

<i>If a decision is required please indicate which CCG is being asked to approve this report</i>	South Devon and Torbay CCG	<input type="checkbox"/>
	Northern, Eastern and Western Devon CCG	<input type="checkbox"/>

Engagement Committee in Common: Chair's Report (Public)

1. Executive Summary

The latest meeting of these committees in common took place on 10 April 2018, chaired by Chris Peach, Non-executive Director for Patient and Public Involvement, South Devon and Torbay CCG. The committees considered:

- A Decision Making Framework
- Future engagement in relation to major service change or reconfiguration
- CCG Annual Report
- Involvement Report
- Forward planner
- Review of Committee's Terms of Reference
- Risk and Assurance Report

2. Purpose of report

This Report highlights for Governing Bodies meeting in Common, the range of engagement and related activity reviewed, including actions from previous meetings. The role of the committees meeting in common is to give governing bodies assurance that effective engagement is taking place and that statutory duties are being met.

3. Content (risk and assurances)

The core issues of the meeting were:

- **Minutes of the meeting held on the 5th February 2018** were approved with one amendment. Both these and this Chair's Report of the meeting are available from both CCG's websites.
- **A Decision Making Framework:** the committee received a presentation on a Decision Making Framework, which has been commissioned by the NEW Devon, South Devon & Torbay, Kernow and Somerset CCGs, with the support of the South West Academic Health Science Network (SWAHSN). The Framework is based on NHS values and statutory guidance and is designed to be used by commissioners to ensure that they are consistently applied to decision making. The committee supported the Framework and asked the governing bodies to consider how it would make sure that it was used appropriately and transparently.

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- **Future engagement in relation to major service change or reconfiguration;** the formal process and milestones for planning, engaging and assuring projects that may result in major service change was discussed, together with draft engagement approaches for potential service change in Holsworthy, Teignmouth and for maternity services.
 - A public meeting was being held in Holsworthy on 19 April which will begin a period of engagement regarding the future use of beds at Holsworthy Hospital. The meeting is being organised by Holsworthy Town Council in association with the League of Friends and the CCG. The engagement plan was considered, which set out how we would build on engagement activity undertaken by North Devon Hospital Trust in relation to this issue, the way stakeholders would be engaged and the manner in which the CCG would evaluate the engagement feedback.
 - It was anticipated that engagement in Teignmouth would begin on 30 April, preceded by a briefing of the Coastal Engagement group. Engagement will cover the work and future location of the local health and wellbeing team, its possible co-location with GPs in a new building and the possible move of other services and some voluntary sector groups to the same building. It will also cover the possible sites for a new building and the possible closure of the current hospital building if the various proposals were to be implemented.
 - Engagement on maternity services will cover the national “Better Births” initiative and the recommendations which came out of last year’s acute services review which suggested retaining consultant led maternity services at all Devon’s acute hospitals, providing a choice of home or midwifery led births and the co-location of midwifery led units alongside the consultant led units. It is likely that this engagement will start in May

Following a wide ranging discussion, committee members stressed the importance of transparency and the availability of clinical evidence to support the possible changes under discussion. The committee supported the approach set out to the committee in relation to each of the above projects.

- **CCG Annual Report:** CCGs are required to prepare annual reports, which explain how their public involvement duty in the previous financial year has been fulfilled. Due to the close working between NEW Devon and South Devon and Torbay CCGs over the past year, it has been agreed that the same core material will be used in both organisations’ annual reports. Within these there will be a specific section on engagement and public involvement and the range of topics to be covered were discussed with the committee. The committee stressed the importance of being specific in relation to the changes that had been made as a result of public and patient engagement and the CCG participation in a range of local community based conversations which have been held in the past year.
- **Involvement Report:** the monthly involvement report was reviewed and which summarises activity underway/planned against the NHS England assessment criteria for engagement. The committee discussed finding a way of also reporting on engagement activity undertaken by providers and the CCG assurance of providers in relation to their engagement obligations.

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A proposal will come to a future meeting. A copy of this report, minus any activity which was in the early planning stage and therefore not at point where publication would be beneficial, is available as an appendix to this Chair's Report.

- **Forward planner:** the committee received a draft work plan for the remainder of the financial year, designed to ensure that it covered all the engagement activity that is taking place in a way that enables it to provide appropriate assurance to the governing body. It was agreed that this would be a standard item on future agendas and that additional activity would be added in the course of the year.
- **Review of Committee's Terms of Reference:** the Common Effectiveness Report on the workings of the committee was received and which indicated a reasonable level of satisfaction in the way the committee had functioned in its early meetings. At its inaugural meeting last year, the committee had agreed to review its Terms of Reference after three meetings. Some minor changes around membership and quoracy were recommended and agreed. These will now be considered by the Governing Body Meeting in Common in July.
- **Risk and Assurance Report:** a responsibility of the Committees in Common is to review those CCG Risks which are related to engagement activity. In reviewing these, members agreed that the report should come to the committee twice a year unless there were any significant variations which needed to be considered.

Members were reminded to complete the online post meeting effectiveness survey , designed to help improve the working of the committees in common.

4. Recommendations

The NEW Devon and SDT CCG's Engagement Committees in Common request that the respective governing bodies note this report and request any further actions that may be required.

Report author and job title: Ray Chalmers, Head of Communications and Strategic Engagement SDT CCG

Executive Lead: Andrew Millward

Job Title: System Lead Director of Communications and Engagement

Date of Approval by Executive: 26 April 2018

Devon CCGs - Involvement Report to Engagement Committee - April 2018 v4

Project/ task	Purpose	Who needs to be involved and how	Progress & comments	Outcome/ measure of success	Timeframe	NHSE Indicator (see pg 10)
Sustainability and Transformation Partnership (STP) ➤ Strategy	Engage on the STP strategy and next steps	<p>We will hold community conversations to engage with the general public.</p> <p>STP organisations will organise this and ask Healthwatch to assist.</p>	<p>A strategic approach is being planned to involve and engage on the whole strategy refresh. This would give us a good opportunity to revisit our previous conversations with the public.</p> <p>This is supported by the CCG Governing Bodies and NHS England.</p>	STP strategy and plans informed by public and patient involvement	Summer 2018	1, 2, 4, 5, 6, 7, 8, 9, 10, (11), (14), (15), (16), (17), (18), (19)
STP workstreams:						
➤ Maternity	To ensure our maternity system is able to meet national requirements set through Better Births, and respond to recommendations made through the Acute Services Review	<p>We will need to involve new parents, Maternity Voices, children's centres, social media networks such as Mumsnet, health and social care provider staff, GPs, SWAST and respond to geographically specific needs.</p> <p>Support will be needed from: Living Options to discuss with equality</p>	<p>Currently collating what we already know.</p> <p>Engagement plan being developed.</p> <p>Testing questions for engagement with Maternity Leadership Group</p>	Progress in taking forward outcomes of Acute Services Review and Better Births informed by experience of parents.	Report to Engagement Committee April meeting	4, 5, 6, 7, 8, 9, 10, (11), (13), (14), (15), (16), (17), (18), (19)

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		minority groups Maternity Services Liaison Committees, Health visitors				
➤ Learning Disability	Workstreams: <ul style="list-style-type: none"> • Strategy • Tackling Health Inequalities • STOMP • Learning Disability Death review • Independence and Citizenship • Transforming Care • Autism • Workforce and staffing 	We will need to involve: people with learning disability or autism and their families/carers Support will be needed from: Healthwatch, Learning disability support organisations, care providers.	Reviewing existing strategy to see how we achieved previous commitments. Lead into vision for future services Engagement events being planned in each local authority area.	Strategy will be developed with people with learning disability or autism.	Stake-holder Events in April	4, 5, 6, 7, 8, 9, 10, (11), (13), (14), (15), (16), (17), (18), (19)
➤ Primary Care		We will need to involve: General Practice, Patient Participation Groups and general population	PPG network development – see below – going to Primary Care Committee. GP engagement re delegated commissioning in NEW Devon.		Likely to be complete by end of May	

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<p>➤ Planned care</p>	<p>Shared care decision-making - Involving patients in musculo-skeletal pilot</p> <p>Planned Care Hip and Knee engagement on introduction of new approach to assessment for surgery. Two purposes: In Western to identify the best setting in which to conduct the assessments</p> <p>Across Devon to gather patient experience feedback from patients being assessed from</p>	<p>We will need to involve: Clinicians providing the pathway services, Extended Scope Practitioner Physiotherapists (ESPs). Patients who have had surgical management and those who have experienced more conservative treatment of physio, information and lifestyle change to be invited.</p> <p>We will need support from: Healthwatch Devon, Plymouth and Torbay to share the invitation. CCG community representatives to share the invitation PPGs to share the invitation Hikmat to highlight this opportunity to</p>	<p>Underway</p> <p>Engagement leads have circulated a role-specification advertising for patients to be involved with this evaluation process.</p> <p>Looking to involve a representative group of patients and therefore are proactively trying to recruit younger patients and patients from harder to reach groups.</p>	<p>Survey/ feedback report</p> <p>For western: report to inform the decision about which of three providers will provide the service going forward.</p> <p>Across Devon: feedback report to inform the evaluation of the assessment and any changes/ improvements and support required.</p>	<p>Progress report to EC Aug</p> <p>December 2017</p> <p>January – Mar 2018</p>	<p>2, 4, 5, 6, 7, 8, 9, 10, (11), (13), (14), (16), (17), (18), (19)</p> <p>1, 2, 4, 5, 6, 9, 7, 8, 10, (11), (13), (14), (15), (16), (17), (18), (19)</p>

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	Jan-Mar 2018 to evaluate.	<p>people from ethnic minority groups Living Options Devon to share invitation with harder to reach groups.</p> <p>People we will engage with: All patients on the hip and knee pathway from January 2018 to end of March 2018. Clinicians, GPs, ESPs</p> <p>Support: Provider organisation staff to recruit patients to the evaluation.</p>				
Other work						
Children's community health services procurement	Children, young people, parents, carers, professionals able to influence	We will need to involve: Children, young people, parents, carers, professionals able to influence specifications and procurement process details here	Procurement now underway. A group of parents are involved in the procurement process. Living Options Devon is facilitating involvement of children and young people.	Specifications, procurement process and development of service influenced by user experience	Engagement Nov 2017 Procurement Feb-July 2018 Report to Engagement Committee	1, 2, 4, 5, 6, 7, 8, 9, 10, (11), (13), (14), (15), (16), (17), (18), (19),

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	specifications and procurement process	Support: details here			October	
Prescribing of over the counter medicines	To inform the CCG response to the NHSE consultation on this topic. Audience: PPGs and Healthwatch only because of the tight deadline.	We will need to involve: Those members of the Devon population we can reach within the deadlines available. Support: PPGs to share the survey with wider population. Healthwatch to share the survey with wider population.	A single question survey has been shared with PPGs and Healthwatch (06/03/2018) with a deadline for responses of (12/03/2018)	CCG is in a position to respond to the national survey informed by patient and public view of the proposal to not prescribe certain low cost medicines that are easily bought over the counter.		4, 5, 8, (18),
Teignmouth Hospital post consultation engagement	Engagement process to review progress in locality since consultation, to determine any further action	We will need to involve: Population of Coastal locality	Currently scoping. NHSE approves the principle of full involvement and engagement on any specific service changes in February/March followed by consultation in May if feasible.	Review of how the health and wellbeing team is supporting patients, the need for intermediate care beds and the needs of primary care in context of ETTF funds.	By April 2019 Report to Engagement Committee April/June	1, 2, 4, 5, 6, 7, 8, 9, 10, (11), (13), (14), (15), (16), (17), (18), (19),

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Lower Limb Therapy Service	Bringing the service to a central team, expanding the clinics, developing Well Leg Clubs, less care provided in primary care.	We will need to involve: PPGs and other locality engagement representatives in the first instance.	Presentations being given to locality engagement groups in South Devon and Torbay and feedback sought.	Service will be developed in conjunction with feedback sought from patient groups.	Report to Engagement Committee June	5, 6, 7, 8, 10, (11), (16), (18),
Holsworthy http://www.northdevonhealth.nhs.uk/have-your-say/Holsworthyengagement/	In March 2017 the Trust announced growing safety concerns which meant it was not considered safe to continue operating the 16 inpatient beds at Holsworthy Community Hospital. And temporarily closed it.	Audience: Cllr. Barry Parsons, Mayor John Hutchins, Holsworthy community, NHS Providers and Commissioners	NDHT held two public meetings and eight drop-in sessions, and attended a town council meeting in public to explain the situation, listen to the community and hear their concerns. As a result of the ongoing dialogue with the community and some of its leaders/representatives, there is an expressed willingness to work alongside us to support the Trust address its safety concerns. NHSE approves the principle of the CCG involving and			

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	<p>There were:</p> <p>1. Insufficient availability of staff to run the inpatient unit safely.</p>		<p>engaging the community in looking at potential options for services in Holsworthy in April. If necessary followed by consultation.</p> <p>Holsworthy town council and hospital league of friends in association with the NHS are holding two public meetings on April 19th one at 3.30 and one at 7.00pm at Holsworthy Sport Hall</p> <p>These meetings are the start of a wider engagement exercise with local community for a period of 12 weeks. These meetings have been advertised in the local newspaper and in posters in the town as well as in Healthwatch's Voices publication.</p>			
<p>Equality, Diversity and Inclusion – Equality Delivery System (EDS2)</p>	<p>Ask patients and public if they think we are meeting the objectives NHSE has set us under the EDS2 scheme.</p>	<p>Who needs to be involved: general public and stakeholders profiled in engagement plan</p> <p><i>Patient experience collaborative:</i> to publicise and share the EDS2 questions</p>	<p>Case example films have been made, subtitled and interpreted into BSL.</p> <p>Engagement process launched in conjunction with collaborative NHS organisations in Devon.</p> <p>Engagement Gateway request completed for Living</p>	<p>Understanding of how accessible public feel our work is.</p> <p>Evidence to report to NHSE for assessment.</p>	<p>April – October 2018</p> <p>Report to EC June</p>	<p>2, 4, 5, 6, 8, 9, 10, (11), (15), (17), (18)</p>

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		with their service users. Healthwatch Devon, Plymouth and Torbay to publicise and share the EDS2 questions Living Options Devon to publicise and share the EDS2 questions with harder to reach groups.	Options Devon			
GP Patient Participation Group (PPG) Network	Work with PPG Chairs to develop a network	Who needs to be involved: PPGs across Devon including networks in Cornwall. We need support from: PPG Chairs	Working group set up, led by PPG Chairs. Survey of PPGs being evaluated and PPG leads are using the findings to help develop their local and Devon-wide network. Completed reports available here . The group are looking to draw up a work plan to respond to the support needs identified in the reports and make contact with other PPGs across the peninsula. PPG network development – to be shared with Primary Care Committee.	A PPG network that can sustain itself and which the CCG can connect with for engagement.	Survey findings being shared through January 2018. Report to EC August following PCJCC	3, 4, 6, 8, 9, 10, (11), (13), (14), (15), (16), (17)

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Engagement, patient experience, and communications strategy	Develop shared strategy across both CCGs and update to reflect NHSE requirements	Healthwatch, involvement stakeholders, equality groups, NHSE, CCG staff likely to be involved	Draft strategy document being put together	Strategy and Policy	Report to EC June	1, 2, 4, 5, 6, 7, 8, 9, 10, (11), (15), (16), (17), (18),
Involvement Structures	Review and standardise the regular structures we have for involvement across the CCGs	We need to involve: locality PPG and engagement Forums that the CCG already supports through administration or attendance. Voluntary and community networks	Presenting proposals to equivalent of area stakeholder groups, as well as some smaller ones.	Regular involvement with clear purpose and membership to feed into Engagement Committee	Report to EC April	1, 2, 4, 5, 6, 7, 10, (15), (17)
Diabetes NDPP	To explore with patients, primary care providers, the local community (Tavistock), providers and the voluntary sector how support for self-	We will involve: Those we engage will all come from Tavistock. Patients with type 2 diabetes Patients with pre-diabetes Children and young people Schools Weight watchers	Initial meeting with a patient representative to discuss how this might be done. The meeting resolved on two areas of work: 1. Involve patients in designing health and wellbeing hubs in Plymouth to include the kind of preventative support to help challenge the rise of type 2	Reduced occurrence of type 2 diabetes through co-produced interventions.		1, 3, 5, 6, 7, 8, (13), (15), (16), (17), (18),

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	management and early prevention education can be improved.	Voluntary sector Health and Wellbeing forum Wider local community GPs, pharmacists, social care provider staff Local councillors Tavistock hospital staff We will need support from: <i>Tavistock Health and Wellbeing forum</i> (Karen Nolan) to provide links into wider voluntary community in the town. <i>Others TBC</i>	diabetes. 2. Work in a smaller geographic area with all partners and communities to do the same. The target community for this is Tavistock.			

Annex: Framework for NHSE indicator 51 (166a): CCG compliance with statutory guidance standards of patient and public participation in commissioning health care (bracketed numbers are 'Involving people in their own health and care' actions)

Domain A	Domain B	Domain C	Domain D	Domain E
<p>1: Involve the public in governance</p> <p>7: Implement assurance and improvement systems</p> <p>10: Hold providers to account</p> <p>(14.) Commission for individual involvement</p> <p>(16.) Assure themselves that providers are involving people in their own health and care to an acceptable standard</p> <p>(18.) Assure themselves that they are commissioning services that match the needs and preferences of their population</p> <p>(19.) Implement a workforce strategy to support health and care professionals to involve people in their own health and care</p>	<p>3. Demonstrate public involvement in Annual Reports</p>	<p>2. Explain public involvement in commissioning plans</p> <p>4. Promote and publicise public involvement</p> <p>5. Assess, plan and take action to involve</p> <p>9. Provide support for effective engagement</p> <p>(11.) Have in place support for patient and carer involvement</p> <p>(12.) Publicise and promote personal health budgets</p> <p>(13.) Publicise and promote choices available to patients</p> <p>(15.) Promote and publicise the involvement of individuals</p> <p>(17.) Use and promote relevant tools and resources</p>	<p>6. Feedback and Evaluate</p>	<p>8. Advance equality and reduce health inequality</p>

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Domain A	Domain B	Domain C	Domain D	Domain E
Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Inadequate evidence to explain how the CCG involves the public in governance and how it is assured in relation to public involvement.	The Annual Report has no reference (or inadequate reference) to patient and public involvement for the relevant year.	No or inadequate information about public involvement and how this is promoted and supported in the CCG.	No or inadequate reference in relation to how the CCG has fed back to the public about public involvement and the difference it has made.	There is no or adequate reference to equalities and/or health inequalities in relation to the CCG's participation activity.
Requires improvement	Requires Improvement	Requires improvement	Requires improvement	Requires improvement
The constitution and/or cross referenced strategy/policy provides a brief and/or generic outline of the CCG's arrangements for public involvement.	The Annual Report has a limited description of public involvement activity.	Limited or little evidence on the CCG website about how the public are, and can be, involved and how the CCG promotes and supports this involvement.	Limited or little information about the difference that public involvement has made.	Limited or little information about how the CCG has considered equalities/health inequalities with regards to planning, targeting and undertaking public involvement.
Good	Good	Good	Good	Good
The constitution and/or cross referenced strategy/policy describe: a) The key ways it involves the public in governance	Includes a detailed description of what public involvement activity has taken place (for example in planning, governance, reviewing, procurement, policy development).	Information about how to get involved is available in a range of formats (online, paper, telephone, social media etc) and easy to access.	The CCG website, and/or relevant published documents, have good information outlining public involvement activity and the difference it has made.	Evidence that the CCG understands its population and has identified those who may be least likely to be heard, or experience the worst health outcomes.

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<p>b) A statement of the principles it will follow in involving the public</p>	<p>Describes the difference public involvement has made.</p>	<p>There is information about different ways that people can get involved and influence the work of the CCG (for example through consultations, engagement meetings or roles on groups).</p>	<p>The CCG tells patients and the public, including those who have been involved, about the difference their involvement has made.</p>	<p>A range of inclusive approaches and methods of engagement are used to meet the needs of the community (including those protected by a characteristic under the Equalities Act 2010 and those affected by health and social inequalities) and are promoted through diverse community channels.</p>
<p>Public parts of Governing Body meetings and relevant papers are easily accessible to the public</p>	<p>Provides information about who has been engaged.</p>	<p>Public documents are written in plain English and produced in appropriate formats for the community</p>	<p>The CCG reviews its involvement activity, including how effective it has been, and takes action in response to what it has learnt.</p>	<p>The CCG demonstrates how it has worked with partners to enhance engagement, particularly with those who experience the worst health outcomes</p>
<p>Evidence of involvement of members of the public and/or their representatives in decision making committees and groups in the CCG</p>	<p>Demonstrates how networks, for example with the VGSE or patient groups, have influenced the CCG.</p>	<p>The CCG has published information outlining how it will involve the public across its business and decision making, outlining the range of appropriate methods they will use to engage with different groups, for example through a policy or strategy.</p>		<p>Public facing communications are accessible to local communities, for example in accessible formats and using a range of methods.</p>
	<p>The Annual Report can be read and understood by the local population</p>	<p>The CCG uses a range of different appropriate participation methods to involve people across its business.</p>		<p>Evidence that the CCG identifies and engages its population, including those who are seldom heard and/or experience the worst health outcomes, to ensure their voices are heard.</p>

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		Evidence that a range of partners, for example patient groups and the VGSE, have been involved in developing and implementing CCG plans for commissioning.		
		Information about how the CCG supports members of the public who are involved (for example through training).		
Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
The constitution, associated engagement policy/strategy and/or other relevant documents provide a clear vision for, and commitment to, patient and public involvement.	The Annual Report fully meets the requirements set out in the Guide to Reporting on the Legal Duty for Public Involvement	The CCG used a range of targeted outreach approaches, including working with the voluntary and community sector, to promote opportunities and broaden engagement to be more reflective of the population (for example seeking the views of children and young people, or other groups)	Feedback is communicated using creative and diverse methods.	There is clear evidence that the CCG considers equalities and health inequalities when planning and implementing its approach to public involvement.
Evidence that the Governing Body is assured about public involvement activity and the difference it has made.		The CCG has published information about providing information in accessible formats and assistance for those who require communications or other support to enable them to engage.	The CCG seeks the views of patients and the public, and their representatives, about their approach to public involvement.	Demographic monitoring is in place for public involvement and is used to inform improvement
Public involvement partners (for example members of		The CCG provides support for staff and members of the	Clear evidence of the difference that public	There is a link between that the CCGs approach or

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<p>the public or their representatives) are involved in assuring the CCG in relation to public involvement.</p>		<p>public and their representative on public involvement.</p>	<p>involvement has made to commissioning, decision making and/or services.</p>	<p>strategy for public involvement and EDS2.</p>
<p>The CCG reviews public involvement activity across its providers and takes action in response.</p>		<p>Plans for engagement are embedded and clearly evidenced throughout commissioning, operational or other published plans, demonstrating how the public have been or will be involved</p>		

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