

**Brent Patient and Public Engagement
Committee Meeting**

Thursday 19 January, 2017
 1.00pm – 2.30pm
 Training Room 1, 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
Selina Rodriguez (SR)	Brent HealthWatch
Fuad Uddin (FU)	CVS
Caroline Powls (CP)	Brent Council
John Licorish (JL)	Brent Council
Siskath Frazer-Johnson (SFJ)	Lay Member
Rachael de Souza (RdS)	Consultation, Engagement and Communication Manager (minutes)
Apologies	
Siskath Frazer-Johnson (SFJ)	Lay Member
Christian Cubitt (CC)	Director of Communication and Engagement
Kris Gavin (KG)	Senior Policy Officer, Brent Council
Willian Gemegah (WG)	Lay Member

Item	Time	Item	Action Points/owners
1.	2.00pm	<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 CC and KG.</p> <p>Changes to the membership were recorded:</p> <ul style="list-style-type: none"> • SR is to replace Ian Niven at Healthwatch • Anne Kittapa (AK) is to replace Kris Gavin in the Policy Team at Brent Council. <p>AK was not in attendance at this meeting. SR introduced herself to other members of the sub-committee.</p>	N/A
2.	2.15pm	<p>Previous minutes and matters arising:</p> <p>Page 1 (Item 1) – ref: minutes of meeting on 3 August 2016 (provided for background information on the membership and quorate requirements)</p> <p>The minutes of the meeting of 3 August recorded that directors and other senior executives who are not members of the BEES sub-committee will be removed from the email list</p> <p>MJ advised members that the ToR was reviewed by the Executive Committee and recommendations from that committee were incorporated into the document. The ToR was signed off by the Exec. On key recommendation was that a CD should be in attendance for the BEES meeting to be quorate. MJ informed the sub-committee that SB will appoint appointed CD to deputise on her behalf when she unable to attend.</p> <p>Item 2.1 (Minutes of the meeting on 19 January 2017)</p> <p>NY, the Chair of this sub-committee determined that the meeting should progress as planned in this instance with an action point for the seSRetary of the BEES sub-committee to ascertain which CD will deputise in the event that SB is unable to attend.</p> <p>Functions of the sub-committee:</p> <p>NY confirmed the functions of the sub-committee as outlined in the agenda for the meeting on 19 January 2017.</p> <p>He referred members to the sub-committee's Terms of Reference (ToR) which was circulated to members prior to the</p>	<p><i>All APs on corrections requested at the meeting on 3 August 2016 to the ToR were corrected prior to this meeting and discharged.</i></p>

		<p>meeting.</p> <p>Equality and Engagement strategy and work-plan for NHS Brent CCG:</p> <p>MJ advised members that the work-plan was presented to the Executive Committee in the form of a dashboard.</p> <p>Engagement activities:</p> <p><i>Outstanding Action-Points:</i></p> <ul style="list-style-type: none"> • MJ to email patient representatives asking them to re-apply if they wished to remain lay members • RdS to SReate a map of patient representatives by the end of September 2016. <p>Engagement processes in NHS Brent CCG:</p> <ul style="list-style-type: none"> • RdS to circulate the current Equality Impact Analysis (EIA) to members • RdS to set up a folder on the shared drive for the Engagement toolkit. <p>The Chair declared that the minutes of the meeting of 3 August 2016 were agreed by members and signed off by the BEES sub-committee.</p>	<p><i>AP: Work-plan to be taken to the Executive Committee - discharged.</i></p> <p><i>Both these outstanding action points were completed and discharged.</i></p> <p><i>Both these action points were completed and discharged.</i></p> <p><i>Both these action points were completed and discharged.</i></p>
6.	2.30.pm	<p>Self-care update – CVS Brent</p> <p>Item 6.1: FU verbally updated the sub-committee that:</p> <ul style="list-style-type: none"> • Patient Activation Measures were in use to assess individual needs of those with long-term conditions • While primary care services are being over-used by some people, those who really needed support are not necessarily receiving the support they require • 6 care navigators are now in post; they take referrals from GPs and a multi-disciplinary team for care navigation support • The care navigators have access to full patient details; they then refer patients who can benefit from some additional reSReational activities TO CVS Brent, who host such activities with other organisations. They can include gardening or art classes amongst other things • FU confirmed that data received by CVS Brent was anonymous, while care navigators had access to full patient details. 	<p><i>AP: FU to issue a Self-Care report to be circulated with minutes of this meeting to members of the sub-committee.</i></p>

		<p>Given the level of detail in this update, NY asked FU to provide an update report in writing on self-care which can be circulated to members of the sub-committee.</p> <p>KF asked how self-care fitted into the work of this committee. NY and MJ advised KF that this delivery group has been charged with also managing self-care within the terms of reference of the group.</p> <p>SR asked a follow up question on what the role of the committee was regarding self-care, e.g. was self-care managed by this sub-committee restricted to the self-care pilot only.</p> <p>MJ explained that the committee was a delivery group that was charged with managing self-care in general.</p> <p>MJ said she will ask CVS (the organisation managing self-care), to circulate data on the pilot to other members of the group. She confirmed that the self-care pilot was just one aspect of self-care. Other programmes include DESMOND and rehabilitation support activities that were specific to some medical conditions. They are included in the scope of this committee</p>	<p><i>AP: FU to provide data related to the self-care pilot to all members of this group.</i></p>
<p>3.</p>	<p>2.35pm</p>	<p>MJ updates:</p> <p>A. Risks:</p> <ul style="list-style-type: none"> • MJ advised members that this sub-committee managed two risks <ul style="list-style-type: none"> - Engagement, including self-care and Equalities. • MJ referred members to the dashboard that had been presented to the Executive Committee (this replaced the previous work-plan). <ul style="list-style-type: none"> - She emphasised that where this committee did not adequately manage the two risks, the CCG could be in a situation where some or all of its commissioning decisions could be challenged legally and consequently, reversed or significantly amended. <p>B. Work-plan</p> <ul style="list-style-type: none"> • MJ restated that the work-plan was being revised; it has now been presented in a dashboard format so the work of the committee fitted in better with the Quality, Improvement, Performance and Productivity (QIPP) forward plan for NHS Brent CCG • The dashboard was distributed with papers for the meeting so that BEES members were made aware of the volume of work programmes being managed <p>C. Accessibility Information Standard (AIS)</p>	<p><i>AP: MJ to circulate the risk register to members</i></p>

		<ul style="list-style-type: none"> • RdS reported that the monitoring phase for this programme is being planned. She was working with CVS Brent and Healthwatch to agree a draft sSRipt to deliver the training to those with sensory or Learning Disabilities. • Given the advice received from the Pocklington Trust and other charities, training was being delivered in the form of role-play scenarios and is to be provided at the Wembley Centre for Health and Care on 23 February. • This will fulfil NHS Brent CCG's responsibility to deliver this project using the grant received from NHS England in January 2016. On completion of the monitoring phase, a report will be written on the results of this phase once they have been received from CVS Brent. <p>D. Sustainability and Transformation Plan (STP)</p> <ul style="list-style-type: none"> • MJ reported that she is the co-lead with the Head of Communications in the LA for STP Comms and Engagement. <p>E. Sickle-cell update</p> <p>MJ provided an update on the GB decision regarding the Brent Sickle Cell Advice and Support Service (BSCASS).</p>	
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		<p>FU advised the committee that care navigators are being trained on sickle-cell conditions.</p> <p>F. Commissioning Intentions, the Health Partners Forum (HPF) and outreach work</p> <ul style="list-style-type: none"> • MJ reported that NHS Brent CCG had held approximately 15 events between August and October 2016 on matters that fed into the Commissioning Intentions. The Commissioning Intentions was signed off by the Governing Body and feedback will be presented at the forthcoming HPF on 25 January. <p>G. CYP Needs Assessment (FGM)/gangs/CSE</p> <ul style="list-style-type: none"> • MJ CVS Brent is carrying out a needs assessment for the CAMHs transformation plan locally. • JL wanted to know whether the local authority had been involved in this work. FU confirmed this was the case. <p>H. Refreshing equalities objectives</p> <ul style="list-style-type: none"> • MJ said the equalities objectives were set in 2013 for three years. Objectives needed to be reviewed and refined. If necessary, NHS Brent CCG will work with CVS to deliver outreach activities with targeted 	
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groups. Healthwatch asked for this proposal to also be sent to them. The council representatives also confirmed they wanted to be kept advised of outreach work and objectives.

I. Self-care lay partners Forum

- The self-care lay partners' forum – there have been no WSIC forum meetings held recently since the Steering Group was dissolved. The commissioners are intending to SReate a new more strategic group
- RdS to email SMc. advising that some lay members are emailing to find out what is happening. It will be suggested that SMc or someone in her team will contact previous members and keep them informed on what is being planned.

J. Statutory report on engagement

- The statutory report on engagement was sent to NHS England before 31 October. We are awaiting their ratings soon.

K. QIPP

- MJ advised members that she attends QIPP meetings regularly.

L. Delegated Commissioning

- MJ said the CCG is to take on full commissioning functions either this year or from next year. GPs are will be voting on this end of January.

M. CAMHs forum

- This is to be an engagement forum to review past work and to design a new model. SR remarked that where therapists are present, this can be an inhibitor to sourcing information from people in an engagement forum.

N. Staff training

- MJ said staff training on equalities is scheduled for 9 March at the CCG, mainly for commissioning staff. She is in the process of designing materials in partnership with Healthwatch.
- NY asked whether the training will include completing an EIA and if it will be made clear to commissioners that this is their role and not that of a member of the Engagement and Communication team. MJ confirmed this will be the case.

O. Enquiries mailbox

AP: RdS to contact SMc about enquiries being received from previous members of the WSIC Steering Group.

		<ul style="list-style-type: none"> • MJ advised members that the policy has been through the governance process and signed off by the Governing Body. An audit was performed of the volumes of complex enquiries where, having delivered a response, a further set of related questions was raised. Between March and October, there were 46 vexatious enquiries which met the category specified where a manager and a senior manager were involved in resolving the issue • The cost of this work (just based on this small sample) was approximately £8000. In some cases, legal advice had to be sought and in one enquiry, the cost was £15,000. 	
4.	2.40pm	<p>Updates around the table</p> <p>CP</p> <ul style="list-style-type: none"> • Met with commissioning leads in Adult Social Care to find out how users and carers could be involved in planned consultations as well as including them in project plans at an earlier stage so they were co-produced. <p>CP mentioned projects she was involved in using service users and carers, for example, consultation about the carers' hub services, supporting carers in Brent and interviews with users of a re-ablement service (a 5% sample), work with the autism partnership board towards implementing a national autism strategy in Brent.</p> <p>SR mentioned the work Healthwatch was doing with a phlebotomy service, a gypsy and traveller service, young people in Brent with experience of mental health, urgent care services and hospital discharges.</p> <p>CVS said they were supporting the CAMHs engagement programme and was currently developing the marketing materials to be used in an anti-stigma campaign.</p>	<p><i>Copy of attached table of work in November/December from CP to be circulated with the minutes (to be sent to MJ).</i></p>
7	2.55pm	<p>Insight/Communications/Outreach/Integrated working and streamlining engagement workshop</p> <p>The BEES committee participated in a workshop led by MJ could the aim of which was to become more integrated in the delivery of engagement and equalities.</p> <p>SR and CP mentioned keeping the CCG more informed and involved in their work in between meetings through emails and telephone conversations.</p> <p>JL suggested management of joint workshops at these meetings would be a positive step forward, even if this meant extending the time of future meetings to two hours.</p> <p>Members agreed to the two points above.</p>	<p><i>All</i></p>

8	3.00pm	A.O.B. Partners agreed to host BEES meetings going forward. NY asked members from the local authority and CVS Brent to complete the form they had received and return it to RdS.	<i>AP: the local authority and CVS Brent to advise RdS of dates and venues for meetings in April, July and October.</i>
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The meeting closed at 3.10pm.

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