

# **BNSSG CCG Governing Body Meeting**

**Date: Tuesday 2<sup>nd</sup> July, 2019**

**Time: 1.30pm**

**Location: The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ**

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## **Agenda number: 10.6**

### **Update from Patient and Public Involvement Forum May 2019**

**Report Author: Alex Ward-Booth**

**Report Sponsor: Deborah El-Sayed**

#### **1. Purpose**

This report provides the Governing Body with an update on the Patient and Public involvement activities including the notes of PPIF as a sub-committee of the GB

The minutes of the PPIF held on 23<sup>rd</sup> May 2019, have now been certified by committee members and are attached in Annex 1.

#### **2. Summary of engagement activities and progress**

The focus of our engagement activities reflect a number of key elements

- Engagement in support of our core strategic priorities so that the people we serve are involved and help shape the services we commission.
- Building our connections with local communities so that we are able to engage and understand the needs, expectations and experiences that our population have of health and care services
- Developing our capability and capacity so we are adopting modern, innovative and effective approaches to co-production and embedding insights, feedback and experience data into everything we do.

The areas set out below give key highlights for the areas of engagement work in progress

##### **2.1 Healthy Weston:**

- Following the completion of the purdah period on 24<sup>th</sup> May, public engagement activities will be recommencing, including focus groups, face-to-face surveys with a representative



sample of the public and public events with table feedback captured from trained facilitators.

## **2.2 BNSSG Mental Health Strategy:**

- A final Service Design Sessions was conducted on 15<sup>th</sup> May on the topic of those with complex and enduring Mental Health needs, including a substantial cohort of those with lived experience, and other key stakeholders from across the system. Outputs of these sessions will be shared throughout June with key groups to drive better understanding and new thinking
- We have outlined a plan to deliver further Service Design Sessions to understand the topic of Perinatal Mental Health. We have had initial conversations around partnership with key experts in this space, including Bluebell, Mothers to Mother, Rockabye as well as involving Rachael Harding (Perinatal and Infant Mental Health Quality Improvement Lead, South West Clinical Network).

## **2.3 Citizens Panel:**

- We have now received results from the second wave of the Citizen's Panel. 1,036 citizens now recruited target is 1500 to ensure statistical significance.
- Further communication activity around the results and actions taken as a result will be shared on "What matters to you?" day on 6<sup>th</sup> June.

## **2.4 Community Services Procurement:**

- Continuing to develop our Public Reference Panel to support in the latter stages of the procurement process.

## **2.5 EDS2 External Evaluation Panel:**

- We have trained and support 8 external members of the public (in partnership with the Diversity Trust), to ensure that they are able to support us in assessing how well we are meeting our equality and diversity requirements

## **2.6 CCG 360 Report:**

- We will be sharing an update on results from the latest 360 Stakeholder survey at the June Governing Body session. We are setting up an action plan to translate the key learnings into tangible steps we can take to optimise our relationship with critical stakeholder groups.

## **2.7 Communications and Engagement Strategy:**

- On 8<sup>th</sup> May, we ran a workshop session with members of our PPIF to share experiences of best practice in terms of public involvement. We agreed a series of basic principles to shape our future activities, and will have a further session with key stakeholders across the broader Healthier Together network, to start the process of aligning on high quality

consistent standards of co-production across the region. We will be rolling out a more formalised programme of activity by Autumn 2019 to continue with this.

## **2.8 Primary Care Strategy:**

- Key members of the Primary Care strategy team attended the PPIF on 23<sup>rd</sup> May to share proposed plans for public engagement to support the development of our Primary Care strategy. Further support will be provided to the team as we start to progress towards the first engagement event on 18<sup>th</sup> June.

## **2.7 Frailty Model of Care development:**

- An overview plan for the engagement to support the development of the Frailty Model of Care was also shared with the PPIF on 23<sup>rd</sup> May. The plan outlined how engagement would involve a small group of experts by experience, but also to involve patients, potential users and family carers.

## **3. Financial resource implications**

The activities highlighted unless otherwise stated are currently delivered either through existing programme budgets or existing directorate budget.

## **4. Legal implications**

No specific legal issues

## **5. Risk implications**

The activities highlighted all share a risk of not representing views effectively and people not being aware of the opportunity to engage. The mitigation for these risks lies in the broad range of channels and evolving responsive nature of the work.

## **6. Implications for health inequalities**

The activities highlighted are designed explicitly to support the CCG aims to reduce health inequalities by understanding the population we serve as deeply as possible. Engagement and insights will help us to shape services that reflect a focus on areas where there are health inequalities. This is in conjunction with other core programmes such as BI, Quality and Patient Experience and the emerging population health developments will help us to make decisions that target the reduction of health inequalities

## **7. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)**

The activities highlighted are designed to support and contribute to the delivery of high quality equalities impact assessments, across all key characteristics.

## **8. Implications for Public Involvement**

The activities highlighted are setting out the public involvement activities in progress the list of priorities is considered by the PPIF with members assuring the approach, direction and providing independent views on whether we are engaging appropriately.

## 9. Annex 1 – Minutes of PPIF 23<sup>rd</sup> May 2019

### Patient and Public Involvement Forum

Minutes of the meeting held on Thursday 23<sup>rd</sup> May 2019 at 2.00pm in the CCG Conference Room, 4<sup>th</sup> Floor, South Plaza, Marlborough Street, Bristol, BS1 3NX

#### Minutes

Sarah Talbot-Williams ( <b>Chair</b> )	Independent Lay Member, Patient and Public Engagement, BNSSG CCG
Michelle Smith	Associate Director of Communications, BNSSG CCG
Dave Jarrett	Area Director (South Gloucestershire), BNSSG CCG
Colin Bradbury	Area Director, North Somerset, BNSSG CCG
Alison Bolam	GP Clinical Commissioning Area Lead (Bristol), BNSSG CCG
Rachael Kenyon	GP Clinical Commissioning Area Lead - North Somerset
Ray Raine	Chair, Service Users Carers Council / Independent Mental Health Network
Margaret Slucutt	Chair Patient and Public Involvement Forum, South Gloucestershire
Monira Chowdhury	Chair, Patient and Public Involvement Forum (Bristol)
Luke Knee	Healthwatch Senior Worker, The Care Forum
Alun Davies	Engagement Manager, Bristol Sight Loss Council
Jerry Flay	Council Member, Bristol Sight Loss Council
<b>In attendance</b>	
Louise Fowler	Partnerships and Engagement Manager (South Gloucestershire) BNSSG CCG
Simon Moss	Insight and Engagement Assistant, BNSSG CCG
Geeta Iyer	GP Clinical Lead, BNSSG CCG
Beverley Haworth	Models of Care Development Lead Primary Care Development, BNSSG CCG
Amanda Smith ( <b>Note taker</b> )	Executive PA to Director of Transformation, BNSSG CCG
<b>Apologies</b>	
Deborah El-Sayed	Director of Transformation, BNSSG CCG
Justine Rawlings	Area Director (Bristol), BNSSG CCG
John Evans	GP Clinical Commissioning Area Lead - South Gloucestershire
Alex Ward-Booth	Head of Insights and Engagement, BNSSG CCG

Greg Penlington	Representative for Bristol Area Director, BNSSG CCG
Marie Davies	Associate Director for Patient Experience (Quality), BNSSG CCG
Rebecca Balloch	Communications & Engagement Lead, Healthier Together
Lindsay Gee	Head of Locality Planning (South Gloucestershire), BNSSG CCG
Catherine Wevill	Partnerships and Engagement Manager (Bristol), BNSSG CCG
Mary Adams	Partnerships and Engagement Manager (North Somerset) BNSSG CCG
Geraldine Summers	Planning & Development Manager, Bristol City Council
Mike Newman	Strategy & Policy Development Manager, North Somerset Council
Sue Jacques	Commissioning Manager, South Gloucestershire Council
Tom Renhard	Independent Mental Health Network
Morgan Daly	The Care Forum
Alex Francis	Healthwatch South Gloucestershire
Rowan Williams	Strategy Manager, Healthwatch North Somerset
Joanne Stokes	CEO, Linkage Network
Sandra Meadows	VOSCUR

	Item	Action owner
	<p><b>Introductions</b></p> <p>S.T-W welcomed all attendees to the meeting including the PPIF's new external members and partners.</p> <p>All members were reminded to sign the following documents and the reasoning for this was outlined:</p> <ul style="list-style-type: none"> <li>Confidentiality Statement</li> <li>Declaration of Interests form</li> </ul> <p>Due to the nature of discussions at this meeting, it is essential that the Confidentiality Statement is signed by all members before the July meeting takes place.</p> <p><b>Action: AS to e-mail individuals who have not yet completed the Confidentiality Statement. Forms to be completed and returned to <a href="#">Amanda Smith</a> by no later than Friday 19<sup>th</sup> July 2019.</b></p>	<b>A.Smith / PPIF Members</b>
01	<p><b>Apologies and Declarations of Interest</b></p> <p>All formal apologies are noted on page 1.</p> <p>The following declarations of interest have been previously noted:</p> <ul style="list-style-type: none"> <li>Deborah El-Sayed: Trustee of British Red Cross</li> <li>Sarah Talbot-Williams: Trustee of Together for Short Lives and Trustee of One25</li> <li>Mary Adams: Trustee of the North Somerset LGBT</li> </ul>	

	<p>No new interests were declared at this meeting.</p>	
02	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the meeting held on 26<sup>th</sup> March 2019 were reviewed and the following amendment noted:</p> <p><i>Page 8 - Any Other Business: Paragraph 1</i> RR advised that the Wellbeing Service has been nominated for a “British” Medical Journal award (and not Bristol as specified in the minutes)</p> <p>Following this amendment, the minutes were agreed as a true and correct record.</p> <p><u>Update to Actions</u></p> <p>The updated Action Log was reviewed. An updated copy is attached for information.</p> <p><u>Key Decisions Taken Outside of the PPI Forum</u></p> <p>No key decisions outside of the PPI Forum have been taken on this occasion.</p>	Attached
03	<p><b>Citizens Panel Update</b></p> <p>LF provided members with the following update in relation to the Citizens’ Panel:</p> <ul style="list-style-type: none"> <li>• In terms of recruitment, 1036 people have now been appointed to the panel. The recruitment process is ongoing and ideally for a rounded number of panel members, a total of 1500 will be appointed.</li> <li>• Meetings of the Steering group are taking place and a total of 5 Lay Members have contributed to these meetings.</li> <li>• Surveys: <ul style="list-style-type: none"> <li>○ Wave 1 – results have been received and circulated</li> <li>○ Wave 2 – results have just been received and are being analysed. Next steps will be to discuss at the next Steering Group and will then be shared with the main PPIF as soon as is practicable. The response rate is showing as 68%</li> <li>○ Wave 3 – the survey will be live at the end of this week</li> </ul> </li> </ul> <p>AD queried the accessibility of the surveys for those who use screen readers. Following discussion, it was agreed that LF would send a copy</p>	





RR advised that very often dementia is left out because it comes under the Mental Health umbrella, but there is lots going on that would be useful to communicate.

ST-W said it was important to decide whether different specific events were highlighted in the tracker or that it was more about streams and strands of work which were highlighted.

**Action: MSm to consider these options**

Healthy Weston Update

SM outlined the Interim learnings from the consultation from the 4 groups that need to consider communication routes that might promote the consultation and these include:

- Under 40's
- Parents of children under 5 years old
- Socially and Economically Deprived
- Residents in catchment outside Worle, Weston and Winscombe

There are 5 consultation events remaining.

RK highlighted how important it was to look outside Worle, Weston and Winscombe as patient perspectives could be quite different in terms of how they wanted to receive care and treatment.

The engagement feedback is to be independently analysed and a report will be issued around mid-July. This group will need to review the report and make comment in due course.

Community Services Procurement

MSm provided the group with an update in relation to the timeline for the procurement, and advised that all details are available in full on the CCG website.

Primary Care Strategy

GI advised that two years ago the three former CCGs, in conjunction with BNSSG stakeholders and NHS England created the BNSSG Primary Care Strategy for the delivery of primary care in BNSSG. The strategy now needs to be refreshed and updated.

A briefing paper was sent to members prior to the meeting, which was tabled and GI asked for comments and feedback.

**M.Smith**

The approach to engagement with this was questioned and GI advised that she has met with AW-B and all Area Teams PPI Managers to develop this briefing paper.

Timelines were outlined and it was noted that a “Shaping the BNSSG PCS Facilitated Workshop” is taking place on 18<sup>th</sup> June 2019. Other confirmed timelines are outlined on page 4.

AD queried the timeframe and whether it is legitimate. It is acknowledged that this is tight for co-production which would really need at least 6 months, and the group agreed.

It was felt that the CCG must be honest and transparent about what it is trying to achieve and that in 3 months – engagement can be achieved, but it is important to be clear about what is required and what can be achieved.

It was also recognised that a lot of engagement completed as part of -the previous strategies, only 18 months to 2 years before, which would be useful and relevant to this work and should be shared. This would mean that this next part of stakeholder engagement

There were a number of comments about the target groups and how to access them. RK particularly highlighted the importance of including young people, and suggested that the team should target schools. It was also highlighted that ensuring a geographic spread was important – looking at both city/urban and rural diverse needs.

A list of key stakeholders is being formulated and would be shared with the forum members for them to input suggestions.

#### Ipsos 360

SM outlined the background to the Ipsos 360 stakeholder survey and advised that this encourages strong relationships between the CCG and it's system wide partners.

The survey was conducted between January – February 2019 and services two purposes:

- Provide CCGs with insight into key areas for improvements in their relationships with stakeholders
- Provides information on how stakeholders views have changed over time

The final report was produced in April 2019, with a total response of 86 key stakeholders of which 52 were GPs. All GP members were invited to take part in the survey, plus the voluntary sector and Councils.

Unfortunately raw data is not provided so specific reasoning is not outlined and cannot be reviewed. STW suggested it would be helpful to see trends with this figures against last year's figures. SM said that the survey had changed so that was more difficult this year.

ST-W said that the survey showed how important it was to strengthen the awareness of the engagement work that was being delivered, and that the forum and the CCG team had work to get better results around engagement and involvement, and that this could feed into the communications and Engagement strategy.

SM said there was going to be a workshop in September and more information would be given to the Forum

Frailty Model of Care

LF advised that the CCG is undertaking a programme of work to design and implement a plan for involvement with patients, service users, family carers, key stakeholders and the wider public to ensure that their voices are heard around the design and delivery of a new integrated frailty service.

4 public events would be held over the next month to obtain comments and opinions which can help shape the documentation accordingly. Patients, users and family cares will have an opportunity to be involved so that the model of care is shaped by their feedback

A supporting business case proposal will be drafted by the end of June and a final business case will be submitted at the end of July.

Members were notified that there needs to be an understanding and awareness for this group that this piece of work is ongoing and any comments / feedback is welcomed from members, especially around how we can make the period of involvement and engagement better.

RR outlined the Dementia Wellbeing Plans and how this model is extremely important.

**Action: DE-S / MS / RR to meet to discuss further**

AD asked what the PPI involvement was in drawing up the model. CB said that extensive engagement work had been undertaken through Health Weston to help draw up components of what the model should be.

MC advised that Bristol frailty is generally based on age and this is not always the case, so suggested that other frail communities need to be engaged – e.g. young disease areas; and the Dementia BAME have a network of groups in the community.

**A.Smith**

	<p>Again it was recognised that the timeframe for effective engagement was far too short. There was recognition that work had previously been done and that any business case should establish this in its context. It was suggested that engagement from here, needed to be targeted to fill the gaps in engagement and not replicate what had been done before.</p>	
06	<p><b>Report from each Area PPI Forum</b></p> <p><u>South Gloucestershire</u></p> <p>M.SL advised that the local meetings are ensuring that discussions link with items from the main PPIF agenda.</p> <p><u>Bristol</u></p> <p>MC advised of the key points from the last meeting which include discussions on Integrated Urgent Care and feedback from a co-production workshop. The Bristol meeting is also linking items from the main PPIF agenda.</p> <p>Both South Gloucestershire and Bristol meetings said that they wanted to ensure that local issues and concerns were also given enough time on the area agendas. There was some discussion as to how that could be achieved.</p> <p><u>North Somerset</u></p> <p>Mary Adams was not in attendance at this meeting and a briefing paper is attached for information.</p> <ul style="list-style-type: none"> <li>• Stafford Medical Group - S.T-W said that this would not be discussed as there has been a delay in any action.</li> </ul>	
07	<p><b>Any Other Business</b></p> <p><u>Health Inequalities and Equalities Agenda</u></p> <p>ST-W advised that following a meeting earlier in the week, the CCG are looking to draft a strategy in the near future to respond to the needs of BNSSG and also the 10 year plan. Quarterly reports would also be received from Equalities Forum. A further update will be received at the PPIF in due course.</p> <p><u>Patient Feedback</u></p> <p>The CCG Customer Service Team are in the process of drafting a quarterly report to outline patient feedback in relation to complaints and</p>	

