreed that engagement work has been sufficient when a paper was presented previously.

The Chair raised two points:

- Had any learning from the urgent care consultation been incorporated into this especially with regard to greater emphasis on co-production?
- What questions are we asking?

The Senior Commissioning Nurse said that the co-production was missing but the Experts by Experience were now involved and meetings were being held with patients/families. Small group meetings, individual meetings or questionnaires were also being used to look at the response to the framework. This work was partly linked to the Longley Meadows issue in that it was apparent that at Longley Meadows there had not been an equitable approach to allocation of respite.

The Deputy Chief Nurse commented that with regards to the consultation, this was therefore looking at how we move to a CCG duty, which was there originally, not followed our duties previously in relation to allocations? i.e. moving from an inconsistent to a consistent approach to consultation on how this may affect individual cases moving forward for current and future allocations.

The Senior Commissioning Nurse said that through discussions with individuals and families, it was apparent that once they reach transition, it was like 'falling into the abyss'. Therefore CHC would like to work with Children's commissioners to look at/mirror their framework.

The Chair sought clarification on the questions which the Senior Commissioning Nurse described.

The Director of Delivery Care Outside of Hospital could not see reference to the health need assessment which the Committee then discussed at length.

The Engagement Manager acknowledged the work that had gone into the paper so far but suggested that if there were people who had not been consulted on this it should be done quickly so that when it goes to OSC the CCG is ready to consult formally. The CCG need to be mindful that there are families who could potentially lose provision and therefore the CCG would need to think about the risk around inequality. She suggested therefore that there was perhaps some more work to do before the Committee were ready to discuss with OSC.

The Chair highlighted that the CCG would need to understand the views of other organisations who support carers.

The Deputy Chief Nurse asked if there was a need for a formal consultation on how the CCG will assess provision and need. The Engagement Manager confirmed that the Health and Social Care Act 2012 stipulates that if there is a change in service for people there is a need to consult but ultimately it is the decision of the OSC.

The Chair summarised that:

- The Committee remained unclear about the questions
- Agreed that we should be clear when presenting to OSC so they can give a steer about whether the CCG need to consult
- Should be informed by views of the wider stakeholder

The Director of Delivery for Care Outside of Hospital suggested that CHC link to Eileen Hall and Sarah Burt who may be able to help with some of this work.

Following further discussions, it was agreed that this would be brought back to Committee at a future date.

The CHC Operational Lead invited members of SPEEEC to visit CHC at any time in the future.

111/19 Proposal to reassure Governing Body regarding public engagement

This would be brought back to the December meeting.

112/19 Any Other Business

There was no further business to discuss this month.

113/19 Date and Time of Next Meeting

The next meeting will take place on 10 December 2019, 11.30 – 1.30 pm, Palin Room, 722.

Minutes of the meeting of NHS Sheffield Clinical Commissioning Group

**Strategic Patient Engagement, Experience and Equality Committee
Held on 10 December 2019 at 11.30 am in the Palin meeting Room, 722 Prince of
Wales Road, Sheffield**

Present: Professor Mark Gamsu, Chair
Ms Parveen Ali, Senior Lecturer in Nursing and Midwifery, University of Sheffield
Ms Lucy Davies, Chief Officer, Healthwatch
Ms Nicki Doherty, Director of Delivery Care Outside of Hospital
Ms Lucy Ettridge, Deputy Director of Communications, Engagement and Equality
Ms A Forrest, Lay Member
Ms Mahara Haque, Public Representative
Mr Richard Kennedy, Engagement Manager
Ms Lea Lapautre, Public Representative
Mrs Helen Mulholland, Engagement Manager
Ms Sarah Neil, Patient Experience Manager
Mrs Lisa Philip, Governing Body GP

In Attendance: Ms Debbie Stovin, Commissioning Manager, Elective Care (Item 122/19)
Ms Sapphire Johnson, Head of Commissioning, Children, Young People & Maternity Portfolio (item 121/19)
Mr M Peers, Strategic Commissioning Manager, SEND, Sheffield City Council (Item 121/19)
Mrs Karen Shaw, Executive Assistant (minutes)

ACTION

114/19 Welcome

The Chair welcomed members of the Strategic Patient Engagement, Experience and Equality.

The Chair introduced three new members to the Committee, Lea Lapautre and Mahara Haque who had been appointed to the Public Representative positions and to Dr Lisa Philip as one of two Governing Body GPs who had been appointed to sit on the Committee. Dr Leigh Sorsbie had also been appointed to the Committee.

115/19 Apologies for Absence

Apologies for absence had been received from Dr Leigh Sorsbie, Governing Body GP representative and Mandy Philbin, Chief Nurse.

The Chair declared the meeting was quorate.

116/19 Declarations of Interest

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

Declarations made by members of the Strategic Patient Engagement, Experience and Equality Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the meeting or the CCG website at the following link:

<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

Lea Lapautre declared her interest in Paper E, EDS2/3 Interpreting Service Contract, as she works for Manor Castle Development Trust and Professor Mark Gamsu, in his role as Trustee of Darnall Well Being also expressed his interest. Lea Lapautre also declared her interest in Paper D, Revised Yorkshire and Humber Access to Infertility Policy, as she works for Snowdrop, an organisation working with asylum seekers and refugees.

The Chair agreed that as no decision was required there was no direct interest and therefore the discussions could take place.

117/19 Minutes of the Strategic Patient Engagement, Experience and Equality meetings held on 10 September 2019 and 22 October 2019.

As the meeting on 22 October, 2019 was not quorate, the minutes of the meeting from 10 September 2019 had been brought to today's meeting for ratification. The minutes of the meetings held on 10 September 2019 and 22 October, 2019 were therefore agreed as a true and correct record.

Ms Nicki Doherty, Director of Delivery Care Outside of Hospital joined the meeting.

118/19 Matters Arising

- a) **Minute 85/19, 103/19 – Accountable Care Partnership** - Spelling to read Maddy DesForges. The Deputy Director of Communications, Engagement and Equality to circulate the up to date list of people who sit on a variety of partnerships across the city.

**Lucy
Ettridge**

b) Minute 85/19 – Accountable Care Partnership and the quality of its engagement (69/19f) – The Deputy Director of Communications, Engagement and Equality and the Chair agreed this item could now be closed as all actions had been completed.

c) Minute 105/19 – Update from Sheffield City Council – For the benefit of new members, the Chair advised that due to the increasing joint commissioning agenda with Sheffield City Council, a request had been made for a senior Sheffield City Council representative to attend this meeting. Previously this had been difficult due to the timing of the meeting but the Deputy Director of Communications, Engagement and Equality advised that going forward a member of the team with responsibility for scrutiny, engagement and equality who would be attending the meeting and that the timing of the meeting was not now an issue.

d) Minute 106/19 – Update from the Director of Communications, Engagement and Equality – Ms Debbie Stovin, Commissioning Manager, Elective Care, would be attending this meeting to present the update on the revised Yorkshire and Humber Access to Infertility Policy.

e) Minute 106/19 - Update from the Director of Communications, Engagement and Equality – As the two previous meetings had not been quorate, the Chair formally recorded his thanks to Ms Eleni Chambers and David Foster, Public Representatives. It was noted that the Chair had sent a letter of thanks to the representatives concerned.

f) Minute 110/19 – Adult Short Breaks – An update would be brought to January SPEEEC.

Need a name here

g) Minute 111/19 – Proposal to reassure Governing Body regarding public engagement – This agenda item which was postponed from the October meeting would be brought to January SPEEEC.

Lucy Ettridge

119/19 Update from Healthwatch

The Chief Officer, Healthwatch presented a case study which had been circulated with the papers and which described the experience of a patient currently receiving a continuing health care package (known as CHC). This had also been discussed at Sheffield Council's Overview and Scrutiny Committee at the end of November. The case study represented themes, issues and challenges currently within the system.

As no representatives from the CCG had been able to attend Scrutiny in November due to Purdah, the Patient Experience Manager asked if the questions raised at Scrutiny would be sent to the CCG. The Chief Officer understood that the secretariat for Scrutiny would be sending these to the CCG. The suggestion was that the CCG would be invited to the Committee in February to discuss the Mental Health Strategy. The Deputy

Lucy Ettridge

Director of Communications, Engagement and Equality agreed to follow this up.

Amanda Forrest, Lay Member enquired if the new members were aware of the scrutiny process and briefly explained what it meant. She highlighted that she was the Governing Body representative who linked with the CHC team. She explained her attendance at the CHC resource panel meetings and asked members to advise her of any issues they were aware of relating to CHC which she could feed into the panel.

ALL

The Deputy Director of Communications, Engagement and Equality advised that the Case Study had also been shared with the Deputy Chief Nurse who was keen to work with Healthwatch and the patient concerned.

**Deputy
Chief Nurse**

The Patient Experience Manager and Amanda Forrest, Lay Member, agreed to keep each other informed to help support the CHC team.=

**Sarah Neil/
Amanda
Forrest**

The Committee went onto discuss the scale of the issue and next steps. Amanda Forrest, Lay Member, commented that it was quite difficult to get feedback from patients on the process.

Helen Mulholland, Engagement Manager, commented that Dani Hydes, Head of Service, CHC, would be invited to SPEEEC to give an update on the questionnaire and its implementation.

**Helen
Mulholland**

The Chair commented that although CHC seems to relate to a small number of people it is very expensive and is a very live issue for Sheffield CCG. He thought that for new members of SPEEEC who are not familiar with CHC, it may be helpful to include as part of their induction. However, the issue for SPEEEC to consider is whether there are mechanisms in place to ensure that the voice of the people concerned is being heard sufficiently. The quality of CHC is not the responsibility of SPEEEC. The relationship with Healthwatch is extremely important as they provide an independent view. The Chief Officer, Healthwatch added that there are plans in place for a forum to discuss issues linked to the CHC process.

The Chair concluded the discussion noting that a CHC update would be brought to SPEEEC in due course and new members would be inducted on CHC.

**Helen
Mulholland**

The Chief Officer, Healthwatch, then provided SPEEEC an update on Healthwatch activity.

She advised that Healthwatch had received the CCG's initial response to the Speak Up reports. For the benefit of the new members, she briefly explained their purpose and advised they were available on Healthwatch's website. The Chair commented that two/three examples of the reports should be taken to Governing Body, as part of Patient Stories, to highlight what is emerging in the system.

Sarah Neil

The Deputy Director of Communications, Engagement and Equality advised that although the Speak Up reports had not been presented to

Lucy

SPEEEC an action plan was being formulated to address the key issues and would be brought to Committee in January. Consideration would also be given to how the CCG and Healthwatch can work together.

Ettridge

The Chief Officer, Healthwatch, advised that Healthwatch was also embarking on a piece of work to look at the experience of carers' access to general practice, which had been highlighted in the GP patient survey as a slightly poorer experience for working carers. Healthwatch would be meeting with NHS England to look at the Carer Quality Indicators. Once the work was complete, a report would be issued.

The current strategic priorities for Healthwatch conclude in March and currently these are being reviewed. As part of this work, discussions are ongoing with individuals, partners and statutory organisations to gain their views on what Healthwatch should focus on. The Chief Officer invited colleagues to email her/complete the survey should they have any thoughts.

ALL

It was agreed that the CCG's Strategic Objectives should be shared with Healthwatch once they had been agreed at January's Governing Body.

Nicki Doherty

The Committee noted the update.

120/19 Update from Sheffield City Council

No update had been received for today's meeting.

121/19 Update on Sheffield SEND and Inclusion Strategy

Sapphire Johnson, Head of Commissioning, Children, Young People and Maternity, Sheffield CCG and Matthew Peers, Strategic Commissioning Manager, Sheffield City Council attended for this item.

The presentation covered a recap on the strategy work to date, provided an update on progress in development of the strategy and consultation, emerging themes and trends received from the consultation so far and confirmed timeframes and next steps.

Following the presentation she posed the following questions for SPEEEC:-

- Did the committee require any further details/breakdown?
- Were there any gaps?
- Where should the focus be on upcoming activity and next steps?
- Timeframes and future updates at SPEEEC

The Chair reminded members that the focus of the discussion should be around engagement and equality.

Points were noted as follows:-

- The Chair asked about targeting postcodes and ethnicity and what the engagement plan was for the remaining 6 weeks of the consultation period. The Head of Commissioning, Children, Young People and Maternity advised that the approach would be the same as when developing the strategy ie to use the existing links and networks into community groups and schools. Because of Purdah, the CCG had not been able to proactively pursue but the groups would be offered the opportunity to comment once Purdah had concluded. There would be an offer to run some focus sessions or provide paper questionnaires if on-line methods were not the preferred choice.
- The focus of the strategy may need to change to take into consideration the scope of the findings from families/carers.
- Voice of young people, how many have been spoken to and what have they said?
- Is there a sense of scale, how many families will be affected?
- Timeframes - If SPEEEC wanted to see the findings of the consultation to reassure Governing Body that the views of the public have helped shape the final strategy this may be problematical as the next meeting of the Committee is four days after the end of the consultation and the next meeting of SPEEEC after that will be post Governing Body in March. Also, need to consider when to launch the strategy due to purdah around local elections.
- Is Mental Health included in the strategy, as was a big theme from the engagement?
- Do we know the division in terms of ethnicity and groupings?
- Concern noted around the Gunning Principles, is the information clear and accessible so people can appropriately form a view?

The Head of Commissioning, Children, Young People and Maternity and the Strategic Commissioning Manager, SEND, Sheffield City Council addressed the issues raised. An Action Card/Improvement Plan would be created to sit alongside the Strategy.

The Chair commented that one of the issues going forward once the strategy is approved would be to continue to explicitly strengthen the voice of the young people, in particular in areas of deprivation. The Chair suggested that SPEEEC may want to add SEND engagement to the forward planner (in 12 months) so SPEEEC can be updated on how this was progressing.

The Head of Commissioning, Children, Young People and Maternity advised that the Clinical Commissioning Committee (CCC) had agreed that the Children's portfolio, because of its limited capacity across the CCG and SCC, would look at options to commission an external provider to help work on engagement with young people and she welcomed SPEEEC's input to help develop this.

Following further discussion, it was agreed that a further paper on consultation findings would be brought back to Committee in January, noting that this would only be four days post the end of the

**Helen
Mulholland**

**Sapphire
Johnson**

consultation period.

It was noted that the remit of this Committee is to ensure that the equality duties are met and the consultation processes is robust and therefore if the Committee are not assured in January, the timetable for implementation of the strategy may need to be amended.

The Committee noted the update.

122/19 Revised Yorkshire and Humber Access to Infertility Policy Involvement Plan Update

Debbie Stovin, Commissioning Manager, Elective Care attended for this item.

She updated SPEEEC with the outcome of the 8 week engagement period to involve the population of Sheffield in the adoption of proposed changes to the Access to IVF Policy in the Yorkshire and Humber region.

Key issues identified across Yorkshire and Humber fell within the proposed changes for:-

- Overseas visitors who need to pay the NHS surcharge will no longer be eligible for NHS funded assisted conception;
- The change, which will require couples to demonstrate they have been smoke free for at least three months before they can be eligible for specialist fertility treatment, is based on national guidance about the negative effect of smoking on the chances of successful IVF treatment.
- Due to concerns around the major proposed change on smoking and concerns raised from primary care, the evidence base around smoking was revisited and amended in line with NICE guidance.
- The policy included a change to self-funded cycles which was queried by the CCG which was deemed inequitable and not in line with NICE.

The Commissioning Manager advised that overall 26 responses were received to the engagement exercise of which 15 were from Sheffield. (1- Rotherham, 6 – Doncaster and 4 – Barnsley). The results from the Sheffield engagement exercise were mainly positive and welcomed the changes for the transgender and same sex couples.

The amended policy and updated equality impact assessment had been received and agreed by the Clinical Commissioning Committee in December with a view to this being presented to Governing Body in January 2020 for approval. It was hoped that this policy will be adopted across Yorkshire and the Humber by end February/March 2020. The date for the roll out across Sheffield will be agreed following discussion with Governing Body.

The Chair asked if any lessons had been learnt from the engagement

process and the Commissioning Manager commented that with support of the engagement team, she felt that a good range of groups had been targeted. She thought that it had been useful to conduct the exercise on an Integrated Care System (ICS) basis although there had been some variation in responses from other CCGs.

The Chair asked members for questions.

The engagement work that had been undertaken with the LGBT groups was commended. The following concerns were then raised:

- It was thought that the response rate for Sheffield seemed low for a service that potentially a lot of people use;
- To build on the LGBT element, would staff be trained as patients who use the service may have a negative experience if not;
- Charges – On the Equality Impact Assessment it referred to race as being ‘neutral’ impact but also that charges apply to asylum seekers and refugees and in Lea’s view there was a large correlation here and, therefore, it could not be a neutral impact;
- In terms of NHS surcharges, which groups would be affected by the charges because asylum seekers and refugees are exempt from NHS charges?;
- What was the Feedback from Overview and Scrutiny Committees across Yorkshire and the Humber;
- Thought that if the Policy was launched on different dates across the region, this may not be helpful as we would expect there would be some contentiousness around the policy;
- Asked for clarification around the changes in self-funded cycles.

The Commissioning Manager addressed the points raised as follows:-

- Each CCG had been responsible for its own engagement using an agreed set of documentation for the eight week consultation period. The Commissioning Manager clarified that the 26 responses received were from individuals. The Chair was concerned about the low response rate in the rest of South Yorkshire and Bassetlaw and suggested that this be raised with the integrated care partnership and he would discuss how to respond with the Deputy Director of Communications, Engagement and Equality. The Deputy Director of Communications, Engagement and Equality reminded members that the role of SPEEEC was to ensure engagement for the population of Sheffield not for the wider region.
- For the number of people using the service, the response rate was proportionate and equated to approx. 25%.
- The Patient Experience Manager highlighted that the proportion of people who use the service is a lot smaller than the proportion of people who would like to use the service and this should be taken into account. The Commissioning Manager advised that this policy was not around the number of cycles, there is a separate policy with regard to this. A lot of concerns and complaints relate to the lack of

**Mark
Gamsu/
Lucy
Ettridge**

number of funded NHS cycles.

- The Chair asked that the comment about staff training be noted as this would be an issue in terms of how the service operates. It was agreed that this would be brought as a remedial action in the Equality Impact Assessment. Lea Lapautre, Public Representative, also asked that there be specific outreach to communities to inform them of the change in access to the service. The Engagement team would work with the Commissioning Manager regarding this communication.
- With regard to the NHS Surcharge Policy, clarification would be sought as to whether asylum seekers and refugees would be expected to pay for the treatments outlined in the policy and this would be reflected in the final policy.

Richard Kennedy

The Chair summarised that the queries seemed to relate to how we describe the impact in the equality impact assessment. There also appeared to be a lack of clarity between overseas visitors and asylum seekers and refugees.

- It was agreed that the engagement team would work with the Commissioning Manager to reassess the Equality Impact Assessment, also taking into consideration the comments around human rights/race before presentation to Governing Body in January. It would be brought back to SPEEEC for information.
- Amanda Forrest, Lay Member, suggested that as this was a Yorkshire and Humber Policy, these points would need to be fed back into the integrated care partnership. There would also need to be a discussion with Governing Body about SPEEEC's role in the ICS partnership for matters of this kind.

**Richard Kennedy/
Debbie Stovin**

**Richard Kennedy/
Debbie Stovin**

Helen Mulholland, Engagement Manager, asked what the different reflections were from Scrutiny Committees around the region. The Commissioning Manager advised that West Yorkshire and Leeds had raised an initial concern around the NHS Surcharge element but had now accepted that this was nationally mandated. There was also concern around the restriction on smoking but this had now been revoked. Sheffield City Council's Overview and Scrutiny Committee did not consider that the proposed changes constituted a substantial variation and therefore do not require the CCG to consult further with them.

The Committee noted the outcome of the eight week engagement period and EIA.

123/19 Integrated Community Equipment Service

This item was deferred and an update would be brought to the January meeting.

Lucy Ettridge

124/19 Urgent Care Programme Update

It was agreed that this would be brought to the next meeting.

**Lucy
Ettridge**

125/19 EDS2/3 Interpreting Service Contract

Helen Mulholland, Engagement Manager, presented this paper which sought to provide context and background information in relation to the Equality Delivery System (EDS) 2 requirements and explain how this framework could be used in the re-procurement of the interpreting services contract.

She wanted to highlight the information received in terms of communities that have been highlighted through the data that has been shared and whether the engagement plan is robust in terms of moving forward so this can be brought back in January and feed into the contract negotiations going forward.

The following points were noted:-

- Need to help people, whose first language is not English to access high quality care;
- Important to engage all stakeholders and understand the role of translators/interpreters;
- Change of approach with EDS3 – it is a lot less service specific; still awaiting full guidance on EDS3 from NHS England.
- What is the scope for redesign?
- No outreach to some communities eg Kurdish and Somali mentioned in the draft plan
- Quality control on Language Line, what processes are in place to ensure confidentiality is met

Helen Mulholland would take away the points raised and reflect back to the meeting in January. A colleague from the contracting team would be invited to SPEEEC to support this discussion.

**Helen
Mulholland**

The Committee noted the update.

126/19 Sheffield CCG's Strategy

The Deputy Director of Communications, Engagement and Equality presented the options around the Engagement Plan for the CCG's Strategy. Option 1 (Best Practice) was the preferred option.

**Lucy
Ettridge**

A plan around what this would look like would be brought to January's meeting.

127/19 Key points for Governing Body

- Partnership working with Sheffield City Council with SEND
- Acknowledgement of new membership
- Engagement plan for CCG's Strategy
- IVF – Concern about engagement across partners within the ICS

128/19 Any Other Business

There was no further business to discuss this month.

129/19 Date and Time of Next Meeting

The next meeting will take place on 28 January 2020, 9.30 – 11.30 am,
Boardroom, 722

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Strategic Patient Engagement, Experience and Equality Committee
held on 28 January 2020 in the Boardroom, 722 Prince of Wales Road, Sheffield**

Present: Professor Mark Gamsu, Chair
 Ms Lucy Davies, Chief Officer Healthwatch
 Ms Nicki Doherty, Director of Delivery, Care Outside of Hospital
 Ms Lucy Ettridge, Deputy Director of Communications, Engagement and Equality
 Ms A Forrest, Lay Member
 Ms Mahara Haque, Public Representative
 Mr Richard Kennedy, Engagement Manager
 Ms Lea Lapautre, Public Representative
 Ms Sarah Neil, Patient Experience Manager
 Dr Lisa Philip, Governing Body GP
 Dr Leigh Sorsbie, Governing Body GP
 Mr Alun Windle, Acting Chief Nurse

In Attendance: Ms Sapphire Johnson, Head of Commissioning, Children’s and Young People and Maternity portfolio (item 10/2020)
 Jo Tsonova, Pharmacy Development Manager (item 11/2020)
 Mr James Sutherland, Programme Manager, Primary and Community Mental Health Transformation Programme (item 9/2020)
 Mr Jim Milns, Deputy Director of Mental Health Transformation and Integrated Commissioning (item 9/2020)
 Mrs Alison Hall, Continuing Healthcare Operational Lead (item 12/2020)
 Ms Dyan Bell, Commissioning Nurse (item 12/2020)
 Mrs Karen Shaw, Executive Assistant, (minutes)

ACTION

1/2020 Welcome

The Chair welcomed members of the Strategic Patient Engagement, Experience and Equality, known as SPEEEC and those in attendance to the meeting.

2/2020 Apologies for Absence

Apologies for absence had been received from Helen Mulholland, Engagement Manager, Parveen Ali, Senior Lecturer in Nursing and Midwifery, University of Sheffield and Laurie Brennan, Sheffield City Council.

The Chair declared the meeting was quorate.

3/2020 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Strategic Patient Engagement,

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

Declarations made by members of SPEEEC are listed in the CCG's Register of Interests. The register is available either via the secretary to the meeting or the CCG website at the following link:

<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

Ms Mandy Forrest, in her role as Chair at the Carer's Centre, declared her interest in Item 11, Longley Meadows. As there was no direct financial interest, the Chair agreed she could stay in the room and contribute to the discussion.

4/2020 Minutes of the Strategic Patient Engagement, Experience and Equality held on 10 December 2019

The minutes of the meeting held on 10 December 2019 were agreed as a true and correct record.

5/2020 Matters Arising

a) Minute 110/19 – Adult short breaks – Update to be brought to March meeting.

AW

b) Minute 119/19 – Update from Healthwatch – The Patient Experience Manager and the Lay member had met outside of the meeting to discuss patient engagement issues relating to continuing healthcare. The Acting Chief Nurse to discuss outside of the meeting.

The Chair asked if a full list of patient stories could be provided to SPEEEC for information. The Patient Experience Manager updated the meeting on the progress with the rolling programme that was being developed. Due to timing issues it would not always be possible to inform SPEEEC members in advance.

**Sarah
Neil**

Speak Up Report Action Plan to be brought to March meeting.

**Lucy
Ettridge**

Members were still able to contact Healthwatch with regard to ideas for the next round of priorities.

CCG Strategic Objectives had not yet been agreed and would be shared with Healthwatch once agreed by Governing Body.

**Nicki
Doherty**

c) **Minute 122/19 - Revised Yorkshire and Humber Access to Infertility Policy Involvement Plan** – The Chair had emailed the Chair and Accountable Officer regarding the concerns in variation in the engagement process across the region, seeking advice on how to take this forward.

d) **Minute 123/19 – Integrated Community Equipment Service** – SCC had now appointed the contract for this service but SPEEEC was not fully assured with regard to the engagement process. As this was a jointly commissioned service, it was agreed that SCC would be asked to provide a short report on what process they had followed and what they had heard.

The Deputy Director of Engagement, Equality and Communications would speak to Jennie Milner to take this forward.

Lucy Ettridge

e) **Minute 105/19 – Update from Sheffield City Council** – The Deputy Director for Engagement, Equalities and Communications advised that a representative from Sheffield City Council had been nominated to attend SPEEEC and would be attending future meetings.

6/2020 Update from Healthwatch

The Chief Officer advised that Healthwatch priorities for 2020/22 are still under consideration. There is an on-line survey still available to complete.

The Chief Officer advised that she had met with the Chair/Accountable Officer regarding views from the CCG and they had invited her to attend a management meeting. Karen Shaw asked to follow up.

Karen Shaw

A new round of Speak Up Grants is in progress, application deadline is the end of February.

Healthwatch are conducting some work around the homecare reports; some reflection work is being done to look at what the impact has been. It was highlighted that it is difficult to track back the action plans that are developed in response to the reports and so some further work to be undertaken to improve how the monitoring is done.

Members discussed the governance around the action plans and it was noted that these action plans should be captured in Aspyre by the relevant commissioning team. Following further discussion, it was agreed that Sandie Buchan be asked to provide a brief paper to provide assurance to SPEEEC.

Nicki Doherty

Amanda Forrest, Lay Member, commended the report and how powerful it was in detailing the experience of people receiving domiciliary homecare and asked if Healthwatch would be doing a similar exercise to check progress. The Chief Officer advised that unfortunately Healthwatch did not have the capacity to revisit this in its entirety. The Chief Officer was hoping and encouraging applications from social care in this round of Speak Up Grants.

The Chair asked that Healthwatch provide SPEEEC a list of which grants are successful. It was agreed this would be brought to either the March/April meeting.

**Lucy
Davies**

7/2020 Update from Sheffield City Council

No update was provided for this meeting.

8/2020 Update from the Deputy Director for Engagement, Equalities and Communications

The Deputy Director of Engagement, Equalities and Communications advised that:

- Internal audit had advised that there was a requirement for all of the CCG's formal committees to undertake an annual assurance process. The proposal for completing this to be brought back to the March meeting.
- NHS England had used some of the CCG's engagement work (including Dementia, SPEEEC, disaggregation of data for Hospital Services Review) as an example of good practice that has been shared nationally. This reflects both the standard of our assurance submission as well as all those involved directly in the work. Richard Kennedy will share examples of what had been shared with SPEEEC.
- A Communication and Engagement Toolkit for the public and staff would be launched next month.
- She updated SPEEEC on the status of the Patient Participation Group (PPG) Network. Primary Care Sheffield, known as PCS, had been commissioned to run the PPG Network for the city but the progress had been delayed. In the interim, the CCG had organised and agreed to hold one more meeting and thereafter maybe secure a different provider. For the benefit of the public representatives, the Chair provided the background to the PPGs. An invitation was extended to the Public representatives to attend the PPG on 19 March.

**Lucy
Ettridge**

**Richard
Kennedy**

Amanda Forrest, Lay Member, specifically asked that she be involved in the planning for the meeting in March.

**Richard
Kennedy**

The Committee noted the update.

9/2020 Primary and Community Mental Health Programme

Jim Milns, Deputy Director of Mental Health Transformation and Integrated Commissioning and James Sutherland, Programme Manager, Primary and Community Mental Health Transformation Programme attended for this item.

They presented the paper which sought to provide SPEEEC with an overview of the Primary and Community Mental Health Programme, including assurance of the engagement approaches being utilised to inform design and delivery.

The Chair highlighted the good news story around this but noted the challenging timescale.

The Programme Manager highlighted the key issues within the paper and described in detail the proposed involvement plan and the methods and activities proposed to deliver it.

Members of the Committee then raised the following points:

- Need to understand the demographic profiles of the universities populations and the support currently provided from within the Universities;
- When doing the community mapping events, as well as using the formal voluntary sector mental health groups, check that using other groups;
- Are we using volunteers?
- What are we doing to address issues in the black, Caribbean communities which have 3.7 times higher levels of detention under the Mental Health Act for this group?;
- When defining the population, we describe people only with mental health conditions, is the cohort broader than mental health?;
- Acknowledgement of the depth of inequality detail on the community profiles.

The Programme Manager responded to each point.

The Chair commented that the test would be to see from discussions with the voluntary sector whether we gain a more qualitative view from the people who live in the community rather than from just those who already use the mental health system.

The Chair then received further questions/comments from members to which the Programme Manager further responded.

- Issues around policing;
- There may be a gap in services when someone has a mental health episode and can't be taken by ambulance;
- Other groups to target could include: Sheffield Rape and Assault Centre, domestic abuse groups, mental health social spaces, ie Rainbow and cafes, places of worship, HEURD (mental health campaigning group);
- Might be a gap for support for people with learning disabilities who are heavily medicalised and who experienced trauma due to a lived experience as a minority or through discrimination
- Will the new staff be new staff or outsourced?;

- Clarity around the bullet 'to supplement community mapping, virtual or attendance by invitation work to be undertaken with any interested community group' – how are we hearing the voice of individuals with lived experience?;
- Patients will have the opportunity to go with the new pilot or use the existing service. Are there any plans to capture why they may decline to use the new services and value the current services? With regards to the longevity of the pilot, this is a hugely vulnerable group and with the recent reconfiguration of mental health services, although this is only being offered to a small cohort, what is the ambition from a patient's point of view?

It was noted that with regard to the gaps in terms of service provision, this was a NHS England mandated pilot for prevention; we cannot encroach on the crisis service. The Deputy Director of Mental Health Transformation and Integrated Commissioning offered to bring back the plan on crisis care if SPEEEC would find this helpful.

It was also noted that the QEIA was in development and still going through the approval process but it was reported to have been a helpful part of the process.

Sapphire Johnson, Head of Commissioning and Jo Tsonova, Pharmacy Development Manager joined the meeting.

SPEEEC then:

- Noted the national context and directive as the catalyst for change nationally and in Sheffield;
- Noted Sheffield as an early implementer, in leading change as part of the early implementer status ie evaluating, refining and modifying plans in response to emerging needs and findings;
- Agreed to have oversight of the proposed involvement plan to be assured sufficient patient and public engagement is being undertaken;
- Supported the dissemination of engagement tools, materials and approaches;
- Confirmed the enactment of this paper and involvement plan;
- Agreed to review progress of the plan at the 17 March SPEEEC meeting with a view to signing off the engagement processes undertaken.
- Requested that SPEEEC are made aware of the roll out of where people are recruited from.

10/2020 Consultation on the Sheffield Inclusion Strategy (including SEND)

Sapphire Johnson, Head of Commissioning, Children, Young People and Maternity Portfolio presented this paper which provided an update on progress on the consultation on the Inclusion (including SEND) Strategy for the city.

Following an update to SPEEEC in December 2019 regarding the

development of the Sheffield Inclusion Strategy and associated consultation on this strategy, a number of queries, risks and issues were raised by SPEEEC regarding the strategy itself and the process of consultation. This paper set out what actions have been taken following the meeting in December to address and mitigate the risks and issues raised which included the production of a robust consultation plan, which sought to detail what steps are being taken to address any gaps in engagement activity.

The Head of Commissioning, Children, Young People and Maternity Portfolio then presented a summary of the consultation, which closed on 26 January 2020, including the demographic information and parent/carer responses. Key themes emerging from the consultation feedback were: language, consent, resources, provision and timescales. All of these areas were being addressed.

Governing Body will receive a full report on all of the strategy consultation feedback at its meeting on 6 February with a view to the final version of the strategy being presented on 5 March.

The Head of Commissioning, Children, Young People and Maternity Portfolio then asked for clarification and approval as to whether the activities undertaken have been sufficiently robust, proportionate and appropriate and whether any additional activity needed to take place.

The Chair enquired whether there was any flexibility in timescales and was advised that Sheffield City Council was hoping to take this to Cabinet and its senior leaders in the next few weeks for approval by the end of February. He was advised that the responses to the engagement activity had not increased exponentially in the last few weeks and that the findings were affirming current knowledge rather than identifying new gaps.

Questions were posed around:

- Postcodes, noting that S3/S4 were absent from the data presented
- Communication and tools. Where English is not the first language there is a barrier to engagement if we are not translating materials into different languages. It was acknowledged that ideally the strategy and consultation would have been translated but due to time and capacity constraints, on this occasion it had not been possible.
- What key themes came out of the focus groups; would like an understanding of which outreach groups were included. The focus groups were run with young people, staff and front line professionals. Although no focus groups were held at community centres, there was an offer for the CCG to go out and facilitate the groups but the centres responded by offering to circulate to their memberships.

The Chair, recognising timescales and resources, thought that there were some concerns relating to the voice of the people from minority, ethnic communities, in particular South Asian. Recognising the work already undertaken, he wondered if it was possible to go back to the Pakistani/Muslim/Darnall Well Being centres and offer some discussion

with parents between now and the deadline. He was advised that there had already been some challenging conversations about extending the deadline and any further extension would give rise to a challenge from our partners who have different obligations in terms of their engagement. Additionally, once purdah commences for the local elections, any consultation would need to be delayed which would mean a further significant delay.

The Director of Delivery, Care Outside of Hospital referenced the learning from the urgent care consultation where the CCG had been criticised for not spending enough time consulting.

As a compromise, it was suggested that the strategy continued to be developed over the next few weeks to meet the required deadline but that there was an acknowledgment included within the strategy that there were some gaps in terms of engagement but that work was ongoing to address this. There was an opportunity to look at translating a version of the strategy to start the conversation.

The Committee therefore:

- Recognised the hard work of Sapphire and her team to turnaround the analysis to SPEEEC so quickly.
- Noted the consultation plan
- Noted the consultation work completed to date and the plan for next steps
- Suggested areas of activity around postcodes and BME communities. However, SPEEEC was confident that by addressing this in the Strategy, progress could be made without affecting timescales.

11/2020 Stoma Engagement

Jo Tsoneva, Pharmacy Development Manager, presented this paper which sought to gain approval in principle for an engagement exercise to understand the experience of patients living with a stoma around ordering their stoma appliances.

Following work to review the stoma ordering service in Rotherham CCG, the ICS Medicines Optimisation Steering Board has requested CCGs carry out a review of the service at “place” (or local) level in order to inform potential service improvements. This proposal for an engagement exercise is the first step in this work.

SPEEEC discussed the proposed engagement plan noting that there are in the region of 1,900 patients using stomas appliances in Sheffield with an average of 24 per general practice. They discussed the work that had been undertaken in Rotherham and the learning from that.

Subject to Senior Management Team (SMT) agreeing to this work, the Committee agreed that to gain a meaningful view of this issue, the early engagement should encompass as many patients as possible, including the hard to reach, using surveys, focus groups, community profiles etc.

SPEEEC agreed:

- It needed need a more comprehensive engagement plan to be bought back for approval.
- Instead, a follow-up paper would be brought to the April meeting to describe the learning and next steps.

Jo Tsoneva left the meeting.

12/2020 Longley Meadows

Alison Hall, CHC Operational Lead and Dyan Bell, Senior Commissioning Nurse presented this paper which sought to:

- Provide clarity into the reasons why Longley Meadows closed due to ongoing quality concerns; Provide assurance to the CCG that these families views were sought following the closure;
- Provide a clear overview of the impact that the closure of Longley Meadows had on the families of the people that accessed this service at the time;
- Provide assurance to the CCG that the issues raised by families during the engagement process have been considered and acted upon and provide the reassurance to SPEEEC that the CCG did inform the families of these changes.

The Patient Experience Manager left the meeting.

Members were invited to offer their comments, noted as follows:

- Fundamentally, the paper was missing the patient stories
- Comments about the length of time to find respite care, no reasons cited, not clear
- Didn't understand the demographics 'no carers have been identified that might have a disability' – not sure of relevance, carers have lots of needs.
- The Acting Chief Nurse said that when the decision was taken to close the respite provision (not full time care), an engagement exercise was undertaken between the CCG/council where group views were taken and were recorded on that basis.
- Subsequently the team engaged with families and patients and recorded patients' views within the patient record.
- Paper not very clear or accessible. Would need to be re-written to go to other arenas
- No evidence of people who have been affected by the closure
- Content there but needs fine tuning
- Mentions two new facilities, are they NHS or private care? What kind of quality of care would patients receive
- Not clear if these were fully funded patients or patients who may have fallen through the gap

The Acting Chief Nurse commented that this paper had been coming to

SPEEEC for over a year and previous feedback had been really good.

Following further discussion, it was agreed that the Acting Chief Nurse would take overall responsibility for rewriting the paper and work with Heather Burns. The paper would be brought to March meeting for approval. The paper would include information on why Longley Meadows closed, who was affected, how their views were sought, themes of views, breakdown of numbers, demographics and patient stories to assure SPEEEC we met our legal duties.

13/2020 Urgent Care Review – Lessons Learnt

Due to time restrictions, this would be brought to the next meeting for information and, for the benefit of new members of the Committee, would include more context.

14/2020 SPEEEC Assurance Framework

Due to time restrictions, this would be brought to the next meeting.

15/2020 CCG Strategy Engagement Plan

Due to time restrictions, this would be brought to the next meeting.

16/2020 Proposal to assure Governing Body regarding public engagement and patient experience

Due to time restrictions, this would be brought to the next meeting.

17/2020 Quality and Equality Impact Assessment Policy

Due to time restrictions, the policy wasn't presented or discussed.

The Deputy Director of Communications, Engagement and Equality presented asked SPEEEC to approve the recommendation that with effect from March 2020, SPEEEC takes over the responsibility from Governance Sub-Committee to approve all future equality policies as its role is to assure governing body that the statutory requirements for equality and diversity and the mandatory requirements are met.

Subject to advice from the Director of Finance, members agreed in principle that the responsibility should transfer to SPEEEC. Deputy director to provide an update at the next meeting.

18/2020 Revised IVF Policy Equality Impact Assessment

The Committee noted this paper.

19/2020 Any Other Business

There was no further business to discuss this month.

Lucy
Ettridge

Richard
Kennedy

Lucy
Ettridge

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Ettridge

20/2020 Key points for Governing Body

Progress on Primary Care Sheffield commissioned support to the citywide Patient Participation Group network has been delayed. The CCG is therefore holding one further meeting of city wide group in March.

Healthwatch Sheffield – is commissioning its second round of speak up grants – this innovative programme has the potential to be an important part of the way that Sheffield ensures that the voice of the public is heard

Primary Care and Community Mental Health Programme – has been a good example of maintaining our commitment to public voice while managing very tight national delivery deadlines.

21/2020 Date and Time of Next Meeting

The next meeting will take place on 17 March, 9.30 -11.30 am, Boardroom, 722 Prince of Wales Road.