

# Planned Care Delivery Board

## Involvement Group Meeting

Wednesday 24 May 2023, 1:30pm - 3:30pm held at The Old Fire Station, Gipton, Leeds (LS9 6NL)

Note-taker AS

**Attendees:** Adam Stewart (AS), Trina Elkington (TE), John Curtin (JC), Martin Schweiger (MS), Emma Greetham (EG), Joanna Bayton-Smith (JBS)

## Agenda

1. Introductions
2. Review of the public involvement workshop, 1 March 2023
3. Purpose of the group + Terms of Reference
4. Support
5. Community Diagnostic Centres (CDCs)
6. AOB

### 1. Introductions

The group introduced themselves and were welcomed to the session

### 2. Review of the public involvement workshop

JBS summarised the discussions at the first workshop around the key themes of the insight report and the gaps, and reminded the group slides and notes from that session are available on the website here: <https://www.healthandcareleeds.org/have-your-say/shape-the-future/populations/planned-care/>

### 3. Purpose of the group and terms of reference

AS initiated a discussion about the purpose of this group. He first recapped the discussions held at the public involvement workshop around public assurance and representation on the board, including the discussions held with attendees at the workshop.

- People agreed that there is a need to increase the membership to draw a wider perspective. The group discussed linking in with planned care providers, such as Leeds Teaching Hospitals NHS Trust (LTHT) and Leeds Community Healthcare NHS Trust (LCH), as they are beginning to explore involvement in planned care services. They also agreed that a wider network / mailing list of interested people should be supported to encourage wider involvement.
- The group discussed representation on the group. It was agreed that although we should strive for as broader representation in the membership as possible, it is more important that members of the group are representative in the way they work, considering the needs of the different communities and demographics that make up the population in Leeds.
- The group agreed that any members need to take a step back from their own experience and represent the wider patient experience.

- The group discussed what the expectations of the group are. They discussed, and liked, the idea of being a place to be a 'critical friend' to hold the board and organisations to account. They agreed that the themes generated in the insight report are a good point of reference.
- They also agreed that the group could be a point to be consulted on planned engagement activities, 'you said, we did' developments and plans to address the gaps in what we already know.
- People also discussed the role of someone sitting on the board and whether someone should be sat at the board meetings every month. The group discussed this and agreed that involvement related discussions should involve members of the board / commissioners / organisations, coming to the group to allow for a wider discussion with more members, rather than one member attending the board meeting.
- People agreed that there should be roles for the group to support separate projects to provide ongoing assurance.
- The group agreed that this work should be more substantial than what is a 'meeting in a focus group' and should be aiming for a higher level of involvement and responsibility (see Level 2 / 3 of NHS England's Patient and Public Voice Partners (PPVP))
- People would like the group to meet every two months for one hour. They would like the meeting to be face-to-face at the Fire Station in Leeds.

**Action** – AS will create a draft Terms of Reference for the group based on the discussion and share with the group.

#### 4. Support

The group briefly discussed what support they think they might need to enable them to carry out their role in ongoing public assurance and representing the wider population of Leeds:

- Reference sheets – simple 'crib sheets' with things to remember on (such as key questions, protected characteristics etc.).
- Time – enough time to read and consider things that have been asked of the group (such as documents, plans etc.).
- Ability to contribute to discussions even if members can't be present at meetings.
- Expenses covered
- Remuneration for time involved – it was discussed that acknowledging the time and effort that goes into supporting the work is important. AS noted that this is part of a wider conversation to get consistency in Leeds around this.
- Training – so that people clearly understand their roles and responsibilities, as well as develop the skills to do what is needed.
- Mentoring – a dedicated person to contact to discuss the role
- Ground rules

## 5. Community Diagnostic Centres

AS and JBS presented to the group around Community Diagnostic Centres (CDCs). AS began by briefly outlining the legal duty to involve people in changes to services. JBS then presented on the plan to bring three CDC sites to Leeds. There was a look at the Equality Impact Assessment (EIA) for this work too, exploring why an EIA is important and what it tells us in relation to CDCs.

This conversation aimed to give the group an opportunity to start considering involvement activities and the questions they might ask to provide assurance.

**Action** – the group were asked to read through the slides and EIA and send thoughts and feedback to AS. It was noted that they are here to comment on the involvement elements, not the project itself. Prompt questions will be provided by AS.

## 6. Next Steps

The group identified a number of next steps.

- AS to add workshop notes to the website
- AS to draft a simple terms of reference for the group to consider
- Members to continue thinking about how we can make the group more representative
- AS to ask the board for a response to the themes identified in the insight report
- AS to share the slides from the session with members
- Members to read through documents related to CDCs and send comments through by Monday 5 June 2023
- AS will email group to discuss next meeting / frequency of meeting.