

## MINUTES OF THE PUBLIC PARTNERSHIPS COMMITTEE

27 FEBRUARY 2024, 10:00 – 12:00

VIA MS TEAMS

<b>Present:</b>		
Richard Wright	RW	Interim Chair Derby & Derbyshire ICB Board ( <b>Chair</b> )
Steven Bramley	SB	Lay Representative
Helen Dillistone	HD	Chief of Staff, DDICB
Karen Lloyd	KL	Head of Engagement, DDICB
Hazel Parkyn	HP	Governor, Derbyshire Healthcare NHS Foundation Trust
Tim Peacock	TP	Lay Representative
Amy Salt	AS	Engagement and Involvement Manager, Healthwatch Derbyshire
Jocelyn Street	JS	Lay Representative
Sue Sunderland	SS	Non-Executive Member, DDICB
Sean Thornton	ST	Deputy Director Communications and Engagement, DDICB
Lynn Walshaw	LW	Lead Governor, Derbyshire Community Health Services NHS Foundation Trust
<b>In Attendance:</b>		
Lucinda Frearson	LF	Executive Assistant, DDICB ( <b>Admin</b> )
Claire Warner	CW	Senior Public Equality and Diversity Manager, DDICB
Kevin Watkins	KW	Business Associate, 360 Assurance
<b>Apologies:</b>		
Patricia Coleman	PC	Lay Member for the Derby and Derbyshire Patient and Public Partner Programme
Kim Harper	KH	Chief Executive Officer, Community Action Derbyshire
Val Haylett	VH	Governor, University Hospitals of Derby and Burton NHS Foundation Trust
Carol Warren	CW	Lead Governor, Chesterfield Royal Hospital
Neil Woodhead	NW	Service Manager, Derby City Council

Item No.	Item	Action
PPC/2324/103	<p><b>Welcome, Introductions and Apologies</b></p> <p>Richard Wright (RW) as the new Chair to the Committee, introduced himself and welcomed all to the meeting further introductions were then made around the virtual room.</p> <p>Apologies were received from Patricia Coleman, Kim Harper, Carol Warren, Sam Dennis, Val Haylett, Neil Woodhead.</p> <p>RW opened the meeting by proposing changes to the frequency of the meeting and including two development sessions during the year. The first development session would involve discussions around the performance report which will be a system performance report based</p>	

	<p>on the Committee's Terms of Reference (TORs) and a presentation covering the development of next year's plan and the forward vision.</p> <p>The second development session of the year would look towards the next planning cycle.</p>	
PPC/2324/104	<p><b>Confirmation of Quoracy</b></p> <p>The meeting was confirmed as quorate.</p>	
PPC/2324/105	<p><b>Declarations of Interest</b></p> <p>RW reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the Integrated Care Board (ICB).</p> <p>Declarations declared by members of the Public Partnerships Committee (PPC) are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Board or the ICB website at the following link: <a href="http://www.derbyandderbyshire.icb.nhs.uk">www.derbyandderbyshire.icb.nhs.uk</a></p> <p><u>Declarations of interest from today's meeting:</u> No declarations of interest were made during today's meeting.</p>	
<b>MINUTES AND MATTERS ARISING</b>		
PPC/2324/106	<p><b>Minutes from the meeting held on: 30 January 2024</b></p> <p>The Public Partnerships Committee <b>ACCEPTED</b> the Minutes as a true and accurate record of the meeting.</p>	
PPC/2324/107	<p><b>Action Log from the meeting held on: 30 January 2024</b></p> <p>The action log was reviewed and will be updated for the next meeting.</p>	
<b>CORPORATE ASSURANCE</b>		
PPC/2324/108	<p><b>Board Assurance Framework (BAF) Strategic Risk Report</b></p> <p>The purpose of this paper is to set out the detailed actions taken so far in support of mitigation of ICB BAF Strategic Risk 03. The Public Partnerships Committee are recommended to discuss and agree the BAF Strategic Risk 03 which is their responsibility.</p> <p><u>The Strategic Risk is:</u> <i>There is a risk that the population is not sufficiently engaged in designing and developing services leading to inequitable access to care and outcomes.</i></p> <p><u>The Strategic Aim is:</u> <i>To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.</i></p> <p>The risk score remains high at level 16 but would like by the end of the year to be at a target score of 9.</p>	

	<p>There were two main factors to be taken into consideration whilst looking at reducing the score: -</p> <ul style="list-style-type: none"> <li>a) Staff Restructure: The ICB has gone through an extensive restructure concluded in January 2024 along with the challenge of a management 30% reduction target. The Comms and Engagement resource was protected with increased capacity in some areas of the team.</li> <li>b) Second factor relates to system and processes that are in place and have been developed over the last year.</li> </ul> <p>The committee were asked if they felt fully assured or could be better assured with all the activities and processes in place.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> <li>• It was agreed there was more substantive information but still felt it was limited with partial assurance and would like to see more evidence of output.</li> <li>• The committee felt with all the work the score could be reduced but were not feeling fully assured as yet.</li> <li>• Sean Thornton (ST) advised that in the short term there may be a reduction in capacity whilst getting posts made permanent as people move back on secondment. This was being mitigated by extending fixed term contracts.</li> <li>• Amy Salt (AS) felt from a Healthwatch point of view the benefits of the Insight Framework could be seen through more engagement with the public, which was fantastic, it was the end of that loop that was missing in what was happening with that information.</li> <li>• Committee came to the conclusion, any issue with any provider was the provider's responsibility, and a legal challenge was not a legal challenge to the ICB system and rests with the provider.</li> </ul> <p><b>The Public Partnerships Committee DISCUSSED and AGREED the Strategic Risk 03 level.</b></p> <p><b>The Public Partnerships Committee AGREED to reduce the risk score to a level 12.</b></p>	
<p>PPC/2324/109</p>	<p><b>Risk Report &amp; Confidential Risk Report January 2024</b></p> <p>The purpose of the paper was to present the operational risk owned by the committee held on the ICB's Corporate Risk Register and ICB's Confidential Corporate Risk Register for review and to provide assurance that robust management actions were being taken to mitigate them.</p> <p>The PPC are responsible for 2 ICB corporate risks: -</p>	

**RISK 13:** *Existing human resource in the Communications and Engagement Team may be insufficient. This may impact on the team's ability to provide the necessary advice and oversight required to support the system's ambitions and duties on citizen engagement. This could result in non-delivery of the agreed ICS Engagement Strategy, lower levels of engagement in system transformation and non-compliance with statutory duties.*

The structure had been reviewed as part of the organisation's restructure and changes are starting to be implemented. No resources have been lost within the team and the implementation of new employees will assist backfill and secondment roles. The aim is to stabilise the team and have it fully recruited to.

It was recommended that the overall risk score remains at a level 9.

**RISK 17:** *Due to the pace of change, building and sustaining communication and engagement momentum and pace with stakeholders during a significant change programme may be compromised.*

The risk is around the pace of change and complexity and being able to keep on top of aligning the engagement approach with all the different planning that will commence for 2024/25 and ensuring that we are engaging with any significant changes that may arise as a consequence of the planning round.

It was recommended that the overall risk score remains at level 12.

The Committee offered the following comments and questions: -

- In light of discussions and stability of the new structure going forward it was expected that the risk score for Risk 13 would reduce. ST highlighted that the structure had been agreed but materially there had not yet been a move from the current structure which contains some temporary arrangements so there was a risk of reduction in the short term but should be in a position to reduce the score at the next meeting as people will have been appointed to the team, as that process was underway.

**The Public Partnerships Committee RECEIVED Risk 13 and Risk 17 assigned to them.**

**The Public Partnerships Committee APPROVED the risk score for Risk 13 to remain at level 9.**

**The Public Partnerships Committee APPROVED the risk score for Risk 17 to remain at level 12.**

<p>PPC/2324/110</p>	<p><b>Identify Risks for 2024/25</b></p> <p>The ICB Public Partnership Committee are recommended to note the continuation of risks from 2023/24 and approve the adoption of new risks highlighted for 2024/25. The Committee currently manages three risks on the Corporate Risk Register, and it is proposed that given the ongoing risk ratings that these are carried into 2024/25.</p> <p>The committee also agreed to the establishment of one new risk. The new risk being:</p> <p><i>As a result of the introduction of the new provider selection regime, existing processes to connect PPI governance into change programmes may weaken, resulting in services not meeting needs of patients, reduced PPI compliance, risk of legal challenge and damage to NHS and ICB reputation.</i></p> <p>This risk has a risk rating of 12.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> <li>• It was believed there were decent mitigations in place and the score seemed quite high considering what had already been done and proposed the impact should come down.</li> <li>• There was felt to still be some nervousness around where we are seeing the loop being closed.</li> <li>• It was thought the impact could be reduced as this would involve another organisation who will have primary responsibility if anything goes wrong but needed more clarity around the mechanisms to ensure this does not happen.</li> </ul> <p><b>The Public Partnerships Committee NOTED and APPROVED the report.</b></p>	
<p>PPC/2324/111</p>	<p><b>Performance Reporting</b></p> <p>ST wished to inform members that he had omitted from the list of principles presented at the last meeting the connection from the performance report to the evaluation framework.</p> <p><b>The Public Partnerships Committee NOTED the addition.</b></p>	
<p>PPC/2324/112</p>	<p><b>Patient and Public Involvement (PPI) Assessment and Planning Form Log</b></p> <p>The ICB Public Partnerships Committee are recommended to note the PPI forms and take assurance that forms are being completed and actioned appropriately. The report outlines a brief description of the service change, the advice and assessment that has been made in terms of whether the legal duty to inform, involve or consult applies to the change proposed, and the rationale for the decision.</p>	

	<p>Karen Lloyd (KL) highlighted the Tier 3 Weight Management Service, advising that a decision had not been made but discussions were underway around the restricting of the criteria to reduce the waiting list and to have others signposted to other services but will require going through a lot of assurances before anything happens.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> <li>• Tim Peacock (TP) referred to the PPI log and the four potential consultations coming up in the next year. TP asked if these were new on the log and whether there were any other that were borderline where bigger risks may come about, and visibility of potential consultations may be more relevant.</li> <li>• Steven Bramley's (SB) had concerns with the Tier 3 Weight Management Service in that the consulting and engaging with people did not show any engagement or involvement with those that were users of the service. Concern is they will look at the most urgent from a clinical view.</li> <li>• ST advised the content and schemes were driven by the commissioning teams so there was no control over what was coming through. The paper was for assurance and many of the schemes were unlikely to come to committee and suggested a 6 monthly stocktake and horizon scanning although the log was not meant to be forward looking, more retrospective.</li> </ul> <p><b>The Public Partnerships Committee NOTED and took ASSURANCE from the report.</b></p>	
--	--	--

**ITEMS FOR DECISION**

<p>PPC/2324/113</p>	<p><b>Primary Care Process Assurance Process</b></p> <p>KL presented this paper following conversations with primary care colleagues looking at how they were implementing the guidance around patient and public involvement.</p> <p>There are 3 aspects to this work: -</p> <p>Contractual changes that are overseen by ICB Commissioners and are governed by the primary care subgroup; Things such as practice boundary changes and branch closures, new housing estates or change of management. It is agreed that a PPI form is required for all these types of contractual changes so there are likely to be more coming through.</p> <p>Changes that GPs make to the services they provide when they are delivering on their GP contract: This covers such things as changes to the way GPs triage patients or changing access, something they technically do themselves. It is established that the ICB has no legal responsibility to assure those types of changes but have still promoted good practice and shared guidance.</p> <p>Changes and reconfigurations that are taking place within the Primary Care Networks (PCNs): The last area is around pre PCN</p>	
---------------------	---	--

	<p>transformational changes and there are contractual requirements for their PCN's to ensure they are adequately involving patients and members of the public in their service changes. So, they do have a contractual responsibility and contracts will be established at the end of March when processes will start to be put in place.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> <li>• It was highlight that the ICB does not have responsibility to do anything about changes within a GP practice, but neither do we have the right to intervene, which is quite a significant thing and there was still no requirement for PCNs to have any lay representation on its committee.</li> <li>• Committee asked what the visibility to the public in each GP practice was like. The problem was that patients were not aware of any changes and rely on people informing them, so if there are changes afoot is there a requirement to advertise it. ST clarified that if a practice is not good at comms with patients, the ICB can influence but do not have oversight and assurance on what GPs do.</li> </ul> <p><b>The Public Partnerships Committee NOTED the report.</b></p>	
<b>ITEMS FOR DISCUSSION</b>		
<p>PPC/2324/114</p>	<p><b>EDS Domain 1</b></p> <p>Claire Warner (CW) presented the paper for assurance that legal duties were being met. There was a slight difference to this years with last year being a pilot process. This year's project is hypertension.</p> <p>The report will be presented to the Audit Committee in March and be published at the end of February, scores can be changed after publication but must be legally compliant by having a scoring event and publishing the scores by the end of February.</p> <p>A separate session is being held with the deaf and this will be reflected on the website too.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> <li>• There was full support for what was being presented, and proposed the report be brought to the next meeting. <b>Action: April agenda – hypertension project</b></li> <li>• This was an item for the performance report, in terms of how we are getting the voice of everyone and have some performance around that matrix. A lot was learnt during Covid although there were problems it also brought success as things had to be done outside the box and that learning needs collating.</li> </ul> <p><b>The Public Partnerships Committee NOTED the report.</b></p>	<p><b>ST</b></p>
<b>CLOSING ITEMS</b>		
<p>PPC/2324/115</p>	<p><b>Forward Planner</b></p>	

	<b>The Public Partnerships Committee ACCEPTED proposed plans for the meeting as set out at the beginning of the meeting.</b>	
	<p><b>Assurance Questions:</b></p> <ol style="list-style-type: none"> <li>1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes?</li> <li>2. Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations?</li> <li>3. Has the committee discussed everything identified under the BAF and/or Risk Register, and are there any changes to be made to these documents as a result of these discussions?</li> <li>4. Were papers that have already been reported on at another committee presented to you in a summary form?</li> <li>5. Was the content of the papers suitable and appropriate for the public domain?</li> <li>6. Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes?</li> <li>7. Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting?</li> <li>8. What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting?</li> </ol>	
PPC/2324/116	<p><b>Any Other Business</b></p> <p>No further business items were discussed.</p>	
<b>DATE AND TIME OF NEXT MEETING</b>		
<b>Date:</b> Tuesday 30 April 2024		
<b>Time:</b> 10:00 – 12:00		
<b>Venue:</b> MS Teams		