

BNSSG CCG Governing Body Meeting

Date: Tuesday 4th June 2019

Time: 1.30pm

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

Agenda number: 10.4

Update from Patient and Public Involvement Forum May 2019

Report Author: Deborah El-Sayed

Report Sponsor: Sarah Talbot-Williams

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 26th March 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 Health Weston:



- Following the completion of the purdah period on 24th 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:

- Service Design Session was conducted on 15th 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
- The next Service Design Session will focus on Perinatal Mental Health 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 6th 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 EDS 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 has now been produced , 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 8th 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.



2.8 Primary Care Strategy:

- Key members of the Primary Care strategy team attended the PPIF on 23rd 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 18th 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 23rd 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 26th March 2019

Patient and Public Involvement Forum

Minutes of the meeting held on Tuesday 26th March 2019 at 2.30pm in the Dawn James Room at the Vassall Centre, Gill Avenue, Fishponds, Bristol, BS16 2QQ

Minutes

Sarah Talbot-Williams (Chair)	Independent Lay Member, Patient and Public Engagement, BNSSG CCG
Alex Ward-Booth	Head of Insights and Engagement, BNSSG CCG
Michelle Smith	Associate Director of Communications, BNSSG CCG
Marie Davies	Associate Director for Patient Experience (Quality), BNSSG CCG
Lindsay Gee	Head of Locality Planning (South Gloucestershire), BNSSG CCG
Catherine Wevill	Partnerships and Engagement Manager (Bristol), BNSSG CCG
Greg Penlington	Representative for Bristol Area Director, BNSSG CCG
Mary Adams	Partnerships and Engagement Manager (North Somerset) BNSSG CCG
John Evans	Clinical Commissioning Area Lead - South Gloucestershire
Colin Bradbury	Area Director, North Somerset, BNSSG CCG
Sue Jacques	Commissioning Manager, South Gloucestershire Council
Tom Renhard	Independent Mental Health Network
Margaret Slucutt	Chair Patient and Public Involvement Forum, South Gloucestershire
Romayne de Fonseca	Representative from Bristol County Council
Amjid Ali	Community Representative, Bristol Muslim Strategic Group
Monira Chowdhury	Chair, Patient and Public Involvement Forum (Bristol)
Ray Raine	Service Users and Carers Council
Doreen Smith	Chief Executive Officer, Voluntary Action North Somerset
Rowan Williams	Strategy Manager, Healthwatch North Somerset
In attendance	
Rebecca Balloch	Communications & Engagement Lead, Healthier Together
Louise Fowler	Partnerships and Engagement Manager (South Gloucestershire) BNSSG CCG
Harriet Pine (Note taker)	Community Services Procurement Project Support Officer
Apologies	
Deborah El-Sayed	Director of Transformation, BNSSG CCG
Dave Jarrett	Area Director (South Gloucestershire), BNSSG CCG
Justine Rawlings	Area Director (Bristol), BNSSG CCG

Alison Bolam	GP Clinical Commissioning Area Lead (Bristol), BNSSG CCG	
Joanne Stokes	Chief Executive Officer, Linkage Network	
Mike Newman	Strategy & Policy Development Manager, North Somerset Council	
Rachael Kenyon	Clinical Commissioning Area Lead - North Somerset	
	Item	Action owner
	<p>Introductions</p> <p>ST-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"> • Confidentiality Statement • Declaration of Interests form <p>For those not in attendance at the meeting, a copy of each form is attached which outlines all necessary information and we would request that you complete the forms as necessary and return to Amanda Smith.</p>	Attached
01	<p>Apologies and Declarations of Interest</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"> • Deborah El-Sayed: Trustee of British Red Cross • Sarah Talbot-Williams: Trustee of Together for Short Lives And Trustee of One25 • Mary Adams: Trustee of the North Somerset LGBT <p>No new Interests were declared at this meeting.</p>	
02	<p>Minutes of Previous Meeting</p> <p>The minutes of the meeting held on Tuesday 29th January 2019 were agreed as a true and correct record, bar Marie Davies' job role being incorrect. This has been changed for these minutes and is now correct.</p> <p><u>Update to Actions</u></p> <p>The updated Action Log was reviewed.</p> <p><u>Key Decisions Taken Outside of the PPI Forums</u></p>	Attached

	<p>No key decisions outside of the PPI Forums have been taken on this occasion.</p>	
03	<p>Patient and Public Involvement Update</p> <p><u>Activity update</u></p> <ul style="list-style-type: none"> <p><u>Healthy Weston.</u> AWB updated that there have now been five official public events, and that the CCG have commissioned an independent assessment of the full consultation process. The final report from the independent assessor is due to go to Governing Body on 4th July. JE raised that there are a few people objecting to the proposed changes to services at Weston Hospital and queried whether this opinion has been heard during our consultation to date. AWB advised that we had captured a range of views (both positive and negative), from members of the public. Furthermore, all staff facilitating and scribing at the public events have been formally trained to get an unbiased view to capture accurate feedback. MA also advised that the CCG are doing community outreach meetings, e.g. LD groups and carer groups, to ensure that all voices are heard. These meetings are continuing through the purdah period.</p> <p><u>Citizen's Panel.</u> AWB discussed setting up a webinar to go through all of the results from the Citizen's Panel survey in detail, and asked for the forum members to respond to the doodle poll that has already been circulated to advise of availability for this.</p> <p>AWB summarised that data from the first wave was received from the 525 people who completed the survey out of 750 people on the panel. The second wave of research is being currently conducted. Having multiple waves means that the CCG can go back to panel members and get further tailored information.</p> <p>An overview of results was given and key stages highlighted in which people felt the least happy and in control of their health. LF discussed capitalising on those times in a person's life when they want to make life changes, and the CCG should be considering targeting people at those times specifically. MA queried if these results were being shared with public health colleagues, which AWB confirmed they are. The CCG are now looking</p> 	ALL

at how the panel themselves will understand the results and how best to show how they are being responded to.

JE queried why the CCG are having 1000 people on the Citizen's Panel. AWB commented that they are looking towards getting a panel of 1500 members if possible; they initially decided on 1000 members as they felt that amount gives a robust understanding, but 1500 statistically allows for room with responses. MC commented that the CCG should be cautious when reporting results from low numbers of responses as they may not necessarily meet the reality, as they will be reflective of individual experiences and not necessarily the wider community. TR added that the outcomes need to be followed up and checked to ensure changes are working, and if not why not. STW commented that a panel of this kind would not be the only method of driving engagement with the public, especially when referring to relatively small groups within the total population.

STW also queried whether there are a set of guidelines of how the CCG respond to the information. AWB advised it is about effective messaging, and there has to be a constructive way of saying what the CCG has learnt and why it's important.

AA asked how the CCG decided which individuals to target for the survey and whether this was spread across different groups and cultures. It was advised that recruitment was done by trying to involve people who aren't involved with CCG beforehand; the 750 members that currently make up the panel give an indication of where there are still gaps. It is not just an online panel, and if there are people that need support to answer questions that support is available. DS asked whether the question was asked if people have ever tried to find services and support for specific needs, to which AWB said the panel members were asked how easy it is to get the services.

Future strategy

- NHS Improvement and Assessment Framework (IAF)
AWB gave an overview of the IAF and advised that the PPIF will be included in the IAF next year, but there wasn't time to implement the involvement for this year. AWB explained the four key outcomes of the IAF:
 - The need to have a clear approach to co-design.
 - The need to ensure there is a 'golden thread' through communications, engagement, equality and quality.

	<ul style="list-style-type: none"> • The CCG need to be supporting their own staff and also the public. • The need to work with providers to ensure that best practice is followed in terms of Patient and Public Engagement across the network <p>The proposal to PPIF is to cement these as key stages and report back to PPIF throughout the year to discuss how things are going and whether this is any feedback.</p> <ul style="list-style-type: none"> • <u>Proposed strategy for Communications and Engagement Group</u> AWB gave an overview of the proposed plan for the development of a Communications and Engagement strategy. Communications and engagement strategy session has been booked in for 8th May, at which the key element to be discussed is the alignment of the approach to co-design and development of the engagement strategy. 	
04	<p>PPIF Feedback Summary</p> <p>STW discussed the discussion document and emphasised it was an aid to the discussion and not a final document. She explained that this was part of the CCG’s annual reporting process. She said that the PPIF had two key roles: It needed to be assured on behalf of the Governing Body that public and patient engagement is being delivered appropriately. The other role is championing engagement and co-production across the CCG. Forum members were asked if there were other roles that the PPIF should hold.</p> <p>AWB explained the reasoning behind the key themes listed in the document. AA asked what the review process is to check whether the input given by members is being used. AWB advised that it is not currently in place but would be part of the action planning process going forwards. He added that it would be good to capture feedback more frequently to measure how effectively the meetings are going after each meeting and will look into putting this in place.</p> <p>DS raised concern around adding individual value to the PPIF, as attendance means both time and travel commitments and it should not feel like a ‘tick-list’ scenario. It was agreed that the forum needed to drive effective engagement and keep developing better practice. One benefit for some of the members was that they would see the CCG getting engagement right and it becoming part of their way of working which would benefit the members’ organisations service users. The CCG made the decision to ask a wide variety of health representatives and voluntary groups as all</p>	

	<p>feedback from different organisations and individuals is invaluable. It was added that the meetings will continue to move venues to become more accessible to all. We also discussed that it was critical to finalise the proposed reimbursement/payment policy and that this should form part of the broader PPI strategy development.</p> <p>MC raised that the group is not reflective of wider population and it needs to focus on how any issues get back to the wider population and ensuring they reflect back on the organisation. MC continued that it is not just about engagement; it's about members knowing where to go and who to report thoughts to and having the process of being more transparent. TR added that the forum members need to know that the CCG are taking feedback and using it to be as representative and strategic as possible, as from a user led perspective it is hard to start being included in these meetings in the first place.</p> <p>CW commented that it needs to be explicit on how the information gathered from forum members is used and what has changed as a result. This would help members to feel benefit from the forum.</p> <p>AWB commented that the annual report is critical and should be a key delivery which we look to deliver shortly after the session on 8th May. In terms of setting a vision for co-design, this applies to not being just about engagement. Co-design can then lead out of this group and that will become the mechanism of how the whole organisation works in the future.</p> <p>STW queried how were we going to be able to show what difference our co-production and engagement would make. . AWB suggested that a key action from this meeting is having a 'you said we did' approach put in place on an ongoing basis.</p> <p>STW commented that engagement activity will need to be reported to Governing Body. In terms of the annual effectiveness report the PPIF comments will be taken on board. There is no time for any further draft to be circulated but any other comments are to be sent to AWB by the end of the week.</p>	
05	<p>Equality and Diversity Update</p> <p>MS gave an update to the PPIF members. An overview was given of the quality and diversity delivery system and how it is delivered is being monitored. MS discussed the NHS mandated framework and how this will be used to drive improvement. Information on this will be circulated, and members are asked to forward this to anyone they feel may be interested; the deadline for expressions of interest is the 5th April. There is an internal panel (currently 8 people) on information submitted on equality and diversity and</p>	<p>M.Smith to circulate information to members on NHS mandated framework.</p>

also an external panel to give assurance. There was a social media reach last week for the external panel to which there were 3 responses. MS asked for people in this room to help with the external panel if possible.

MS advised that the CCG attended the British Muslim Leadership event. DeS did a presentation around mental health strategy and there were good table discussions. Positive feedback was given in areas such as access to services and cultural stigma.

It has been arranged for an external trainer to visit the CCG to educate on cultural awareness. There is also a group being set up for 'Time To Change' champions around mental health.

MS advised that the first Equality, Diversity and Inclusion Forum (EDIF) has been set up for 4th April. 6 people have joined from different levels and directorates throughout the organisation. STW was going to be a member along with DES and MS. STW also added that a health inequalities strategy was also being developed; David Soodeen (clinical lead) is leading on this work. This would feed into the work of the EDIF as well as other committees in the CCG. The required all CCGs to have a strategy and laid out the areas that NHSE felt were important which would be incorporated into a broader health inequalities strategy for the CCG.

06 **Report from each Area PPI Forum**

South Gloucestershire

LF advised that there was low attendance at last month's South Gloucestershire PPIF. It gave a chance to rethink the membership; MS wrote to each member personally to drive engagement. A joint meeting with LG, MS and LF has been arranged to focus on any priorities. STW commented that the future agendas of this PPIF need to ensure there is a slot in which each area is able to address issues.

Bristol

MC advised the Bristol PPIF have looked at wider programmes including frailty, Integrated Urgent Care and Mental Health , as part of ensuring they are more informed on the broader strategy of the CCG. Feedback received from a recent Mental Health event at the M-Shed showed that some organisations not from CCG and main providers have not felt included. Further discussions have followed to discuss how the event could have been more inclusive of voluntary sectors, and this is now being fed back to the broader



	<p>Mental Health strategy. There has been a lot of interest about how GP practices were having local patient participation groups and the piece of work CCG are currently commissioning around the care forum. MC also flagged that discussions are ongoing to set up a Bristol wide PPG to support GP practices..</p> <p><u>North Somerset</u></p> <p>MA advised that the North Somerset PPIF is currently trying to recruit somebody to chair the meetings. At their last meeting there was a lot of discussion around Healthy Weston as well as the mental health crisis and how to strengthen the process. They discussed the Woodspring locality and the work happening there, in local schools around young people’s mental health. There is a need to focus on how to contribute to this group as this update is not substantial. TR added that feedback from Justine Keeble from IMHN around the Crisis Café co-design work recently conducted in Weston has been very positive.</p>	
11	<p>Any Other Business</p> <p>RR informed the PPIF that the Wellbeing Service in Bristol has been nominated for a Bristol Medical Journal award in London.</p> <p>STW again confirmed that the venues of future PPIFs will be moved around to be more accommodating to all members (although the May session will be retained in the Vassall Centre due to the relatively short notice). SJ asked for the CCG to ensure that dial in facilities are available for each meeting so that more people can be in attendance. It was agreed that they would do as often as possible.</p>	
	<p>Date of Next Meeting:</p> <p>The next meeting will take place on Thursday 23rd May 2019, from 2.30 – 4.30pm in the Dawn James Room, Vassall Centre, Gill Avenue, Fishponds, Bristol, BS16 2QQ</p>	

Harriet Pine
Community Services Procurement Project Support Officer
26th March 2019