

BNSSG CCG Governing Body Meeting

Date: Tuesday 5th November 2019

Time: 1.30pm - 5:30pm

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

Agenda number: 10.5

Update from Patient and Public Involvement Forum November 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 the Patient and Public Involvement Forum (PPIF) as a sub-committee of the Governing Body.

The minutes of the PPIF held on 23rd July 2019, have now been certified by committee members and are attached in Annex 1. The minutes of the PPIF held on 23rd October 2019 are pending certification and will be attached in the December update.

2. Summary of engagement activities and progress

The focus of our engagement activities reflect our commitments to patients and the public across Bristol, North Somerset and South Gloucestershire:

- To listen with care to the needs and concerns of our citizens
- To ensure our engagement reflects the depth and breadth of our whole population
- To take the insights from our work and use them to improve what we do
- To continuously strive to design our services throughout the commissioning cycle in partnership with the communities we serve

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

2.1 Healthy Weston:

- Our focus has been on supporting the PMO team with the Decision-Making Business Case and any follow-up actions or requests
- Following on from the NHS England “Strategy and transformation: Engagement event” on 20th September, we are working with NHS England and NHS Improvement to identify opportunities to share learnings and best practice with other CCGs nationally.

2.1 Improvement Assessment Framework (IAF):

- We will be participating in a ‘buddy scheme’ approach from NHSE; partnering another CCG who received an Amber rating, to provide advice and support for their 2019/2020 submission process.
- We will be supporting NHS England on the presentation of a webinar on the topic of ‘Accessibility and Equality’ to support improvement across CCGs for the 2019/2020 process.

2.2 BNSSG Mental Health:

- Following on from the engagement with service users, our focus has been on supporting the mental health strategy team to present insights at the Improving Perinatal Mental Health (IMPROVE) meeting on 29th October 2019.

2.3 Citizens’ Insights:

- The Citizens’ Panel wave 4 is currently live, with the fieldwork period to close on 4th November 2019. The report from wave 4 will be available for review by the end of November.
- The deliberative research to support the development of our local 5 year system plan took place on 3rd October on the topics of integrated and personalised care. The results from this research have been presented to the integrated care steering group and primary care steering group, with key learnings and feedback from the research now being embedded into our final submission.
- We supported several programme teams with the Healthier Together Conference on 17th October 2019, helping to prepare content and deliver several workshops and also presenting some key facts and figures from the Citizens’ Panel at a market stool.



2.4 Community Services Mobilisation:

- We are continuing to working closely with the Project Management team and Sirona to ensure that there is effective communications and engagement with service users, staff and key stakeholders during the mobilisation phase of this project.
- Sirona provided a verbal update on communications and engagement activities at the BNSSG PPIF meeting in October which was positively received and will continue to work with the Insights and Engagement Team and PPIFs to expand their involvement and engagement opportunities.

2.5 Patient and Public Involvement Policy:

- The draft PPI policy has been co-produced by the working group and was reviewed by the three area PPIFs and BNSSG PPIF on 23rd October 2019. The draft policy has been positively received, with minor comments and builds to be addressed.
- The draft PPI policy will then undergo a phase of public engagement, starting on the 4th November 2019 and ending on the 13th December 2019. Following on from this public engagement, the final PPI Policy can then be approved by the BNSSG PPIF in January 2020.

2.6 Primary Care Strategy:

- The Insights and Engagement team are working on the Primary Care Access Review, with the purpose of the research to understand local needs in regards to access needs and attitudes towards enhanced access to GP appointments.
- The research and public engagement will take the form of an online and paper-based survey and we will be working with GP practices to promote the campaign. The engagement period will start in November 2019 and likely run until January 2020.

2.7 Urgent Care:

- Work is now underway on a test and learn pilot of using insight-led communications as part of our overall Winter Resilience Communications activity for 2019/2020.
- We are working with four local GP practices to identify and recruit appropriate patients to include in focus groups, which are planned to take place in November 2019.
- Chosen creative agency already working alongside insight agency to generate ideas for communications activity.
- Evaluation criteria being formed, with baseline survey in both 'test' and 'control' areas to understand current attitudes towards urgent care

2.8 Frailty:

- Public engagement is currently taking place to ensure that the Frailty model of care can be developed and implemented based on insights from key individuals and groups as identified by the equalities impact assessment.

- We have developed an expert advisory group to support with the engagement period and also working with the Care Forum and an independent evaluator to support with engagement activities and with the final analysis and reporting.
- Key learnings and insights from the public engagement will support the development of an investment business case due on 28th November 2019.

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 23rd July 2019

Patient and Public Involvement Forum

Minutes of the meeting held on Tuesday 23rd July 2019 at 9.30am in the Gill Room, Vassall Centre, Gill Avenue, Fishponds, Bristol, BS16 2QQ

Minutes

Sarah Talbot-Williams (Chair)	Independent Lay Member, Patient and Public Engagement, BNSSG CCG
Deborah El-Sayed	Director of Transformation, BNSSG CCG
Colin Bradbury	Area Director, North Somerset, BNSSG CCG
Justine Rawlings	Area Director, Bristol, BNSSG CCG
Alex Ward-Booth	Head of Insights and Engagement, BNSSG CCG
Tom Renhard	CEO, Independent Mental Health Network
Margaret Slucutt	Chair Patient and Public Involvement Forum, South Gloucestershire
Monira Chowdhury	Chair, Patient and Public Involvement Forum (Bristol)
Rowan Williams	Strategy Manager, Healthwatch (North Somerset)
Daniel Hull	Healthwatch (Bristol)
Alun Davies	Engagement Manager, Bristol Sight Loss Council
Sue Jaques	Commissioning Manager, South Gloucestershire Council
In attendance	
Louise Fowler	Partnerships and Engagement Manager (South Gloucestershire) BNSSG CCG
Catherine Wevill	Partnerships and Engagement Manager (Bristol), BNSSG CCG
Mary Adams	Partnerships and Engagement Manager (North Somerset) BNSSG CCG
Simon Moss	Insight and Engagement Assistant, BNSSG CCG
Ned Brown	Project Manager, Healthy Weston, BNSSG CCG
Amanda Smith (Note taker)	Executive PA to Director of Transformation, BNSSG CCG
Apologies	
Michelle Smith	Associate Director of Communications, BNSSG CCG
Dave Jarrett	Area Director (South Gloucestershire), BNSSG CCG
Alison Bolam	GP Clinical Commissioning Area Lead (Bristol), BNSSG CCG
Rachael Kenyon	GP Clinical Commissioning Area Lead - North Somerset

Niema Burns	Inclusion Coordinator and Equalities Lead, BNSSG CCG
Marie Davies	Associate Director for Patient Experience (Quality), BNSSG CCG
Rebecca Balloch	Communications & Engagement Lead, Healthier Together
Chief Executive	Voluntary Action North Somerset
Geraldine Summers	Planning & Development Manager, Bristol City Council
Georgie Bigg	Chair, Healthwatch North Somerset

	Item	Action owner
01	<p>Welcome</p> <p>S.T-W welcomed all attendees to the meeting including any 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><u>Apologies</u></p> <p>All formal apologies are noted on page 1.</p> <p><u>Declarations of Interest</u></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> <p><u>Improvement Assessment Framework (IAF) Update</u></p> <p>S.T-W provided an update in relation to the Improvement Assessment Framework on patient and community engagement which is conducted by NHS England. BNSSG CCG has achieved a green star rating based on performance for the financial year up to 31st March 2019, which is acknowledged as very positive and a great achievement. The CCG recognises that this is just the beginning and that there is still work to do to continue to achieve the highest accolade of a green star.</p>	

02	<p>Minutes of Previous Meeting</p> <p>The minutes of the meeting held on 23rd May 2019 were reviewed and the following amendments noted:</p> <p><i>Page 2 - Apologies:</i> <i>Sue Jaques advised of the correct spelling of her name (no “c” in surname)</i></p> <p><i>Page 7 – Primary Care Strategy</i> <i>This would mean that part of stakeholder engagement has changed since the previous strategy was developed.</i></p> <p>Following these two amendments, the minutes were agreed as a true and correct record.</p> <p>AW-B reminded the group that the draft minutes will be sent to members by email for comment in order they can be ratified in a timely manner for the next available Governing Body meeting.</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>PPI Forum</p> <p><u>Terms of Reference</u></p> <p>The draft Terms of Reference (Version 6.1) were tabled and the following comments noted:</p> <ul style="list-style-type: none">• Membership:<ul style="list-style-type: none">○ The meetings need representation from a core membership to ensure stability in attendance and to focus on key critical strategic elements.○ The group agreed that representation should ensure that the key strategic elements prioritised need to be: mental health, children /young people, older people (not frailty), accessibility and inclusion• Quoracy:	

	<ul style="list-style-type: none"> ○ A core group has been established that are necessary to attend each meeting to ensure the meeting is quorate ○ This “core” group will include the Lay Member who leads on PPI, at least one representative from the CCG Communications Team, Chair from each of the Area Patient and Public Involvement Forums (x3), at least one Area Director and at least one representative from core strategic priorities identified above <p>A general discussion took place in relation to Clinicians’ attendance and whether they should be part of the “quoracy” for the meeting.</p> <p>It was agreed that decisions can be made without a clinician in attendance, although their input into discussions is useful and valued and they should therefore be part of the core membership, but do not make up part of the quoracy of the meeting.</p> <p>The group agreed that some of the stakeholder partners that are currently on the membership list have never attended a meeting and it is therefore the right time to look at their capacity and interest.</p> <p>Action: Terms of Reference membership list to be reviewed and updated accordingly and a final version circulated to members. Governing Body also need to ratify and agree the final version in September.</p>	<p>A.Ward-Booth / A.Smith</p>
<p>04</p>	<p>Citizens Panel Update</p> <p>AW-B provided members with the following update in relation to the Citizens’ Panel:</p> <ul style="list-style-type: none"> • Jungle Green was originally commissioned for 1 year to carry out four surveys. This will now be extended until September 2019. • The Wave 3 survey has now been completed and feedback was received from 551 members of the public. The main themes have been identified as self-help and social prescribing. • A tentative date has been set on 30th August from 12-2pm to review the results from the Wave 1 and 2 surveys • An exercise is currently underway to scope further recruitment for more deliberative work around the long term plan – this will be discussed further at the September meeting. • A business Case is due to be submitted and further discussion is required at the September meeting. 	
<p>05</p>	<p>Communications and Engagement Update</p> <p>A.W-B provided the following Communications update to members:</p> <p><u>CCG Vision</u></p>	

At the recent AGM, Jonathan Hayes (Chair) advised that the CCG vision is “Healthy, fulfilled lives for everyone” and the CCG have people at the heart of what we do, are working better to shape services and are using value based healthcare.

What this means for communications and engagement overall is a shift from “what’s the matter with you” to “what matters to you”

2019 PPI Annual Report

The PPI Annual Report is the chance to reflect on the following:

- Key Principles – our commitment
- Best Practice – engagement activity since the formation of the CCG
- Delivery Plan – key next steps

The key principles were outlined and the following comments were noted:

- Add further detail make this more explicit in relation to decision making and priority setting
- Change “listen with care” to “act with care”

The timescales were outlined and AW-B advised that the team are currently pulling together case studies to identify best practice.

Focus on Co-production

Following a specific session held on 8th May, work has been ongoing to follow up a number of actions as follows:

- Creating a Centre of Excellence – establishing a forum across the system
- Toolbox for Best practice – collating and curating existing resources and materials
- Establishing our Values – setting the bar for co-production

A portal has been created with open access to all and which allows for informal sharing of queries and best practice. However, this will be used to share and engage but does not replace the need to have a written document which summarises in more detail, our approach to co-production

The group agreed to check-in on this subject at each meeting, although the draft documentation will be brought to the November meeting for sign-off by members, before going to the CCG formal Governing Body meeting.

	<ul style="list-style-type: none"> • Primary Care Update • Alternative Provider of Medical Services 	
07	<p>Update from Healthy Weston Consultation</p> <p>Debra De-Silva from the Evidence Centre provided the group with an independent summary of the feedback received as part of the Healthy Weston consultation.</p> <p>The key messages are outlined as follows:</p> <ul style="list-style-type: none"> • Members of the public were asked to engage and respond to three core proposals for Weston including A&E opening hours, critical care and emergency surgery. • Engagement activities have been carried out by identifying key groups across the local population. 1,054 interviews were then conducted through an agency as a face-to-face process, to ensure that all population groups were included in the consultation (e.g. for those who cannot access online information). Focus groups were also conducted with key groups of people including the frail / elderly, people with disabilities, those who have economic / social exclusion and parents of younger children. • 2,366 responses were received, representing at least 3,117 people and organisations. Responses included attendance at public meetings, replies to letters / e-mails and telephone calls and also by completed feedback forms. • Recurring themes included the following: <ul style="list-style-type: none"> ○ Population demographics, including the size, level of growth, age profile, and rural location of the population and the number of holiday makers that visit the area ○ Travel issues including whether it is safe to travel to another hospital, the inconvenience and stress of travel for patients and their visitors, the expense of travel, the practicality and cost of returning home from another hospital, the environmental impact and the lack of public transport to and from other hospitals ○ Capacity of infrastructure and other services to cope with the proposals including the capacity of the ambulance service, other hospitals and transport services ○ Capacity of primary care to support the proposals, including concerns about not having enough GPs available locally and difficulty accessing GPs, which was stated as a reason that people may rely more on urgent and emergency care in hospital <p>AD commented that he thought the engagement for Healthy Weston has been well planned and thought through and was an excellent piece of public engagement.</p>	

	<p>It was noted that there has been a long standing set of challenges around Weston hospital, and although these continue at the present time, members of the public have appreciated the engagement and the chance to give their opinion alongside gaining some background into the proposals. It was also noted that the consultation has also given clinicians the time and space to discuss the time for change</p> <p>CB advised that now the engagement events have ended and the consultation is closed, the CCG is now absorbing the themes and conducting an analysis. Work will continue over the next few months and it is anticipated that the Governing Body will make a formal decision at the October meeting.</p> <p>The CCG will be considering how to give messages clearly and succinctly following the Governing Body's decision at the October meeting.</p> <p>He advised that the CCG understand the concerns around the issues raised around travel and therefore a separate travel working group has been set up to explore different options.</p> <p>CB also stated that whilst this CCG fully understands and sympathises with the concerns raised, it is felt that the biggest risk is no change at all at Weston.</p> <p>TR suggested that there is also a requirement to consider a solution to travel for mental health patients that are discharged in the early hours of the morning and need to return to North Somerset.</p>	
08	<p>Report from each Area PPI Forum</p> <p>Prior to the meeting, members received a presentation by e-mail from each area Patient and Engagement Manager which included "What did we Learn" and "Next Steps".</p> <p>No questions were asked from the group in relation to the updates provided by e-mail and any other points raised are noted below.</p> <p><u>South Gloucestershire</u></p> <p>MS advised that it would be useful to understand how to make "jargon / acronyms" accessible to all.</p> <p>She also asked the CCG to consider an agenda item about understanding social value, as it is not something that appears to be endorsed by the CCG.</p> <p><u>Bristol</u></p>	

	<p>A request was made from MC to move items around the agenda at future meetings so that this particular item is not always last on the agenda.</p> <p>It was noted that Catherine Wevill will be leaving this role shortly and concern was raised about how this role will be supported in the future. As Justine Rawlings (Bristol Area Director) had left the meeting at this point, so it was not possible to discuss the details of this, but AW-B commented that the CCG will ensure that the Bristol PPIF continues to be adequately supported in the future.</p> <p><u>North Somerset</u></p> <p>RW flagged that there was nothing further to add beyond the updates included in the North Somerset PPIF pre-reads.</p>	
09	<p>Any Other Business</p> <p><u>Proposed Newsletter</u></p> <p>AW-B advised of a proposal to, in future, circulate a monthly newsletter which will provide details on relevant topics for PPIF members.</p> <p>This will be a way of keeping members updated in relation to ongoing projects within the CCG which will not be discussed in detail at the bi-monthly PPIF meetings, but which will allow members to raise any questions / bring up any concerns at the meeting about individual subjects.</p> <p>The group agreed to this proposal.</p>	
	<p>Date of Next Meeting</p> <p>The next meeting had been confirmed to take place on Thursday 26th September 2019, from 2.30 – 4.30pm.</p> <p>However, it was agreed at the meeting that we needed more time to cover off all agenda items and extra time should be added to the meeting to achieve this. Therefore the date will be changed for this meeting and a doodle poll to identify the best suitable date will be e-mailed to members for completion shortly and a date confirmed thereafter.</p>	

Amanda Smith
Executive PA to Director of Transformation
29th July 2019