

## CCG Board

Date of meeting	26 September 2019		
Agenda Item	8.2	Paper No	WHCCG19/094

### Patient and Public Engagement Steering Group

<b>Key issues</b>	<p>The Patient and Public Engagement (PPE) Steering Group was set up as the Involvement Steering Group nearly five years ago, with the first meeting in March 2014. The membership has changed over time but remains a wide range of representatives from the voluntary sector, local authority, Healthwatch Hampshire and Patient Participation Groups from across west Hampshire.</p> <p>The PPE Steering Group is chaired by the Board's lay member for patient and public involvement (Judith Gillow) with support from the engagement manager; details of membership are in the terms of reference.</p> <p>This paper is the latest bi-annual report into the activity of the group to the Board for information and review. This is to provide the Board with assurance around the range of engagement activities undertaken by the CCG in support of service improvement and redesign.</p>
<b>Actions requested / Recommendation</b>	<b>The West Hampshire Clinical Commissioning Group Board is asked to receive and review the report from the CCG's Patient and Public Engagement Steering Group.</b>
<b>Principal risk(s) relating to this paper</b>	There is a risk engagement with the local population will not be sufficiently robust to enable the CCG to carry out its functions and responsibilities and that this will have a negative impact on the reputation of the CCG.
<b>Other committees / groups where evidence supporting this paper has been considered.</b>	Patient and Public Engagement Steering Group
<b>Financial and resource implications / impact</b>	There are no financial or resource implications arising from this paper.
<b>Legal implications / impact</b>	There are no legal implications arising from this paper.

<b>Public involvement – activity taken or planned</b>	Bi-monthly meetings of the Patient and Public Engagement Steering Group involves representation from patient groups, the voluntary sector, Healthwatch and the local authority.
<b>Equality and Diversity – implications / impact</b>	There are no equality and diversity implications arising from this paper.
<b>Report Author</b>	Jane Gordon, Engagement Manager
<b>Sponsoring Director</b>	Ellen McNicholas, Director of Quality & Nursing (Board Nurse)
<b>Date of paper</b>	6 September 2019

## **Patient and Public Engagement Steering Group**

### **Six monthly report November 2018 to April 2019**

The PPE Steering Group was set up as the Involvement Steering Group nearly five years ago, with the first meeting in March 2014. The membership has changed over time but remains a wide range of representatives from the voluntary sector, local authority, Healthwatch Hampshire and PPGs from across west Hampshire.

The PPE Steering Group is chaired by the Board's lay member for patient and public involvement with support from the engagement manager.

#### **ISG bi-monthly meetings**

##### **November 2018**

The agenda included:

- CCG update – Highlights from the annual report

##### **Patient Transport – how to enforce escort criteria – advice from the group**

The group gave feedback on the proposals:

- It was suggested that some funding could be directed towards other transport companies that can help patients to hospital appointments. Good Neighbours schemes were also identified.
- Advised to produce a detailed leaflet of different options for patients that are not eligible for the patient transport scheme
- The proposal is to stop patients from using patient transport if they are not repeatedly in when a driver comes to collect them. The group feel that this should happen after one missed journey or a patient has to pay for the transport.
- To check what the current text message says when sent to patients to remind them of their planned transport to ensure it is clear.
- Change the word abort which is currently on the patient transport leaflet
  - **Outcome:** The suggestions were taken back to the project group for consideration

## **Hampshire County Council Health and Wellbeing Strategy refresh – feedback from group**

A five year plan - The Health and Wellbeing board consists of people from CCGs, councillors, police, fire, local authority and public health. It will be different to the STP as it will cover a more specific geographic area.

- The group suggested using a strength-based approach
- They recommended that a version date should be on the document
  - **Outcome:** Kate Jones (HCC) to come to the next meeting on the 16 Jan to update on the outcome of the consultation process. To send any feedback before the first week of December

## **Digital Strategy – early engagement with the group to develop the strategy**

- The CCG is planning to introduce a digital strategy on behalf of WHCCG. Working towards getting electronic systems working better together
- The group suggested that the strategy used simpler language
  - **Outcome** - Patients reps included in the following working groups – MSK app, video consultations, remote observations & assessments, digital mental health and pathology & radiology optimisation

## **January 2019**

### **CHC and Personal Health Budgets (PHB) – update**

- Meriel Chamberlain, Localities Operational Manager, Continuing Health Care, gave an update to the group. MC will circulate a simple brief about PHB to the group with data.
- MC updated on 'discharge to assess' – assessments made in the community after discharge from hospital
  - **Outcome** - The group agreed surgeries in the community were a good idea, suitable venues need to be found – parish councils are a good starting point. Everyone to give venue suggestions locally to MC. MC to return to a later meeting

### **Hampshire County Council Health and Wellbeing Strategy refresh – update**

- Kate Jones, Adults' Health and Care, Hampshire County Council, updated on progress of the strategy.
- KJ reassured the group that digital methods will supplement physical contact not replace it. It will be balanced with personalisation.
  - **Outcome** - Feedback from the group (specifically JR-J) has influenced the draft strategy. KJ thanked JR-J for her input.

## Social Prescribing

- Amanda Glenn, Commissioning Manager, explained social prescribing to the group. She will send outcome measures to the group

## April 2019

### Care and Health Information Exchange (CHIE)

- Katherine Guthrie from the Commissioning Support Unit introduced CHIE to the group. CHIE is the rebranded Hampshire Health Record (HHR) which changed in 2017 when the Isle of Wight joined. All the CCG GP practices feed into CHIE, which is an opt-out service. If you opted out of HHR you will still be opted out of CHIE and this can affect your use of extended access to GP services in hubs.
  - **Outcome** - Katherine is happy to attend any group meetings to talk about CHIE. Katherine to attend the PPG network meeting in June

### Partnering Health Limited (PHL)

- Claire Oatridge, Director of Development at PHL, introduced PHL and gave the group some background into the organisation. She explained how the new EUPCS/UTC service will work combining extended access, out of hours and urgent treatment centres.
- Claire advised PHL are planning a Clinical Assessment Centre for NHS111, a call centre with clinicians (GPs, nurses, Mental health practitioners, midwives etc)
- **Outcome** - Evaluation of the service will be through patient forums (PPGs) and feedback from users. Usage statistics will be shared with GP practices. PHL will work with commissioners to look at onward referral pathways.
- Claire will be asked to come back to the group in six months to update on the progress of the service.

### Primary Care Networks (PCNs)

- Sarah Schofield explained to the group that PCNs are part of the NHS 10 year plan. By July 2019 the whole country will be covered by a network. There will be a clinical lead for each network and from July they will be Directors. As such they will be accountable officers within the NHS. The networks will integrate Primary Care, Mental Health and Social Care. The 13 networks will focus on local healthcare needs based on existing healthcare data.
- Each network will include 30,000 – 50,000 registered patients.
- Healthwatch asked how networks link to Integrated care systems. SS explained the tier system – ICS is a large geographical area, STPs (sustainability transformation partnerships) will become ICSs. Under this will be four local delivery systems based around the four hospital trusts.
- Outcome - We need to ensure PCNs make the most of local communities. There should be a blueprint for public engagement.
- SS will return to the group in September with an update.

### **Development of group going forward**

- Workshop planned for later in the year to review membership and Terms of Reference
- Explore how the group can align with Primary Care Networks as they develop.