

**Engagement Committee
13th December 2017**

North End Medical Centre, 160-164 North End Road, London, W14 9PR

Governing Body Members present:

Name	Role	Organisation	Initials
Sena Shah	Practice Manager	HFCCG	SS
Jane Wilmot	Lay member	HFCCG	JW
Trish Longdon	Lay member	HFCCG	TL
Vanessa Andreae	Practice Nurse	HFCCG	VA

Officers present:

Name	Role	Organisation	Initials
Mark Jarvis	Head of Governance and Engagement	HFCCG	MJ
Bethany Golding	Patient and Public Engagement and Communications Manager	HFCCG	BG
Anna Jones	Patient and Public Engagement, Communications and Governance Officer	HFCCG	AJ

Item	Agenda Item / Discussion
1.	Welcome & Apologies
1.1	The Chair welcomed everyone to the meeting.
1.2	It was noted that AW and JC had sent apologies.
2.	Minutes of the previous meeting & action log
2.1	<p>The previous minutes were approved to be an accurate recording of the discussions that took place.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Discuss engagement around CLCH transformation work with CLCCG and with JC. BG has escalated CLCH engagement concerns to MJ who has passed on to JC. BG to follow up on podiatry engagement work and confirm whether feedback loop is being closed. BG to follow up whether BN received invite to podiatry workshops. VA to discuss with SR how to improve communications around CLCH transformation engagement work. • CWHHE Central Comms to upload response sent to SOH in relation to Anti-coagulation CLCH Service Changes on the CCG's website. VA sent update to BG. Closed. • MJ to ensure that GB members are well-equipped for public engagement. • BG to discuss with Ealing CCG what their GP newsletter readership is and their approach towards GP engagement. BG emailed engagement lead at Ealing CCG to request this info 7/7/17. BG to set up a meeting with S&T regarding their extranet work and to ensure HF residents are being involved. • MJ to build engagement of GP practices into GB seminars, as well as clinical leads being more present. • SBO to have discussion with BG & MJ, including Ben Westmancott, to discuss EQIAs are completed appropriately and GB members can provide

	<p>assurance confidently and are aware of the legal elements necessary. – BG and MJ met with SBO; emailed SBO for update. Summary document of EQIAs conducted to be brought to EC going forwards.</p> <ul style="list-style-type: none"> • BG to ensure the EQIA work and the engagement toolkit can complement each other. – Final Google form to include link to EQIA • BG to continue using the engagement toolkit and ensure a plan is in place for the engagement work that needs to be undertaken. This work has gone to the Ops committee and is ready for implementation once Engagement Committee members have given comment. • MJ to update all business plan cover sheets to ensure that EQIAs are completed. • BG to implement TL & JW's notes into the Engagement and Communications Strategy. BG to work with JW on agreeing longer term outcomes for input into the strategy. • Patient Reference Group to be formally acknowledged in the ToR as a subgroup of the engagement committee. • PPE bi-monthly reports to come to Engagement Committee for comment prior to their going to Governing Body.
3.	Patient and Public Engagement: First bi-monthly report
3.1	BG summarised the first PPE report. BG noted that it was more heavily focused on engagement than communication. JW queried whether Healthwatch had been involved with the production of the report and BG confirmed they had.
3.2	VA suggested EC be sighted on all outgoing communications from the CCG collaborative. BG to ask LM to add all EC committee members to mailing list for outgoing communications.
3.3	SS noted that our website does not have the capacity to directly receive feedback from the public. BG noted that the CCG do not have full control of website. It was agreed that AJ, SS and BG should work together to improve this as much as possible.
3.4	JW asked what our biggest achievement to date was and whether the report ought to open with it. Also queried if it could reflect any possible upcoming challenges.
3.5	There was discussion around how external organisations can log complaints or concerns with the CCG. EC committee agreed there ought to be an external facing whistleblowing policy. JW suggested rephrasing the 'You said, we did' log entry concerning how community organisations can feed back to the CCG. BG to amend. BG also to discuss with LE and JF how soft intelligence can feed into broader CCG complaints and quality alerts.
3.6	TL reflected the need for us to manage the public's expectations when it comes to service changes; MJ agreed. BG has asked for this to be put on a future NHSE engagement meeting agenda.
3.7	JW asked whether we have received any feedback on translation services. BG to bring feedback from PRG. VA asked for clarification around the difference between Language Line and Silent Sounds. BG to clarify. BG to follow up that interpreter services are being advertised now in GP surgeries following RMF report.

3.8	Committee passed congratulations to BG for the report. MJ noted that once the ED Committee's comments had been implemented the report will be taken to GB.
4.	360 Stakeholder survey: Draft stakeholder letter for review
4.1	BG presented draft stakeholder letter for feedback and recapped the survey's purpose and the timeline.
4.2	VA asked if we are going to have a list of who will be emailing specific stakeholders. BG confirmed the process will be similar to last year. JW asked if we can personalise the letters to the individual stakeholders. BG to follow up.
4.3	VA, TL, JW and SS suggested the letter needed to be shortened. SS asked if we could write it in simpler language; make it more engaging and improve the visual presentation. SS, TL, JW and VA suggested a number of material changes to the wording and the tone of the letter. BG will incorporate the Committee's comments and recirculate a second draft as a Google document so all committee members can modify if needed.
5.	Engagement planning against business case
5.1	BG briefly presented the engagement plan against the business map document. MJ explained the purpose of the engagement plan is to create an internal timeframe for engagement activity.
5.2	SS commented on the helpfulness of identifying engagement opportunities being done in advance.
5.3	JW questioned how the H&F CCG business plan will evolve in light of the collaborative and how H&F GB and in turn the public will be engaged with. MJ suggested the business plan could be brought to the GB seminar in February.
5.4	VA questioned whether there is opportunity to engage with the public on the business plan and financial priorities more broadly. BG agreed this could be built into the CCG's community outreach. MJ to speak to central team about engagement opportunities around the business plan.
6.	Future of Engagement Committee: discussion and decision
6.1	MJ introduced the discussion around the future of the committee. BG questioned whether PRG could take on the function of EC if PRG had clinical representation. VA suggested engagement could be integrated into other committees, to represent its central function, and suggested BG and MJ look at ToR of EC to ascertain whether its primary functions could be met elsewhere.
7.	Any other business
7.1	None raised.
	Date of next meeting

27 February 2018
