

AGENDA

A workshop of the Public Engagement & Equalities Forum

Date: 29 January 2019
Time: 12:00 – 14:00
Venue: Room 4, Civic Suite, SE6 4RU

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Chair

Anne Hooper (AH)	Lay Member	LCCG
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Members

Folake Segun (FS)	Healthwatch Representative	Healthwatch
Russell Cartwright (RC)	Head of Communications & Engagement	LCCG
Charles Malcolm-Smith (CMS)	Deputy Director (Strategy & OD)	LCCG
Dr Angelika Razzaque (AR)	Clinical Director	LCCG
Dr Ravi Sharma (RS)	Clinical Director	LCCG

Other invitees

Dr Faruk Majid (FM)	Chair, Lewisham CCG	LCCG
Andrew Bland	Chief Officer	LCCG
Dr Charles Gostling (CG)	Senior Clinical Director	LCCG
Dr Jacky McLeod (JM)	Senior Clinical Director	LCCG
David Maloney (DM)	Chief Financial Officer	LCCG
Peter Ramrayka (PR)	Lay Member	LCCG
Martin Wilkinson (MW)	Managing Director	LCCG
Aileen Buckton (AB)	Executive Director of Community Services	Lewisham Council
Dr Magna Aidoo (MA)	Healthwatch Representative	Healthwatch
Danny Ruta (DR)	Director of Public Health	Lewisham Council
Debbie Brown	Clinical Director	LCCG
Dr Sebastian Kalwij (SK)	Clinical Director	LCCG
Dr Esther Appleby (EA)	Clinical Director	LCCG
Dr Simon Parton (SP)	Chair of Lewisham Local Medical Committee	Lewisham Local Medical Committee
Professor Simon Mackenzie	Secondary Care Doctor	LCCG
Shelagh Kirkland (SK)	Lay Member	LCCG
James Campbell (JC)	Joint Interim Chair, Public Reference Group	LCCG
Michelle Nembhard (MN)	Joint Interim Chair, Public Reference Group	LCCG
Beverley Weston (BW)	Former Chair, Public Reference Group	LCCG
Diana Braithwaite		LCCG

Dee Carlin	Director of Commissioning & Primary Care	LCCG
Caroline Hirst	Head of Joint Commissioning Service Manager, CYP Joint Commissioning	LCCG
Sarah Wainer	Programme Lead, Whole System Model of Care	LCCG

Quorum

A quorum will be over 50% of members including one CCG Governing Body member.

A member who is present at PEEF and is conflicted by a particular agenda item will not contribute to the quoracy of the meeting for the duration of that agenda item.

Order of Business

	Time	Item	Papers	Presented by
1.	12:00	Welcome, introductions and conflicts of interest		Chair
2.	12:05	Progress update and reflections on 18/19 <ul style="list-style-type: none"> • CCG Engagement activities • STP and LHCP engagement activities • The Healthwatch perspective • Lessons learnt, what we heard and what difference has it made? 		RC FS
3.	12:40	NHSE IAF submission <ul style="list-style-type: none"> • Outline of content and identifying gaps 		RC
4.	13:00	Priorities that will inform how we develop our public engagement workplan for 19/20 Group discussions on: <ul style="list-style-type: none"> • Frailty • Mental health • Respiratory • Diabetes To cover what we need to consider in these areas to fulfil our engagement and equalities requirements.		RC
5.	13:50	Conclusion		Chair
Date of next meeting Tuesday 12 February, 12.00-14.00 Room 305, Laurence House				

Managing Conflicts of Interest: Governing Body, committees, sub-committees and working groups

1. The chair of the Governing Body and chairs of committees, subcommittees and working groups will ensure that the relevant register of interest is reviewed at the beginning of every meeting, and updated as necessary.
2. The chair of the meeting has responsibility for deciding whether there is a conflict of interest and the appropriate course of corresponding action. In making such decisions, the chair may wish to consult the member of the governing body who has responsibility for issues relating to governance.
3. All decisions, and details of how any conflict of interest issue has been managed, should be recorded in the minutes of the meeting and published in the registers.
4. Where certain members of a decision-making body (be it the governing body, its committees or sub-committees, or a committee or sub-committee of the CCG) have a material interest, they should either be excluded from relevant parts of meetings, or join in the discussion but not participate in the decision-making itself (i.e., not have a vote).
5. In any meeting where an individual is aware of an interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair, together with details of arrangements which have been confirmed by the governing body for the management of the conflict of interests or potential conflict of interests. Where no arrangements have been confirmed, the chair may require the individual to withdraw from the meeting or part of it. The new declaration should be made at the beginning of the meeting when the Register of Interests is reviewed and again at the beginning of the agenda item.
6. Where the chair of any meeting of the CCG, including committees, sub-committees, or the governing body, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed with the governing body for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.
7. Where significant numbers of members of the governing body, committees, sub committees and working groups are required to withdraw from a meeting or part of it, owing to the arrangements agreed by the Governing Body for the management of conflicts of interest or potential conflicts of interest, the remaining chair will determine whether or not the discussion can proceed.
8. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG's standing orders or the relevant terms of reference. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the governing body, committees, sub committees and working groups owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the chair may invite on a temporary basis one or more of the following to make up the quorum so that the CCG can progress the item of business:
 - a. an individual GP or a non-GP partner from a member practice who is not conflicted
 - b. a member of the Lewisham Health and Wellbeing Board;
 - c. If quorum cannot be achieved by a) or b) (above) a member of a governing body of another clinical commissioning group.
9. These arrangements will be recorded in the minutes.