



**West Yorkshire and Harrogate Joint Committee of CCGs  
Patient and Public Involvement Assurance Group  
Minutes of meeting on Monday 10 June 2019, 2.00-4.00 p.m.  
White Rose House, Wakefield**

**Present: (CCG PPI Lay members)**

- Kate Kennady, NHS Harrogate and Rural District CCG (KK)
- David Richardson, NHS Bradford Districts CCG (DR)
- Steve Hardy, NHS Wakefield CCG (SH)
- Angela Collins, NHS Leeds CCG (AC)

**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)
- Joanne Rothery, Communications and Engagement Support, Health and Care Partnership (JR)
- Martin Pursey, Head of Contracting & Procurement Greater Huddersfield CCG (MP) (Item 7)
- Jenny Hamer, Programme Lead Yorkshire and Humber Academic Science Network (JH) (Item 8)
- Fatima Khan-Shah, Health and Care Partnership (FKS)
- Richard Wilkinson, representative of the Joint Committee of CCGs (RW)

**Apologies:**

- Pam Essler, NHS Airedale Craven and Wharfedale CCG
- John Mallalieu, NHS Calderdale CCG
- Beth Hewitt, NHS Greater Huddersfield and NHS North Kirklees CCGs

Item	Agenda Item	Action
1.	<b>Welcome, introduction and apologies</b>	
	<p>Kate Kennady introduced herself as the Deputy Chair and welcomed speakers and members to the meeting.</p> <p>Fatima Khan-Shah was in attendance to ensure a smooth transition following her resignation from the Group.</p> <p>As a Lay representative of the Joint Committee of CCGs, Richard Wilkinson attended the meeting to ensure continuity between the Group and the Joint Committee.</p> <p>Members introduced themselves. Apologies were noted.</p>	
2.	<b>Declarations of Interest</b>	
	None.	



3.	<b>Minutes of the PPI Assurance Group – 8 April 2019</b>	
	The minutes of the meeting held on Monday 8 April were <b>agreed</b> to be a true and accurate record subject to KK’s apologies being added. (The minutes will be added to the WY&H website).	<b>JR</b>
4.	<b>Actions and Matters arising – 8 April 2019</b>	
	<p>The Group reviewed the action log:</p> <p><b>Item 4.10: Lay member / non-Executive networking event</b></p> <p>SG advised that the Network event scheduled to be held on the 12th June had been postponed as it clashed with alternative commitments. It was agreed to plan for a new event date in the Autumn. – Action closed</p> <p><b>Item 5: PPI Assurance Group work plan</b></p> <p>SG advised members that there is a new Mental Health Programme Director in place, Keir Shillaker who will attend to give a programme update at a future meeting of the Group. – Action Closed</p> <p><b>Item 6: Do once and share approach to quality and equality impact assessment</b></p> <p>Improving planned care – Hips, knees and shoulders report will be brought to the PPI Assurance group before being taken to the Joint Committee, closing the feedback loop and taking engagement into account.</p> <p>A link to the website page for evidence based-interventions will be circulated following this meeting</p>	<b>SG/JR</b>
5.	<b>Joint Committee</b>	
	The Group 1. <b>Noted</b> the key decisions of the Joint Committee on 4 <sup>th</sup> June 2019.	
6.	<b>PPI Lay members – vacancies and recruitment</b>	
	<p>It was noted that since the last meeting since there has been a lot of progress and vacancies have been filled, with David Richardson picking up the role for Bradford District, John Mallalieu is covering the PPI portfolio for Calderdale. Beth Hewitt had been appointed to North Kirklees and Greater Huddersfield CCGs. Full PPI members list with contact details will be circulated to the Group.</p> <p>There is a vacancy on the Joint Committee and PPI lay members have been invited to submit an expression of interest in the role. Closing date 19th June. SG advised that the changes in how CCGs were working, and how PPI was represented on governing bodies was a matter for each place to address.</p>	<b>JR</b>



	<p>The Group:</p> <ol style="list-style-type: none"> <li><b>Noted</b> the latest position on PPI Lay member vacancies and recruitment</li> </ol>	
<b>7.</b>	<b>Integrated Urgent Care (IUC)</b>	
	<p>Martin Pursey from NHS Greater Huddersfield CCG presented on the new contract for integrated urgent care services (IUC) across Yorkshire and Humber. The IUC service went live on 1 April 2019 and provides regional call handling and clinical advice along with a new separate dental clinical assessment and booking service.</p> <p>MP outlined how performance would be monitored using Key Performance Indicators (KPIs). AC asked how the service would be evaluated outside of the KPIs and SH asked what remedial action could be taken if performance targets were not achieved.</p> <p>MP advised that learning on the patient experience will come from analysis of a dedicated patient satisfaction survey together with analyses of complaints and serious untoward incidents. Work would also be undertaken to map the patient pathway following initial contact with the service. It would be important to understand the experience of patients throughout the pathway. MP explained that Commissioners could take remedial action to tackle underperformance, but that the priority was to work with the provider to ensure that any problems were remedied as they emerged.</p> <p>NA requested assurance that services will continue if the financial ceiling is reached. MP confirmed that services would continue to be delivered.</p>	
	<p>The Group</p> <ol style="list-style-type: none"> <li><b>Noted</b> the arrangements for capturing and learning from the patient experience.</li> <li><b>Requested</b> a report to the Group in December on how learning from the patient satisfaction survey and other patient feedback mechanisms had been used to improve outcomes for patients.</li> </ol>	<b>MP</b>
<b>8.</b>	<b>Phase Two (Cholesterol) Healthy Hearts</b>	
	<p>Jenny Hamer (JH) from Academic Health Science Network presented on phase two (cholesterol) of the West Yorkshire and Harrogate Healthy Hearts Programme. This aimed to support people with high levels of cholesterol, or those with a future risk of developing a heart attack or stroke, by switching their current medication (statin) to a more effective one (if their current one is not working) or by prescribing a statin to people that are currently not taking one. The work built on successful work across Airedale, Wharfedale and Craven and Bradford.</p> <p>Patient voice was key to ensuring phase two of the Healthy Hearts Programme was a success.</p>	



	<p>JH introduced the draft materials that had been developed, including letters, questionnaires and webpages and asked the Group for input on the draft information and the proposed approach.</p> <p>KK emphasised that plain English should be used and other forms of communication such as a phone call or face to face appointment be used as well as written information. All members agreed the wording and tone of the letter needed to be reviewed with NA noting that the message needed to be carefully worded to avoid worrying people unnecessarily. SH noted that there was not enough emphasis on prevention.</p> <p>The Group asked JH to ensure that arrangements were put in place to ensure that the needs of people with learning disabilities were addressed and that they were not excluded from the process.</p> <p>RW told members that the project in Bradford was well received and there was some important learning to be taken from this.</p> <p>JH noted the Group's comments around style and message and would return to the Group in August to feedback on how the comments had been taken into account.</p>	<p><b>JH</b></p>
	<p>The Group</p> <ol style="list-style-type: none"> <li>1. <b>Noted</b> and <b>commented</b> on the proposed approach to communicating with patients and the public.</li> <li>2. <b>Requested</b> a report back to the August meeting on how the comments had been taken into account in the final patient communication materials and approach</li> </ol>	
<p><b>9.</b></p>	<p><b>Healthwatch update</b></p>	
	<p>Nigel Ayre updated the Group on Healthwatch work in each place. This included:</p> <p><b>Kirklees and Calderdale</b></p> <ul style="list-style-type: none"> <li>• Engagement work on redesigning the Single point of access. Healing after birth – experience of health services for new mums</li> </ul> <p><b>Leeds</b></p> <ul style="list-style-type: none"> <li>• NHS Long term plan – Healthwatch Leeds will be collating and reporting on all the survey information in each place.</li> <li>• Community engagement report for people with visual impairments.</li> </ul> <p><b>Wakefield</b></p> <ul style="list-style-type: none"> <li>• Compassion in care</li> <li>• Safeguarding</li> <li>• Children's ASD and autism surveys</li> </ul>	



	<p><b>Bradford</b></p> <ul style="list-style-type: none"> <li>• ‘Enter and view’ visits.</li> <li>• Further work on the ‘big conversation’ about the future of local health, care and support services.</li> </ul> <p><b>North Yorkshire</b></p> <ul style="list-style-type: none"> <li>• Project on LGBTQ community and mental health and health care issues.</li> <li>• Mental health service users report.</li> </ul>	
	<p>The Group 1. <b>Noted</b> the Healthwatch update.</p>	
<p><b>10.</b></p>	<p><b>Communications and engagement update</b></p>	
	<p>Jill Dufton (JD) advised that at the meeting on 9 April 2019, the Group requested an item on the next agenda on engagement mechanisms across the Partnership. JD outlined the process adopted for the NHS Long Term plan, which featured the principles that are adopted across the wider Partnership.</p> <p>JD noted the role of the Partnership in co-ordinating the engagement work carried out across West Yorkshire and Harrogate. An engagement and consultation mapping exercise was carried out each year. This brought together all the available intelligence and ensured that it was fed back to the Programmes and individual partners.</p> <p>JD outlined the various ways in which the Partnership fills any gaps in public / patient involvement. The approach is brought together in the <a href="#">Communication and Engagement Strategy</a> originally published in September 2017 and updated in autumn 2018. This was developed with partner organisations, including Healthwatch and members of the PPI Assurance Group.</p> <p>SG noted that at its first meeting on 4<sup>th</sup> June the Partnership Board had also requested a report back on wider engagement. The Board had also agreed an approach to dealing with questions from the public at meetings.</p> <p>In response to a question from DR about the impact of engagement activity, JD said that all programmes are encouraged to take a ‘You said, we did’ approach following an engagement findings report, as was done for the work on Stroke services. There were examples of ‘you said, we did’ in the Partnership’s portfolio of case studies</p> <p>SH noted that much engagement activity was of good quality. There was a need to ensure that it was consistently carried out at an early stage.</p> <p><b>General update</b></p> <p>JD updated the Group on current activity, including</p> <ul style="list-style-type: none"> <li>• Looking out for our Neighbours campaign - in the final phase - evaluation is being carried out by Leeds University and will be shared with Group.</li> </ul>	



	<ul style="list-style-type: none"> <li>• Engagement on Assessment and treatment Units - to be shared</li> <li>• Development of a training and support package for Programme patient and public involvement members</li> <li>• WY&amp;H digitalisation and personalisation engagement mapping report being developed to compliment the engagement work for the LTP that Healthwatch have led on – will share both reports once completed.</li> </ul> <p>Action: Send out links as per above.</p>	
	The Group: 1. <b>Noted</b> the Communications and engagement update.	<b>JD/JR</b>
<b>11.</b>	<b>AOB</b>	
	The Chair thanked Fatima Khan Shah for all her hard work and contribution to the work of the Group.	
<b>12.</b>	<b>Date of Next Meeting</b>	
	Monday 12 <sup>th</sup> August, 2019, 14.00-16.00. (Informal Lay member meeting at 13.00)	

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