

**Report from the meetings of the Strategic Patient Engagement,
 Experience and Equality Committee**

Governing Body meeting

Item 20j

5 September 2019

Author(s)	Helen Mulholland, Engagement Manager
Sponsor Director	Mark Gamsu, SPEEEC Chair Nicki Doherty, Director of Delivery – Care Out Of Hospital
Purpose of Paper	
The adopted minutes summarise the key points arising from the CCG's Strategic Patient Engagement, Equality and Experience Committee meetings on 4 June and the unadopted minutes from 23 July 2019.	
Key Issues	
Key points are highlighted below	
Is your report for Approval / Consideration / Noting	
For noting	
Recommendations / Action Required by Governing Body	
<p>Following the SPEEEC meeting on 4 June, the Governing Body is asked to note:</p> <ul style="list-style-type: none"> • Following the briefing from the Consultation Institute on our legislative responsibilities, concerns were raised around lack of engagement to feed into our commissioning intentions/ commissioning plan • Recognition of the positive conclusions to this phase of the engagement on urgent care • Further work of Consultation Institute with other audiences <p>Following the SPEEEC meeting on 23 July, the Governing Body is asked to note the following:</p> <ul style="list-style-type: none"> • The plans in place to ensure appropriate representation from Sheffield City Council on the committee. • The assurance they had received by the approach undertaken for consultation on the urgent care review. • The work that had been and would be undertaken to development of the refreshed primary care strategy in terms of mapping out engagement. • The Assurance Framework including the plans to roll it out to the organisation, and the setting up a task and finish group to agree the glossary. 	

What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?
<p>Which of the CCG's Objectives does this paper support? Objective 1: To improve patient experience and access to care</p> <p>Description of Assurances for Governing Body Principal Risk: 1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to decisions that do not fully meet needs.</p>
Are there any Resource Implications (including Financial, Staffing etc)?
No
Have you carried out an Equality Impact Assessment and is it attached?
No, as this is a highlight paper
Have you involved patients, carers and the public in the preparation of the report?
Two public representatives are part of the committee, alongside two Governing Body lay members. All discussions relate to assuring the Governing Body that appropriate public engagement, equality and patient experience work has been undertaken.

Unadopted Minutes of the Meeting of the NHS Sheffield Clinical Commissioning Group Strategic Patient Engagement, Experience and Equality Committee held on 23 July 2019 at 9.30 am in the Cocker Meeting Room, 722 Prince of Wales Road

Present: Ms Amanda Forrest, Lay Member (Chair)
 Ms Eleni Chambers, Public Representative
 Ms Nicki Doherty, Director of Delivery - Care Outside of Hospital
 Ms Lucy Ettridge, Deputy Director of Communications, Engagement and Equality
 Mr David Foster, Public Representative
 Dr Terry Hudson, Governing Body GP Clinical Lead for Engagement
 Mr Richard Kennedy, Engagement and Equality Manager
 Ms Mandy Philbin, Chief Nurse

In Attendance: Ms Rachel Dillon, Senior Programme Manager – Urgent Primary Care Programme (for item 73/19)
 Mrs Carol Henderson, Committee Secretary / PA to Director of Finance (minutes)

ACTION

65/19 Welcome

The Chair welcomed members of the Strategic Patient Engagement, Experience and Equality (SPEEEC) and those in attendance to the meeting.

66/19 Apologies for Absence

Apologies for absence had been received from Ms Parveen Ali, Senior Lecturer in Nursing and Midwifery, University of Sheffield, Ms Lucy Davies, Chief Officer, Healthwatch Sheffield, Professor Mark Gamsu, Lay Member, Ms Michelle Glossop, Practice Development Manager, Sheffield City Council, Ms Helen Mulholland, Engagement and Equality Manager, and Ms Sarah Neil, Patient Experience Manager.

The Chair declared the meeting was quorate

67/19 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at SPEEEC meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). The Chair also reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting

Declarations made by members of the SPEEEC are listed in the CCG's Register of Interests. The Register is available either via the secretary to the meeting or the CCG website at the following link:

<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

There were no declarations of interest from agenda items at today's meeting.

68/19 Minutes of the SPEEEC held on 4 June 2019

The minutes of the meeting held on 4 June 2019 were agreed as a true and accurate record of the meeting.

69/19 Matters Arising

a) Learning Lunch (minutes 72/18 and 56/19(a) refer)

The Deputy Director of Communications, Engagement and Equality advised members that she would ask the Patient Experience Manager for an update in relation to the proposed learning lunch for complaints.

LE

b) Patient Experience Action Plan (minutes 108/18 and 56/19(c) refer)

The Chair suggested that it would be helpful to receive a report from the Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) Contract Management Group (CMG) with an update as to how the trust's compliance on the Accessible Information Standard (AIS) had been resolved. The Director of Delivery – Care Outside of Hospital advised members that the Patient Experience Manager, attended the CMG and was confident that the situation had been resolved.

SN

c) Accountable Care Partnership (minutes 46/19 and 56/19(f) refer)

The Deputy Director agreed to obtain a list from Voluntary Action Sheffield (VAS) of all the health and care boards across the city and which voluntary sector representatives were members of those boards, to share with members of the SPEEEC.

LE

d) Patient Participation (minutes 47/19 and 56/19(g) refer)

The Deputy Director explained that, whilst there was no inequality impact assessment report from the work undertaken by Sally Fowler-Davies and presented to the Clinical Commissioning Committee (CCC), she would go through the wider work as part of the impact assessment in paper/ item F.

LE

e) NHS Long Term Plan Engagement (minute 61/19 refers)

The Deputy Director drew members' attention to the briefing note attached to the matters arising table which outlined the differences between Primary Care Networks (PCNs) and neighbourhoods. The Chair advised

members that on 4 July 2019 NHS England had approved the proposed 15 PCNs for Sheffield.

f) Accountable Care Partnership (ACP) and the quality of its engagement (minute 62/19 refers)

The Deputy Director explained that a regular update from the ACP would be presented to SPEEEC either in the form of a written update or as part of her own regular updates.

In response to a question from Mr Foster, Public Representative, the Director of Delivery – Care Outside of Hospital clarified that Healthwatch Sheffield are leading on engagement work for the Accountable Care Partnership.

The Deputy Director advised members that the Integrated Care System (ICS) had recently shared engagement findings from the long-term plan which it was planned to present to SPEEEC in September for the committee's scrutiny to see if the engagement had reached the right populations.

LE

Ms Chambers, Public Representative, suggested that it would be helpful, to avoid confusion and from a quality assurance level and to agree appropriateness of engagement, to have a diagrammatical mapping of all the different organisations, systems and partnerships. Members noted that Professor Gamsu, Lay Member, and Chair of the SPEEEC, was a member of the ICS Assurance Group and the CCG's Joint Commissioning Committee (JCC) with Sheffield City Council (SCC) and would be able to feed back to SPEEEC on engagement activity with those two groups.

LE

70/19 Update from Healthwatch Sheffield

The Chair gave an oral update on behalf of Healthwatch, who had not been able to be present at today's meeting. Ms Lucy Davies, Healthwatch's Chief Officer, had confirmed that she would be attending future SPEEEC meetings. Healthwatch's annual report had been published on their website, with the link to the report previously circulated to SPEEEC members. The Deputy Director agreed to ask Ms Davies to give a brief presentation at the next meeting that highlighted Healthwatch's priorities and their forward plan.

LE

SPEEEC noted the update.

71/19 Update from Sheffield City Council (SCC)

Members noted that unfortunately, due to apologies, an update from SCC was not able to be given.

The Chair mentioned the lack of attendance from SCC at SPEEEC meetings. She reminded members that the CCG now had a formal joint commissioning committee with SCC that had three main priorities: special educational needs and disability (SEND), frailty, and older people, and

commented that SCC needed to source a representative on the SPEEEC that could align to that agenda.

The Deputy Director explained that the named representative had unfortunately been made redundant from SCC as part of a restructure. She agreed to follow up with the new person, Laurie Breenan, before the next SPEEEC and as priority she would follow up with the CCG's Integration and Better Care Fund Programmes Delivery Lead for the Sheffield Better Care Fund in the first instance.

LE

The Director of Delivery – Care Outside of Hospital reported that an update had been presented to the Sheffield City Partnership Board around SCC's restructuring and how they were planning to organise themselves, with the desire to make that much more visible to the wider partner organisations. She also advised that feedback had been received on the amount of engagement work they had undertaken and there would now be an increased focus on how to redo this as it had become out of date.

The Chair commented that the committee needed to make sure where our respective agendas aligned and through the JCC and ACP to have a common approach to engagement that was appropriate, and to feed back into the SPEEEC. The Deputy Director explained that one of her objectives for this year would be to ensure the closer working with SCC on engagement.

Mr Kennedy, Engagement and Equality Manager, reminded members that SCC was currently undertaking its clear air consultation, which the CCG was supporting in terms of getting that message out to staff, and making representations. The Director of Delivery – Care Outside of Hospital advised members that she would seek confirmation as to how Ms Sue Laing, Corporate Services Risk and Governance Manager, was co-ordinating and capturing the CCG's response to the consultation. The Chair also suggested that the new SCC representative on the committee could provide an overview of how SCC was pulling responses together in terms of health and wellbeing, which could also be shared at the next meeting of the Sheffield Partnership Board. The Director of Delivery – Care Outside of Hospital would also share information with SPEEEC members on CCG's response.

ND

ND

The Strategic Patient Engagement, Experience and Equality Committee noted the update.

72/19 Update from the Deputy Director for Communications, Engagement and Equality at NHS Sheffield CCG

The Deputy Director provided the following oral update.

The CCG had been rated as 'Good' overall in NHS England's (NHSE) 2018/19 Improvement and Assessment Framework (IAF), and in particular rated as 'Good' for engagement. She expressed her thanks particularly to

Mr Kennedy, Engagement and Equality Manager, for pulling together the raft of evidence requested within the timeframe. She explained that this was the first time this the evidence had been gathered this way as previously it had been undertaken by NHSE obtaining evidence from the CCG's website only.

The CCG's Annual Public Meeting had taken place on the afternoon of 11 July 2019, with the focus of the afternoon being around the work we had undertaken, what we achieved throughout the year, our annual plan that had been presented in the form of a video, and a number of stands and stalls describing the work of the CCG. The evaluation of the event had been encouraging with a large number of positive comments received.

Led by North East Lincolnshire CCG, work was being undertaken with CCGs in Yorkshire and Humber on a new region-wide in vitro fertilisation (IVF) policy, which would bring it in line with National Institute for Health and Care Excellence (NICE) guidelines and bring equality across the region. The Deputy Director was working with South Yorkshire and Bassetlaw (SYB) CCGs on undertaking some public engagement, the plan for which would be presented to SPEEEC in September. She advised members that proposed changes to the existing policy would include that people who smoked would not be able to receive NHS-funded IVF, and also include changes to the number of self-funded cycles, and bringing IVF access to same sex couples. She advised members that the proposed changes would be presented to the Overview and Scrutiny Committee (OSC) to ascertain as to whether they deemed the proposals to be substantial changes and, if not, it would then go out to consultation.

LE

The Chair advised members that the CCG's Commissioning Manager – Elective Care would be completing the equality impact assessment (EIA) for the CCG, which each individual CCG would be completing for its own population. Dr Hudson, Governing Body GP Clinical Lead for Engagement, explained that IVF was led in hospitals and that access to it was through primary care via a patient's GP.

The Deputy Director advised members that the timeframe for approval was very challenging as North East Lincolnshire CCG wanted it to be implemented from November 2019 following approval by the respective governing bodies. She also commented that we would feel reassured if we got the engagement right, including targeting smokers as there was evidence to support the difference to a person that stopping smoking would make. However, there were a number of changes that could be contentious which meant there could be potentially difficult communications.

Mr Kennedy, Engagement and Equality Manager, commented that the issue of cycles was not in scope of this policy, however, it was on the SYB Joint Committee of Clinical Commissioning Groups (JCCCG) workplan.

The Deputy Director had met with Ms Chambers, Public Representative, along with Mandy Forrest and Mark Gamsu the previous week to discuss the mental health transformation programme engagement and involvement plans and a recent appointment following a tender to develop an offer around engagement. Ms Chambers felt process had not followed best practice and challenged how the procurement had been accessed as a number of groups had advised they had not been involved even though initial high level engagement plans presented to SPEEEC had indicated otherwise. The Deputy Director advised members that Mr Jim Millns, Deputy Director of Mental Health Transformation and Integrated Commissioning, had been invited to attend a future SPEEEC meeting to provide an update on outline approach of their work, to include how the CCG will hold the provider to account.

The Deputy Director would present the CCG's annual engagement workplan to the September SPEEEC meeting. She explained over the next few months all the portfolios would be providing a two page high level brief on how and on what they were going to engage on in the next year.

LE

Finally, the Deputy Director advised members that the two year fixed term roles (as set out in section 2 of the CCG's "*Policy for Involving Volunteers in our Work*") for Ms Chambers and Mr Foster, as public representatives on the committee, were coming to an end. She advised that the CCG would welcome reapplications from them both to apply for another term.

The Strategic Patient Engagement, Experience and Equality Committee noted the update.

73/19 Presentation: Urgent Care Review

Ms Rachel Dillon, Senior Programme Manager – Urgent Primary Care Programme, was in attendance for this item and presented this report which provided an update on how the engagement work had informed the final urgent care review paper and how it was being presented to stakeholders across the Accountable Care Partnership. She reminded members that they should all be familiar with the engagement methods the team had used, and that the review had been about identifying the problems and testing our approach to resolving those problems. She advised that the feedback received would be conscientiously used as part of the overall programme of work and drew members' attention to the key highlights.

The paper provided an update on the work undertaken so far, including online surveys for public and staff, outreach engagement work in communities, face to face discussions with patients in A&E and the Walk in Centre (WiC), engagement with wider stakeholders, and a series of six workshops held between December 2018 to June 2019 with the public and partner organisations, with the engagement report being circulated in advance of the final workshop. Positive feedback had been received from

the final workshop, which had indicated that participants had understood the key problems and the potential solutions described.

A final check would now be taking place to cross reference all the summaries received from previous engagement and consultations and to ensure everything had been captured. Any missing information would be reflected in the final presentations to ACP meetings and governing body. The final report would be presented to a number of meetings in the ACP with a request that they accept the proposed approach for addressing the problems identified, with the final report being presented to governing body for approval in public in November.

The Chair reminded members about the confusing press and social media coverage published during the past few weeks and asked how those messages had come about. The senior programme manager explained that some of the messages given to boards and committees had been taken out of context, especially those relating to the future walk in centre and minor injuries unit. The current contract with the walk in centre is due to end in 2021. As part of commissioning cycle, we will be looking at population needs and demands, how services were changing, and what we should do next, Evaluations of all services and changes would always take place.

Mr Kennedy, Engagement and Equality Manager, reminded members of the Gunning 4 principle that the product of consultation was conscientiously taken into account by the decision maker(s), and reported that he was assured by the amount of information that was transparently available to all of the committees, and that they had sufficient time to consider that information. He commented that he would like to see more of this built into the work of the CCG and going forward the team would be promoting this way of working, being keen to continue that way of co-production going forward by developing things together with our public and partners.

The Chair suggested that a discussion take place at a future SPEEEC meeting about what was meant by co-production.

LE

Dr Hudson, Governing Body GP Clinical Lead for Engagement, felt that as a CCG we had assurance that due consideration had been given and would be given to all the information and feedback received. He asked if the CCG would now be handing it over to a group of the ACP and, if so, was the committee assured that they would take it on. The Director of Delivery – Care Outside of Hospital responded that although a discussion needed to take place with the wider ACP, the accountability and delegation sat with the CCG as the statutory body, and that SPEEEC should continue to offer assurance and its advice to the system that due process in terms of communication and engagement had been carried out.

Finally, the Deputy Director advised that she would work with the Senior Programme Manager with a view to presenting updates on progress to the committee.

LE

The Strategic Patient Engagement, Experience and Equality Committee:

- Was assured that the findings of the engagement activity were being conscientiously taken into account.
- Approved the process on behalf of governing body.
- Was assured that appropriate timescales had been given to allow the findings to be conscientiously taken into account by decision makers.

74/19 Sheffield Primary Care Strategy Refresh

The Director of Delivery – Care Outside of Hospital presented this report which asked members to consider the best approach to engagement on the recently refreshed primary care strategy for Sheffield. She advised members that the strategy had been approved by the primary care commissioning committee on the basis that it was an iterative development that would change, with the support of the SPEEEC to help develop it.

She advised members that the current strategy was four years old and had been written to reflect NHSE's Five Year GP Strategy. She explained that NHSE's Long Term Plan (LTP) had asked for strategies to be refreshed by April 2019. Due to the short timescale, the CCG had refreshed its strategy through the Primary Care ACP group in order to try and engage provider and commissioner stakeholders, and had submitted it to NHSE in June/July with the caveat that it was very much a work in progress. She advised members that the revisions to the strategy reflected the changes in national guidance, it linked to the CCG's 360 improvement plan and to delivering our objectives. However, she wanted to make the SPEEEC aware that it was a strategy that had not currently been engaged on, although a lot of engagement had been undertaken on the original strategy and over the past few years in a number of areas including urgent care. She was asking the committee for the best approach to taking forward a sensible way of engaging to develop the strategy and its associated plans.

As set out in section 3.4, the Chair reminded members that they were being asked to consider whether the previous engagement captured the work that needed to be undertaken, was it ambitious enough, and were there other engagement activities that had taken place in the past few years, ie the urgent care review, that had provided a wealth of information to support shaping the strategy. There was also a question about what sort of resource and timescales needed to be put in place for all this to happen.

Mr Foster, Public Representative, suggested that the strategy be aligned with the Assurance Framework, which would be discussed later in the meeting. He also commented that cancer and disability were not referenced in the strategy. However, the refreshed strategy showed how the CCG had advanced in four years and the changes that had taken place in terms of engagement and culture or the organisation.

With regard to cancer services, he commented that whilst this was generally taken to be something that was provided in secondary care, it

also needed to be reflected in the strategy. The Director of Delivery – Care Outside of Hospital explained that at the moment we had separate cancer, end of life, and living beyond cancer strategies, and suggested bringing these together as a care closer to home strategy.

Ms Chambers, Public Representative, also noted the lack of reference to disability and suggested an explanation being included as to why this was the case. There was also no mention of patient participation groups (PPGs) although was not sure how these were being used for consultation but felt they would be seen as ideal groups to use for targeting involvement.

The Chair's thoughts were that the original strategy had been almost like a technical strategy, being based on the "must be done's", and she did not recollect any discussions about the engagement that had gone into developing that strategy. The Director of Delivery – Care Outside of Hospital reminded members that there were still "must be done's" and "got to do's", and that we needed to look at how best to engage with our partners and public to shape our plans in a more ambitious way. Her thoughts were that the original strategy reflected the 20:20 engagement that had been undertaken as a city. The refreshed strategy needed to reflect of the views of people in the nine protected and role of PCNs in terms of engagement.

The Director of Delivery – Care Outside of Hospital suggested that the primary care team engage with the communications and engagement team with a view to determining what we know, what do we need to refresh as it is not up to date, picking up on the lack of reference to disability, with a special focus on the patient travelling to hospital / their GP practice. They should also undertake some sort of gap analysis, followed by equality impact assessment. The strategy needed to be strengthened to include how we would engage with our PCNs. The CCG's Research Strategy also needed to be reflected in the strategy, in addition to it being presented to the CCG's Primary Care Commissioning Committee (PCCC).

Mr Kennedy, Engagement and Equality Manager, advised members that any mapping of engagement work would need to be undertaken after the conclusion of the neighbourhood involvement work and publication of the final report that was expected at the end of October. He advised members that an engagement fund has been set up for community groups to engage in each of the PCNs for neighbourhood involvement and for them to get an insight of needs, and how the public want to be involved in the future.

The Chair summarised that the development work that was taking place would be included in the mapping, and quality equalities impact assessment (QEIA) needed to be carried out to shape the engagement. With this in mind, she suggested that an update be presented to SPEEEC in December, dependent on the amount of work this would entail.

The Director of Delivery – Care Outside of Hospital suggested that there

also needed to be a conversation at Governing Body in September or October about what the strategies were needed as a CCG to be able to deliver its objectives, and that SPEEEC would need to know which of the strategies were going to be developed and what the committee would need to do in terms of engagement.

Finally, the Director of Delivery – Care Outside of Hospital welcomed the feedback as it was a useful way of reflecting on progress.

The Strategic Patient Engagement, Experience and Equality Committee considered the refreshed Sheffield Primary Care Strategy and discussed/ advised on the approach to engagement, as noted above.

75/19 Involvement Framework

The Deputy Director of Communications, Engagement and Equality presented this report which asked members to consider the draft framework for public involvement, consultation and equality legal duties as a reference for SPEEEC members. She reminded members that it had originated from a workshop in November 2018 and following training with the Consultation Institute in June on the CCG's legal and mandatory requirements. She advised members that the framework had been structured around specific legislation and guidance, with the Gunning and the Brown principles built in as a level of assurance for the SPEEEC, and including a process map which was something we had not had before at an operational level. She reminded members that the session in June had helped to think about a consultation process, and that it was the Overview and Scrutiny Committee (OSC) that would decide on whether something was a "substantial change" and would need to go out to consultation or not.

Members discussed the proposed framework and raised the following issues.

- Whilst the framework was extremely commendable, and the process map / flow chart was very helpful, members needed to agree as to whether it was just meant as guidance, or was it a checklist.
- An appendix with a glossary of definitions needed to be included, However, this was not something that should be done from scratch as the definitions needed to reflect legislation and national guidance, which ultimately governs SPEEEC.
- It should be simplified and made shorter, possibly by combining some of the principles and there needed to be a shared understanding of the words we use.
- There were various parts of the document that used interchangeably for example engagement and involvement. Use needs to be consistent.
- This was something that the SPEEEC could really own and would allow the CCG to deliver its key duties.
- The commissioning cycle should be included, and it would be worth getting feedback and engagement from teams to start to tweak the language.
- It would be a good starting point for when a piece of work commenced

in the portfolios. Members noted that the engagement and equality managers would be trialling the framework with the portfolios and other teams and following that a timetable would be mapped out.

- The CCG's values and behaviours and how they were used needed to come through loudly.
- Once the framework is finalised, it should be presented to Governing Body as they ultimately had the legal responsibility for engagement.

In summary, the Chair commented that it was a fantastic start and would like to see it finessed before use throughout the organisation. In this respect, she requested that colleagues be asked to look and see if it was workable when tested out so as to get clarity for the committee, but whilst recognising the context they may have to use it in.

The Chair also suggested setting up a task and finish group to agree the glossary, and then to look at ways as to how it would fit with the commissioning cycle for the committee to know what it absolutely needed to focus on. In this respect, she asked members to let the Deputy Director know, via the Engagement and Activity inbox, if they wanted to be involved and / or if they had any further individual comments, with a view to presenting an update to SPEEEC in October and then to Governing Body for noting in November.

The Strategic Patient Engagement, Experience and Equality Committee considered the draft framework and provided comments as noted above.

**All
LE**

76/19 Equalities Quality Impact Assessment

The Deputy Director of Communications, Engagement and Equality presented this report which updated members on the new approach which is a combined quality and equality impact assessment (QEIA) designed to help the CCG meet its legal duties on equality in respect of its policies, strategies, decisions, etc. She explained that whilst there was no legal duty to complete an EIA we had to show evidence that we had considered equality in our decision making and EIAs are a good way to do this and show how we comply with the Public Sector Equality Duty.

She presented the ideal CCG process which, she advised, had been 'soft launched' in March and evaluated in the first three months up until June. The evaluation findings were set out at slide seven and next steps including presentation of the learning so far, more of a focus on governance, high level training for committees and operational training for staff, and the proposed 'hard launch' in the autumn following due diligence and formal approval of the process by the governance subcommittee.

The Chief Nurse commented that it needed to link into the work the programme management office was doing to strengthen the commissioning cycle. She also reported that conversations were taking place within the organisation as to how to link it into public health.

Mr Kennedy, Engagement and Quality Manager, explained that it had come about as part of a need to raise awareness across the organisation,

and in this respect consideration was being given on planning a series of learning development opportunities for staff as a way of raising awareness and educating them on basic barriers faced by people with protected characteristics. The CCG will be inviting people with lived experiences to the CCG to tell their stories. Ms Chambers, Public Representative, welcomed this involvement, as long as it wasn't tokenistic, and also recommended inviting other survivor trainers.

RK/HM

The Chair suggested to discuss the learning opportunities outside of the meeting, and for the Engagement and Equality Managers to clarify the areas they were planning to include

RK/HM

The Strategic Patient Engagement, Experience and Equality Committee received and noted the new process, learning and next steps.

77/19 Equality Delivery System (EDS) 3

The Deputy Director provided the following oral update.

She reminded members that the EDS was NHSE's system for assessing that CCGs were meeting their equality duties, as set out in the Equality Act 2010. She reported that the new system that had been expected to be launched in July had been delayed but would advise members when it had been published.

LE

78/19 Any Other Business

There was no further business to discuss this month.

79/19 Key Points for Governing Body

The Chair would report the following key highlights to Governing Body's attention:

- The plans in place to ensure appropriate representation from Sheffield City Council on the committee.
- The assurance they had received by the approach undertaken for consultation on the urgent care review.
- The work that had been and would be undertaken to development of the refreshed primary care strategy in terms of mapping out engagement.
- The Assurance Framework including the plans to roll it out to the organisation, and the setting up a task and finish group to agree the glossary.

80/19 Date and Time of Next Meeting

The next meeting will take place on Tuesday 10 September 2019, 11.30 – 1.30 pm in the Palin Meeting Room, 722 Prince of Wales Road