

**Engagement Committee
FINAL MINUTES**

Date: **Thursday, 5th October 2017**

Time: **2.00pm – 5.00pm**

Location: **Newcourt Community Centre, Blakeslee Drive, Exeter, EX2 7FN**

<i>Item</i>	Discussion	<i>Action**</i>	<i>Decision taken by Organisation (ie SDTCCG o/and NEW D)</i>
1.	<p>Welcome and Apologies</p> <p>CPs welcomed all to the meeting and introductions were made.</p> <p>Apologies:- Simon Polak, Colin Potter, Pat Harris, Rob Sainsbury and Karen Marcellino</p>		
2.	<p>Register of Interest</p> <p>CP reminded new members of the need to complete the declaration of interest form</p>	All	
3.	<p>Terms of Reference</p> <p>Devon Healthwatch expressed concern over Healthwatch being voting members of the committee as this might raise questions regarding their impartiality. In the discussion that followed, it was pointed out that this was an assurance and not an operational committee. There was no obligation on members to vote, members should declare any conflict and that participation in the committee as voting members did not prevent individuals or organisations expressing their views outside the committee.</p> <p>Four members of the group thought Healthwatch should not have voting rights. Consensus, however, was that voting membership should stand as written with the provision that TORs be reviewed after 6 months.</p> <p>ACTION EC01-171005: Review TORs February/April 2018 meeting.</p> <p>The current lists CEs as members of the committee. It was agreed after discussion that the TOR should be changed to: “Healthwatch – Devon, Plymouth & Torbay – representative” and to take off the specific CE reference. This would enable each Healthwatch to decide the most appropriate representation.</p> <p>RC referred to the recent Public Stakeholder Network Meeting where members had strongly expressed concern that there was public representation on the committee was not geographic and that this should be changed. Following discussion it was agreed that as an assurance committee, Devon wide representatives were appropriate and that membership should be reviewed in six months as part of the</p>	RC	

NHS organisations involved:

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

	<p>TOR review previously agreed. Post meeting note: RC has sent a note to network members outlining the decision.</p> <p>It was also agreed that there needed to be revision of the operational public group structure which would report into the engagement committee and that a proposal would be pursued that ensured appropriate geographical engagement.</p> <p>It was also agreed that a brief executive summary or a Chair's Report would be produced ahead of the minutes so that people were aware of the discussions taking place at the committee.</p> <p>It was agreed that the draft minutes would be distributed to the group in the next 10 working days.</p> <p>It was suggested that the committee membership is listed alphabetically and page numbers are added and this would be uploaded onto Board packs.</p>		
<p>4.</p>	<p>Children and Young People's services</p> <p>JC introduced the report and explained that it was being presented in draft form before a final version presentation at the next public Board meeting for feedback. SM explained the aims of the re-procurement that will start in 2018 with a view to a new contract being in place from April 2019. All the feedback documentation will go on the website.</p> <p>JC explained that a Steering Group had been set up, chaired by a parent carer, Marc Carter, Chair of the Steering Group and including parents, Healthwatch and other voluntary sector representatives. Although the engagement period was due to finish mid-September, information is still being received and four weeks have been allocated for people to comment on the report.</p> <p>The engagement plan went to SD&T in July, because SD&T were taking the lead on engagement for both CCGs. MH mentioned about patient feedback and agreed the importance of obtaining this from the children.</p> <p>PH asked JC about contacting the group and whether people have been consulted and understand it. JC added they had been clear and explained that the process is looking forward to the future and this has been addressed.</p> <p>RT asked about Torbay Childrens' Services – does it change and have impact – SM explained that they are not re-procuring those children's services and they will continue to be delivered from the Plymouth team.</p> <p>Equity was also important and SM explained that people's needs have to be taken into account; a quality impact assessment undertaken.</p> <p>JF congratulated SM and JC on the excellent work that has been done. SM reported that there is a lot of feedback around what good will look like and children with disabilities and mental health. JW has seen the plan and it is a very good plan and she would ask how we</p>		

	<p>show what good looks like – JC will discuss with the Steering Group at lessons to be learned and how to reflect this. SM asked for guidance from JW and whether there is anything missed around the process and would they be picked up on it and what needs to be covered off on it and this needs to be thought about.</p> <p>RT gave his views on the report and his point is the quality end has not been as successful at capturing opinions and views by the service and asked for this to be looked at. SPa explained that the lessons learned are the key we need to take from this and AW agreed.</p> <p>JC added that in addition to the work the CCG had done, a company had been commissioned to engage with school children as part of South Devon’s Urgent Care and this had surveyed about 6,000 young people. JW commented that this is excellent work.</p> <p>RC explained that the timing of project activity could prevent it coming to the committee in advance but that the aim should always be to report in advance or retrospectively.</p> <p>CP thanked SM and JC for the work and asked for them to come back to another Committee meeting to update on lessons learned etc.</p>		
<p>5.</p>	<p>STP Strategy refresh – proposed engagement</p> <p>RC explained that this is on the agenda so that members were aware of likely engagement. The Strategy refresh is focusing on how the ambitions of the STP will be delivered across Devon. CP commented that it lacked any content at this stage. In order to obtain worthwhile engagement from the public any future strategy refresh document should have more detail on delivery plans than what is currently published in STP documentation.</p> <p>The Engagement process is likely to take place early in 2018 and will include MPs, patient groups, voluntary groups and the general public via an on-line survey. Drop-ins will also be run and we will seek to promote the engagement via NHS buildings as well as other places. The outcome of the engagement will go to the Governing Body in Common meeting, along with the Strategy refresh and decisions on whether consultation would be needed would be taken then.</p> <p>AW added a few points as the NHS is facing a financial challenge around demand. It is difficult to recruit new staff and the strategy is important to build on it. The engagement plan for the STP Refresh will be brought back to the Dec meeting with more detail for discussion.</p> <p>ACTION EC02-171005: Agenda item for December meeting.</p> <p>MH asked RC to define the difference between consultation and engagement and RC explained that engagement takes place before proposals are finalised and is designed to help to shape them. Consultation seeks views on actual proposals for change. MH added about involving people who have personal experience of services is important.</p>	<p>RC</p>	

	<p>RT commented on the document and that it mentioned the twin track and talked about the public and sending clear messages from the start. RT would also like to see the lessons learned and he suggested putting the information into the community hospitals too.</p> <p>DR referred to page 80 and agreed the media would be interested in specifics and that it would be worthwhile to have briefing of the media.</p> <p>On page 72 regarding District Councils being represented through the Councillor responsible for District Councils but not convinced to have the one councillor as different councillors would have different views and so to go to more District Councils.</p> <p>RC to make sure people are aware of the issues and to inform the media etc. There will need to be a quality impact assessment. Trust board members would be involved in the process.</p>		
<p>6.</p>	<p>Clinical Policy Committee Engagement report</p> <p>Chris Roome gave an overview of the report and explained that the lay-member panel exists to support the CCGs in Devon and this is the 2nd annual report and is Chaired by Mac Merrett who is a lay-member. CR named a number of people from SD&T and NEW Devon CCG who are also on the panel.</p> <p>CP explained the role of the Clinical Policy Engagement and Consultation Panel and why it is important that this group is aware of its outcome. RT was very impressed and referred to the areas they are working in. RT applauded CR on this Committee and CP added the manner by which he keeps lay members informed and thanked him.</p>		
<p>7.</p>	<p>Strategy and Priorities for the Engagement Committee</p> <p>CP asked that this should be produced in a way that was easy to follow. JC updated about new reporting requirements from NHSE and which should be reflected in our strategy and priorities.</p> <p>PP considered that patient experience should be part of this committee or for a regular report to be provided.</p> <p>There was a general discussion regarding the need to improve the readability and ease of understanding of the appendices.</p> <p>JC referred to page 133 regarding NHSE's 19 key engagement points and how the framework is what the strategy should be based on and whether the Committee is content with this – JC is happy to modify. CP asked for more work to be done on this and to ensure that there is close liaison with Sonja Manton's strategy work stream.</p> <p>ACTION EC03-171005: JC to submit a further version for next committee meeting</p> <p>RC explained that the work programme for next year is only a plan and AW asked JC to work with the Portfolio Directors and to keep it simple. JA mentioned that they put a risk assessment on the information.</p>	<p>JC</p>	

	<p>MH thought that the 19 points are very helpful as it shows various forms of people talking to them and what do they say – information, tell us good and bad things, comments but have a view, they have ideas. As a group we need to make sense of this and it is the way forward.</p> <p>JW referred to the last Committee and that SPa and her team did lots of work and this is how the commissioning teams deliver and encourages the group that this is across the whole of the CCG.</p>		
8.	<p>New members' induction</p> <p>SPa explained that this is about public members having more support and to think about the key topics and what they feel would be useful in an induction programme – thoughts, views and to build up an induction process.</p> <p>AB explained that Katy Kerley has a number of inductions for GPs and suggested looking at what she has put together for those colleagues.</p> <p>ACTION EC04-171005: SPa will pull together a draft programme and send to the group and will include some generic topics.</p> <p>RC asked if anyone has any ideas or any other knowledge then to e-mail these to us.</p> <p>JW referenced a Kings Fund document that could be shared.</p> <p>JF mentioned that the group may be surprised what the role of a CCG is. It was agreed that this would be a good induction scene setter for next meeting. RT asked for it to be sent out in writing and MH agreed.</p> <p>ACTION EC05-171005: AF will add an item on the December agenda, induction phase to describe what a CCG does.</p> <p>AW suggested going to a non-executive induction and AB agreed.</p> <p>ACTION EC06-171005: SP and JC will work with colleagues to explore a joint engagement, patient experience and communications strategy.</p>	<p>SPa</p> <p>AF</p> <p>SPa / JC</p>	
9.	<p>Any Other Business</p> <p>RT asked that the dates be set 12 months ahead. JW explained that these will take place on the 1st Tuesday of every other month. AB did add though that we can't guarantee that this may change in April.</p>		
10.	<p>Dates and venues of future meetings:</p> <p>Tuesday, 5th December 2017 at 10.00am in Newton Abbot (venue to be confirmed)</p> <p>Tuesday, 6th February 2018 at 10.00am – 12.30pm in Exeter (venue to be confirmed)</p>		

Attendees (attended* / apologies ^A)	
Name and initials	Title and organisation
<i>John Amosford (JA)</i>	<i>Devon County Council</i>
<i>Annette Benny (AB)</i>	<i>NEW Devon CCG and SD&T</i>
<i>Rob Bromige (RB) or Gilly Champion (GC)</i>	<i>Joint Clinical Representatives (SD&T CCG and NEW Devon CCG)</i>
<i>Christine Buswell (CB)</i>	<i>Public Representative</i>
<i>Ray Chalmers (RC)</i>	<i>South Devon & Torbay CCG</i>
<i>Tony Gravett</i>	<i>Healthwatch Plymouth</i>
<i>Pat Harris (PH)</i>	<i>Healthwatch Torbay</i>
<i>Mac Hood (MH)</i>	<i>Public Representative</i>
<i>Andrew Millward (AM)</i>	<i>Devon STP</i>
<i>Chris Peach (CP)</i>	<i>Meeting Chair - South Devon & Torbay CCG</i>
<i>Simon Polak (SPo)</i>	<i>NEW Devon CCG</i>
<i>Pam Prior (PP)</i>	<i>Healthwatch Torbay</i>
<i>David Rogers (DR)</i>	<i>Healthwatch Devon</i>
<i>Rob Sainsbury (RS)</i>	<i>NEW Devon CCG</i>
<i>Roger Trapani (RT)</i>	<i>Public Representative</i>
<i>Jennie Willmott (JW)</i>	<i>NEW Devon CCG</i>
<i>Barry Wheeler (BW)</i>	<i>Public Representative</i>
Attendees	
<i>Jo Curtis (JC)</i>	<i>South Devon & Torbay CCG</i>
<i>Sharon Matson (SM)</i>	<i>NEW Devon CCG</i>
<i>Sally Parker (SPa)</i>	<i>NEW Devon CCG</i>
<i>Andrea Fairclough (AF)</i>	<i>NEW Devon CCG</i>

Minutes approved	Date:	Signed by chair:
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