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	Northern, Eastern and Western Devon CCG	<input type="checkbox"/>

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

1. Executive Summary

The latest meeting of this committee in common took place on 2 October 2018, chaired by Jennie Willmott, Lay Member (Patient & Public Engagement) NEW Devon CCG. The committee in common reviewed engagement activity in relation to:

- Positively engaging with communities in Devon
- Mental health strategy engagement
- Community urgent care services strategy
- Teignmouth update – outline consultation timeline
- Commissioning monitoring of Providers' discharging of statutory duties
- Draft patient experience, engagement and communications strategy

2. Purpose of report

This Report highlights for Governing Bodies meeting in Common, the range of engagement and related activity being undertaken. The role of the committees meeting in common is to give governing bodies assurance that effective engagement is taking place, in line with statutory requirements.

3. Content (risk and assurances)

The core topics discussed at the meeting were:

- **Minutes of the meeting held on the 7 August 2018** were approved. The Chair's Report of the meeting is available from both CCGs' websites.
- **Positively engaging with communities in Devon:** following discussion at the last meeting on this new place based approach, the committee in common received a paper reaffirming that the overall purpose of this engagement will be to work with local communities to identify how the four STP priorities can be delivered locally. These priorities are to:
 1. Enable more people to be and stay healthy
 2. Enhance self-care and community resilience
 3. Integrate and improve community services and care in people's homes
 4. Deliver modern safe and sustainable services.

NHS organisations involved:

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

The committee was advised that the approach will ensure that:

- Engagement is meaningful and supports the delivery of the above STP priorities
- Communities have clear parameters within which to work and feedback, thus focussing their thinking and contribution
- A mutual understanding is in place from the start about what it is we are trying to achieve for Devon

For the purpose of this engagement, local communities will be defined as the eight district council and the two unitary authority areas in Devon. Existing groups active in each of these areas will be mapped during to understand how they currently support and organise themselves with a view to working in partnership with them.

Key stakeholders were identified as:

- Local residents
- Local voluntary organisations (Leagues of Friends, car schemes, etc.)
- Local NHS/social care staff – GPs, pharmacists, community nurses, etc
- Patient Participation Groups (PPGs) and Trust membership
- Healthwatch and Living Options
- Charities and community groups
- Elected representatives – MPs and councillors
- Local business leaders, town planners, librarians, etc
- ‘Informal’ community leaders
- Schools – Teachers/PTA
- Children’s Centres
- Faith leaders/groups
- Local clubs and societies

The timescale outlined to the Committee was:

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| Phase 1 – Sept to Nov 2018 | - Develop operational plan for STP engagement |
| | - Map existing community groups in all areas |
| | - Develop engagement materials |
| Phase 2 – Nov 18 to Jan 19 | - Approach existing community groups in all areas |
| Phase 3 – Jan 2019 onwards | - Develop new groups in areas that don't have identified existing arrangements |

The committee in common agreed that the importance of “Positively engaging with communities” meant that it should be a standing item on the agenda of future meetings.

- Mental health strategy engagement: the committee was updated on engagement taking place across Devon designed to inform the development of the high level mental health and wellbeing strategy. The engagement was focused on attracting feedback on an STP vision for mental health and wellbeing services as well as testing the priorities identified. Whilst the committee had reservations as to whether the five week period set aside for this was sufficient, it agreed that it was important to make progress. They agreed the approach on the basis that this was the start of an on-going process of engagement which will give many more people the opportunity to input and influence future work.

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- Community urgent care services strategy: the committee in common received a report setting out some of the issues that would need to be considered in the development of a Devon wide urgent care services strategy. At present there was wide variation across the county and it was important to understand current workings and the drivers for change, both locally and nationally. Initial feedback had highlighted a number of common issues such as GP waiting times being too long, the need for NHS111 to improve, a lack of understanding as to the choices regarding both urgent and non-urgent care, travel distances and limited out of hours provision. The early report to committee was designed to seek the views of members on how engagement can best be implemented around these issues. Information from previous engagement activity was also being extracted to help inform current planning.
- Teignmouth update – outline consultation timeline: following engagement earlier this year, a feedback report had been produced, involving members of the coastal engagement group. Based on what people had told the CCG during engagement, discussions were taking place with a range of stakeholders to develop proposals which would be subject to formal consultation. The Committee noted it was possible that, subject to discussion at Devon's Overview and Scrutiny Committee and with NHS England, consultation could begin before the end of the year and therefore over the Christmas holidays, in which case the timescale would need to reflect this. GPs would need to consult with their patients over co-locating on a new site while the CCG would need to consult with the community over any move of outpatient clinics, theatres and the reversal of a previous decision to establish 12 rehabilitation beds at the hospital. Consultation would also need to cover closure of the hospital should all the other suggested changes be implemented.
- Commissioning monitoring of Providers' discharging of statutory duties: the CCG has a duty to ensure that providers fulfil their responsibilities in engaging with the public and patients over service change. This is set out in the standard NHS contract. Although lots of engagement takes place, the CCG is not always sighted on it and it was agreed that providers would be asked to report regularly on the engagement they undertook.
- Draft patient experience, engagement and communications strategy: the committee had asked for a strategy which covered these three elements. Due to the current development of a future operating model for the Integrated Care System in Devon and the evolving approach to engagement, a strategy would be finalised later in the financial year and be brought back to the committee in common for comment.
- Clinical Policy Engagement & Consultation Panel Annual Report – the committee received the 2017-18 Annual Report and noted reporting arrangements with 2 lay public members actively involved. It was noted that there had been 9 clinical policy recommendations reviewed during the year.

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4. Recommendations

The NEW Devon and SDT CCGs' Engagement Committees in Common ask the respective governing bodies to note this report.

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

Executive Lead: Andrew Millward

Job Title: System Lead Director for Corporate Affairs

Date of Approval by Executive: 10 October 2018

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