

Engagement, Patient Experience & Equality Committee – EPEC

29 January 2019
2.00 p.m. – 4.30 p.m.

Present:

Paul Cutler	(PC)	Lay member, Patient and Public Involvement (Chair)
Annie Gardner	AG)	Head of Patient Experience & Equalities (Deputy Chair)
Lotta Hackett	(LH)	Head of Patient Engagement
Lisa Moore	(LM)	Head of Communications, Organisational Development and Corporate Services
Elinam Attipoe	(EA)	Corporate Governance & Risk Manager
Joanne Hare	(JH)	Planned Care Commissioning & Performance Manager
Hannah Holloway	(HH)	Primary Care IT Facilitator
Meera Parkash	(MP)	Head of Medicines Management
Saby Ghosh	(SG)	Plas Meddyg – PPG Chair
Terry Murphy	(TM)	Bexley Pensioner’s Forum & Patient Council
Jayne-Garfield	(JG)	Healthwatch

Apologies:

Michael Boyce	(MB)	Chief Operating Officer
Maria Hawes-Gatt	(MHG)	Deputy Director of Quality, Patient Experience and Performance
Lisa Wilson	(LW)	Locality Rep for the Governing Body (Clocktower)
David Kreikmeier-Watson	(DKW)	Senior HR & OD Business Partner
Karen Upton	(KU)	
Vikki Wilkinson	(VW)	BVSC

Present:

Maria Broad	(MB)	Admin Assistant (notes)
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1. Standing Items		
1.	Welcome, apologies and introductions	ACTION
	PC welcomed everyone to the meeting and apologies were noted.	
2.	Declaration of Interest	
	Members signed a copy of the declaration of interest. There were no specific declarations noted in respect of agenda items.	



3.	Approve notes of previous meeting and actions	
	<p>Minutes of meeting held on 11 December 2018 were reviewed and approved subject to the amendment identified on page 5 under Social Media Advertising (change date to December). The action log was also updated.</p> <p>Action updates</p> <p>Pg 3</p> <ul style="list-style-type: none"> • Share feedback at Primary Care Commissioning Meeting – actioned • Add CMP to February agenda and Tracker – actioned • Clarify NHS policy/guideline regarding registration with two GP practices and funding. Verbal update provided by Hannah Holloway below:- <p>Patients can register with another practice on a temporary basis for a maximum period of three months only.</p> <p>Pg 5</p> <ul style="list-style-type: none"> • SG to take concerns away and seek assurance for next meeting - ? • HH to provide update on progress, including details of engagement plan – verbal update provided below: <p>HH said main concerns around move of Urgent Care Centre (UCC) are parking issues. Members of primary care team tested site for parking on various days of the week, it is still under review team members are collecting intelligence. The view is more parking available at new site.</p> <p>Other concerns raised by members were lighting and patient safety. HH agreed to share concerns with local authority and the police.</p> <p>Action: HH to raise concerns re lighting and patient safety with local authority and police.</p> <p>Pg 6</p> <ul style="list-style-type: none"> • Twitter / social media update LH advised she uses twitter on behalf of the organisation however she would need to discuss with Neil Kennett-Brown (Managing Director for both Bexley and Greenwich) re his approach on twitter. <p>Pg 7 LW to liaise with MP who will raise concerns re QoF and patient safety with NICE group and QSSC – actioned</p>	HH
4	Matters arising & horizon scanning	
	<p>SG made reference to emails regarding public meetings on health services and cost of health.</p> <p>Update provided by AG there is a work plan with 8 objectives and accountability issues and concerns is on tracker, items included proposal to relocate UCC at Erith hospital and closure of Cairngall Medical Centre.</p>	



	<p><u>Cairngall update provided by HH.</u> Another letter will be sent to patients by end of week accompanied by text messages; this will be repeated at end of February and March.</p> <p>There are currently 4,500 patients registered elsewhere and 4,567 patients who still need to register with a new practice. 226 of these patients identified as requiring additional assistance, of these 118 still need to register. The patients requiring support are those who have learning disability, mental health, and dementia, frail, palliative care, housebound, homeless and/or living in hostels.</p> <p>Resources are required and funding has been allocated to support progress and assist the practice. HH confirmed that any patients who remain on the registered list of patients on closure their records will be printed off and forwarded to Capita, it was confirmed that there will be no electronic records after closure.</p> <p>LM advised that two patient engagement sessions were held recently, although attendance was poor with 4 patients at the December event and 1 at the January event).</p> <p>There were discussions on assurance and if patients are receiving a good service in the north of the borough, particularly in view of the number of practices that are now in the borough. PC noted points discussed and will pick up at Primary Care Commissioning Meeting to seek assurance.</p> <p>LW said the number of patients allocated to a GP is not an indication of how good a service is. From feedback received four out of five patients said their service is good. There is a push for Multi-Disciplinary teams in Bexley for those patients that have more complex needs and to ensure they see someone more appropriate to their needs.</p> <p>Action: Cairngall to go on tracker Concerns to be raised at PCC Meeting</p>	<p>AG PC</p>
<p>5.</p>	<p>Items for discussion / assurance</p>	
	<p>Equality Duty Annual Report and the EDS2 document.</p> <p>The Equality Annual Report summarises progress the CCG has made in meeting the public sector equality duty and equality objectives in 2018, which were developed using the EDS2 framework.</p> <p>The EDS2 framework consists of a set of statements and seeks evidence of how these are being met. Organisations then undertake grading to identify any gaps etc. and confirm assurance of progress.</p> <p>The CCG has a statutory duty to complete an annual report under the Social Care Act 1422. It is a mandatory duty that applies to all public bodies and organisation providing public services.</p>	



	<p>AG gave a summary of content of Equality Duty Annual Report made reference to equality priorities for 2019/20 and key performance indicators on page 18 of report.</p> <p>Following discussion and reflection from member it was felt that more reflection of commissioning work and commissioning intentions should/could be reflected.</p> <p>PC asked for members thoughts on how to evidence commissioning, comments noted were:-</p> <ul style="list-style-type: none"> • Does everything need to have an Equality Impact Assessment (EIA) completed • Alison Pryor could help on how to evidence PIAs. • IFRs (Individual Funding Requests) ethnicity monitoring • Do we need to show how assessments have or have not changed • Quality Assessments – where would percentage come out, if low what else put in there to show how increases. • Equality strategy needs to be refreshed and offer training on completions of IAs. • Have a lunch and learn session • Online training if not available to be provided. <p>AG asked commissioners what happens with EIAs and business cases etc. – what is the process? JH explained that business case and any associated documents/templates are held together for presentation to prime committees. AG said the EIA templates and communication/engagement templates should come to EPEC for review and assurance – this is the role of this committee.</p> <p>PC explained that concerns around equality engagement are on risk register. Suggested that Elinam Attipoe shares risk register report at future meeting.</p> <p>Action: Risk register report to be included on Tracker</p> <p>PC made reference to the transformation strategy which has two sections, each sections has eight themes and suggested this is used for EDS2. Valerie Shanks-Peppers (VSP) has a key role as Director of transformation strategy it was suggested that AG liaise with VSP and possibly Robert Shaw (RS).</p> <p>Action: AG to liaise with VSP and RS re transformation strategy</p>	<p>EA & AG</p> <p>AG</p>
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	<p>JGF advised Healthwatch are planning some engagement around long term plan. Learning disability roles have been developed and adjustment made around equality to make sure information accessible. Work done on flu jab and contacted practices to see what is in place. Healthwatch have also visited GP websites to see if any changes or improvement have been made in the last couple of years to make it easier for patients to navigate. There is an audiology audit around access and equality.</p> <p>HH mentioned that David Blows (DB) recently carried out a deep dive into GP websites and suggested JGF liaise with DB on outcome.</p> <p>LH said there were two points to consider. Do we define what practice needs on website; recommend cross reference with Healthwatch whose report is on their website.</p> <p>Public displays and promotions review needs to go on list so reflects diversity and equality.</p> <p>AG mentioned that last year there was a commitment for equality training for Governing Body members not sure if happened.</p> <p>AG asked all to review and give reflections to her by end of February.</p> <p>Action: Members review Equality Duty Annual Report and feedback to AG</p> <p><u>EDS2 Scoring</u> Members of the group discussed, reviewed and partially scored the EDS2 as detailed below. However due to time restraints the members were asked to review and send in comments on rest of document electronically to AG.</p> <table border="1" data-bbox="277 1301 1259 1473"> <thead> <tr> <th>Item No</th> <th>Grading</th> </tr> </thead> <tbody> <tr> <td>1.1</td> <td>Achieving</td> </tr> <tr> <td>1.2</td> <td>Developing</td> </tr> <tr> <td>1.3</td> <td>Developing</td> </tr> <tr> <td>1.4</td> <td>Achieving</td> </tr> </tbody> </table>	Item No	Grading	1.1	Achieving	1.2	Developing	1.3	Developing	1.4	Achieving	AG
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6.	EPEC											
	Recruitment of PPV Champion – outstanding rolled over.											
7.	Mentoring & Volunteering											
	<p>LH and PC presented development of mentoring scheme. This project now at stage where starting to recruit small group of candidates. There will be monthly action learning sets carried out over a six month period as a pilot. Invitations have gone out to approx. 6 – 7 candidates representing various groups of people i.e.:</p> <ul style="list-style-type: none"> • Mencap • Special needs • Youth council • Mental health 											



	<ul style="list-style-type: none"> • Ethnic background • Social care role (Stuart Rowbotham to nominate) <p>First set of learning activities commencing in March, progress update to be provided at next meeting.</p>	
8.	Engagement	
	<p>Urgent Care Centre – There are two public meetings planned for end of March and beginning of April, LH will circulate dates once finalised.</p> <p>Action: LH to share dates of public meetings</p>	LH
9.	Patient Experience	
	<p>Patient experience and Mystery Shopper update is on work plan for March meeting, focusing on progress of Mystery Shopper membership.</p> <p>An article on Mystery Shopper will be included in the next Bexley Magazine. DH is pulling together a video of Mystery Shopper members.</p> <p>PC asked if we record data on ethnic backgrounds, gender and age etc. and if list of themes can be shared at March meeting.</p> <p>Action: AG to provide update on themes at next EPEC meeting</p>	AG
10.	Patient Council & PPG Network updates	
	<p>Patient Council attended a workshop organised by Director of Public Health and his team on the 28th January 2019, LH said the event went very well.</p> <p>Patient council review – LH is drafting a questionnaire to go out to members to see if patient council think have an impact. Old and new groups will be involved, need a broader representation, need to look at what does doing look like and what are expectations.</p> <p>Next PPG network meeting will be held on 28 February in the evening at the civic offices.</p>	
11.	Communications	
	<p>Communications and social marketing strategy with Michael Boyce.</p> <p>Update from Lisa Moore:</p> <ul style="list-style-type: none"> • National Campaign –on recruitment focusing on IT and support workers. • Local campaign – choose the right service • Children’s Mental Health week – 4th to 10 February • Time to talk Day – 6 February • Kooth - free and confidential online counselling well-being tool goes live from 4th February 	



12.	Website	
	<p>AG explained a lot of work had been undertaken to update CCG website to ensure that patient experience, engagement and equality pages are up to date and accurately reflect our work.</p> <p>This is an important area of work as NHS England will be commencing reviews/assessment of CCG's compliance with participation and involvement as part of the IAF framework (Integrated Assurance Framework).</p> <p>The template needs to be completed and returned by 8th March and all evidence must be in the form of web links to reports/ documents that are publicly available on the CCG website.</p> <p>Action: AG to provide an update at next meeting – add to tracker</p>	AG
13.	AOB, summary & key points for Governing Body & date of next meeting	
	<p>Before closing meeting PC thanked everyone for attending and summarised key points discussed:</p> <ul style="list-style-type: none"> • Equality issues • EDS2 discussed and partially completed – looking at evidence from all over next couple of weeks. • Look at what Greenwich is doing – shared Managing Director roles • More engagement theme • Mystery Shopper to be discussed at March Meeting. <p>Date of future meetings</p> <p>PPG Meeting 28 February 2019 – 6.00 p.m. to 8.00 p.m. at Room GO4 -05, ground floor, Civic office</p> <p>EPEC 14 March 2019 – 10.00a.m. to 12.30 p.m. North Bexley Room 2nd Floor, Civic office</p>	

