

## Public Engagement Panel

# Summary report

25 March 2019 – Otter Room, County Hall

### Executive summary

The Public Engagement Panel met on 25 March 2019, chaired by Nick Pearson, head of communications for NEW Devon and South Devon and Torbay CCGs.

The panel reviewed engagement activity in relation to:

- NHS long-term plan
- Clinical services strategy for Devon
- Urgent community services

### NHS long-term plan (for panel approval)

Nick Pearson talked the panel through the NHS long-term plan that was published by NHS England in January 2019. Devon, like every area of the country has been asked to develop its own response to the long-term plan.

Our plan, which will be completed by October 2019, will cover health and wellbeing.

The plan will cover six key themes and one additional theme that has been requested by the Plymouth Health and Wellbeing Board.

1. Greater focus on population-based health outcomes
2. Helping people to live healthier lives
3. Enhancing how we help those needing mental health support
4. Improving out-of-hospital care
5. Better integrating health and social care services
6. Reviewing and developing hospital-based clinical services
7. Children and best start to life

To develop the local plan, we will need to undertake engagement with the public. Nick discussed the two stages of engagement necessary, stage one being political and key stakeholders i.e. Health and Wellbeing Boards, stage 2 public engagement.

Political and stakeholder engagement is currently underway, involving scrutiny panels and Health and Wellbeing Boards. We have shared with them the engagement approach we wish to take with the public and the themes we wish to

gather their views on. These views will help us shape and refine our local plan. Public engagement will take place over the summer.

Actions agreed:

- Need to develop one set of slides that are easy to understand, accessible and clear.
- Make sure that when we engage in public conversations we are clear about what has been achieved and where there are still gaps. Some of the areas in the long-term plan we have discussed with the public before.
- Need to be clear with people about what difference they will make. How have they influenced conversations before?
- Make sure we map groups that already exist and work through those, don't re-create what already exists. The positively engaged communities should take the lead on these conversations.
- The outline approach was approved by the panel, but the detailed engagement plan would need to come back to the panel again in May.

### **Clinical services strategy for Devon (for panel information)**

Emma Herd, head of strategic developments came to share information with the panel regarding the clinical services strategy for Devon.

The clinical services strategy builds on previous work that seeks to ensure safe, high quality, affordable clinical care which provides equitable outcomes and timely access for the people of Cornwall and Devon. Ensuring a sustainable network of local and specialist services that attract and retain the highest calibre of workforce.

The key drivers for this work include; service safety, service resilience, service performance and service cost.

Previous work around clinical services has led to the development of the Mutual Support Agreement and the early formation of Clinical Service Delivery Networks. The aim of these developments being to improve the experience of patients, by providing equitable services, better transitions between those services and improved outcomes for people.

To develop these networks there will be further co-design work undertaken with patients, carers and key stakeholders.

There are several priority areas to start with, neurology, stroke, haematology and dermatology.

Comments from the panel:

- Need to celebrate through this work the positives it will bring, better use and spread of clinical expertise to ensure access is widened. Bringing clinical

teams together to share experience, best practice and quality will further enhance delivery and outcomes for people.

- Rather than refer to sustainability we should use stabilisation – the work is about stabilising our services, not sustaining what we already have. We want to make it better by being different in the approaches we take.
- Need to be clear on who we are engaging with, use groups and networks that already exist and ideally at a very local level.
- Don't collate feedback on a Devon-wide basis and scale up. Devon and Cornwall are disparate, and it will be very different based on where you live.
- Build on what we have done before, we have already talked about some of these things before, so we need to be clear about what has been done with what was said previously, how has it influenced our thinking to date.

### Urgent community services (for panel approval)

Christine Branson, head of unplanned care and Jo Curtis, commissioning manager came to present the urgent community services engagement plan to the panel.

A paper was shared with the panel that outlined engagement the commissioning team wish to undertake to look at access and use of urgent community services across Devon. This is in relation to same day services provided by urgent treatment centres, minor injury units and minor injury services (provided by GP networks or practices).

Nearly 150,000 people use community urgent care services now, but we need to plan for a growth in population by nearly 6%, with the greatest increase expected in the over 75s. We need to look at what we have, what the need is likely to be and what could help us deliver on the vision of improving out of hospital services. We need a range of same day services that people can access, this might be from a community pharmacist, local GP or an urgent treatment centre. The range should be wide, and access should be equitable.

There are some services currently provided that have historically low usage, struggle to stay open due to staffing issues and as a result access is limited for people in these locations.

We have collected feedback from the public over the last 12 to 18 months, through surveys and behavioural insights work, however we now want to do more in-depth engagement to understand expectations, choice, decision-making etc. Through our engagement we will share information to enable well informed conversations to take place that help us develop our thinking and planning. Engagement will start in the summer and last for a minimum of 8 weeks.

Actions agreed:

- The panel thought the engagement plan outlined was good and seemed a sensible approach.
- The panel supported the need for honest conversations using the information we hold. We need to be clear about the current constraints that exist.
- Need to look at the groups of people who do not currently use the services offered but instead go to A&E. What drives their choice, behaviour and decision-making? Draw in any previous work undertaken on this and share through the engagement.
- Map the groups that already exist and use those as a starting point for conversations.

**Any other business and next meeting**

- Next meeting is on Tues 7 May at 10.30am – 12.00am in the Otter room at County Hall.
- It was noted that Nick Pearson was standing in for Andrew Millward, who will chair future meetings.

**END OF MEETING**

This report has been approved subject to amendments as an accurate record of this meeting.

Signed: ...Nick Pearson..... Date: .....26 March.....  
Chairman