

Agenda item: 15.0

Governing Body

REPORT

Subject	Delivering on our statutory duty to involve – the Patient and Public Reference Committee
Date	20 November 2017
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Executive Summary

We have a statutory duty to involve Public and Patients in our work. This paper provides an outline proposal for a new look committee, which will ensure that we involve our communities in our work and that their views are incorporated into our commissioning decisions.

The proposal follows a review of the existing Patient and Public Engagement Forum (PPEF), by the Communications and Engagement team, members of the Forum and independent representatives from Healthwatch, the Equalities Manager and locality representatives.

The purpose of the review was to ensure the Forum was functioning effectively and delivering on its purpose of providing assurance to the ICQC and the Governing Body.

The review was undertaken following a period of poor attendance to the Public and Patient Engagement Forum and concerns that this was preventing us from meeting our duties.

A series of meetings were held to discuss the current group, review best practice from other CCGs and identify options to take forward.

In a final meeting, which was attended by the Lay Member for Patient and Public Engagement, Alison Borrett, the group agreed on the third option, to refresh the current governance arrangements by disbanding the current group and creating a new Committee that reports directly to the Governing Body.

On 30 August, this paper was presented to ICQC for consideration. The Chair agreed to pass this to Governing Body for consideration and ratification.

Recommendation

Our recommendation is for the Governing Body to agree to the third option, which is supported by Patient and Public Engagement Forum Members, to disband the existing Patient and Public Engagement Forum and create in its place a new Patient and Public Reference Committee (PPRC) that reports directly into the Governing Body.

Links to the business and risks

Relevant Strategic Objectives 2017/18 (please mark in bold)
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice.
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.
We will operate and manage our Governing Body to the highest standards of accountability and transparency.

Links to Board Assurance Framework / Corporate Risk Register	7: Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.
Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)	Risk 47 in the Communications and Corporate Affairs risk log. As a result of poor attendance at the Patient and Public Engagement Forum, there is a risk that we will not meet our statutory duty to involve.
Financial Implications / impact	There will be no additional financial resource associated with this proposal.
Legal Implications / impact	
Partnership work / public engagement implications / impact	If accepted, this proposal will ensure that we can assure the Governing Body that we are fulfilling our statutory duty to involve. It will also enable better engagement with communities in Bedfordshire.
Committees / groups where this has been discussed before	This paper was discussed at ICQC on 28 June. It has also been discussed with existing members of the Patient and Public Engagement Forum and representatives from Equalities and Healthwatch Bedford Borough and Healthwatch Central Bedfordshire.
Other options available and their pros and cons	Other options that were considered are set out in the paper. On balance, it was agreed that the other options would not provide the engagement that is required and membership of the groups would be difficult to recruit to.
Background papers	

Background

Increasing concerns about the lack of meaningful engagement secured through the Patient and Public Engagement Forum (PPEF) has prompted a review of the current governance arrangements. After a series of discussions with patients, public members, Healthwatch and members of the Governing Body, a focus group was set up to review options and agree on a new approach to ensure that Bedfordshire Clinical Commissioning Group continues to meet its statutory duty to involve.

Our statutory duty

Under the Health and Social Care Act, 2012 – Section 14Z2, all Clinical Commissioning Groups are required to “make arrangements to secure that individuals to whom the services are being or may be provided are involved, whether by being consulted or provided with information, or in other ways”.

Furthermore, under our Constitution, the Lay Member for Patient and Public Engagement is required to:

- Approve the CCG’s strategies and plans for effective, meaningful and genuine patient and public engagement;
- Provide a central point for patient views and experience to be collated, coordinated and acted upon;
- Act as a critical friend to ensure that the Patient Voice and principles of inclusivity, equality and diversity are embedded in our work
- Set direction and provide assurance on the way we listen to patients and staff and take effective action on issues raised;
- Ensure we implement national engagement policy and recommendations;
- Monitor the implementation of agreed objectives and outcomes;
- Support BCCG in being transparent and publicly accountable.

At the inception of Bedfordshire Clinical Commissioning Group in 2013, governance arrangements were put in place to help us to deliver on our statutory duty. However, these arrangements were revised in 2015 following recommendations from the Good Governance Institute (GGI), which changed how we sought to deliver on our statutory and constitutional responsibilities.

The current governance structure

The current model, the Patient and Public Engagement Forum (PPEF) was introduced in 2016 to replace the Patient Engagement Forum (PEF). This changed the status of the Forum from a committee of the Governing Body to a sub group that reported into the Integrated Commissioning and Quality Committee (ICQC), which subsequently reported to the Governing Body.

Prior to this change, the Public Engagement Forum was made up of representatives from the two local Healthwatch organisations, members of the Patient Locality Network, public members and Bedfordshire Clinical Commissioning Group’s Equality and Diversity Manager, which enabled the group to perform a scrutiny function, whilst also reflecting patient feedback from Patient Participation Groups (PPGs).

Following recommendations from the Good Governance Institute (GGI), the membership of the Forum changed, with Healthwatch representatives moving off the PEF into the ICQC and public members left the group. Members of the Patient Participation Locality Networks were elected to serve on the new Patient and Public Engagement Forum (PPEF) to represent the views of patients from Patient Participation Groups.

What are the issues?

The change in membership altered the focus of discussions at the Forum. Input concentrated on patient experience predominantly and while details on emerging strategies were provided, the information was considered too high level and intangible for patients to translate to patient groups. This started to cause concern for the membership who felt unable to contribute to and scrutinise engagement plans and unsure of the value they were adding to the patients in the PPGs.

Despite training and a review of the Terms of Reference (TOR) for the group, attendance waned, which prevented the communications and engagement team from gaining input and assurance on a range of projects being undertaken by the organisation.

In addition to low attendance, duplication was developing, as the communications and engagement team sought input from Healthwatch and other partner groups and forums, which circumnavigated the PPEF and in some ways, rendered it redundant.

Members of the PPEF also reported that they felt that the group was no longer as influential as it had been when it reported into the Governing Body and included representatives from the wider community.

How did we take this forward?

On 20 June, existing members of the PPEF met with the Equalities Manager, locality representatives, Healthwatch Bedford Borough and Healthwatch Central Bedfordshire. The Consultation Institute was invited to provide an overview of best practice from across the country and to bring to life some of the new guidance from NHS England on engaging with local people.

The outcomes of this meeting were discussed at ICQC on 28 June and permission was provided by that committee for further work to take place with the focus group, to identify options for development. This meeting was held on 17 July to review options with PPEF members, Healthwatch, locality representatives and the Equalities Manager, to agree the next steps.

What options were discussed?

After extensive research with the Consultation Institute and in discussion with other Clinical Commissioning Groups around the country, three options were considered. They were:

Option One: The Status Quo – This option would see the Patient and Public Engagement Forum remaining with the same membership. The Forum would continue to report into the ICQC, but members of the Forum would be asked to prioritise meetings and the Terms of Reference (TOR) would be reviewed again to ensure that members were clear on their role.

Focus group feedback - This was considered not to be a viable choice, as members believed that the PPEF did not have the influence or credibility with the Governing Body or have the right membership to meet the constitutional duties.

Option Two: Revert to the Public Engagement Forum model – This option looked at how feasible it would be to change governance arrangements to keep the existing membership of the Forum but re-establish it as a formal committee of the Governing Body and invite Healthwatch and public members back into the membership. This is a model that is adopted by many CCGs including Camden, Reading and Enfield.

Focus group feedback - While this appealed to some members of the existing Forum, Healthwatch colleagues and members of the Patient and Public Network were concerned about duplication of attendance at committees and the communications and engagement team were concerned that the membership should be wider to ensure it includes the views of different parts of Bedfordshire's diverse communities.

Option Three: The Community Model – This option would see a new look committee established, which takes on board best practice from other CCGs and the latest thinking from the Consultation Institute, which was developed in conjunction with emerging STPs. The Committee would be a formal committee of the Governing Body and act as a scrutiny to provide assurance that meaningful engagement is underway to ensure Bedfordshire Clinical Commissioning Group delivers on its statutory and constitutional responsibilities.

The membership of the committee would include patient representatives from the locality groups, as well as Healthwatch, young people, place based local authorities, an equalities representative, a member of the practice team and a representative from the voluntary sector.

While the committee would be used to scrutinise plans and provide input, a wider membership group of up to 600 representatives would be developed so that the communications and engagement team could draw on more views from interested parties on an issue by issue basis for example around Primary Care and Mental Health. Members would be asked to attend meetings or provide input remotely, to ensure that as many patient and public views as possible are included in the development of plans from the outset.

Engagement with the wider membership group would be continuous with a private platform established to ensure that we keep members up to date and active, so that we can draw on their views when required. Bedfordshire Clinical Commissioning Group already has a dormant membership of 400, which means recruiting to this community would not be too onerous or resource intensive.

Focus group feedback – This was considered to be the preferred option for the group, as it addressed concerns about influence with the Governing Body and also incorporated the latest thinking in engagement. Members expressed support for this option believing this approach would bring about meaningful engagement and enable us to deliver our statutory and constitutional responsibilities.

Acting on feedback

With this feedback from patient and public members, Alison Borrett, Governing Body Lay Member for Patient and Public Engagement asked existing members to vote on the preferred approach.

The PPEF was quorate and voted for the existing PPEF to be disbanded and a paper drafted for ICQC members to consider and support the development of a new Patient and Public Reference Committee, which would report directly into the Governing Body.

This paper was presented to members of the ICQC on 30 August and the Chair recommended that it be shared with Governing Body for consideration and ratification.

What's next?

If this approach is ratified by the Governing Body, members of the PPEF would need to seek re-election from their Locality Groups and the communications and engagement team would begin to recruit to the scrutiny group and wider membership.