



**West Yorkshire and Harrogate Joint Committee of CCGs  
Patient and Public Involvement Assurance Group  
Minutes of meeting held on Monday 12 August 2019, 2.00 - 4.00 p.m.  
White Rose House, Wakefield**

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

- David Richardson, NHS Bradford Districts CCG (DR)
- Steve Hardy, NHS Wakefield CCG (SH)
- Pam Essler, NHS Airedale Craven and Wharfedale CCG (PE)
- Beth Hewitt, NHS Greater Huddersfield and NHS North Kirklees CCGs (BH)

**In attendance:**

- Karen Coleman, Communication and Engagement Lead Health and Care Partnership (KC)
- Nigel Ayer, Healthwatch North Yorkshire (NA)
- Jill Dutton, Engagement Manager, Health and Care Partnership (JD)
- Joanne Rothery, Communications and Engagement Support, Health and Care Partnership (JR)
- Jenny Hamer, Programme Lead Yorkshire and Humber Academic Science Network (JH)
- Richard Wilkinson, Lay Member of the Joint Committee of CCGs (RW)
- Kier Shillaker, Programme Director Mental Health Learning Disabilities and Autism - Health and Care Partnership (KS)

**Apologies:**

- John Mallalieu, NHS Calderdale CCG (JM)
- Angela Collins, NHS Leeds CCG (AC)
- Kate Kennady, NHS Harrogate and Rural District CCG (KK)
- Stephen Gregg, Governance Lead, Health and Care Partnership (SG)

Item	Agenda Item	Action
1.	<b>Welcome, introduction and apologies</b>	
	Members introduced themselves. Apologies were noted.	
2.	<b>Declarations of Interest</b>	
	There were none.	
3.	<b>Chair of the Group</b>	
	Agreement of a chair was postponed to the next meeting	



4.	<b>Minutes of the PPI Assurance Group – 10 June 2019</b>	
	<p>The minutes of the meeting held on Monday 10 June were <b>agreed</b> to be a true and accurate record.</p> <p>With a note made that the members would like to review the ‘do once and share’ approach quality and equality impact assessments report before engagement commences.</p> <p>(The minutes will be added to the WY&amp;H website).</p>	JR
5.	<b>Actions and Matters arising – 10 June 2019</b>	
	<p>The Group reviewed the action log:</p> <p>Improving planned care and reducing Variation - CT be asked to present to a future meeting.</p>	SG/JR
6.	<b>Joint Committee</b>	
	<p><b>Flash glucose monitoring</b></p> <p>Members feel that they do not have a position on flash glucose testing as they have not had sight of the report.</p> <p><b>Quality and Equality Impact Assessment</b></p> <p>Members raised concerns that there are a limited number of IFR referrals coming from areas of deprivation.</p> <p>Members asked that the group have an opportunity to respond to the people plan before the paper is taken to the Joint Committee. The revised QEIA approach specifically increases the focus on Health Inequalities. The group agreed that they would like Sarah Smith and Emmerline Irving to attend a future meeting to present on Population Health and health inequalities.</p>	SG
	<p>The Group</p> <ol style="list-style-type: none"> <li>1. <b>Noted</b> the key decisions of the Joint Committee.</li> <li>2. <b>Requested</b> – the Hips paper that was taken to the Joint Committee Development session be circulated with the minutes of this meeting.</li> </ol>	SG
7.	<b>Mental Health and Learning Disability and Autism</b>	
	<p>KS gave an overview of the Mental Health and Learning Disability and Autism programme.</p> <ul style="list-style-type: none"> <li>• The Mental Health, Learning Disability and Autism collaborative works together to deliver the best possible care, experience and outcomes for people across West Yorkshire and Harrogate. The ambition of the collaborative is to make the best use of our expertise so we are more than the sum of our parts, both as providers of care to those with mental health conditions, learning disability or autism and to improve the wider determinants of health; particularly addressing social inequalities.</li> </ul>	



	<ul style="list-style-type: none"> <li>Over the next couple of months, a key priority for the programme is to finalise the five-year strategy and the range of work needed to drive this. There is an expectation (set out within the Memorandum of Understanding for the collaborative) that appropriate public and patient engagement is undertaken within all our work and we will produce a communications and engagement strategy to sit alongside the overarching five-year strategy.</li> </ul> <p>SH asked if the work will look at the whole commissioning pathway particularly around post diagnosis in children with autism. The programme is looking at post-diagnostic support when the patient goes back to school; however there is a limitation in terms of commissioning with independent schools. KS advised that they will look at different areas of good practice to work with and what is going to be commissioned across the WY&amp;H footprint.</p> <p>BH asked if there will be mapping done around schools. There need to be discussions with place to see what the schools in those areas are doing. KS recognised that this needs to be looked at.</p> <p>BH noted that the Suicide prevention link was not working – KS will look into this and feedback to the group once active.</p> <p>NA asked that centralisation be engaged on sooner rather than later as services need to be close to patient’s networks. KS agreed to return at a future date with an update on the patient engagement strategy.</p>	<b>KS</b>
	<p>The Group:</p> <ol style="list-style-type: none"> <li><b>Noted</b> and <b>Commented</b> on the development of the Mental Health, Learning Disability and Autism strategy</li> <li><b>Requested</b> – to see the Patient engagement strategy.</li> </ol>	
<b>8.</b>	<b>Phase Two (Cholesterol) Healthy Hearts</b>	
	<p>Following on from members comments at the PPI meeting held on 10 June, Jenny Hamer (JH) from Academic Health Science Network returned with an update on phase two (cholesterol) of the West Yorkshire and Harrogate Healthy Hearts Programme.</p> <p>The language and tone of the letters has been revised and letters will not be sent out automatically with prescriptions. Patients will now be advised to speak with their clinician. SH acknowledged that the comments made by the group had been taken on board. The Healthy Hearts report will be presented to the Joint Committee on Tuesday 1<sup>st</sup> October.</p> <p>Members asked for further evaluation on how the conversation takes place and whether there will be support for vulnerable members of communities. Patients with learning difficulties will now be included in the pilot to ensure that they receive the right information in the right way.</p>	



	<p>SH suggested members speak with their individual CCG's about this approach.</p> <p>The engagement covered 50 out of 78 postcodes. JH will send the engagement report for group member's information along with a 'You said we did report'. JD to send the partnership report templates to JH.</p>	
	<p>The Group</p> <ol style="list-style-type: none"> <li><b>Noted</b> that the comments made by the group had been taken on-board</li> <li><b>Requested</b> that members speak with their respective CCG's about the pilot.</li> </ol>	
<b>9.</b>	<b>Healthwatch update</b>	
	Nigel Ayre circulated the Healthwatch NHS Long term plan summary.	
	<p>The Group</p> <ol style="list-style-type: none"> <li><b>Noted</b> the Healthwatch NHS Long term plan summary report.</li> <li><b>Action</b> – send link to Long term plan report with minutes</li> </ol>	<b>JR</b>
<b>10.</b>	<b>Communications and engagement update</b>	
	<p>JD assured the group that the Long Term Plan engagement report developed by Healthwatch is being shared across the partnership programme directors for each of the priority programmes so they can make sure they are including the voice from patients and public in their programmes when planning future work.</p> <p>Learning Disabilities Health and Care Champions project – BTM won the contract for a 12 month piece of work and will be working with partners and some programmes in the partnership around 5 themes (below) chosen by those involved in the project from mapping what's important to them along with what people with learning difficulties have told us.</p> <ul style="list-style-type: none"> <li>• Planned care</li> <li>• Prevention and early diagnosis</li> <li>• Cancer</li> <li>• Training people with LD</li> <li>• Staff training</li> </ul> <p>All this underpins health inequalities. The ultimate aim is to have LD health and care champions to be involved in all our work across the partnership and in local place. The project is in the early stages.</p> <p>Involvement framework – the purpose of the framework is to describe at a WY&amp;H level our approach to involvement. The framework builds on the WY&amp;H HCP Communications and Engagement plan and will be an appendix to the plan. Please email JD with any comments.</p> <p>PE noted there has been a significant change that is difficult to define such as within the Primary Care networks as they are locally led and make decisions without PPI involvement. JD will pick this up with the Primary Care leads and ask Nichola Phillis to present at a future meeting.</p>	



	<p>Members have received the comms and engagement plan and asked for any comments. The final comms and engagement plan will be circulated in September once all comments have been received. An easy read is also currently being developed.</p> <p>Looking out for our Neighbours campaign – has been very well received and Leeds University have just completed the evaluation. We have also nominated for an award. There is good appetite from everyone to carry out a phase 2 of the campaign with some winter messages. JD to circulate the evaluation report.</p> <p>Narrative for five year plan has now gone to executive group for input and will go to the Partnership Board on the 3<sup>rd</sup> September 2019. Comments welcome from members.</p> <p><b>Actions:</b> Link to five year plan to be sent to members with comments back by 15<sup>th</sup> September 2019</p>	<b>SG</b>
	<p>The Group:</p> <ol style="list-style-type: none"> <li><b>Noted</b> on recent and forthcoming communications and engagement activity.</li> </ol>	
<b>11.</b>	<b>AOB</b>	
	<p>All members agreed that they would like to receive a one page written update in the report support the Healthwatch and Comms and engagement updates.</p> <p>Members asked that it is be reiterated to programme leads to present information appropriate to the group</p>	
<b>12.</b>	<b>Date of Next Meeting</b>	
	Monday 14 <sup>th</sup> October, 2019, 14.00-16.00. (Informal Lay member meeting at 13.00)	