

MINUTES OF THE PUBLIC PARTNERSHIPS COMMITTEE

30 APRIL 2024, 10:00 – 12:00

VIA MS TEAMS

Present:		
Richard Wright	RW	Interim Chair Derby & Derbyshire ICB Board (Chair)
Steven Bramley	SB	Lay Representative
Helen Dillistone	HD	Chief of Staff, DDICB
Val Haylett	VH	Governor, University Hospitals of Derby and Burton NHS Foundation Trust
Karen Lloyd	KL	Head of Engagement, DDICB
Hazel Parkyn	HP	Governor, Derbyshire Healthcare NHS Foundation Trust
Tim Peacock	TP	Lay Representative
Paul Robertson	PR	Public Governor, Amber Valley
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
Carol Warren	CW	Lead Governor, Chesterfield Royal Hospital
Neil Woodhead	NW	Service Manager, Derby City Council
In Attendance:		
Lucinda Frearson	LF	Executive Assistant, DDICB (Admin)
Beth Fletcher	BF	Public Involvement Manager, DDICB
Chloe Cannon	CC	Campaigns Manager, DDICB
Scott Webster	SW	Head of Strategic Clinical Conditions and Pathways, DDICB
Apologies:		
Patricia Coleman	PC	Lay Member for the Derby and Derbyshire Patient and Public Partner Programme
Sam Dennis	SD	Director of Communities, Derby City Council
Kim Harper	KH	Chief Executive Officer, Community Action Derbyshire

Item No.	Item	Action
PPC/2425/001	<p>Welcome, Introductions and Apologies</p> <p>Richard Wright (RW) as Chair welcomed all to the meeting.</p> <p>Apologies received from: Patricia Coleman, Sam Dennis, Kim Harper</p> <p>RW began the meeting by informing members that the Insight Framework had been presented to the Integrated Care Partnership (ICP) meeting and had generated the conversation required. The aim</p>	

	<p>being more coordination across the Local Authority and care system reducing duplication and wasting of resources.</p> <p>Action: Sean Thornton (ST) to review voluntary sector and Local Authority committee attendance and also look to more diversity.</p>	ST
PPC/2425/002	<p>Confirmation of Quoracy</p> <p>The meeting was confirmed as quorate.</p>	
PPC/2425/003	<p>Declarations of Interest</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: www.derbyandderbyshire.icb.nhs.uk</p> <p><u>Declarations of interest from today's meeting:</u> No declarations of interest were made during today's meeting.</p>	
PPC/2425/004	<p>Minutes from the meeting held on: 27 February 2024</p> <p>The Public Partnerships Committee ACCEPTED the Minutes as a true and accurate record of the meeting following amendment to: -</p> <p>Item PPC/2324/108 BAF Strategic Risk Report: The last bullet point under comments, the word 'only' requires changing to 'not' to state a legal challenge was not a legal challenge to the ICB system etc.</p>	LF
PPC/2425/005	<p>Action Log from the meeting held on: 27 February 2024</p> <p>The action log was reviewed and will be updated for the next meeting.</p>	
PPC/2425/006	<p>Board Assurance Framework (BAF) Strategic Risk Report</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, it is recommended to reduce to a level 12 as systems and processes are now in place and the staffing structure for the comms and engagement team has been agreed with the retention of the vast majority of staff within seconded posts, which also retains their skills. Although significant progress has been made, full assurance cannot yet be given.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> • There was still some way to go with regard to the financial targets with a possible need to decommission some services and this risk may need to be included. • Members felt the change to the score was a fair representation of the position. It was recognised there were financial pressures and there maybe changes depending on the overall financial position. <p>The Public Partnerships Committee DISCUSSED and AGREED the Strategic Risk 03 level.</p> <p>The Public Partnerships Committee AGREED to reduce the risk score to a level 12.</p>	
<p>PPC/2425/007</p>	<p>Risk Report January 2024</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> <p><u>RISK 13:</u> <i>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.</i></p> <p>The structure had been reviewed as part of the organisation's restructure and changes now implemented, therefore, it was recommended that the overall risk score could be reduced from a level 9 to a level 6.</p> <p><u>RISK 17:</u> <i>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.</i></p> <p>The risk is around the pace of change and complexity and being able to continue aligning the engagement approach with all the different planning that will commence for 2024/25 and any consequence of the</p>	

	<p>planning, it was recommended that the overall risk score remains at level 12.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> • Committee wished to understand more about the evidence for such a high-risk score for Risk 17 as some mitigations were already in place. ST stated that the risk had been mitigated by the strategies, these were now connected to commissioning and processes but there was a need to ensure the processes were still being followed. Currently there was no evidence of compliance or non-compliance. Action: Risk 17 to be escalated to Audit & Governance Committee and reviewed in 6 months • Members felt that a new and easier to read format of the document would assist in being able to read and understand the risk and threats better. <p>The Public Partnerships Committee RECEIVED Risk 13 and Risk 17 assigned to them.</p> <p>The Public Partnerships Committee APPROVED the risk score for Risk 13 to be decreased from level 9 to level 6.</p> <p>The Public Partnerships Committee APPROVED the risk score for Risk 17 to remain at level 12.</p>	<p>ST</p>
<p>PPC/2425/008</p>	<p>Performance Reporting</p> <p>An assessment had been carried out taking into account the Terms of Reference, NHSE requirements and the national 10 principles of working with people and communities, ST was now in the process of mapping these areas. These areas will then be reduced down to 6 main points within the report to provide Committee with assurance within those areas.</p> <p>The Public Partnerships Committee NOTED the update.</p>	
<p>PPC/2425/009</p>	<p>Patient and Public Involvement (PPI) Assessment and Planning Form Log</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>The below changes were highlighted from the report: -</p> <p><u>Community Nursing in Glossop</u>: Requires alignment with Derbyshire, there are two separate policies and two different providers. If they decide to align Glossop with Derbyshire it would be a significant change for Glossop residents.</p>	

	<p><u>Merging of Howard Strett and Manner House GP Practices</u>: Merging of two practices would normally lead to extensive assessment but they will be merging as a branch so there will not be such a big impact.</p> <p><u>Decommissioning of Consultant Lead Services in Belper</u>: This will affect a small number of people. People in Belper receive a better service which needs aligning with the remainder of Derbyshire. Belper residents will be consulted.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> • Tim Peacock (TP) questioned whether the Patient Participation Groups (PPGs) were involved with the consultations as they best represented patients and citizens views. <p>The Public Partnerships Committee NOTED and took ASSURANCE from the report.</p>	
ITEMS FOR DISCUSSION		
PPC/2425/010	<p>Post Covid</p> <p>Scott Webster (SW) presented the report which was a follow up to a paper brought to Committee on the 29 August 2023. SW explained the pre-engagement findings and how important it is to have patient and public views to influence the decision-making process. There was a lack of awareness of the service noting this was a GP referring service.</p> <p>An Evaluation Panel took place on 11 December 2023 with a patient representative on the Panel. The options were reviewed. The preferred route was option 4 but to extend with post viral conditions. CPLG also reviewed and were comfortable with option 3 and option 4.</p> <p>All providers voted and made clear it was very difficult for them to move into such a significant change with regard to option 4 unless the contract was extended. ICB Execs recommended option 3 which was to continue with the same service but with reduced resource against service demand but could not commit to a 2-year contract. PHSCC also recommended option 3 with reduced resource.</p> <p>Beth Fletcher (BF) advised the key aims were to collate thoughts about the service and what was important for the future of the service, the engagement platform was used to gather this information using an online survey, face-to-face events, and online events to suit different timetables. 177 people completed the survey and 150 people attended the workshops.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> • Committee felt this to be a really good piece of engagement work across the system and highlighted that the ICB cannot always support the preferred outcome but had a good outcome overall. 	

	<ul style="list-style-type: none"> • The work has highlighted the level of compromise that is often required and also highlights the unknown as there are people out there that do not know the service or are not involved in the service. • It was really interesting to hear about the background work involved in gathering the information required. <p>The Public Partnerships Committee RECEIVED the report.</p>	
PPC/2425/011	<p>Hypertension Project Paper – EDS Domain 1 Topic</p> <p>Presented by Louise Clarke (LC) and BF the report describes the models tested to go further and faster in the identification of hypertension in the Derby City area and level of success of each model particularly public engagement which was used to inform the communications campaign and learning across the system.</p> <p>The ICB were awarded £155,990 to test models to reduce the number of undiagnosed people with hypertension in Derby City. The models included a communications campaign, public engagement, and upskilling volunteers in various communities in Derby City to take blood pressure (BP) readings and increase the number of healthcare professional led BP clinics.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> • The Committee thanked LC and BF for the report which provided a lot of assurance that the appropriate communities were being reached. • It was good to see tangible outcomes with a lot of minority groups being involved and feedback will be given to those that took part. • It was good to have an asset like DHIP involved in taking these projects forward. It does highlight that getting the right connections and materials make an impact. • It would be helpful to see in a year's time what the impact has been and how having more awareness can help improve patient's health in the future. <p>The Public Partnerships Committee NOTED the report.</p> <p>Val Haylett (VH) left the meeting.</p>	
PPC/2425/012	<p>Integrated Care Experience Survey</p> <p>Karen Lloyd (KL) advised a national initiative had been carried out by NHSE, with HPSOS providing the survey, following a request for 8 pilot ICSs to implement this year, and will be rolled out on a yearly basis. DDICB have decided to be a pilot which creates huge IG implications.</p>	

	<p>Around 15 GP practices had agreed to take part with the survey going live on the 16 May 2024 to people that are on the fragility index initially, but it is hoped to roll out to other cohorts at a later date.</p> <p>This will be a baseline measure around how people are experiencing integration. A dashboard will hold the information which could then be triangulated with other data sources.</p> <p>The Public Partnerships Committee RECEIVED the report.</p>	
PPC/2425/013	<p>Committee Annual Report</p> <p>RW took the report as read, commenting that ICBs were still relatively new and still learning.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> • Committee felt the report downplayed how much time they had spent on the engagement strategy and would like the amount of input which had gone into the drafting and formulation of various items, the engagement strategy particularly, to be strengthened. <p>Action: RW to strengthen the areas in the report raised.</p> <p>The Public Partnerships Committee RECEIVED the report.</p>	RW
PPC/2425/014	<p>Public Partnerships Committee Self-Assessment 2023/24 Report</p> <p>Discussed with item PPC/2425/014 above.</p> <p>The Public Partnerships Committee RECEIVED the report.</p>	
ITEMS FOR INFORMATION		
PPC/2425/015	<p>Review of Fertility Policy</p> <p>East Midlands ICBs have worked collaboratively to ensure policies are the same, however, there are differences. There are also legal implications. Once completed the draft policy will be taken through governance routes to go out to pre-engagement.</p> <p>KL advised a case for change was being developed, once completed an engagement plan will be compiled and forwarded to members for comment.</p> <p>The Public Partnerships Committee RECEIVED the report and AGREED an Extra Ordinary Committee will be arranged once the draft policy is ready for comment.</p>	
CLOSING ITEMS		
PPC/2425/016	<p>Forward Planner</p> <p>The Public Partnerships Committee ACCEPTED the Forward Planner.</p>	

<p>PPC/2425/017</p> <p>Assurance Questions:</p>	<p>Assurance Questions:</p> <ol style="list-style-type: none"> 1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? 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? 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? 4. Were papers that have already been reported on at another committee presented to you in a summary form? 5. Was the content of the papers suitable and appropriate for the public domain? 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? 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? 8. What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting? 	
<p>PPC/2425/018</p>	<p>Any Other Business</p> <p>RW commented on the representation at the meeting wishing to have more diversity, with a need to review membership.</p>	
DATE AND TIME OF NEXT MEETING		
	<p>Date: Development Session: 11 June 2024 Time: 09:30 – 12:30 Venue: Coney Green, In-Person</p>	