



**West Yorkshire and Harrogate Joint Committee of CCGs
Patient and Public Involvement Assurance Group
Minutes of meeting on Monday 8 April 2019, 2.00-4.00 p.m.
White Rose House, Wakefield**

Present: (CCG PPI Lay members)

- Fatima Khan-Shah, NHS North Kirklees CCG (FKS)
- David Richardson, Bradford Districts CCG (DR)
- Pam Essler, NHS Airedale Craven and Wharfedale CCG – (PE)

In attendance:

- Nigel Ayre, Healthwatch North Yorkshire (NA)
- Stephen Gregg, Governance Lead, Health and Care Partnership (SG)
- Jill Dufton, Engagement Manager, Health and Care Partnership (JD)
- Christine Hughes, Comms and Engagement Lead, Improving Planned Care Programme (CH)
- Catherine Thompson, Programme Director, Improving Planned Care Programme (CT)
- Tracy Holmes, Comms and Engagement Lead, WY&H Cancer Alliance (TH)

Apologies:

- Steve Hardy, NHS Wakefield CCG
- Max Mclean, NHS Bradford City CCG
- Priscilla McGuire, NHS Greater Huddersfield CCG
- Angela Collins, NHS Leeds CCG
- Joanne Rothery, Comms and Engagement Support, Health and Care Partnership (JR)

Item	Agenda Item	Action
1.	Welcome, introduction and apologies	
	The Chair welcomed Nigel Ayre from Healthwatch to his first meeting. Members introduced themselves. Apologies were noted. The Chair noted the low attendance and the vacancies for lay members in some CCGs. The Group referred to the terms of reference that as an assurance group and not a formal decision making group there is no quorum.	
2.	Declarations of Interest	
	None.	
3.	Minutes of the PPI Assurance Group – 21 January 2019	
	The minutes of the meeting held on Monday 21 January were agreed to be a true and accurate record. (The minutes will be added to the WY&H website).	JR



Item	Agenda Item	Action
4.	Actions and Matters arising – 21 January 2019	
	<p>The Group reviewed the action log:</p> <p>Item 12. Urgent and Emergency Care</p> <p>Martin Pursey would attend the meeting in June – action closed.</p> <p>Item 4.10: Lay member / non-Executive networking event</p> <p>SG advised that the Partnership had discussed this area of work on several occasions and an opportunity has arisen to look at how lay members and NEDS want to work together going forward and input into 5 year plan in response to LTP.</p> <p>An event is being arranged for early to mid June – a half day morning event with networking lunch. Speakers for the event were being confirmed. FKS would present a session on developing members for the future. Ian Holmes would cover the 5 year strategy.</p> <p>Item 5: PPI Assurance Group work plan</p> <p>The Group noted the draft work plan.</p> <p>The Chair asked when the next update on Mental Health would be, as it had been some time since it had been to the Assurance Group. SG advised that a new programme director had been appointed but had not started yet. An update would be scheduled for a future meeting.</p> <p>JD advised there is engagement currently happening in the Mental Health programme around Assessment and Treatment Units (ATUs) of which there are three in West Yorkshire (Bradford, Leeds and Wakefield). There is an engagement plan and engagement is underway. JD to give a further update at the June meeting.</p> <p>Item 6: Do once and share approach to quality and equality impact assessment</p> <p>SG advised that overall learning had been positive – the policies covered to date had been relatively uncontentious and resourcing the assessments had not presented challenges. The approach would be evaluated fully and reported to the Joint Committee in July. This would include how engagement had been covered.</p> <p>Item 7: Lay member infographic</p> <p>Agreed to put on hold pending changes in lay member representation.</p>	<p>SG</p> <p>JD</p>



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5.	Joint Committee	
	The Group noted the key decisions of the Joint Committee on 5 th March 2019. PE highlighted the need to be clear about the local impact of the Evidence Based Interventions policy.	
6.	Improving Planned Care	
	<p>CT gave an update on the approach to PPI within the Improving Planned Care and Reducing Variation Programme (Elective care and Standardisation of Commissioning policies). The main focus was currently on musculoskeletal (MSK) pathways, eye care and prescribing.</p> <p>CT said that the Joint Committee had recently approved policies on Evidence Based Interventions and Liothyronine. Reports on an MSK pathway and Flash Glucose monitoring would be submitted to the Joint Committee next month. CT outlined the Programme's approach to PPI in both areas. A significant amount of engagement had already been done on MSK services and the Programme was using this to shape the pathway. CT noted the involvement of diabetes patient groups in developing the national Flash Glucose guidance.</p> <p>The Programme was developing a 'do once and share' approach across WY&H and was contributing to the Partnership's response to the long term plan.</p> <p>CT would report back to the Group before policies on hips, knees and shoulders and eyecare were submitted to the Joint Committee.</p> <p>The Chair said that it was important to explain to the Joint Committee and the public that the proposed policy changes were minor, that engagement had already been undertaken and that new engagement was not required. PE reiterated the importance of 'closing the loop' in each of the six places and translating messages back to local place in relation to 'You said, we did'. The Chair said that there was a need for clarity on how policies were implemented locally and the support that was available to help with this.</p> <p>CT explained that communications are prepared covering the wider messages and this is then shared with local areas for them to modify to tailor local messages and plan local actions. It was agreed that lay members should be putting the challenge back to place ensuring they are closing the loop with feedback and messages to the public. The Programme would look at closing the loop on feedback. A clear rationale for the approach to engagement will be communicated on the website, at Joint Committee and in other communications</p>	<p>CT</p> <p>SG/CT</p>



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	<p>DR asked how the Programme was assured that the 2017 Healthwatch engagement was still relevant in relation to the MSK pathway. CT responded that the Partnership engagement map provided a comprehensive summary of the engagement undertaken. The Group agreed with DR that it would be helpful to review current engagement mechanisms at the next meeting.</p> <p>NA raised a concern over the extent to which the public supported standardisation, particularly when this could mean reduced access to services. Ct advised that the Programme took a strongly evidence-based approach and was driven by clinical data not financial savings.</p> <p>Improving Planned Care programme to give a further update at the August meeting</p>	
	<p>The Group</p> <ol style="list-style-type: none"> 1. Supported the approach to PPI being adopted within the Improving Planned Care programme. 2. Supported the suggested developments for the PPI in the programme 3. Requested that communications contain a clear rationale for the approach to engagement that had been adopted. 4. Noted the importance of the Joint Committee receiving assurance about the implementation of agreed policies. 5. Requested an item on the next agenda on engagement mechanisms across the Partnership. 	<p>CT/CH</p> <p>JD/SG</p>
<p>7.</p>	<p>PPI Lay members – vacancies and recruitment</p>	
	<p>The Chair advised that as she was leaving her CCG Lay member role, there would be a vacancy on the Joint Committee and the PPI Assurance Group. The Group also noted that there were a number of other vacancies in the CCGs due to members moving on to new roles. The Group noted that a new PPI Assurance Group Chair will need to be selected. Kate Kennady is the current Deputy Chair of the Group.</p> <p>The Chair asked for the PPI Lay member vacancies to be raised as a risk with the Joint Committee and that it could have an impact on decision making processes. A further discussion was needed and agreed this would be an agenda item at the June meeting.</p>	
	<p>The Group</p> <ul style="list-style-type: none"> • Noted the current position. • Requested the current position is raised as a risk with the Joint Committee. • Requested an update at the June meeting 	<p>SG</p>



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8.	Communication and Engagement update	
	<p>JD presented the update:</p> <p>NHS Long term plan - NHS England has commissioned, via Healthwatch England, each local Healthwatch to undertake a piece of engagement work on the NHS Long Term plan, particularly focusing on hearing the voices of the seldom heard. This is designed to feed into the development of our Partnership's 5-year plan. There are two questionnaires that people can fill in. One is a generic survey designed between local Healthwatch and the Partnership; the second has been produced by Healthwatch England aimed at people with long term health conditions. Both questionnaires are being promoted. People can complete the survey until 3 May via their local Healthwatch. A series of focus groups are also being planned in our local areas. The focus of the discussions will be around digitisation, personalisation and wider relevant locally long-term plan priorities – and also an equality focus.</p> <p>These will also be completed by 3 May. The intention is for Healthwatch to complete a report for June to share with Healthwatch England and the Partnership. You can find out more here.</p> <p>The Partnership is also organising engagement events to include carers, voluntary and community sector and Lay members / Non Exec Directors</p> <p>'Looking out for your neighbours' campaign – Developed an infographic thanking people for their support which includes a video which can be viewed here. 330 organisations have signed up to the campaign with over 370 organisations who have downloaded the resource packs. There has been over 2000 website visits and lots of activity on Facebook and twitter. Also launching in May is the positive experience questionnaire where we will be asking supporters if they would like us to profile their work. And we will also be filming one story from each of the six areas. Please keep supporting and promoting the campaign.</p> <p>'Don't be the one' quit smoking campaign – TH from the Cancer Alliance team gave a presentation of the campaign. From May 6, a four week quit smoking TV and digital campaign will be launching across West Yorkshire and Harrogate. Called 'Don't be the 1' campaign, it will deliver a hard-hitting message that at least one in two long-term smokers will die from tobacco smoking balanced with a positive, empowering call to action that if you quit you can reduce those risks and signposting local quit smoking support. You can access the film and the website at the following link www.dontbethe1.tv</p> <p>TH agreed to send the presentation. NA noted that the website did not seem to link into the campaign in the North Yorkshire area. TH would look into this.</p>	<p style="text-align: right;">TH</p>



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	<p>'The role of the lay member' infographic – Members agreed that due to current vacancies the infographic should be put on hold. FKS also suggested that creating some films of Lay Members and Non Executives might help promote the roles. It was agreed this would be something that could be considered and also use the opportunity to film at the Lay Members /NEDS event in June,</p>	<p>SG/KC</p>
	<p>Action</p> <p>Send 'Don't be the one' presentation to members</p> <p>Look into links with North Yorkshire for the 'Don't be the one' campaign</p> <p>Short films of lay members and NEDs</p>	<p>TH</p> <p>TH</p> <p>SG/KC</p>
<p>8.</p>	<p>AOB</p>	
	<p>DR thanked the Chair for her work and commitment to the Group and wished her all the best in her new role.</p> <p>FKS asked NA if he could present an update from Healthwatch at the next meeting.</p>	<p>NA/SG</p>
<p>9.</p>	<p>Date of Next Meeting</p>	
	<p>10th June, 2019, 14.00-16.00. (Informal Lay member meeting at 13.00)</p>	