NHS
Nene Clinical Commissioning Group

PGB-15-77
Patient Congress Minutes

18.03.15

Patient Congress

Wednesday 18 March 2015 from 10:00 to 12.10 hrs
Board Room, Francis Crick House, Northampton

Present:

Roz Horton (RH)	:	Lay Member Patient & Public Engagement (Chair)
Peter Boylan (PB)	:	Director of Nursing & Quality, NHS Nene & NHS Corby CCGs
Paul Crofts (PCr)	:	Inclusion, Equality and Human Rights Representative
Michael Darling (MD)	:	Member Daventry North Locality
Frank Kelly (FK)	:	South Northants Locality
Pam Law (PL)	:	Member Northampton West Locality
Wayne Rabin (WR)	:	Communications & Engagement Lead, Arden & GEM CSU
Graham Ridge (GR)	:	Member Wellingborough Locality
Sheila White (SW)	:	Member East Northants Locality

In attendance:

Angus Maitland (AM)	:	Healthier Northamptonshire Lead, NHS Nene & Corby CCG
Tendai Ndongwe (NT)	:	Equality & Human Rights Specialist, Arden & GEM CSU
Janet Soo-Chung (JSC)	:	Director of Primary Care & Strategy and Deputy Chief Executive (item 1 – 5.2)
Helen Sutton (HS)	:	Minute Taker, NHS Nene CCG
Louise Tarplee (LT)	:	Senior Locality Manager, NHS Nene CCG (representing Kettering Locality)

1. Welcome

The Chair opened the meeting welcoming all attendees. Introductions were made around the table.

RH reminded Committee members that the remit of the Patient Congress was to advise and act as a critical friend to the NHS Nene Clinical Commissioning Group (CCG) on engagement matters. It was acknowledged that whilst some issues discussed were emotive, and led to wider debate, if concerns or issues raised fell within the remit of another CCG committee that is where the matter should be raised, or further information sought.

2. Apologies for Absence

Apologies for absence were received from Jane Carr (JC) and Dipana Patel (DP).

3. Declarations of Interest

There were no declarations of interest.

4. Minutes of the meeting held on 29 January 2015 **PC-15-07**

FK noted an amendment to the minutes of the meeting held on 29 January 2015 where reference was made to 'WR' on page 4, but that person was not listed as being in attendance. Accordingly, Wayne Rabin (WR) would be added to the list of apologies. Subject to this amendment the Committee agreed the Minutes as an accurate record.

4.1 Matters Arising

There were no matters arising that were not already on the agenda.

4.2 Action Log **PC-15-08**

The Committee went through the action log, noting the completed actions. The following updates were provided:

- **Engagement Strategy (6.12.2013)**

Engagement was ongoing and this action would remain amber.

- **New Structure of Patient Congress – Membership issues (6.12.2013/9.4.2014)**

LT was in attendance at the meeting to represent the Kettering Locality Engagement Group (LEG) who had not yet elected a Patient Congress member. A representative had been identified for Northants East and South. Full membership was essential to ensuring all areas of the Nene catchment area had a voice.

- **Healthier Northamptonshire – Inclusion of the voluntary sector (20.8.2014 item 7)**

PB recalled this action related to mechanisms to include the voluntary sector within the Healthier Northamptonshire programme. SW commented concerns had been expressed about decisions being made without the voluntary sector being consulted about things they would be expected to do in the future. RH would seek clarity regarding this action, but recalled this related to two points, namely, how carers were included in the Healthier Northamptonshire programme and how inclusion and equality was embedded into policies so they were designed as part of the programme, and not bolted on at the end.

RH to clarify her understanding of the action by checking the previous minutes.

It was noted that AM had a meeting arranged with Jane Carr (JC) the following week and agreed to discuss any concerns raised at that time. Feedback would be provided to the next meeting in this regard.

- **Daventry North Communication Sheet (29.1.2015 item 8.1)**

At the previous meeting Daventry North had sought to raise awareness of their ability to host services in unused areas/facilities in Danetre Hospital. RH confirmed she has made AM aware of this. This action was now green and could be closed.

- **South Northants Communication Sheet (29.1.2015 item 8.7)**

The communication flowchart could not be progressed until the localities structure was finalised. The flowchart would be submitted to the Committee when available.

- Wellingborough Communication Sheet (29.1.2015 item 8.8)

PCr had met with WR to discuss the creation of a Wellingborough Locality Facebook health page. An update in this regard would be provided under item 8.8.

Items for approval / discussion:

5. Patient engagement update

5.1 NHS Nene Clinical Commissioning Group engagement plans 2015-2016 update **PC-15-09**

Janet Soo-Chung (JSC), Director of Primary Care & Strategy, and Deputy Chief Executive, thanked Patient Congress members for inviting her to discuss this important patient engagement issue.

The paper submitted to the Committee provided a summary of the public engagement survey in relation to NHS Nene CCG's commissioning intentions for 2015-2016. JSC commented that the feedback had been welcomed and concerns noted and addressed prior to submission of the final plan to NHS England for comments and assurance.

JSC stated that crucial to ongoing meaningful engagement was real-time input from existing service users and future patients of commissioned services. The challenge remained the approach required to engage the people of Northamptonshire, so they were involved in commissioning 'cradle to grave' services. Further patient and public engagement would be required in relation to commissioning intentions for 2016-2017 and this work would need to be completed by September 2015. A discussion ensued regarding holding a series of workshop style sessions to further develop our engagement and in order to ensure a totality of views across the range. JSC summarised the discussion points as follows:

- The starting point would be to engage as meaningfully as possible; but not by always centring this on a written document. It followed from this that engagement activities should be year round and continuous, whatever mechanisms were used.
- It would be helpful to try and look ahead and pick out areas where change was on the way, or where we would like to see change.
- Initially there would be a series of up to four workshops held starting in April. These would be themed with a mixed audience invited. The criterion would be that we would like people to attend and give their comments freely and be prepared to offer feedback on their recent experience of services, as this was often illuminating.
- Themes were not agreed for the workshops at the meeting, but Patient Congress members were invited to seek the views of their Locality Engagement Groups (LEGs) to help narrow these down. It would be important to agree the workshop themes as soon as possible, to enable dates and venues to be identified and adequate notice to be provided to all participants.
- It was suggested that LEGs could host the workshops, and this would facilitate a number of workshops on the same topics being held around the county.
- Where appropriate, there was an opportunity to access valuable advice and intelligence from up to 2000 community groups.
- Other mechanisms of engagement should be considered in parallel with the workshops, eg surveys (Survey Monkey, existing national surveys, etc).

The workshops were intended to provide a patient and public perspective on the commissioning intentions for 2016-2017. JSC anticipated that these would be in draft form by September 2015.

Actions:

- **Patient Congress members were asked to liaise with their LEG members to seek comment, feedback and suggested workshop discussion topics from their LEGs as soon as possible. A list of proposed topics should be collated and prioritised for discussion at the workshops, commencing in April 2015.**
- **WR/JSC to collate and agree the topics for the first few workshops.**

5.2 Engagement Strategy

This was discussed under item 5.1.

RH thanked JSC for attending the meeting and offered an open invitation for her to attend future meetings.

JSC left the meeting.

6. Human Rights

6.1 The role of a commissioning body in monitoring and scrutinising providers PC-15-10

TN presented the paper on human rights in healthcare, as requested at the previous meeting. The purpose of the paper was to provide clarity on how patient rights and human rights were defined in health and social care settings within the NHS. The paper also provided an overview of the operational frameworks and systems that NHS Nene CCG adhered to so that all patients, staff and members of the public had their dignity and human rights upheld and respected.

The Human Rights Act 1998 was the principle legal standard that underpinned the human rights-based approach the CCG was committed to. An extensive programme of training was ongoing for senior managers and decision makers to ensure their understanding of the requirement to embed the practical application of human rights in everyday core business. Work was also ongoing with service users so they understood their rights and how decisions were made and policies developed.

Operationally the CCG delivered human rights through the Quality Strategy 2014-2019, the Equality and Inclusion Strategy 2013-2016 and by linking in with national learning, eg the Francis Report. In addition there was a quality and equality integrated impact assessment (EQIA) tool which enabled decision makers and contractors to evidence how they had incorporated the human rights principles effectively in their commissioning decisions.

TN reported that NHS Corby CCG were developing a Patient Charter which stated what patients could expect from local health services in this regard, how decisions were made and the quality standard around patient experience, safety and complaints. It was suggested this would be something NHS Nene CCG may adopt.

PL questioned how the CCG could ensure providers trained their staff to the level required. TN advised that compliance with the Human Rights Act was a requirement across all public services and accordingly it should be included in all training courses. Contract monitoring processes required managers to review and identify anything that may impede human rights. Quality Schedules were included in all NHS Contracts, and quarterly reports were submitted by providers at Clinical Quality Review Meetings to confirm compliance against mandatory training requirements.

TN confirmed that two levels of training had been provided for CCG staff. Lunch and learn sessions had delivered basic awareness for all staff. An ongoing programme of training was being provided for senior managers and decision makers which focussed on how to practically put into effect the current legislation.

PCr commented that whilst no one would be against the principles and values of human rights, there was sometimes a difference between what people said and what they did. Assurance was sought on how this would be monitored practically. RH stated that in order to

avoid duplication (as discussed at the beginning of the meeting), this fell within the remit of the Inclusion and Equality Leadership Group and should be monitored there, as proposed by PB at the previous meeting. It was not thought Patient Congress would have the mechanisms to check the principles were being followed, however, it was noted that TN's paper provided a recommendation to receive regular assurance reports to include an oversight summary on activity undertaken by the CCG, providing evidence that equality and human rights considerations had been taken into account to improve patient outcomes.

Patient Congress members considered the recommendation in light of concerns that as we approached an election some political parties were suggesting abolishing human rights and equality legislation. Following discussion it was agreed that an annual report on human rights in healthcare should be submitted to Patient Congress, subject to the caveat that should something happen that breached the legislation, it would be brought to the Committee's attention earlier.

Action: TN to provide an annual assurance report to Patient Congress in relation to human rights in healthcare.

6.2 Future reporting requirements

This was discussed under item 6.1.

6.3 Inclusion and equality within Healthier Northamptonshire

Angus Maitland (AM), Healthier Northamptonshire Lead, reminded Patient Congress that the Healthier Northamptonshire programme consisted of seven partner organisations aspiring to work together in the health and social care community setting to achieve a healthier population in Northamptonshire. Over the next five years there would be extensive financial challenges to meet the £279m of cost savings required, £53m of which should be achieved through three health sub-programmes, namely:

i. Integrated care closer to home.
ii. Clinical collaboration between the two acute trusts.
iii. Collaborative research management, ie non-patient back office functions.

Clarity was requested as to how the Healthier Northamptonshire programme was assured that inclusion, equality and human rights had been included at the very beginning of individual work streams.

AM stated that the Healthier Northamptonshire programme had an overarching assurance review process regarding inclusion, equality and human rights. However, each organisation was responsible for including inclusion, equality and human rights within their individual approaches. It was understood this was being done in a systematic way and that project managers were aware of their overall responsibilities in this regard. In addition, where there were proposed new services or changes to existing ones assurance would be provided through quality impact assessments (QIAs).

PCr sought confirmation that QIAs would be published in the public domain on a dedicated Healthier Northamptonshire website to demonstrate that we had paid due regard to inclusion, equality and human rights to the public. A discussion ensued regarding the legal position and best practice in this regard. Following discussion Patient Congress members were reminded that the Healthier Northamptonshire programme consisted of seven partner organisations, each of which would have to formally agree any proposal to publish their

individual organisation QIAs through their governance procedures. Accordingly, Patient Congress members requested that AM take this issue to the Healthier Northamptonshire Programme Board to formally request agreement from all organisations to publish the QIAs.

Action: AM to seek formal agreement from the Healthier Northamptonshire Programme Board that QIAs will be published in the public domain. Outcome to be reported at a future meeting.

Concern was expressed that the Healthier Northamptonshire programme did not appear to be running to schedule and no substantial updates had been provided for some time. The lack of information could result in the public's perception of the benefits they would actually derive from the change being challenged. Clarification was sought on progress made to date.

Action: AM to circulate a Healthier Northamptonshire progress update for information with the draft minutes of the meeting.

AM and TN left the meeting.

7. Governance arrangements

7.1 Residential care home visits: Powers of entry to any health or social care establishment

PB reminded members that CCG employees, Congress members and LEG representative did not have statutory powers to enter any health or social care premises to carry out visits in the name of, or on behalf of, the CCG; whether they were members of this Committee or their LEG. In extreme cases anyone doing so could be prosecuted for trespass.

Action: LT to ensure this is raised and discussed at LEG meetings.

Healthwatch volunteers were able to carry out visits as they had statutory powers of entry. MD clarified that all Healthwatch volunteers undertook extensive training, were accredited and had passed extensive security checks before doing so. However, they still did not enter any premises without gaining their consent and agreeing the date and time in advance.

7.2 NHS Nene Clinical Commissioning Group website

WR and the communications team had reviewed the NHS Nene CCG website with a view to having dedicated locality pages, with a variety of tabs that could be populated with news, activities, twitter feed and other communication channels within them. This would also enable each locality to direct the public and stakeholders to areas of interest specific to them.

A discussion ensued regarding what could be included on the pages, and in particular if minutes of LEGs could be published. Patient Congress members concluded that publishing the minutes of a meeting would not be particularly engaging. However, if the pages were treated as newspaper articles, localities could compile headlines of issues identified in meetings and proposed actions as a result. It was thought this approach might generate further discussion and interest.

Publishing an annual review summarising the work of the LEG would also be informative for the public.

It was proposed that LT and WR explore further what could be published, any governance implications in this regard, and who would be responsible for vetting and publishing content

on the locality webpages.

Action: LT/WR to discuss publication schemes for locality website pages, including governance implications, and provide a short paper providing suggestions for approval to the May meeting.

8. Locality Engagement Group (LEG) Communication Sheets PC-15-11

Locality Engagement Group (LEG) Communication Sheets were received information and discussion. The following was noted:

8.1 Daventry North

Received and noted. There were no Communication Loop Box items requiring discussion.

8.2 East Northamptonshire

Congress members noted the positive feedback shared for information, and that the LEG had welcomed the proposal shared at Patient Congress for inter-LEG representative meetings.

8.3 Kettering

Received and noted. There were no Communication Loop Box items requiring discussion. LT thanked PCr and Janet Hathaway, Chair of the East Northamptonshire LEG, for their recent attendance at the Kettering LEG meeting. It was noted they had attended to share good practice and encourage Kettering LEG representation at Patient Congress.

8.4 Northampton Central

Received and noted. There were no Communication Loop Box items requiring discussion.

8.5 Northampton South and East

Received and noted. There were no Communication Loop Box items requiring discussion.

8.6 Northampton West

Governance arrangements had been discussed under item 7.2.

8.7 South Northamptonshire

Patient Congress memberes noted the comments raised in the Communication Loop Box for discussion. RH reminded attendees that the LEG Communication Sheet guidance, circulated with the December draft meeting (and tabled at the meeting for information), had been specific regarding the appropriateness of the content of Communication Loop Box issues raised. The criteria was clear that an issue should not be repeatedly raised by the same locality.

Action: HS to re-circulate the Patient Congress LEG Communication Sheet Guidance with the draft minutes of the meeting.

RH stated that the issue regarding when meetings were scheduled had been raised at the previous two meetings and an explanation provided each time that the meeting schedule would be reviewed when full LEG representation was in place. It was not appropriate for this issue to continue to be raised.

8.8 Wellingborough

PCr had met with WR to discuss the provision of a Facebook page for the Wellingborough LEG. PCr had subsequently set up a Facebook group called 'Wellingborough Health', and it was noted that 200 members had joined in the first two weeks. The page reached out to a wider

age profile and had attracted a broad ethnic profile. This was a positive piece of engagement and PCr felt it could be enhanced if CCG members and GP practices could also be encouraged to join. It was suggested PCr discuss this with JSC and the Locality Support Team outside of the meeting.

Any Other Business:

9. Any Other Business

9.1 Draft Easy read complaints leaflet **Tabled**

RH tabled an easy read complaints leaflet for information. It was noted the leaflet had been forwarded to all Locality Engagement Groups (LEGs) for comment and feedback. RH requested that Patient Congress members encourage their LEG members to provide comments by the deadline of 20 April.

Action: HS to circulate a copy of the draft leaflet with the draft minutes of the meeting.

Date of the next meeting:

10. Date of next meeting

The next meeting will be held on:

- Thursday 28 May 2015, 10:00 - 12.00 hrs in the Board Room at Francis Crick House.

There being no further business, the meeting closed at 12:10 hours.