West Yorkshire and Harrogate Joint Committee of CCGs
Shadow Patient and Public Involvement Assurance Group
Minutes of meeting on Monday 6th August 2018 2.00- 4.00 p.m.
White Rose House, Wakefield

Present: (CCG PPI Lay members)

- Fatima Khan-Shah, NHS North Kirklees CCG (FKS)
- Kate Smyth, NHS Calderdale CCG (KS)
- Steve Hardy, NHS Wakefield CCG – (SH)
- David Richardson, NHS Bradford Districts CCG (DR)

In attendance: (Health and Care Partnership)

- Jill Dufton, Engagement Manager (JD)
- Stephen Gregg, Governance Lead (SG)
- Joanne Rothery, Administration Support Officer (JR) (notes)
- Linda Driver, Stroke Programme Lead (item 6 only) (LD)
- Rebecca Royle-Evatt, Stroke Project Manager (item 6 only) (RRE)

Apologies:

- Max Mclean, NHS Bradford City CCG (MMc)
- Kate Kennady, NHS Harrogate and Rural District CCG(KK)
- Pam Essler, NHS Airedale Craven and Wharfedale CCG – (PE)
- Karen Coleman, Health and Care Partnership (KC)

Item	Agenda Item
1.	**Welcome, Introduction and apologies**
	The Chair welcomed everyone to the Patient and Public Involvement Assurance Group, meeting in shadow form. Members introduced themselves. Apologies were noted above.
2.	**Declarations of Interest**
	None
3.	**Minutes of the Lay Member Assurance Group – 21 May 2018**
	The minutes of the meeting held on Monday 21st May 2018 were **agreed** to be a true and accurate record. The minutes will be added to the WY&H website
	Actions: Upload minutes to the WY&H website (JD)
4.	**Actions and Matters arising – 21 May 2018**
	The Group reviewed the action log. All actions were closed except for: 2.1 Urgent and emergency care had been invited to a future meeting. 4.1 FKS reiterated that if the Group was to meet its assurance responsibilities it was important that Lay members attended the meetings. SG confirmed that this would be raised at the Joint Committee development session on 7th August.

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	5.3 KS said that the NHS accessible information guide should be taken into account for all aspects of Group meetings, not just the venue. 5.4 FKS would remind MMc about the tips and guidance for speakers.
	Actions: Ensure that the arrangements for Group meetings take into account the NHS accessible information guide. (SG, JD, JR)
5.	**Terms of Reference**
	SG introduced the draft Terms of reference, which had been amended to reflect the Group's comments on quoracy. They would be put to the Joint Committee meeting in September for sign off. Concerns were raised around potential gaps in representation on the Group. FSK noted that the aim of the Group is to give assurance to the Joint Committee and that this required good attendance by CCG lay members and would be reflected in assurance reports to the Joint Committee. It was agreed that the Deputy Chair should be a member of the PPI Group. SG advised that once the ToR has been approved by the Joint Committee a Chair and Deputy Chair should be formally elected. It was agreed that it would be useful to have representation from Healthwatch at the PPI Group meetings. The members agreed that the invitation should be put on hold until the Group is formally established. JD advised that one representative of the Health and Care Partnership Communications and Engagement Team would attend each meeting. FSK noted that in order for the Group to fulfil its assurance role and meets its ToR, it needed to be supported by supplementary information such as speaker guidance and a reporting template. JD advised that a checklist around engagement had been introduced. Work was also underway to develop a shared WY&H approach to Quality and Equality impact assessment. The Group **noted** the Terms of Reference, reviewed the draft reporting template and **agreed** that it be used for future meetings. The Group reiterated that reports should keep the language understandable, removing the shorthand and acronyms.
	Actions: Develop a suite of documents to support the assurance role of the Group. (SG, JD)
6.	**Improving Stroke outcomes**
	Linda Driver and Rebecca Royle-Evatt presented an update on the Stroke programme, referring to the written report previously circulated. Linda highlighted how engagement with the public, informed by the Equality Impact Assessment, had shaped the WY&H work. The feedback received had stressed the importance of prevention, clear quality standards and high quality care after a stroke. This had guided the development of a standard hyper acute care pathway, hyper acute stroke service specification and evaluation criteria.

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	Linda also updated on the whole care pathway, highlighting the key standards. She noted that the West Yorkshire Joint Health Overview and Scrutiny Committee (JOHSC) had been updated on the journey so far, including work taking place locally to address operational workforce pressures in Harrogate. Members were informed that next steps will be discussed with stakeholders in Harrogate, the Clinical Senate, NHS England and other key stakeholders SH asked whether there were any proposed changes to Hyper Acute Stroke Units (HASUs). Linda confirmed that there is no intention to consult with the public across the whole of West Yorkshire as no further changes were being proposed, except for the discussions taking place in Harrogate. A detailed brief would be presented to the JOHSC on 8 October 2018 and to the Joint Committee in November 2018. Linda and Rebecca will update the PPI Assurance Group at the earliest opportunity. SH asked whether high quality services could be delivered without additional funding. Linda confirmed that there was variation between units and that the standardisation of the HASU pathway and agreed clinical standards in the HASU and whole pathway service specification will assist with this. Accountability would remain with each of the 6 local places. In response to a question from KS about ensuring consistent rehabilitation and community services locally, Linda said that PPI lay members could contribute by discussing the service specification within each of their local areas. DR said that the update was a good example of 'you said, we did' in responding to feedback from the public. FKS agreed, adding that it was important to close the feedback loop and demonstrate to the public how their input had driven the focus on prevention and aftercare. The Group **recommended** that a 1 page summary is written so that people who have engaged with the programme know what impact their feedback has had. The Group noted the workforce developments and proposals to re-establish the clinical network to support our workforce to deliver improved stroke outcomes. KS highlighted the importance of having at least 2 public and patient representatives on each Programme Board so that they were not a 'lone voice'. LD noted that only 1 member of the public had expressed an interest for the stroke programme and was no longer able to support the work. JD said that the Health and Care Partnership was seeking to establish a network of PPI representatives on Programme Boards. The Group **noted** the update and **commended** the way that patient and public involvement had been used to shape the stroke programme.
	Actions: • **Develop a one page 'you said we did' summary setting out how public engagement had shaped the stroke programme. (JD/KC)**
7.	**Partnership PPI Assurance – Update on Public Panel Workshop**
	JD reported that a Public Panel workshop was held on the 10th July to help co-produce an approach to public and patient assurance for the wider Health and Care Partnership.

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	The Panel had discussed what the next steps should be, including the establishment of a Core Assurance Group. This could include CCG PPI lay members. The report from the July meeting will be circulated to the PPI Assurance Group along with the proposed next steps. The Group was advised that it is early in the process and feedback is welcomed. A proposal will be pulled together on the back of the report.
	Action: Circulate Public Panel report for comment (JD)
8.	**Forward work plan**
	SG presented the Group draft forward work plan. In order for the Group to provide assurance to the Joint Committee, it was important that it had the opportunity to review the work of relevant Programmes before they are presented to the Joint Committee. FKS asked that programme updates were received in good time. The Group stressed the importance of clear reporting which closed the feedback loop – setting out clearly what programmes had heard from the public and what they had done about it. The stroke update was a good example of this. On urgent and emergency care, the Group would be interested in learning about how public engagement was shaping winter planning. The Group **agreed** the draft forward work plan.
9.	**AOB**
	Quality and equality impact assessment It was noted that work was underway to develop a shared WY&H approach. The Group noted the need for impact assessments to explore protected characteristics. FKS noted the need to ensure that health inequalities were addressed.
	Action: Bring an update to the next meeting on the approach to Quality and Equality impact assessment. (SG)
10.	**Date of Next Meeting**
	10th September 2018, 14.00-16.00. (Informal meeting at 13.00)