

**Brent Patient and Public Engagement  
Committee Meeting**

Friday 15 April, 2016  
1.00pm – 2.30pm  
Training Room 2, Wembley Centre for Health and Care  
116 Chaplin Road, Wembley, HA0 4UZ

**Minutes of the meeting**

<b>Present</b>	
Nick Young (NY)	Chair - Governing Body Lay Member
Christian Cubitt (CC)	Director of Communication and Engagement
Ian Niven (IN)	Brent HealthWatch
Fuad Uddin (FU)	CVS
Byron Miller (BM)	Brent Mind
Siskath Frazer-Johnson (SFJ)	Lay Member
Michelle Johnson (MJ)	Brent CCG
Rachael de Souza (RdS)	Brent CCG
<b>Apologies</b>	
WG William Gemegah (WG)	Lay Member
Claudia Feldner (CF)	Brent Mencap
Helena Sage (HS)	Brent CCG
Sarah Mansuralli (SM)	Brent CCG
Jonathan Turner (JT)	Brent CCG
Cathy Tyson (CT)	Brent CCG
Sarah Basham (SB)	Brent CCG
Nicky Yiasoumi (NYi)	Brent CCG
Caroline Powls (CP)	Brent Council
Sandyha Thacker (ST)	Brent Council
JL John Licorish	Brent Council

<b>Item</b>		<b>Action</b>
1.	<p><b>WELCOME, INTRODUCTIONS &amp; APOLOGIES</b></p> <p>The Chair welcomed attendees and noted apologies received. Introductions were made by attendees.</p> <ul style="list-style-type: none"> <li>IN asked for clarification of CC's role and whether there is a dedicated Communication and Engagement director's post, such as was filled by Ian Adams. CC advised that there is not, however, he is exploring the feasibility of creating one. Meanwhile, Niall Smith will assist and deputise for communications on his behalf as needed.</li> <li>NY opened the meeting by advising members that CF (Brent Mencap) retired that day – he asked whether a collection was going to be made by members of this committee. MJ advised it would be unusual for a collection to be made in this context. IN advised that he had already made a</li> </ul>	

	<p>contribution to a collection done external to the organisation.</p> <p>A.O.B section of the agenda:</p> <ul style="list-style-type: none"> <li>• IN asked for 'Membership' to be a discussion topic in this section</li> <li>• NY added attendance rates at meetings and future meeting dates as a discussion item.</li> </ul> <p><b>Functions of the sub-committee</b></p> <p>NY restated the functions of this sub-committee which included:</p> <ul style="list-style-type: none"> <li>• Supporting the CCG in its engagement</li> <li>• Monitoring effectiveness of engagement programmes</li> <li>• Considering responsibilities and outcomes of the engagement programmes.</li> </ul> <p>Attendees agreed the above functions.</p>	
2.	<p><b>Previous minutes and matters arising – discussions led by the Chair</b></p> <ul style="list-style-type: none"> <li>• Page 1 was agreed</li> <li>• Page 2: The committee noted the action taken by TA to circulate the Terms of Reference to the committee was outstanding. When FU of Brent CVS arrived, he was asked to inform TA that <b>this action was outstanding</b></li> <li>• Page 3: Actions in the Health Partners Forum section were completed – <b>actions closed</b>. MJ had completed the action on the workplan, which was circulated to members in advance of this meeting – <b>actions on page 3 were closed</b>.</li> </ul>	TA
3.	<p><b>Work Plan 2016/17</b></p> <p>'The Coulter Recommendation – Actions taken to Implement them' provided by MJ prior to the meeting was considered and discussed by the committee.</p> <p>Discussions on the document included:</p> <ul style="list-style-type: none"> <li>• <b>Recommendations that the work-plan needed to closely relate to the 12 recommendations made in the Coulter report</b></li> <li>• <b>Responsibilities had to be allocated to CCG officers/commissioners</b></li> <li>• <b>Dates had to be allocated to actions and ratings made against each action taken that related back to the Coulter report to enable this committee to monitor and review progress.</b></li> </ul> <p>MJ advised that Harrison Spencer in the QIPP team was developing an electronic Project Initiation Document (PID) system to support commissioning and this system is to include fields for engagement with the public.</p> <p>BM observed that lots of activities were considered but the majority appeared to be process driven. He expressed concern that the emphasis on actual engagement was not predominant. MJ responded that there were two main workplans, the internal process workplan, which was being discussed at this meeting, but in addition a workplan of actual engagement. Priorities for that would likely be identified using the the Sustainability and Transformation plan, plus the CCG's commissioning intentions. From thesean engagement programmes will be designed.</p>	<p>MJ</p> <p>MJ</p> <p>MJ</p>

	<p>IN observed that NHS England's tight timelines for the Sustainability and Transformation Plan, afforded very little time for engagement with the public. MJ updated the committee that workshops had taken place with the public between the last two Health Partners Forum events related to the Commissioning Intentions. Much of this feeds into the priorities for the STP. In addition, the next HPF in April was dedicated to engaging on the STP. She said the CCG intends to have a Health Partners Forum event in October. Between now and October the plan was to do more targeted engagement.</p> <p>BM advised that smaller workshops were far more effective for engaging with the public than the bigger events.</p> <p>The need for data analysis and how this would be managed was considered by the committee.</p> <ul style="list-style-type: none"> <li>• <b>MJ suggested that data was needed but there are several sources of information available in the organisation. MJ will review these data sources and update the committee</b></li> <li>• <b>This document is to be updated to make clearer links with the 12 Coulter recommendations and include names of responsible CCG staff, dates for completion of activities. IN asked CC if the work of the committee could be communicated so the general public could track the progress being made on the Coulter recommendations. CC agreed in principle that communication support for the work of this committee would be available.</b></li> </ul>	<p>MJ</p> <p>MJ</p> <p>MJ</p> <p>CC</p>
<p>4.</p>	<p><b>Health Partners Forum of 27 April 2016</b></p> <p>MJ asked committee members to help the CCG to promote the next event on 27 April within their own circles of influence. She said that discussions at the event were important as they would help to shape health and social care services for the next 5 years; in particular, addressing key gaps:</p> <ul style="list-style-type: none"> <li>• Health and Wellbeing</li> <li>• Quality of services.</li> </ul> <p>The final Sustainability and Transformation Plan will be available in June 2016.</p>	
<p>5.</p>	<p><b>Whole Systems Integrated Care – Self-Care pilot</b></p> <p>MJ introduced this agenda item, advising the committee that Brent CVS was involved in the pilot and will identify Care Navigators to support patients with LTCs using the Patient Activation Measures (PAM) tool.</p> <p>The Care Navigators will assess patients to identify their baseline PAM score. The aim is support the patient to progress along the continuum to achieve a score of 4, which indicates activation i.e. increased confidence and motivation etc to better manage their health. work with people who have low scores on the scale of 1 to 4 (where 4 is the highest score)</p> <p>FU said CVS will deliver training and provide a monitoring framework to assess their effectiveness.</p> <p>NY asked committee members to consider this pilot and feed comments to MJ.</p>	

	<p>IN asked why this committee now owns self-care. MJ responded that it seemed always to be the intention for this committee to oversee self-care. It is actually called Brent Equality, Engagement and Self-care (BEES). The legislation for patient engagement has two duties: the collective duty and the individual duty. The latter is related to self-care.</p> <ul style="list-style-type: none"> <li>• <b>TAFU to report back on this programme to the committee</b></li> </ul>	<b>TA/FU</b>
6.	<p><b>Accessibility Information Standard</b></p> <p>RdS advised the committee that Ian Adams had secured funding from NHS England to develop a microsite and video at Brent CCG, which NHS England will be using to direct other CCGs to.</p> <p>RdS sourced patients from CVS Brent to deliver their views on the importance of AIS in the video which will have its first public screening at the Health Partners Forum on 27 April.</p> <p>With respect to marketing and promotion of AIS, RdS had written a marketing plan which was considered by the senior management team at NHS Brent CCG. Trevor Myers took away the action to check that NHS England (who managed the contracts with local health and social care providers) was advising them of the need to comply with AIS.</p> <p>FU suggested that NHS Brent CCG has the role of advising local health and social care providers that failure to meet the requirements of AIS would be in breach of equality and diversity legislation. This view was reflected by the committee.</p> <p>NY and CC thanked RdS for her work on this project.</p>	
7.	<p><b>A.O.B.</b></p> <p><b>Membership:</b></p> <ul style="list-style-type: none"> <li>• IN raised the enquiry about membership of this committee as a number of people had left the group or do not attend meetings – he wanted to know whether membership needed to change</li> <li>• IN said that as with his queries about the work-plan, was the communications function at Brent CCG going to publicise the aims and work of the committee. CC agreed this support would be there in principle</li> </ul> <p><b>Attendance rates at meetings and future meeting dates:</b></p> <ul style="list-style-type: none"> <li>• BM noted that as the committee has lost many of its original members it could not afford to lose members from MenCap. NY advised that it was not the purpose of this committee to review CCG funding for different groups. MJ said that MenCap nor any other organisation round the table has ever been funded to attend this committee. NY said a series of meeting dates should be pre-planned. He also noted that trying to fit in with one particular member was having an effect on other members not attending meetings. In particular – it was felt that Friday afternoons should be avoided as far as possible for future meetings .</li> <li>• <b>MJ agreed to discuss meeting dates with those members who had requested meetings to be arranged on particular days/times in the week. RdS is to arrange future proposed meeting dates and circulate these to the group.</b></li> <li>• The committee agreed that 1 ½ hour meetings was acceptable and that the 1.30pm start was acceptable.</li> </ul>	<p><b>CC</b></p> <p><b>MJ/RdS</b></p>

The meeting closed at 2.45pm.

DRAFT