

Clinical Commissioning Group

Brent Patient and Public Engagement Committee Meeting

Friday 3 August, 2016
1.00pm – 2.30pm
Training Room 2, Wembley Centre for Health and Care
116 Chaplin Road, Wembley, HA0 4UZ

Minutes of the meeting

Present	
Nick Young (NY)	Chair - Governing Body Lay Member
Christian Cubitt (CC)	Director of Communication and Engagement
Julie Pal (JP)	Brent HealthWatch
Michelle Johnson	Head of Patient Engagement
Fuad Uddin (FU)	CVS
WG William Gemegah (WG)	Lay Member
Caroline Powls (CP)	Brent Council
John Licorish (JL)	Brent Council
Kris Gavin (KG)	Senior Policy Officer, Brent Council
Rachael de Souza (RdS)	Consultation, Engagement and Communication Manager (minutes)
Apologies	
Siskath Frazer-Johnson (SFJ)	Lay Member

Item	Time	Item	Action Points/owners
1.	11.30am	<p>Welcome, Introductions and Apologies</p> <p>NY, Chair of the Brent Equalities, Engagement and Self-Care (BEES Committee) welcomed attendees and advised that apologies had been received from SJF.</p> <p>Attendees at the meeting introduced themselves.</p> <p>JP suggested that minutes of future meetings should not record apologies from directors or senior executives at NHS Brent CCG or Brent Council, if they do not attend meetings of the sub-committee regularly. This view was considered by members and it was agreed that invitations and minutes would only be sent to members that attend these meetings.</p> <p>The membership of the committee was discussed by attendees To ensure meetings are quorate, it was agreed that attendance from the following members is necessary:</p>	

		<ul style="list-style-type: none"> • The Chair or SRO • The Head of Engagement • One of the two lay members • One representative from Healthwatch • One representative from Public Health at Brent Council. <p>Function of the sub-committee (as per the Terms of Reference):</p>	
2.	11.40am	<p>Previous minutes and matters arising:</p> <p>Page 2 (Item 2): Terms of Reference of the committee is an item on the agenda</p> <p>Page 3 (Item 3): NY asked CC for confirmation that the work of the committee would be promoted by the communication team. NY said it was important that the public felt able to track the progress made against recommendations arising from the Coulter review.</p> <p>NY asked CC to confirm that the NW London communication function would support the full scope of work arising from the BEES sub-committee.</p> <p><i>CC confirmed that the communication function in NW London would support the full scope of work of this committee (AP discharged).</i></p>	AP: CC discharged
5.	11.50 am	<p>The Chair proposed that the Terms of Reference (ToR) was discussed at this stage of the meeting.</p> <p>FU presented this paper to the sub-committee, referring to sub-bullet points 2.1.1.1 and 2.1.1.2. The committee agreed the proposed structure of these sub-bullet points.</p> <p>FU said that in 2.1.5, a specific reference had been made to the self-care pilot. NY expressed a view that specific reference to a pilot was not proposed. He asked for text to be amended so that a reference to self-care was generic and not solely relevant to the self-care pilot proposed.</p> <p><i>AP: FU is to amend bullet-point 2.1.5 in the ToR's in accordance with the above discussion.</i></p> <p>Item 4.3; MJ advised FU that CC is the sub-committee's SRO; therefore his professional title and responsibility as the SRO for this sub-committee needed to be clearly stated in the ToR.</p> <p><i>AP: FU is to insert the SRO's responsibility for the sub-committee, alongside his professional title.</i></p> <p>AP – Item 5, page 3: NY advised the committee that self-care work in general is to be managed by the BEES sub-committee</p>	<p><i>FU to amend bullet-point 2.1.5 – reference: self-care.</i></p> <p><i>FU to insert CC's professional title as SRO of the BEES sub-committee.</i></p>

		<p>Item 5.1. Members suggested that the tabulation in 5.1 had to be revised to reflect discussions at this meeting in Item 7.0.</p> <p><i>AP: FU to revise the tabulation to reflect the discussion that took place on item 7.0.</i></p> <p>Item 5.4: The proposed wording on meeting attendance was discussed. It was agreed that where non-statutory members had missed three consecutive meetings, they would be removed from the committee's membership.</p> <p>If statutory members of the committee had missed three consecutive meetings, the Chair will contact these members, asking for a suitable person to be appointed who could deputise effectively for them at these BEES sub-committee meetings.</p> <p><i>AP: FU to amend the ToR to reflect the decisions made at this meeting on attendance and the quorum.</i></p> <p>Item 6.1: The sub-committee asked for reference to the secretary of the sub-committee to be amended from 'the Head of Governance' to the CCG's Consultation, Engagement and Communication Manager. The functional responsibilities for this role identified remain unchanged.</p> <p><i>AP: FU to amend the ToR, updating responsibilities for the secretarial function of the sub-committee.</i></p> <p>Item 7 was discussed by the members. Members agreed that a quorum for this sub-committee required the attendance of five members.</p> <p>A quorum will consist of:</p> <ul style="list-style-type: none"> • The chair/or SRO • A representative from Healthwatch • One patient representative • One member from the CCG's Engagement team • One member from the council's Public Health function or a suitably briefed deputy from the policy team at the council who could address relevant action points for the Public Health function <p><i>AP: FU to confirm requirements for a quorum of future sub-committee meetings in the draft ToR.</i></p> <p>Item10.2: The committee asked for an amendment to the timeline for circulation of minutes prior to the next meeting. It was decided that the deadline was a minimum of five working days before the next meeting.</p> <p>All other amendments to the ToR proposed by FU were accepted by members of the sub-committee present.</p>	<p><i>FU to correct bullet point 5.4 in the ToR to reflect the discussion/ decision taken at this meeting regarding attendance.</i></p> <p><i>FU to correct ownership of the secretarial role for the BEES sub-committee</i></p> <p><i>AP: FU to confirm requirements for a quorum in the ToR.</i></p> <p><i>AP: FU to state that the minutes will be circulated at least five working days before the next meeting.</i></p> <p><i>AP: MJ to take draft ToR to the CCG's Exec Committee for approval</i></p>
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<p>3.</p>	<p>12.00pm</p>	<p>Discussions related to Work Plan 2016/17:</p> <p>MJ presented these items to the sub-committee.</p> <p>Equality and Engagement strategy and work-plan for NHS Brent CCG:</p> <p>MJ presented the an update on the 12 Coulter recommendations and actions from the review. These actions are linked to Coulter's three categories as expressed in the Equality and Engagement strategy: Communication, Insight and Outreach. . MJ said she had used a red, amber and green (RAG rating) to track progress on the Coulter recommendations. This would be presented at the CCG's Exec Committee meeting for sign off.</p> <p>JP raised a number of questions on the clarity of information in these documents and how the information had been presented.</p> <p>She said she could not see the connection between the three papers that were circulated (the paper with the RAG ratings, the 'Toolkit' and the one entitled: 'Organisational'). She said the large A3 sheet with the coloured columns that was untitled, listed 12 recommendations but the reference to a source document had not been made.</p> <p>JP proposed that:</p> <ul style="list-style-type: none"> • An over-arching document would help to explain the significance of each paper that was circulated and how the different sheets could be interpreted as a whole unit • The functional aims and target audiences for this work was not clear. Is it intended that these papers will be published on the website where they are open to scrutiny from members of the public? • The documents had to be consistent with the ToR for this sub-committee, which should also be published on the website. • As a multi-agency document, JP felt the link to the roles of other statutory members on the sub-committee needed to be clarified. <p>NY observed that specific responsibilities had to be agreed with members of this committee. Ownership of tasks had to be clearly identified, and dates identified when actions had to be delivered.</p> <p>JL suggested that the thought process behind documents circulated could be clarified. JL suggested the use of a flow-chart to link the work of NHS Brent CCG with its other statutory partner organisations.</p> <p>The sub-committee agreed with the points made by JP, NY and</p>	<p><i>AP: MJ to take to Exec for sign off</i></p> <p><i>AP: MJ to create an over-arching document, taking account of the comments agreed by members</i></p> <p><i>AP: The intention to publish these documents on the website is to be an agenda item at the next BEES meeting.</i></p>
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JL. The documents are to be revised in light of the above discussions and action points, being presented at the next meeting of the BEES sub-committee.

AP: MJ is to revise these documents, taking into account recommendations from the sub-committee.

AP: It was proposed that the intention to publish this information on the website should be an agenda item for discussion at the next meeting.

MJ provided verbal updates on the following areas of progress:

Engagement activities:

- Patient representatives – an advertisement was published to appoint two or three lay representatives to the BEES sub-committee (in addition to the chair; who is a lay representative)
- Lay representatives have also been appointed to some of Brent CCG's main committees (one on the Finance committee and one on the Information Governance Committee (IGC) and the lay chair of the Primary Care Joint Co-Commissioning committee)
- MJ confirmed that existing patient representatives on the BEES sub-committee need to re-apply for their roles.
- *AP: MJ will email current patient representatives on the BEES committee, advising them of the need to re-apply to remain lay members on BEES.*
- *AP: MJ asked RdS to create a map of of patient representatives by the end of September 2016*

AP: MJ to email patient representatives on the BEES sub-committee, advising them to re-apply for their roles as lay members of this sub-committee

AP: RdS to map out patient representatives by the end of September 2016.

Engagement processes in NHS Brent CCG:

MJ advised the sub-committee that:

Engagement processes at Brent CCG had until now taken place on an ad-hoc basis. To address this issue, she had started to attend Quality, Improvement, Productivity and Performance (QIPP) and Programme Management Office (PMO) meetings quarterly.

NY asked whether the EIA project management template conformed with the Equality Act. MJ advised that the project

AP: RdS to circulate EIA

	<p>management templates for business cases were currently being reviewed by her, and Assistant Directors Duncan Ambrose and Jonathan Turner., He asked that the EIA template be circulated to the members of the BEES sub-committee.</p> <p>MJ advised the sub-committee that where engagement with protected groups had not yet taken place, the programme manager/commissioner will be asked to complete an EIA form for their programme.</p> <p>Engagement updates:</p> <p>MJ general updates on engagement:</p> <ul style="list-style-type: none"> • Members invited to join a Task and Finish Group to develop an engagement decision Tree. The purpose of this would be to enable commissioning managers to identify engagement needs for different types of work they are progressing. • Anna Freud Centre were conducting a needs assessment for CAHMs across NWL and were working locally with Brent. A further needs assessment on FGM/CSE/Gangs, plus an anti-stigma in mental health for young people will be undertaken by CVS. • Equalities Objectives to be refreshed • Membership of the Self-Care forum was being refreshed. CP is working with FU to identify ways to increase the membership and to obtain increased, more diverse representation across Brent • Peter Gladstone at Brent Council had been nominated to lead Brent's engagement on the Sustainability and Transformation Plan (STP). • Representations had been made by a number of sources regarding Brent CCG's decision to cease the sickle cell pilot being run by Brent Sickle Cell Society. CVS Brent was asked to host a focus group of people with sickle cell disease and their carers to enable the CCG to plan an alternative model or future model of care for this condition. • Commissioning Intentions for 2016 – 2017. The next Health Partners' Forum (HPF) is to focus on Brent CCG's commissioning Intentions. Two health partner forum events are being planned; one is to be delivered on 19 October and a date that has yet to be set for an event in January. At the first HPF, the CCG's proposed commissioning intentions for 2016/17 will be discussed with patient and public attendees. At the January 2017 event, attendees will have the opportunity to consider the proposals. 	<p><i>template to BEES members</i></p>
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4.	12.25	<p>Statutory Patient and Public Engagement Report: MJ</p> <p>MJ Informed the sub-committee that the deadline had been moved to the end of October. Our intention is to publish this report on the website after submission and at that time, Brent CCG aims to also publish some good news stories that are related to patient engagement initiatives that the CCG had undertaken during the last financial year. As per the statutory requirement, the report will be sent to Healthwatch for their review and statement.</p>	
6.		<p>Self-Care report: FU - CVS Brent</p> <p>FU advised the committee that there are six vacancies for Care Navigators. Job descriptions had been agreed and the salary level will be £21,000 p.a. The intention is that these roles will be advertised on the CVS website and the websites of the statutory partner organisations. CVS is currently designing a support and monitoring framework for the Care Navigators' training programme.</p> <p>JP confirmed that Healthwatch will be advertising these posts. JL asked how monitoring is to be managed between CVS and the CCG.</p> <p>FU said the role of a Care Navigator is to work with the primary care multi-disciplinary team and patients who have a Care Plan to help them set health goals and sign post them to services in the community and voluntary sector that will help them to achieve their goals.</p> <p>MJ said the challenge for the six navigators is to manage 6000 patients.</p> <p>FU outlined that there are some Information Governance challenges ahead; the Care Navigators will need to be given access to EMIS.</p> <p>JL wanted to know whether the practices had agreed to such access. FU confirmed that this was the case.</p>	

7	12.30 pm	<p>Updates around the table:</p> <p>CP advised members that a User and Carer Participation Day is to take place on 13 September. She asked members to publicise the event.</p> <p>CC updated the committee that STP objectives would be aggregated across the NW London CCGs. JP confirmed that Healthwatch had been involved in developing the proposed STP.</p>	
8	12.40 pm	<p>WG asked whether there were application forms for lay membership available and when the closing date is intended to be.</p> <p>MJ said she would be emailing WG and SFJ (current lay members on the BEES committee) with the necessary information for reapplying for lay membership.</p>	

This meeting closed at 2.45pm.

DRAFT