

**Engagement Committee
FINAL APPROVED MINUTES**

Date: Tuesday, 2nd October 2018

Time: 10.00am – 1.00pm

Location: Board room, Newcourt House, Old Rydon Lane, Exeter, EX2 7JU

<i>Item</i>	Discussion	<i>Action**</i>	<i>Decision taken by (ie SDTCCG o/and NEW D)</i>
1.	<p>Welcome and Apologies</p> <p>JW welcomed all to the meeting and introductions were made and apologies were noted below.</p> <p>Members Attendance:- Jennie Willmott (JWill) (Chair), Chris Peach (CP), Chair, Andrew Millward (AM), Ray Chalmers (RC), Dr Rob Bromige (RB), John Amosford (JA), Nick Pennell (NPen), Pat Harris (PH), Roger Trapani (RT), David Rogers (DR), Carol McCormack-Hole (CMcC-H) and June Wildman (JPW)</p> <p>Attendees:- Nick Pearson (NP), Michelle Green (MG), Emma Herd (EH), Barbara Jones (BJ) and Andrea Fairclough (AFF) – minute taker</p> <p>Apologies:- Gilly Champion, Tony Gravett, Simon Polak, Sally Parker, Barry Wheeler, Simon Tapley and Mac Hood</p>		
2.	<p>Declaration of Interests</p> <p>No members present had additional conflicts of interests to declare.</p> <p>Please let AFF know of any Declarations of Interest as soon as possible.</p>		
3.	<p>Draft Minutes Action Log from the meeting held on 7th August 2018</p> <p>It was noted that David Rogers was present. With this amendment, the draft minutes were approved as an accurate record.</p> <p>The action log was updated and the following actions have been closed and moved into the “closed actions” tab on the log:-</p> <p>EC48 and EC50</p>		

NHS organisations involved:

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

4. Positively engaging with communities across Devon

AM provided an update and explained that work is ongoing with Local Authorities. The CCG has started to change the traditional dialogue of engagement to be less confrontational and Nick Pearson is leading on the work. AM met with Phil Norrey and his senior team at Devon County Council (DCC) to discuss the Devon wide approach. Similar discussions will take place with Plymouth City Council (PCC) and Torbay District Council. Mapping of existing groups with councils needs to take place.

The timescale outlined to the Committee was:

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

NP added that he has done a lot of engagement around Holsworthy and this new way of working is being received well.

AM added there are places with challenges such as Dartmouth for example but will talk about the wider range of issues. Mental Health is a concern and there will be a dialogue around that. AM added that Roger Davidson from the National Team came to Devon along with Michael McDonnell who is leading on ICS. They met with a team at DCC and Em Wilkinson-Brice, Deputy Chief Executive/Chief Nurse, RDEFT who talked about the Model of Care and Teignmouth regarding integrated care on the ground. They thought the Teignmouth model was excellent and hadn't seen that before. Em Wilkinson-Brice's Model of Care can now predict who will be coming into RDEFT based on their profiles, deprivation and they were impressed by the close working of Local Authorities and the NHS.

JPW referred to West Devon (Tavistock in particular) and asked what will happen with the project the two doctors surgeries in Tavistock are looking at with the community on social prescribing. But also the continuing problem in West Devon caused by the fact that Plymouth is a unitary authority and Tavistock falls within DCC for Adult and Social Care. Plymouth services are fully integrated and some of NHS services in Tavistock come under that system. JPW has asked for clarification on this point. AM added that discussions will be taking place with PCC to bring a consistent approach across the 3 areas. Nick Pennell added that this is a positive innovation and proactive.

There was discussion around Local Care Partnerships still being developed and on-going engagement with communities and JWil asked that the committee consider how to communicate with groups and to keep people informed all the time. Can committee members let NP and AM know of any

NHS organisations involved:

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

	<p>other communities who should be involved and to send to NP and AM. PPG network is essential with health and care and needs adding to the list and it is important to include DCC. NP confirmed there is engagement with DCC. Vulnerable groups have been picked up. Younger groups too. The committee would like an update and is happy for an e-mail to be sent as they are here to help.</p> <p>RB asked for an amendment to be made on page 22 in relation to the list of existing groups and that Brixham does Caring” should read “Brixham does Care”.</p> <p>ACTION: EC51-181002 – It was agreed that this would be a standing item on future agendas</p> <p>C-Mc-H referred to the One Northern Devon meeting and AM will pick this up with CMcC-H.</p> <p>JA added that Steve Brown is currently acting interim public health in Cornwall.</p>		
<p>5.</p>	<p>Mental Health Strategy</p> <p>MG joined the meeting and explained that the Mental Health work stream sits with the STP and Mental Health is a key priority. There are a number of key objectives. The last two years have been around addressing the key needs set out in the case for change. This is the context for trying to deliver the STP approach. The timescale was short for engagement and there should be continuous engagement going forward. The Strategy is commissioner lead.</p> <p>The purpose of the engagement is to finalise a meaningful STP vision. This first phase of engagement will be to build relationships and that closer working will be done in the future. The initial engagement will take place between the 7th September 2018 and 19th October 2018 which is a short 5 week timescale.</p> <p>There will be workshops set up and conversations will continue after the close of the engagement. STP leaders and other leaders attended a workshop on the 1st October. There are a number of workshops this week across Devon.</p> <p>229 survey results had been submitted and more were expected. The approach is clear and further engagement will take place going forward. The Strategy is a high level document. The 2nd phase will build more engagement.</p> <p>CP asked why there is such a short period for the timescale and MG added it has taken a long time to get to this point. There is a belief that this phase needs to be completed swiftly to enable the next phase to progress. There needs to be more engagement with the Police and Probation Service. MG added the Police sit on the Plymouth Mental Health Board and are invited to talk to the CCG and they are keen to attend. JA mentioned Public Health are a key part and can link in to the Probation team. Drug & Alcohol – Pat added they link with these and Public Health also link with them too. MG has heard this through a variety of forums.</p> <p>ACTION: EC52-181002 – MG to e-mail AFF the dates of the workshops and AFF will send out to the committee.</p> <p>NPen thought that the Strategy is a good vision document and it is aspirational</p>		

NHS organisations involved:

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

	<p>and he looks forward to it being implemented.</p> <p>JWil thanked MG for bringing this report to the Committee and asked for an update at a future meeting on the 5 week timescale start as Mental Health fits into everything and needs not to be handled in isolation. It is important that MG link in with AM and the team so that we are all joined up and Mental Health engagement takes place alongside some of the place based engagement being planned. JWil added that from a governance perspective the STP is not a statutory organisation on page 4 – CCGs are responsible for public engagement and consultations are important and that the committee was kept informed so it can assure the Governing Body (GB).</p> <p>JWil asked for an update to come back to this committee when there is more of an engagement plan.</p> <p>AM added we do need to learn that 5 weeks isn't enough and suggested meeting with Simon Tapley to talk this through and to build this in with Engaging Positively with Communities initiative.</p> <p>JA reminded the Committee that in giving assurance, the committee needs to be mindful of the Gunning Principles and ensure that engagement takes place comprehensively and at an early stage while proposals are still at a formative stage.</p> <p>ACTION: EC53-181002 - Add update from the Engagement consultation and further Engagement plan/consultation to the future committee agenda.</p>		
6.	<p>Community Urgent Care Services Strategy</p> <p>EH attended and gave her presentation to the committee. The aim is to provide an understanding of the current urgent care system in Devon and how people access these services.</p> <p>What does good look like? Reasonable access ie GP waiting times, travel times. Be clear what we have on offer for our patients. To develop more of a sustainable workforce and cross cover. Value for money and looking after the tax payers' money. How we use our community services to build resilience in communities.</p> <p>The next steps are to consider all current and previous engagement on urgent care services across Devon. Agree the engagement plan for the strategy for Devon and to include all Councillors, Overview and Scrutiny, Health and Wellbeing Board members and health and social care commissioners and providers and to build up evidence base and background. This will then lead to the co-design and development of local models within our communities.</p> <p>JA referred to CQUINs and EH confirmed that she has linked with Tracy Polak, Public Health.</p> <p>JWill explained that this committee has today heard a number of areas where engagement is taking place and there is a need to be joined up with the other service areas. EH to discuss the way forward with AM.</p>		

NHS organisations involved:

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

	Action: EC54-181002 - AM to review and advise how engagement and consultations can be joined up and not undertaken separately on a service by service basis.		
	Comfort Break		
7.	<p>Teignmouth update</p> <p>RC explained that the paper was being presented as by the time of the next meeting, consultation would be imminent and it would be too late for the committee's discussion to inform the plans.</p> <p>RC explained the 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.</p> <p>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.</p> <p>It was noted that 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.</p> <p>The consultation approach summarised in the paper was endorsed. The Committee asked for any material that would be public before the December Engagement Committee to be shared with them in advance.</p> <p>CP gave assurance and the level of involvement is very good and powerful and there are local councils, individual GPs. The Engagement Committee agreed to endorse the work</p>		
8..	<p>Commissioning monitoring of Providers' discharging of statutory involvement duties</p> <p>JWil invited the Contracting team and thanked Barbara Jones for attending and introductions were made.</p> <p>BJ outlined that the 2 CCGs have 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.</p> <p>It was noted that RDEFT have a Patient Experience Committee that meets regularly. Liz Davenport, Chief Executive of Torbay Hospital will be working through Torbay Hospital establishing a Patient Experience Committee.</p> <p>RT suggested a Task and Finish group be set up to look at the issue of how to</p>		

NHS organisations involved:

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

	<p>assess quality from the providers and to link integrated care. JWil added that the CCGs do have a Quality Committee where this issue would be looked at. JWil offered to share the ToR with this committee if they wished. CP thought consistency is needed with all the Trusts to ensure that Patient Experience improves.</p> <p>Community Services need to ensure that the Quality Committee receives more reports on this.</p> <p>It was agreed that providers would be asked to identify what mechanisms and arrangements they have within their organisations and with local areas and also what plans they have to go out and talk to the public. This should be reported to the Committee on a quarterly basis on the engagement that they undertake.</p> <p>ACTION: EC55-181002 - BJ will bring an update to the December meeting (information from the four Trusts, Livewell, DPT and will build this into the conversation).</p>		
9.	<p>Draft Patient Experience, Engagement and Communications Strategy</p> <p>NP attended and provided an update on his presentation. The existing communications strategy expires this year and there has been agreement that patient experience should be part of the updated strategy.</p> <p>The challenge is the size of Devon and the different needs. Healthwatch are doing work around social media and suggested bringing them together for support (PH will speak to Nick separately).</p> <p>The committee noted the areas that would be covered in the new strategy which would be in place for the merger of the two CCGs, should that be complete by the end of the financial year.</p>		
10.	<p>Involvement and engagement report</p> <p>This is for information and any queries to be directed to Sally Parker.</p>		
11	<p>Clinical Policy Engagement & Consultation Panel Annual report</p> <p>The committee received the 2017-18 Clinical Policy Engagement and Consultation Panel 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.</p>		
12.	<p>Committee Business Forward Planner</p> <p>Committee was asked to note items on the forward planner.</p>		
13	<p>Any other Business</p> <p>None noted.</p>		

NHS organisations involved:

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

14	<p>Date of next meeting:</p> <p>Tuesday 4th December, The Courtenay Centre, Kingsteignton Road, Newton Abbott TW12 2QA (Apologies noted from Jennie Willmott)</p> <p>Tuesday, 5th February in the Committee Suite, Newcourt House, Exeter All meetings will commence at 10.00am – 1.00pm</p>		
-----------	--	--	--

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
^A 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
^A Simon Polak (SPo)	NEW Devon CCG
*David Rogers (DR)	Healthwatch Devon
^A 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
^A Barry Wheeler (BW)	Public Representative
Attendees	
*Andrea Fairclough (AF)	NEW Devon CCG
*Michelle Green (MG)	NEW Devon CCG
*Emma Herd (EH)	South Devon & Torbay CCG
*Barbara Jones (BJ)	NEW Devon CCG
^A Sally Parker (SPa)	NEW Devon CCG
*Nick Pearson (NP)	NEW Devon CCG

Minutes approved	Date:	Signed by chair:
------------------	-------	------------------

NHS organisations involved:

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