

## MINUTES OF THE PUBLIC PARTNERSHIPS COMMITTEE

30 July 2024, 10:00 – 12:00

VIA MS TEAMS

<b>Present:</b>		
Richard Wright	RW	Interim Chair Derby & Derbyshire ICB Board ( <b>Chair</b> )
Patricia Coleman	PC	Lay Member for the Derby and Derbyshire Patient and Public Partner Programme
Helen Dillistone	HD	Chief of Staff, DDICB
Kim Harper	KH	Chief Executive Officer, Community Action Derbyshire
Karen Lloyd	KL	Head of Engagement, DDICB
Tim Peacock	TP	Lay Representative
Jocelyn Street	JS	Lay Representative
Sue Sunderland	SS	Non-Executive Member, DDICB
Sean Thornton	ST	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
<b>In Attendance:</b>		
Amjad Ashraf	AA	Specialist Project Manager, Community Action Derby and Co-Chair of Derby Health Inequalities Partnership.
Lucinda Frearson	LF	Executive Assistant, DDICB ( <b>Admin</b> )
Beth Fletcher	BF	Public Involvement Manager, DDICB
Siobhan Horsley	SH	Consultant in Public Health, Derby City Council and Co-Chair of Derby Health Inequalities Partnership
Andrea Kemp	AK	Engagement Specialist, DDICB
Kathy McLean	KM	Chair, DDICB
<b>Apologies:</b>		
Steven Bramley	SB	Lay Representative
Sam Dennis	SD	Director of Communities, Derby City Council
Val Haylett	VH	Governor, University Hospitals of Derby and Burton NHS Foundation Trust
Hazel Parkyn	HP	Governor, Derbyshire Healthcare NHS Foundation Trust
Amy Salt	AS	Engagement and Involvement Manager, Healthwatch Derbyshire
Neil Woodhead	NW	Service Manager, Derby City Council

Item No.	Item	Action
PPC/2425/025	<p><b>Welcome, Introductions and Apologies</b></p> <p>Richard Wright (RW) as Chair welcomed all to the meeting. Introductions were made around the virtual table with Kathy McLean (KM) ICB Chair attending today's meeting.</p> <p><b>Apologies received from:</b> Sam Dennis, Steven Bramley, Neil Woodhead, Val Haylett, Amy Salt, Hazel Parkyn</p>	

PPC/2425/026	<p><b>Confirmation of Quoracy</b></p> <p>The meeting was confirmed as quorate.</p>	
PPC/2425/027	<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> <p>Jocelyn Street (JS) informed Committee that she had been a member of the Patient Engagement and Experience Group for DCHS and has now left and was now a member of their Learning Through Experience Group.</p>	
<b>Minutes &amp; Matters Arising</b>		
PPC/2425/028	<p><b>Minutes from the meeting held on: 30 April 2024 + Extra Ordinary PPC 25 June 2024</b></p> <p>The Public Partnerships Committee <b>ACCEPTED</b> the Minutes of the meeting dated 30 April 2024 and the Extra Ordinary Minutes dated 25 June 2024 as true and accurate records of the meetings.</p>	
PPC/2425/029	<p><b>Action Log from the meeting held on: 30 April 2024</b></p> <p>The action log was reviewed and will be updated for the next meeting.</p>	
<b>Corporate Risk</b>		
PPC/2425/030	<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 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 and able to influence the design and development of services, leading to inequitable access to care and poorer health 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>Risk 03 had been reviewed in Q4 with some significant changes being made. There was no recommendation to change the scores, but Helen Dillistone (HD) brought to Committee's attention additional</p>	

	<p>wording around threat 3. This related to the complexity of service changes which may be required due to the cost improvement programme and other transformation areas of work.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> <li>• A question was raised around the removal of threat 4, resources within the ICB to facilitate engagement, when there was a concern about resources. It was clarified that appropriate funding had been received to assist in fully populating the comms and engagement structure and the team were now pretty much occupied. Threat 4 relates to the resources to manage the insights framework so will remain within the BAF.</li> <li>• It was felt that the work done on re-basing the risks was really helpful and assists in focusing attention on the right elements.</li> <li>• There is a need to ensure that some of the in-progress actions are moved on and embedded as some had been ongoing for a while, but benefits are starting to be seen from those that had been completed.</li> <li>• There was a feeling that the Committee was now actually working on the risk and getting somewhere which indicates the Committee is making an impact and moving the correct way.</li> </ul> <p><b>The Public Partnerships Committee DISCUSSED Strategic Risk 03 and AGREED the recommendation of additional wording against Threat 3.</b></p>	
<p>PPC/2425/031</p>	<p><b>Risk Report &amp; Confidential Risk Report - July 2024</b></p> <p>The purpose of the paper is 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 are being taken to mitigate them. The Committee are responsible for 2 ICB corporate risks: -</p> <p><b><u>RISK 13:</u></b> <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><b>It was recommended that the overall risk score remains at level 6.</b></p> <p><b><u>RISK 17:</u></b> <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><b>It was recommended that the overall risk score remains at level 12.</b></p> <p><b><u>RISK 27:</u></b> <i>As a result of the introduction of the new provider selection regime, existing processes to connect PPI governance into change programmes may weaken. This may result in services not meeting</i></p>	

	<p><i>needs of patients, reduced PPI compliance, risk of legal challenge and damage to NHS and ICB reputation.</i></p> <p><b>It was recommended to reduce the overall risk score from a high score of 12 to a high score of 9.</b></p> <p><b>The Public Partnerships Committee RECEIVED Risk 13, Risk 17 and Risk 27 assigned to them.</b></p> <p><b>The Public Partnerships Committee APPROVED the risk score for Risk 13 to remain at level 6.</b></p> <p><b>The Public Partnerships Committee APPROVED the risk score for Risk 17 to remain at level 12.</b></p> <p><b>The Public Partnerships Committee APPROVED the risk score for Risk 27 to be decreased from level 12 to level 9.</b></p>	
<p>PPC/2425/032</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>There were 3 highlighted on the report but not of great concern: -</p> <ul style="list-style-type: none"> <li>• Improving prescribing of best value direct oral anti-coagulants (DOAC)</li> <li>• Talking Therapies contractual model and sourcing approach</li> <li>• Branch site in Mackworth</li> </ul> <p>Karen Lloyd (KL) highlighted a service commissioned from Greater Manchester in Buxton that had recently been added to the log. A dermatology clinic whose consultant was retiring at the end of August and had not been able to recruit a new consultant to deliver the service. The clinic is to close, and the patients will be directed to other clinics. Greater Manchester have not done any involvement around the closer, however, a Derby and Derbyshire team member will talk to members of the clinic to find out the best place to visit once closed.</p> <p><b>The Public Partnerships Committee NOTED and took ASSURANCE from the report.</b></p>	
<b>Corporate Assurance</b>		
<p>PPC/2425/033</p>	<p>Working with Derby Health Inequalities Partnership (DHIP) &amp; Impact Report</p> <p>Siobhan Horsley (SH) and Amjad Ashraf (AA) provided Committee with a presentation of highlights from within their report and background to the work of the DHIP emphasising community-led planning and engagement to address health inequalities. The partnership aims for a culturally competent system with community voice at its heart, focusing</p>	

	<p>on consultation, health promotion, and advising the system while holding it accountable.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> <li>• A really powerful presentation and great to see the responses and actions now taking place from feedback.</li> <li>• It was questioned what happens next in terms of feedback to the communities to assure them it is worth trying. Work carried out from community gathered information and its achievements fed back is just one way of building trust when they see something happening.</li> <li>• Strong relationships have been built through this work the question was asked if there was a way to work with DHIP to try to encourage applicants from the communities to join the Lay Reference Group or this Committee as we look to have more diverse members.</li> </ul> <p><b>The Public Partnerships Committee RECEIVED the report.</b></p>	
<p>PPC/2425/034</p>	<p>Co-Production Framework – Update</p> <p>Beth Fletcher (BF) provided background information before giving an update on the current position of the framework. A working group had been developed across the system their first question being what was required from the Co-Production Framework from which an action plan was created along with a list of principles. A self-reflection tool was then established.</p> <p>A Co-Production event organised attracted a large number of attendees from which information gathered will go to the working group and assist in the production of the action plan. The next step will be to look at enablers and how to change attitudes.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> <li>• It was good to hear about the work being done to build that system and the design of it. Great to see it going forward and the report will be taken back to Trust Boards as these are key steps that need to be taken by all providers.</li> <li>• Looks great and the whole team and tools for people to consultant and talk across Derbyshire is immense.</li> </ul> <p><b>The Public Partnerships Committee NOTED the report.</b></p>	
<p>PPC/2425/035</p>	<p>Lay Reference Group Establishment</p> <p>Andrea Kemp (AK) advised the work was just beginning and involved citizens, communities, and infrastructure organisations to develop a shared understanding of and a shared purpose of what we wish this to be and then to develop that into some co leadership.</p>	

	<p>This will not be an additional layer it is moving from the committee some of the process type work whilst allowing people to become more involved.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> <li>The Committee felt that I was important to get this right but would be great to see it gathering pace and begin moving forward.</li> </ul> <p><b>The Public Partnerships Committee NOTED the updated report.</b></p> <p>KM and HD left the meeting.</p>	
PPC/2425/036	<p>Fertility Engagement Update</p> <p>KL informed Committee all was progressing well. The East Midlands were trying to create a fertility policy from currently 7 slightly different policies. A completed case for change outlining a number of different proposals to help create that policy for the Midlands will go to the Joint East Midlands Commissioning Committee on the 15 October 2024 with the pre-engagement lasting until Christmas.</p> <p><b>The Public Partnerships Committee RECEIVED the updated report.</b></p>	
PPC/2425/037	<p>Integrated Care Experience Survey Update</p> <p>KL advised the survey was still live until the end of July. Derbyshire was leading with around 8.5k samples, with only 4.5k required. It was anticipated that Derbyshire's survey results will be representative of the population as a wide range of GP practices were involved in gathering examples.</p> <p>A session is to be organised around the dashboard to show the quantitative data and compare to other data information followed by local launch events. This data will underpin a national integration index which will be like a performance measure for systems.</p> <p>The Committee offered the following comments and questions: -</p> <ul style="list-style-type: none"> <li>It was good to read how well Derbyshire was progressing and look forward to the further impact of embedding the insight framework and the results in shaping future health care.</li> </ul> <p><b>The Public Partnerships Committee RECEIVED the update report.</b></p>	
<b>CLOSING ITEMS</b>		
PPC/2425/038	<p><b>Forward Planner</b></p> <p><b>The Public Partnerships Committee ACCEPTED the Forward Planner.</b></p>	
PPC/2425/039	<p><b>Assurance Questions:</b></p> <p>1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes?</p>	<p>Assurance Questions:</p>

	<ol style="list-style-type: none"> <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/2425/040	<p><b>Any Other Business</b></p> <p>No further business was raised.</p>	
<b>DATE AND TIME OF NEXT MEETING</b>		
	<p><b>Next Meeting:</b> 24 September 2024 Time: 10-12noon Venue: MS Teams</p>	