



**West Yorkshire and Harrogate Joint Committee of CCGs
Minutes of meeting on Monday 10th September 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)
- Max Mclean, NHS Bradford City CCG (MMc)
- Pam Essler, NHS Airedale Craven and Wharfedale CCG – (PE)
- Kate Kennady; NHS Harrogate and Rural District CCG (KK)
- Priscilla McGuire; NHS Greater Huddersfield CCG (PMcG)

In attendance: (Health and Care Partnership)

- Jill Duffton, Engagement Manager (JD)
- Stephen Gregg, Governance Lead (SG)
- Joanne Rothery, Administration Support Officer (JR) (notes)
- Rebecca Royle-Evatt, Stroke Project Manager (item 8 only) (RRE)
- Catherine Thompson; Elective Care/Standardisation of Commissioning Policies Programme Director (item 6 only) (CT)

Apologies:

- Karen Coleman, Health and Care Partnership (KC)
- Linda Driver, Stroke Programme Lead (LD)
- David Richardson, NHS Bradford Districts CCG (DR)

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 – 06 August 2018
	The minutes of the meeting held on Monday 06 August 2018 were agreed to be a true and accurate record, except that apologies had been received from Kate Kennady. The minutes will be added to the WY&H website
	Actions: Upload minutes to the WY&H website (JR)



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4.	Actions and Matters arising – 06 August 2018
	<p>The Group reviewed the action log. All actions were closed except for:</p> <p>5. Develop a suite of documents to support the assurance role of the Group - in progress.</p>
5.	Terms of Reference
	<p>SG updated members that the current Terms of reference were not signed off at the September Joint Committee due to concerns that Group’s role was too broad, and the need to make best use of the limited capacity of the Group. The Joint Committee requested that the ToR make stronger reference to assurance. Once amended the paper will be taken back to public Joint Committee in November.</p> <p>SH expressed concern about the delay in formalising the Terms of Reference. KS asked whether the Group had the support they are hoping for from Joint Committee. FKS advised that she has raised concerns with the Joint Committee and that the Joint Committee are fully supportive of the PPI Lay member assurance role. PE advised she felt the assurances given was helpful.</p> <p>Members supported the proposal to update the website, making it clear the Group is operating in shadow form.</p>
	Actions: Update the website with PPI Lay member details and highlighting that the Group is now operating in shadow form (JD)
6.	Improving Planned Care and Reducing Variation (Elective care/standardisation of commissioning policies)
	<p>Supporting Healthier Choices</p> <p>Catherine Thompson informed members of the work stream progress and talked about the first stream looking at healthier choices. Members were informed that this is a bottom up approach and that the work stream is also looking at making every contact with a medical professional count. In response to PE’s question about local variation, Catherine said that all interventions would continue to be based on individual clinical needs.</p> <p>Catherine also updated the Group on the work stream on clinical thresholds, which was focusing on MSK and eye care services</p> <p>PE and MM raised the question of affordability related to standardisation. Catherine advised members there will potentially be a cost to some CCGs if demand rises. Policies were being harmonised, however full standardisation is the final destination and will not happen in 1 year.</p> <p>Catherine went on to say that there is currently not lay member involvement in all of the work streams as a wide range of policies was being looked at. In response to a comment from PE, she said that it might be useful to involve Chairs of the Individual Funding Request panels.</p>



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	<p>Clinical pathways Members were informed that Leeds and Calderdale are looking at outpatients, where some processes are outmoded.</p> <p>Feedback from patients and the public was that many did not want to have to travel to hospital for an appointment. Catherine went on to say that appropriate use of resource needs to be looked at along with patient time and the use of new technology. PMcG noted that not all patients have access to digital and technological resources. Catherine assured members that the development of pathways would be informed by patient and public focus groups.</p> <p>Prescribing Members were informed that variation in access to products is being looked at. KS noted that with regard to self-medication, users are worried that they are going to be left on their own without any form of support. Catherine advised that patients and the public and VCS organisations would be involved in developing the proposals.</p> <p>Patient and public involvement Catherine said that the aim was to have appropriate lay representation in each work stream. However, some aspects of the prescribing and clinical work were highly technical and she was keen to avoid 'tokenism' KS said that sometimes it could be challenging for a single PPI representative to have their voice heard in a large professional group. Catherine acknowledged this and said that the programme aimed to support PPI representatives to make a full contribution. A communications and engagement lead had recently been appointed and would be supporting PPI. JD added that the aim was to share learning about effective PPI across all programmes. Concerns were raised by SH that the healthy choices work stream could result in people missing out on services and that some clinicians see it as slowing down access. Catherine reassured that this work is not meant to be a barrier to services, but to provide support to patients to follow healthier lifestyles.</p> <p>Catherine invited members to contact her if they have any further questions.</p>
	<p>Actions:</p> <ul style="list-style-type: none"> • Explore the scope for involving Chairs of IFR Panels in the work streams (CT).
7.	<p>Quality and equalities impact assurance</p>
	<p>SG introduced this item by explaining that the aim was to have a consistent approach across West Yorkshire and Harrogate. Currently each CCG is broadly similar, and this gives the opportunity to take the best from each approach.</p> <p>KS asked that consideration is given to the socio-economic dimensions of the patients when looking at the tool, in particular the need to address health inequalities. FKS supported the need to understand the impact on the most vulnerable people.</p>



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	<p>SG and FKS will attend a Joint Committee development session in October when a progress report will be made.</p>
	<p>Action: Present example of Quality and equalities impact assurance once a working example has been developed (SG)</p>
<p>8.</p>	<p>Improving stroke outcomes, ‘You said we did’ briefing</p>
	<p>Rebecca Royle-Evatt introduced the ‘You said we did’ update as per request at the previous meeting.</p> <p>SH noted that the stroke programme identifies the right issues but raised concerns about delivery at local level due to workforce and funding challenges. PE added that effective integration, not necessarily increased funding, and was key to improving services. Rebecca advised that the aim is to have a standardised pathway and service specification in order to improve outcomes for patients across West Yorkshire and Harrogate. The report to the Joint Committee would include recommendations to reintroduce the Stroke clinical network and improve training and development. Funding was available to support this.</p> <p>KK noted issues regarding the future of Hyper Acute services in Harrogate, and MMc queried whether this should be referenced in the ‘You said, we did’ update. Rebecca advised the group that discussions are being held at a local level and no conclusion has been formally presented in public. . Concern was also raised about workload issues at York and Leeds. Rebecca confirmed that local discussions were ongoing to work through any deliverability issues.</p> <p>The Group supported the ‘You said, we did’ update and suggested some minor amendments:</p> <ul style="list-style-type: none"> • PE suggested a bullet point to emphasise the importance of prevention and self-care. • Ensure consistent reference to the person and not the illness.
	<p>Actions: Review the wording of the update in response to the Group’s comments (RRE/Linda Driver).</p>
<p>9.</p>	<p>Communication and engagement strategy</p>
	<p>JD updated members on the communication and engagement strategy that was previously circulated. Members where informed that there will be an easy read version produced. Responses regarding the strategy are still being collated and will be re-sent once all responses have been received. The deadline is week commencing 17th September and Karen Coleman will pull together.</p> <p>MMc thanked Jill for an informative briefing.</p>
	<p>Action: Re-circulate the strategy once responses have been collated (JD) Update the website (JD)</p>



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10.	AOB
	<p>National PPI Lay members funding bid</p> <p>FKS asked members if they are interested in bidding for a small amount of national funding that is available to support Non-Exec networks. It was suggested that the fund could be used for a joint OD event with the West Yorkshire Association of Acute Trusts Non-Execs.</p> <p>SG cautioned that given the small amount of funding available, submitting a formal application might not be cost-effective. Alternative funding sources might be more viable, for example through the organisational development budget.</p>
	Action: Investigate the viability of a bid for funding and report back to the Group (SG)
11.	Date of Next Meeting
	12 November 2018, 14.00-16.00. (Informal meeting at 13.00)