

**Engagement Committee
FINAL APPROVED MINUTES**

Date: Tuesday, 5th June 2018

Time: 10.00am – 1.00pm

Location: Boardroom, Newcourt House

Item	Discussion	Action**	Decision taken by (ie SDTCCG o/and NEW D)
1.	<p>Welcome and Apologies</p> <p>JW welcomed all to the meeting and introductions were made.</p> <p>Members Attendance:- Jennie Willmott (JW) - Chair, Chris Peach (CP), Simon Tapley (ST), Simon Polak (SP), Andrew Millward (AM), Ray Chalmers (RC), Dr Rob Bromige (RB), John Amosford (JA), Nick Pennell (NP) (on behalf of Tony Gravett), Pat Harris (PH), Roger Trapani (RT), Mac Hood (MH), Barry Wheeler (BW), June Wildman (JPW) and Carol McCormack-Hole (CMcC-H)</p> <p>In attendance for their item:- Becky Harty (BH), Sam Holden (SH), Dave McAuley (DMcA), John Finn (JF) and Kate Taylor (KT)</p> <p>Attendees:- Jo Curtis (JC), Sally Parker (SPa), Kevin Dixon (KD) and Andrea Fairclough (AFF) – minute taker</p> <p>Apologies:- Tony Gravett, David Rogers and Gilly Champion</p>		
2.	<p>Declaration of Interests</p> <p>No members present had additional conflicts of interests to declare. Please let AFF know of any Declarations of Interest as soon as possible.</p>		
3.	<p>Draft Minutes of the meeting held on 10th April 2018</p> <p>Item 8 included an action which did not appear in the log and should be added to it: -</p> <p>“ACTION – EC34-180410: RC agreed to circulate the approved CCG Annual Report.”</p> <p>AFF has updated the April minutes and the action log.</p>		

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	The minutes were approved.		
4.	<p>Draft Action Log from the meeting held on 10th April 2018</p> <p>The action log was updated.</p> <p>ACTION - EC16-180206: completed and closed.</p> <p>RB asked whether the meeting would be quorate if either he or Gilly Champion were not able to attend. JW will look at an alternate day and time and this will be discussed outside the meeting. It was clarified that the Engagement Committee in Common meeting is an assurance committee and so there shouldn't be an issue around quoracy. It was agreed to ask for preferences as part of the post meeting feedback survey.</p> <p>JW asked for it to be noted that June Wildman and Carol McCormack-Hole were confirmed as new committee members. Members of the committee were involved in the process and approved an increase in the public membership to 5. The Quoracy requirement remains the same.</p> <p>ACTION – EC40-180605 – AF to inform Clare Doble that this will need to be included in the ToR review report to GB.</p> <p>JW welcomed June and Carol to their first meeting of the Engagement Committees in Common.</p>	AFF	
5.	<p>Lower Limb Therapy (Becky Harty)</p> <p>JW welcomed BH to the meeting and explained that the enclosed paper is for assurance and information.</p> <p>BH reported that this affects SD&T and there is a procurement process in parts of the county. The CCG would like to extend the provision they have at the moment and to commission the whole pathway by a single provider. It is intended to pilot Leg Clubs as a social model in a few localities. The service would deliver the same as across Devon and that the service specification would remain the same.</p> <p>It was noted that the implications are that a small number of patients may have to travel further but the audit will identify this.</p> <p>The timeline is to complete the audit which is key and to provide a business case to Finance Committees in common in a few months' time.</p> <p>CMcC-H referred to the Barnstaple Leg club being successful and that it is a good social place to meet.</p> <p>MH would like to applaud the service as it is very good and is available for a large number of people.</p> <p>CP thought that this should have been presented to the Engagement Committees in Common before it went to Finance Committees in Common and</p>		

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	<p>asked that this be noted. CP asked whether there has been any engagement yet and BH explained that there hasn't as the audit needs to be completed first before engaging with the public.</p> <p>JW asked how they are engaging with the people with regards to their pathways. JA added that you have to engage with the patients directly and he'd like to see how the people are being affected</p> <p>RT asked would there need to be formal consultation. NHSE would not consult on this but there is an expectation for the public to consult. We need to be clear what the impact of these changes would be with regards to travel and what are the new plans.</p> <p>BW asked what is in place around the voluntary sector and BH did say she has spoken to some services and they would be interested and are keen to move forward to a design for those leg clubs.</p> <p>AM added we could take advice from NHSE and one criteria would be travel. AM also asked could we capture data on experience and share this with members.</p> <p>ACTION – EC41-180605 – BH to share the patient experience data.</p> <p>JW suggested talking to BH after the meeting and is happy for more information to be reported back to the committee at a future meeting.</p> <p>SP added that the QEIA will pick up these issues and will provide assurance.</p>	BH	
6.	<p>Equality Delivery System (Sam Holden)</p> <p>JW welcome SH to the meeting.</p> <p>SH gave a presentation, explaining that engagement on the EDS was not complete and the update was for information. SH added that this initiative was to be provider led but the CCG offered to take on this piece of work and will be seeking more information from providers.</p> <p>SH will seek further feedback from people and will provide more information.</p> <p>JC explained that the survey had been promoted on social media and with other organisations.</p> <p>SH highlighted a concern that we were not yet reaching the people we needed to and there was subsequent discussion around targeting local groups with protected characteristics and to involve Healthwatch, DCC and existing groups such as the Joint Engagement Forum. It was suggested involving rural groups as they work closely with smaller communities. Also the elderly (+75 year olds) and these could be engaged with face to face through GP practices.</p> <p>The committee noted that to date the survey had reached very few people with protected characteristics or demographically.</p> <p>The committee felt that more work needed to be undertaken in conjunction with</p>		

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	<p>organisations that had good links with such people such as Healthwatch, Living Options, Devon County Council groups and meetings such as the Joint Engagement Forum. Committee members also wanted to see provider trusts doing more to promote the opportunity to comment to patients.</p> <p>JW thanked SH for providing an update to this committee. It was recognised that more work needed to be undertaken with providers and patients before the committee could be assured that the engagement had been effective. JW would like to know what happens next and where does it get reported to?</p> <p>ACTION - EC42-180605: AFF will e-mail a copy of the slides to the members.</p> <p>ACTION – EC43-180605: SH to report back to the Committee at a future meeting and RC will liaise with him for an appropriate date</p>	<p>AFF</p> <p>SH/RC</p>	
<p>7.</p>	<p>PPG Network</p> <p>JC introduced Kevin Dixon and Carol McCormack-Hole and explained that the network was developing throughout Devon. The key actions are to ensure that the committee is aware of the network as PPGs were important participants in engagement.</p> <p>KD explained where PPGs are operating, they provide an effective channel to engage with patients and also act as a link to other providers.</p> <p>Torbay Healthwatch are developing a toolkit to support PPGs. The hope is that this could be extended across Devon. There was some concern that there had been a low response from PPGs. CMcC-H added that PPGs are the first point of contact and that there is a network in the North Devon and the 23 surgeries in the north are involved. New ways of working are discussed.</p> <p>RT picked up that there is a low level of response to this survey and it is an important subject and the responses came from the Practice Manager or the GPs but there needs to be more public responses.</p> <p>It was noted that Primary Care practices had received funding to develop PPGs and CP confirmed that the money was startup money. Maintaining support to PPGs by Practices was then written into their contracts and it should be monitored by CQC inspections.</p> <p>BW is relaunching his own surgery PPG and there is enthusiasm. There is no structure and it relies on voluntary people who are unpaid. A clear structure is required with PPG groups being supported to develop</p> <p>AM added should there be more of a standard process before we survey people of how we want to do it otherwise we are making best use of resources. SPa stated that there is not a single list of PPG chairs and asked for there to be a means of contact. The surveys were sent to Practice Managers and it is up to them to forward it on.</p> <p>JW added that there has been some good discussion and referred to Niall Macleod's 3 questions and the areas of work to be done.</p>		

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	The committee agreed to endorse PPGs as a useful forum but which needs resource and support for them to fulfill a more meaningful function.		
8.	<p>STP learning disabilities (Dave McAuley)</p> <p>JW welcomed DMcA to the meeting</p> <p>DMcA described the services for Autism. There is an Autism Task and Finish group and a case for change is being developed and then there will be a business case being developed.</p> <p>Autism Task and Finish group - there is an Engagement Plan and they will be meeting with groups supported by the 3 Healthwatch Groups.</p> <p>The group is in the process of developing a case for change and is at a point where a paper will be submitted to PDEG and it is hoped this will be approved and then a full business case can be developed.</p> <p>RT thought the paper was very interesting and asked whether the Task and Finish Group have anyone with Autism is on the group but DMcA stated that it doesn't but as part of the ToR they will work with groups to involve people with Autism and to have a broader group involved.</p> <p>There will be a further meeting in Barnstaple and JW thanked DMcA on behalf of the committee for his time and effort and thanked him for getting out to the communities.</p> <p>The committee endorsed the engagement plan. DMcA agreed to respond to any further queries and to report back following completion of the engagement.</p> <p>ACTION – EC44-180605: RC will add this to the Committee Forward plan.</p>	RC	
9.	Comfort Break		
10.	<p>Patient Experience, Engagement and Communications Strategy</p> <p>RC updated the committee on the timetable for producing a joint patient experience, engagement and communication strategy and which would lead to it being presented in draft form to the committee in October.</p> <p>RT referred to 3.6.5 around listening to the public and asked for there to be patient and public involvement in developing the strategy. RC agreed to look at how this could best be achieved and indicated that it could form part of the discussions around place based engagement.</p> <p>CP agreed with RT and we do need to know how to involve the next steps and it is hoped it will be included in the Autumn.</p> <p>JW suggested the document is not too lengthy. RC added that Quality colleagues have also been involved.</p> <p>JW suggested involving this committee for more information as its developing.</p>		

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11.	<p>Involvement report</p> <p>JC referred to the report and is happy to flex the document to meet the needs of the committee. It was agreed that we would look to restructure the report to reflect strategic, operational and commissioning engagement with greater clarity re start and end times for engagement.</p> <p>Members were also encouraged to identify any further engagement activities if they became aware of this and to forward to JC.</p> <p>ACTION – EC45-180605: JC to reformat the Involvement Plan and report to future meetings.</p>		
12.	<p>Provider engagement</p> <p>This item has been incorporated into other discussions.</p>		
13.	<p>Planned Care – Hip and knee engagement – new pathway (John Finn)</p> <p>JW welcomed JF to the meeting.</p> <p>JF introduced himself and explained this is an update on patient engagement around hip and knee.</p> <p>Hip and Knee – these are interlinked and there are two patient groups covering all localities. The patient experience is important and there is a video coming out soon. Pru Fong did send out a paper a few meetings ago.</p> <p>There has been much patient input and 71 surveys have been sent back. Negatives were around car parking and waiting time. A lot of feedback was positive.</p> <p>JW asked to see an engagement report and to include who it engaged with, area covered and how successful did the engagement go.</p> <p>JF would be happy to attend a future meeting in August or October to provide a further update.</p> <p>JF explained that PDEG will receive a mandate on orthopedics and ophthalmology and JW would like to see the Engagement plans for this work to ensure there is good engagement.</p> <p>ACTION – EC46-180605: RC will speak to JF to be clear around the engagement process and the best timing of reports to future committees</p>	RC	
14.	<p>Long term conditions – Asthma (Kate Taylor)</p> <p>JW welcomed KT to the meeting and introduced her to the committee.</p>		

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	<p>JW asked if KT could share the link of the patient story with the committee.</p> <p>ACTION – EC47-180605: AFF to contact KT for the link to Bella’s Patient Story</p> <p>KT discussed her paper and that the executive summary is to understand those people using the current services and whether the committee feel this plan is assured and are there any recommendations for KT. KT described the approach and outlined the explanation of ASTHMANOW.</p> <p>KT described the circumstances of the young girl Bella who has Asthma and her experiences.</p> <p>Asthma is a long term condition and young people have been admitted to hospital and there is a need to look at the asthma pathway. KT is happy to lead on this as she does have experience in a professional and personal perspective as her 11 year old son has Asthma.</p> <p>KT summarised the report and advised that local data shows we could reduce hospital admissions and that is the aim. There are around 70,000 children who have Asthma.</p> <p>There is an engagement around reprourement of children’s services.</p> <p>The project has to involve schools and the true value of co-production and co-design. We need to capture a baseline.</p> <p>This is a draft engagement plan and the timescale outlined in the chart is a bit ambitious. There are surveys being sent out and KT may also have to go out to meet more people.</p> <p>RT felt the paper was very clear and KT thanked him and did want to applaud JC and SPa as they have been involved too.</p> <p>PH would like to work with KT as they are doing work with groups too.</p> <p>The committee endorsed the Engagement Plan as a comprehensive engagement approach and looked forward to receiving feedback and the engagement report in due course.</p>	AFF	
15.	<p>Forward Planner</p> <p>It was agreed that this would be restructured to reflect the changes made in the involvement report as per item 11.</p>		
16.	<p>Any Other Business</p> <p>JW reminded members to complete the survey monkey and the additional questions regarding day and starting times of future meetings.</p>		
17.	<p>Date of the next meeting:</p> <p>Tuesday, 7th August at The Courtenay Centre, Newton Abbot</p>		

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<p><i>Future dates (subject to outcome of discussions as per item 16):-</i></p> <p><i>Tuesday, 2nd October in the Boardroom, Newcourt House, Exeter</i></p> <p><i>Tuesday, 4th 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 ^A)	
Name and initials	Title and organisation
* John Amosford (JA)	Devon County Council
*Rob Bromige (RB)	Joint Clinical Representative (SD&T CCG)
*Ray Chalmers (RC)	South Devon & Torbay CCG
^A Gilly Champion (GC)	Joint Clinical Representative (NEW Devon CCG)
^A Tony Gravett (TG)	Healthwatch Plymouth
*Pat Harris (PH)	Healthwatch Torbay
*Mac Hood (MH)	Public Representative
*Carol McCormack-Hole (CMcC-H)	Public Representative
*Andrew Millward (AM)	Devon STP
*Chris Peach (CP) (Chair)	South Devon & Torbay CCG
*Nick Pennell (NP)(on behalf of Tony Gravett)	Healthwatch Plymouth
*Simon Polak (SPo)	NEW Devon CCG
^A David Rogers (DR)	Healthwatch Devon
*Simon Tapley (ST)	South Devon & Torbay CCG
*Roger Trapani (RT)	Public Representative
*June Wildman (JPW)	Public Representative
*Jennie Willmott (JW)	Meeting Chair - NEW Devon CCG
*Barry Wheeler (BW)	Public Representative
Attendees	
*Jo Curtis (JC)	South Devon & Torbay CCG
*Kevin Dixon (KD)	Chair of Healthwatch Torbay
*Andrea Fairclough (AF)	NEW Devon CCG
*John Finn (JF)	NEW Devon CCG
*Becky Harty (BH)	South Devon & Torbay CCG
*Sam Holden (SH)	South Devon & Torbay CCG
*Dave McAuley (DMcA)	NEW Devon CCG
*Kate Taylor (KT)	NEW Devon CCG

Minutes approved	Date: 2/8/18	Signed by chair: 
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