

**Engagement Committee  
FINAL APPROVED MINUTES**

**Date: Tuesday, 10<sup>th</sup> April 2018**

**Time: 10.00am – 1.00pm**

**Location: The Courtenay Centre, Kingsteignton Road, Newton Abbot, TQ12 2QA**

<i>Item</i>	<i>Discussion</i>	<i>Action**</i>	<i>Decision taken by (ie SDTCCG o/and NEW D)</i>
<b>1</b>	<p><b>Welcome and Apologies</b></p> <p>CP welcomed all to the meeting and introductions were made.</p> <p><b>Attendance:-</b> Chris Peach (CP) – Chair, Jennie Willmott (JW), Pat Harris (PH), Tony Gravett (TG) , David Rogers (DR), Chris Buswell (CB), Ray Chalmers (RC), Jo Curtis (JC), Barry Wheeler (BW), Dr Rob Bromige (RB), Nick Pearson (NP), John Amosford (JA), Roger Trapani (RT), Mac Hood (MH), Simon Polak (SP), Dr Sonja Manton (SM) and Andrea Fairclough (AF) – minute taker</p> <p><b>Apologies:-</b> Andrew Millward, Gilly Champion, Simon Tapley and Sally Parker</p>		
<b>2</b>	<p><b>Declaration of Interests</b></p> <p>No members present had additional conflicts of interests to declare.</p>		
<b>3</b>	<p><b>Draft Minutes of the meeting held on 6<sup>th</sup> February 2018</b></p> <p>JC asked for the following amendment to be made:-</p> <ul style="list-style-type: none"> <li>• Page 8, Section 9, bullet point 3 - Involvement Report – “Children and young people - Since the publication of these papers JC has been doing a specific piece of work with <b>Devon County Council</b> the <b>CCG lead</b> regarding asthma so will add this to the report for the next meeting. JC noted that learning disabilities is also part of the mental health strategy.</li> </ul>		
<b>4</b>	<p><b>Draft Action Log from the meeting held on 5<sup>th</sup> December 2017</b></p> <p>The action log was updated.</p>		

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<p><b>5 Decision Making Framework</b></p>	<p>SP attended the meeting to provide an update and gave a presentation explaining how this reflected NHS values. He explained that a small working group had been formed, facilitated by the AHSN and including the 4 CCGs – SD&amp;T, NEW Devon, Somerset, Kernow.</p> <p>The paper has been shared with Devon Healthwatch and feedback has been positive. The working group will present the policy and documents to each CCG governing body for adoption.</p> <p>The committee was asked to support the use of the framework. PH asked about processes and SP stated that effectiveness is important and there are two parts, how we promote it and the take up and how effective it is.</p> <p>There was discussion around how will the policy be applied and how will it be adhered to RT thought it should have a specific mention referring to local authorities as they have the power. MH referred to FAQs and the large involvement of work involved in this. MH asked for the NHS Values written down somewhere and SP referred to the NHS constitution which cross references these and they are also on NHS Choices - <a href="https://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx">https://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx</a></p> <p>CP thanked SP for presenting this to the committee. JW would like the GB front sheet to include these questions as it would help with the transparency.</p> <p>The Committee approved the framework.</p>		
<p><b>6 Next Steps in Planning, Engaging, Assuring and Delivering Major Service Change or Reconfiguration</b></p>	<p>CP welcomed SM to the meeting and asked if she would provide an update on the Strategy Refresh.</p> <p>SM introduced herself and gave a brief update on the STP Strategy Refresh.</p> <p>SM explained that this is a 5 year plan which was launched in 2016 and the Refresh was to reflect changes which have taken place and lessons learned from the experience of the past two years. This started in Autumn last year and we were able to celebrate successes in Devon re outcomes and, sustainability. There were challenges on inequalities, workforce and still much progress to be made. There are tough decisions still to be made. This is being aligned for 2018/19 and PDEG have agreed to finalise the Refresh by the end of April and it will go to the Clinical Cabinet this week. It is a high level strategy. The PDEG meet on the 20<sup>th</sup> April and then it will go to GB colleagues.</p> <p>SM went on to provide an update of the paper included in the pack. This is to provide the Committee members with an overview of what the process is and what will come out of strategy direction and to highlight areas of</p>		

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change.

There are two categories of change: those arising from implementation of community based models such as Teignmouth and Holsworthy. The others stemming from the STP, strategy or commissioning reviews such as maternity and community urgent care design.

Section 2 talks about where we are. Community urgent care was not included when paper written but will be. Also there is dialogue regarding stroke services and it was felt that the working group has not completed its work around workforce and is therefore not included in this paper.

SM briefly went through the other sections.

MH referred to the community services section highlighted in grey around difficulties in A&E performance and that the alternatives are not clear. SM added that there are minor injury units and GP practices that can deal with non-life threatening emergencies. The aim is to have a more consistent approach so the public are clear as to the services available.

RT commented on the proposal graph and his concern is on the overall picture. SM added that beds in Teignmouth were never opened due to the success of the model of care and there is clinical evidence to support that and CP agreed we do need to show it. It is important to engage as there will be views needed from the population.

RB was involved from the beginning and learnt a lot around Teignmouth what was right and wrong. Evidence shows it works really well and has low admission rates.

JA commented that in engaging and subsequently consulting with the public, it was important to set out the overall position so that people were aware of how the specific topic under engagement contributed to the achievement of the overall goals. While the direction of travel was getting clearer the overall goal being pursued was not obvious and more needed to be done to ensure that this was defined and the supporting evidence provided. NP commented that increasingly the evidence gathered through for example patient experience and other engagement activity was being used to inform the conversation.

NP explained the model that we are engaging on in ND re Holsworthy beds and that these are not new to the OSC PH added they would like to see patient experience evidenced and CP thought that was a good point. NP explained that Dr Simon Kerr is on the Eastern group and is involve.

RT doesn't think there is an overall strategy for Devon. SM referred to the overarching plan and that there is an overarching strategy and direction of care in caring for people at home. What is the operational implementation plan of that – we have 136 GP practices working differently and it isn't straightforward. Estates groups are looking at this. There has to be community conversations. SM is happy to bring anything back to future meetings. The direction of travel is the same and to join up services.

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<p>RT asked where the report of community conversations goes within the CCG and was advised that public bodies (ie RDE, CCG) will take to their individual boards. Dr Simon Kerr will take the report to the Eastern Locality Board.</p> <p>JW attended a Governing Body meeting and there were presentations about the experience of people who went through the system. There were members of the public at the meeting but they didn't stay to hear the report. SM added that a report will also go to the Overview and Scrutiny Committee meeting. NP added that the information will be shared next week and more widely with the media and shared across organisations.</p> <p>MH added that this is all about change and it needs to be managed and to get it out in the open so that the public are aware of. NP agreed and explained that the information will be sent out 5 days before the event so that it is out in the open and the public will be fully aware. SM referred to South Molton Hospital and that there is no commissioning support for that area and it won't be an easy dialogue. JA added we are accepting we are dealing with a programme of work and the narrative needs to be clear.</p> <p>JW would like to see an STP Plan and how it will look like and RC explained there is a meeting at Torbay hospital around Teignmouth and some of the timetables may change and RC needs to wait for this.</p> <p>CP asked are we agreed on the approaches outlined in these documents and we do need to be very clear what we are engaging on and the context and have to be open. This was agreed by the Committee.</p> <p>Maternity – SM stated that some services in the system are not safe and feasible. Maternity services engagement is vital. There is a need to engage with service users and Dorset and Bristol CCGs are going through this in the Summer and we need to manage the message. The Committee was happy with the maternity engagement plan. This was agreed by the Committee.</p> <p>SM agreed to attend a future meeting to provide a further update on this item.</p> <p><b>ACTION - EC33-180410: AF to invite SM to a future meeting.</b></p>	<p>AF (AF confirmed that this is in Sonja Manton's and Jenny McNeill's diaries to attend the August meeting).</p>	
<p><b>7 Comfort Break</b></p>		

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8	<p><b>CCG Annual Report</b></p> <p>RC explained that while the two CCGs will have separate annual reports, much of the content will be identical. To meet the requirements to report on engagement and patient involvement, a self-contained section will be included in both reports which could also be used as a stand-alone document. A list of likely content was presented to the committee.</p> <p>JW thought we need to be explicit re impact of engagement had had on activity/decisions. We also need to be clear where we are engaging on a partnership basis.</p> <p><b>ACTION – EC34-180410: RC agreed to circulate the approved CCG Annual Report.</b></p>	RC	
9	<p><b>Involvement Report (standing item)</b></p> <p>JC explained that this is the overarching Strategic activity. As some STP work streams had no specific engagement taking place there was a discussion as to whether these should remain in the report. It was agreed that the report should only cover initiatives where engagement was either being planned or taking place.</p> <p>There was a wider discussion about how the committee could be assured that engagement was taking place across the county, where it was being led by providers. It was agreed that NP and RC would review this with Heads of Communications from across the STP and report back at a future meeting.</p> <p><b>ACTION - EC35-180410: RC to bring back to a future meeting.</b></p> <p>CP and JW thought the document was very good and thanked JC and RC for doing it.</p> <p>JC has added Asthma onto forward planner item.</p> <p>Over the counter medicines – this was sent to PPG members and Healthwatch and got over 400 responses and this was incredible. A report will be produced.</p> <p>RT added the remit is to keep people healthy but there isn't anything on Prevention. JC will be taking a report to Primary Care Committee and an update will come to the August meeting. There is work being undertaken on Prevention but this relates to the STP.</p> <p>MH referred to the Volunteer support and felt that this can make a big difference to the life of people and is important in rural areas.</p>	RC	
10	<p><b>Forward Planner (standing item)</b></p> <p>RC introduced the Forward Planner. He stressed the need to be flexible on this so as to take account of new activity and to manage the workload of the committee. It will be updated after each meeting, so as to reflect</p>		

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	<p>decisions made</p> <p>RC asked how often should this need to come to the meeting. CP thought to add it as a standing item.</p> <p>The Committee noted the report.</p>		
11	<p><b>Committee ToR review</b></p> <p>JW explained that she attended a meeting recently with RC and Clare Doble to discuss the feedback report from the Effectiveness Review and this report highlights the information gained and what the amendments were to the Terms of Reference.</p> <p>Key issues:- No negative response, good constructive comments and JW thanked people.</p> <p>This goes to GB and they approve our changes of reference and these are:-</p> <p>Membership and Quoracy – JW read through the document. DR agreed that he is happy with this. Only 9 people responded to the Effectiveness Review which reflected the numbers who responded to the post engagement meeting survey on effectiveness of the meeting. RC would like to encourage everyone to contribute and he will send out a link later today.</p> <p>RB is concerned that he is the only GP on the Committee and that Tuesday's are difficult for him. RC explained that Gilly Champion is also on the membership but that she couldn't attend on Tuesday because of other commitments. It was agreed the chairs would discuss this with RB outside the meeting to ensure we had clinical representation.</p> <p><b><i>ACTION - EC36-180410: Chairs &amp; RB - May need to look at future dates and look for another clinical lead.</i></b></p> <p>The Committee agreed with the changes and this can go to GB for approval.</p>	Chairs & RB	
12	<p><b>Risk and Assurance Report</b></p> <p>It was agreed that this report should come to the committee twice a year unless there were significant changes..</p> <p>NP talked through the report and gave an update on each of the risks. A risk report goes to GB. NP suggested we bring Risk 353 back to a future meeting to discuss further.</p> <p><b><i>ACTION - EC37-180410: RC will add to Forward Planner agenda item regarding Risk 353.</i></b></p>	RC	

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<p>11</p>	<p><b>Any Other Business</b></p> <p>JA – urgent item to Scrutiny Committee regarding Devon Urgent Care and Local Care Partnerships relating to issues to describe enhanced engagement. NP did say that there will be a meeting with OSC in the next month.</p> <p>NP has produced a document about integrated care systems which has been referenced in CCG publications is on the CCG website.</p> <p><b>ACTION - EC38-180410: CP asked that the committee be briefed in future on how local care partnerships will manage engagement. RC to add to the forward planner and also to include the paper that SM will be taking to OSC.</b></p> <p><b>ACTION - EC39-180410: RC will e-mail out the myth link to the Committee - <i>Completed</i></b></p> <p>JW announced that Chris Buswell will be stepping down from the Engagement Committee and the Committee would like to thank her for her involvement and the work that she has done for the CCG over the last 5 years. The position has been advertised.</p>	<p>RC</p> <p>RC (RC confirmed that this has been e-mailed out to the committee members) - COMPLETED</p>	
<p>12</p>	<p>Date of the next meeting:</p> <p><b>Tuesday, 5<sup>th</sup> June at 10.00am – 1.00pm in the Boardroom, Newcourt House, Exeter</b></p> <p><i>Future dates:-</i></p> <p><i>Tuesday, 7<sup>th</sup> August at The Courtenay Centre, Newton Abbot</i>  <i>Tuesday, 2<sup>nd</sup> October in the Boardroom, Newcourt House, Exeter</i>  <i>Tuesday, 4<sup>th</sup> December at The Courtenay Centre, Newton Abbot</i></p> <p><i>All meetings will commence at 10.00am – 1.00pm</i></p>		

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**Attendees (attended\* / apologies ^)**

<b>Name and initials</b>	<b>Title and organisation</b>
* John Amosford (JA)	Devon County Council
*Rob Bromige (RB)	Joint Clinical Representative (SD&T CCG)
*Christine Buswell (CB)	Public Representative
*Ray Chalmers (RC)	South Devon & Torbay CCG
^ Gilly Champion (GC)	Joint Clinical Representative (NEW Devon CCG)
*Tony Gravett	Healthwatch Plymouth
*Pat Harris (PH)	Healthwatch Torbay
*Mac Hood (MH)	Public Representative
^ Andrew Millward (AM)	Devon STP
*Chris Peach (CP) (Chair)	South Devon & Torbay CCG
*Simon Polak (SPo)	NEW Devon CCG
*David Rogers (DR)	Healthwatch Devon
^ Simon Tapley (ST)	South Devon & Torbay CCG
*Roger Trapani (RT)	Public Representative
*Jennie Willmott (JW)	Meeting Chair - NEW Devon CCG
*Barry Wheeler (BW)	Public Representative

<b>Attendees</b>	
*Jo Curtis (JC)	South Devon & Torbay CCG
^ Sally Parker (SPa)	NEW Devon CCG
*Andrea Fairclough (AF)	NEW Devon CCG
*Dr Sonja Manton (SM)	South Devon & Torbay CCG
*Nick Pearson (NP)	NEW Devon CCG

Minutes approved ✓	Date: 10/6/18	Signed by chair:  C. PEACH
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