

Patient and Public Involvement Forum

**Minutes of the meeting held on Thursday 29th November
2018 at 11.30am in the Gill Meeting Room, Vassall Centre,
Gill Avenue, Fishponds, Bristol, BS16 2QQ**

Minutes

Present		
Sarah Talbot-Williams (Chair)	Independent Lay Member, Patient and Public Engagement, BNSSG CCG	ST-W
Deborah El-Sayed	Director of Transformation, BNSSG CCG	DE-S
Dave Jarrett	Area Director South Gloucestershire, BNSSG CCG	DJ
Jonathan Evans	GP Clinical Commissioning Area Lead (South Gloucestershire), BNSSG CCG	JE
Dave Roberts	Associate Director of Communications, BNSSG CCG	DR
Margaret Slucutt	Chair of PPI Forum South Gloucestershire	MS
Sue Jacques	Commissioning Manager, South Gloucestershire Council	SJ
Georgie Biggs	Healthwatch North Somerset	GB
Vicki Morris	Chief Executive, The Care Forum	VM
Tom Renhard	Independent Mental Health Network	TR
Amanda Smith (Note taker)	Executive PA to Director of Transformation	AS
In attendance		
Rebecca Balloch	Communications & Engagement Lead, Healthier Together	RB
James Dunn	Programme Manager, Health Together	JD
Mary Adams	Partnerships and Engagement Manager, North Somerset, BNSSG CCG	MA
Louise Fowler	Partnerships and Engagement Manager, South Gloucestershire, BNSSG CCG	LF
Catherine Wevill	Partnerships and Engagement Manager, Bristol, BNSSG CCG	CW
Niema Burns	Inclusion Coordinator and Equalities Lead, BNSSG CCG	NB

Apologies		
Justine Rawlings	Area Director, Bristol, BNSSG CCG	JR
Alison Bolam	GP Clinical Commissioning Area Lead (Bristol), BNSSG CCG	AB
Alex Ward-Booth	Head of Insights and Engagement, BNSSG CCG	AW-B
Amjid Ali	Community Representative, Bristol Muslim Strategic Group	AA
Adam Rees	Programme Director, Bristol Ageing Better	AR
Joanne Stokes	Chief Executive Officer, Linkage Network	JS



	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>DE-S asked members to sign the following documents and outlined the reasoning for this:</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.smith18@nhs.net</p>	Attached
01	<p>Apologies and Declarations of Interest</p> <p>All formal apologies are noted in the table above.</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 • Mary Adams: Trustee of the North Somerset LGBT • Vicki Morris: Trustee of Womankind <p>The following new declaration of interest was recorded:</p> <ul style="list-style-type: none"> • Georgie Biggs: Member of North Somerset Community Partnership Community Forum • Sarah Talbot-Williams: Trustee of One25 	
02	<p>Minutes of Previous Meeting</p> <p>The minutes of the meeting held on Tuesday 18th September 2018 were agreed as a true and correct record.</p> <p>The updated Action Log is attached for information and members are required to review and complete their actions in time for the next meeting.</p>	Attached
03	<p>360° Feedback Report and PPI Action Plan Feedback</p> <p>DE-S confirmed that the annual 360° CCG Stakeholder survey annual is due to be submitted in the near future.</p>	



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	<p>The draft stakeholder list was reviewed and members agreed that the voluntary sector is quite “age” dominated and that children, young people and maternity need to be reflected in the membership. It was noted that mental health and carers were well represented.</p> <p>Action: Review Stakeholder list and make appropriate suggestions by close of play on 29th November 2018 to Louise Fowler.</p>	<p>All / Louise Fowler</p>
04	<p>Procurement of Adult Community Health Services</p> <p>DR advised that the detailed plan remains confidential at this stage so outlined the core components of the plan and advised that a collection of views has been gathered via workshops and an online survey.</p> <p>A public reference group has been involved in the planning process.</p> <p>Lay members will be involved in the formal evaluation of bids.</p> <p>It was agreed that a further summary would be shared at the January meeting.</p>	
05	<p>Healthy Weston Consultation – Engagement Plans and Insights</p> <p>DE-S presented the Healthy Weston Consultation Plan and the scope was outlined.</p> <p>It was noted that this was part of the CCGs statutory duty to ensure if a decision is being made to change services we engage with the population impacted by the proposals accordingly. The stakeholder list was reviewed and it was suggested that local education bodies were added as well as Care Homes and Domiciliary Care providers should be included.</p> <p>ST-W suggested when consulting collaboratively, fuller use is made of relevant organisations and peer support groups.</p> <p>It was reinforced by VM that as Weston has particularly significant level of drugs and alcohol rehabilitation services which has a particular impact on the population and their needs. There was a further question about the fact that the two is also used by tourists who visit the town and this should be acknowledged in the consultation plan.</p> <p>The group discussed the relative merits of telephone surveys is being promoted as opposed to posting, which is expensive and generates little response.</p>	



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	<p>It was suggested that we should explore existing planned postal drops being scheduled by the council to see if this could be linked in at no cost. postal drop only for those who generally vote by post and noted that postcodes are provided around patient flows, which include carers and outreach.</p> <p>Thought also needs to be given in relation to dementia and learning disability patients and how they can be assisted to complete the survey.</p> <p>Weston also has high levels of deprivation, so using a mobile phone app, as opposed to a pc, could also be considered.</p> <p>Consultation will run from 12 weeks from the middle of January and the team will review to ensure a successful consultation.</p> <p>Members were asked submit any further comments to: Deborah.el-sayed@nhs.net</p>	
06	<p>Mental Health Strategy</p> <p>DE-S outlined the principles of the Mental Health Strategy and advised that the plan is to have one strategy that incorporates the whole of the BNSSG area.</p> <p>The ambition is to design future services in a collaborative way with input from across all communities, those with lived experience and the broader public. This was endorsed by members.</p> <p>The process for the engagement exercise and details of what the strategy will encompass were outlined.</p> <p>A query was raised in relation to access to services which crosses both the NHS and the Local Authority and what work is being carried out to bring this together, as budgets are separate so it can be difficult to deliver. DES said that this integrative approach would be embedded in the final strategy although there would need to be significant work carried out to identify joint working and budgeting and delivering an effective plan moving forward.</p>	
07	<p>PPI Programme Plan</p> <p>It was noted that there are currently four major ongoing engagement projects.</p> <p>The calendar is in progress and a final version will be shared shortly.</p>	



	Item	Action owner
08	<p>Equality and Diversity Draft Strategy</p> <p>NB presented the draft Equality and Diversity Strategy 2018 – 2021 and advised that there were some areas highlighted in yellow within the report that were still being updated. The areas shown in red text were still being articulated and feedback had been requested.</p> <p>It was noted that one key area that had not yet been agreed was the governance and reporting processes. DE-S proposed that due to the extent of the work that Equality and Diversity requires, a separate monthly meeting is set up to look at all the detail with the Chair being at Executive level. Reporting lines for this meeting would need to be defined and this would need to fit into a structure where necessary elements can be reported.</p> <p>Action: DE-S to agree reporting lines for this meeting with Julia Ross and clarify whether the staff committee would formally report and feed into the PPIF agenda and thus through to GB, but that it would report to the Quality Committee and would also need to be linked to the OD agenda led by Sarah Truelove.</p> <p>It was suggested that this would be the Quality Committee and the PPIF. This would also need to be incorporated into all directorate teams and the Equalities Officer in the local authority could also help and support as required. Members agreed to this approach.</p> <p>The four equality objectives were outlined and have been agreed by the BNSSG CCG Executive Team. It is a requirement of the leadership teams to challenge where appropriate and to ensure that the workforce is represented across all three areas.</p> <p>I think we need to put in something about the feedback to the report – the two main ones were: 1 that stats need to be compared with the BNSSG population and not just Bristol and that wasn't to undermine the need for a very clear action plan for BAME representation. 2 that due to nearly 50% non-disclosure, there can be limited evidenced conclusions and that that needed to be made clear in the report. But also there needed to be a very clear area in action plan which looked at encouraging disclosure. Generally when there is non-disclosure it is because people fear how this information would be used (potentially against them) so that then drives a clear culture programme. Or it might be an IT problem and that we actually hold more information than we are aware of – and that would need to be sorted out. Can something less long winded than my comment be added here please. The Action Plan was circulated with the agenda for the meeting and the following comments noted:</p> <ul style="list-style-type: none"> • Conversations are ongoing as to where some actions sit. • A lot of the actions are Bristol focussed. 	DE-S



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	<p>Action: MA to work with NB in relation to actions for North Somerset area</p> <p>Action also to include the changes to the strategy and the action plan based on the feedback from the PPIF</p>	<p>Mary Adams / Niema Burns</p>
09	<p>Acute Care Collaboration Involvement Plans</p> <p>JD presented the Acute Care Collaboration Communications and Engagement Plans to the group and advised of the purpose of bringing this to the meeting and to obtain members' views and comments.</p> <p>The key points of the presentation were noted as follows:</p> <ul style="list-style-type: none"> • Acute Care Collaboration oversees the evolution of acute care provision and the key to this is the development of an overarching Acute Care Collaboration Strategy, focussed on 3 key aspects • The key products of the strategy is the shared vision, reflecting view of public and staff, framework and set of principles guiding configuration and agreement on priorities for collaboration • The key elements are Case for Change, Vision, Shared Priorities, Models for Implementation and Communications and Engagement. JD felt that engagement wasn't necessary at this stage until there was more agreement of what they were going to do and then they would consult. The group agreed that there must be engagement at an early stage to ensure that there was co-production approach. <p>Comments from members were noted, as follows:</p> <ul style="list-style-type: none"> • Patients want to know what matters to them • Having an understanding to the key problems and issues • The scope should be driven by people, specialist services and patient leaders, who should all be part of the conversation <p>Members agreed that the following steps should be taken:</p> <ul style="list-style-type: none"> • Use the baseline of feedback already received • Co-design / production should be done as soon as possible • Mechanisms for future responses to the public should be reviewed. 	



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10	<p>Citizen's Panel</p> <p>RB provided an update to the group in relation to the current position of the first survey which has been sent via post and online. It was advised to review the postal option in future as the response rate is not always high and is expensive.</p> <p>Recruitment for the panel was ongoing and there are 450 people out of 1,000 that currently formed part of the panel, so the statistics presented were very much work in progress. Assurance was given to members that representation was being sought to reflect the broad BNSSG population, and particularly it was being sought from the Black and Ethnic Minorities (BAME) community and current data identifies that 10% of the panel is made up from the BAME community.</p> <p>Action: Share profile of panel members</p>	Rebecca Balloch
11	<p>Any Other Business</p> <p><u>Ethical Framework</u></p> <p>ST-W advised that she had recently reviewed the Ethical Framework and Engagement Plans.</p> <p>Action: Send copy to all PPIF members for information</p>	Amanda Smith
	<p>Date of Next Meeting:</p> <p>The next meeting will take place on Tuesday 29th January 2019 from 3.00 – 5.00pm in the WG Grace Meeting Room, Lower Ground Floor, South Plaza, Marlborough Street, Bristol, BS1 3NX.</p>	

Amanda Smith
Executive PA to Director of Transformation
30th November 2018

