

West Yorkshire and Harrogate Joint Committee of CCGs Patient and Public Involvement Assurance Group

Minutes of meeting held on Monday 9 December 2019, 2pm - 4pm White Rose House, Wakefield

Present: (CCG PPI Lay members)

- Steve Hardy, NHS Wakefield CCG (SH) Chair
- Kate Kennady, NHS Harrogate and Rural District CCG (KK)
- Pam Essler, NHS Airedale Craven and Wharfedale CCG (PE)
- Beth Hewitt, NHS Greater Huddersfield and NHS North Kirklees CCGs (BH)
- Angela Collins, NHS Leeds CCG (AC)

In attendance:

- Stephen Gregg, Governance Lead, WY&H Health and Care Partnership (SG)
- Karen Coleman, Communications and Engagement Lead WY&H Health and Care Partnership (KC) (Items 9 and 10)
- Christine Hughes, Communications and Engagement Manager, Improving Planned Care programme
- Joanne Rothery, Communications and Engagement Support, WY&H Health and Care Partnership (JR)
- Sarah Smith (SS), Programme Director, Improving Population Health programme (Item 7)

Apologies:

- David Richardson, NHS Bradford Districts CCG
- Alison Macdonald, NHS Calderdale CCG
- Nigel Ayre, Healthwatch North Yorkshire
- Martin Pursey, Head of Contracting and Procurement, Calderdale, Greater Huddersfield and North Kirklees CCGs

ltem	Agenda Item	Action
1.	Welcome, introduction and apologies	
	The Chair welcomed everyone to the meeting. Apologies were noted from Martin Pursey, who had been due to present the item on Integrated Urgent Care.	
	SG advised that Alison Macdonald had recently been appointed as PPI Lay Member for Calderdale CCG, and would be attending future meetings.	
	Members were informed that Jeanette Miller has taken over from Jill Dufton as Senior Engagement Manager supporting the WY&H Partnership and that she would be attending future meetings.	
2.	Declarations of Interest	
	There were none.	

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3.	Minutes of the PPI Assurance Group – 14 October 2019	
	The minutes of the previous meeting 14 October were agreed to be a true and accurate record. Members noted that the minutes would now be published on the WY&H website.	JR
4.	Actions and Matters Arising – 14 October 2019	
	The Group reviewed and noted the action log	
5.	Joint Committee – 3 December	
	Members noted the summary of key decisions from the meeting of the WY&H Joint Committee of CCGs on 3 December 2019	
	In respect of the MSK pathway, PE said that there was a risk that inequalities might be widened further if implementation was over a lengthy period. PE also highlighted the need to ensure that shared decision making was effective. KK s asked how the programme ensures that patients are supported effectively. Christine Hughes advised that shared decision making was a main topic at the recent planned care meeting and different options are being looked at to support people and avoid inequalities. A member of the	СН
	elective care team will return to update members at a future meeting. SG advised that proposals to add new matters to the Joint Committee work plan would be submitted to individual CCGs for approval in the New Year.	
	The Group: Noted the summary of key decisions.	
6.	Integrated Urgent Care Services	
	 Members noted thanks to Martin Pursey for his presentation on the NHS 111 Service user Experience. The Group said that it would be useful to have more information about: The methodology for distributing and completing the survey How the views of seldom heard groups were being obtained Members said that it would also be useful to see more qualitative information about how people were experiencing the services and asked that Martin Pursey be invited to a future meeting to discuss the issues raised. The Group a) noted the presentation; and b) requested that Martin Pursey be invited to a future meeting. 	SG

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7.	Health inequalities	
	Sarah Smith (SS) introduced a presentation on how the Partnership was addressing Health inequalities.	
	One of the Partnership's 10 big ambitions was to contribute towards a measurable reduction in health inequalities for people in West Yorkshire and Harrogate. The Improving Population Health programme was working with other programmes to support work on prevention, self-management and improving equity of access.	
	SS highlighted recent work on hip replacement surgery, which showed significant inequity of access across WY&H related to deprivation. Similar work on cataract and knee replacement surgery showed different patterns and the Programme was exploring the reasons for the variation.	
	The Group discussed some of the potential reasons for the variation across different types of procedure. PE noted that Bradford represented a microcosm of wider inequalities across WY&H and that there might be benefits from linking into local research work. SH noted the need to fully understand referral patterns and outcomes. AC and KK highlighted the importance of engaging with all population groups to fully understand the underlying reasons.	
	SS noted ongoing research and engagement work, and the need for action to be informed by a true understanding of need based on intelligence and insight. She also highlighted work with local authorities on wider determinants and important links to the regional industrial strategy. It was recognised that more work needs to be done to get communities on-board and actively engaged. Lay members were an important part of this process.	
	The Group noted the need to shift resources if health inequalities were to be addressed. AC emphasised the important role of Lay members in seeking assurance about the actions being taken in each place to tackle inequalities.	
	 The Group a) Noted the priority of reducing health inequalities within the Partnership and our current approaches to engagement; and b) Requested that an update be brought to a future meeting. 	SS
8.	Eye Care Services	
	Christine Hughes introduced the Eye care services work summary document. Members were asked to review and suggest any amendments.	

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	The intention was that the document would be made available at meetings, including those attended by members of the public. At such meetings, we are often asked 'What exactly is the Improving Planned Care Programme doing in relation to eye care services?' The document would help us answer that question at meetings, and will also be available to view online. The Group felt the leaflet was more focused on a professional audience and that if it was also intended for patients and the public the language	
	needed to be more tailored. KK felt that the text was too dense and BE suggested that it would be helpful to use images and graphics to clarify the main messages. Members agreed that the aim should be to produce a one page document.	
	AC agreed to review the revised document from a patient perspective.	AC
	The Group: a) Requested that the document be revised to be more patient and public friendly.	СН
9.	Mental health, autism and learning disabilities	
	Karen Coleman updated the Group on ongoing work in WY&H on the provision of Assessment and Treatment Units (ATUs) for people with learning disabilities requiring acute support.	
	The Group noted the update and requested that a further update be brought to a future meeting.	
10.	Communication and engagement update	
	Karen Coleman (KC) introduced the communications and engagement presentation.	
	SH said that it would be helpful to understand the arrangements for lay engagement and involvement in Primary Care Networks. SG noted that representatives from the Partnership's Primary and Community Care Programme were scheduled to present an update to the the PPI meeting on 10 th February 2020. SG would ask them to cover these issues.	
11.	AOB	
	SG said that the schedule of meetings for 2020/21 was currently being planned. Members confirmed that they were happy to continue with bimonthly meetings on Monday afternoons.	
12.	Date of Next Meeting	
	Monday 10 February 2020, 2pm – 4pm (Informal Lay member meeting at 1.30pm)	