



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

**Minutes of meeting held on Monday 10 February 2020, 2pm - 4pm
White Rose House, Wakefield**

Present: (CCG PPI Lay members)

- Steve Hardy, NHS Wakefield CCG (SH) - Chair
- Beth Hewitt, NHS Greater Huddersfield and NHS North Kirklees CCGs (BH)
- Angela Collins, NHS Leeds CCG (AC)
- Alison Macdonald, NHS Calderdale CCG (AM)
- Nigel Ayre, Healthwatch (NA)

In attendance:

- Karen Coleman, Communications and Engagement Lead WY&H Health and Care Partnership (KC) (Items 9 and 10)
- Joanne Rothery, Communications and Engagement Support, WY&H Health and Care Partnership (JR)
- Keir Shillaker, Programme Director, Mental Health Learning Disabilities and Autism
- Mary Jo Pearson, Communications Manager
- Kathryn Giles, Programme Director, Primary and Community Care Services
- Catherine Thompson, Programme Director
- Lucy Rushworth, Project Support Officer (Mental Health, Learning Disabilities and Autism)
- Blessing Mandizvidza, Programme Management & Improvement Lead (Mental Health, Learning Disability and Autism)
- Jeanette Miller, Senior Engagement Manager, NHS Wakefield CCG

Apologies:

- David Richardson, NHS Bradford Districts CCG
- Kate Kennady, NHS Harrogate and Rural District CCG (KK)
- Pam Essler, NHS Airedale Craven and Wharfedale CCG (PE)
- Stephen Gregg, Governance Lead, WY&H Health and Care Partnership

Item	Agenda Item	Action
1.	Welcome, introduction and apologies	
	The Chair welcomed everyone to the meeting. Apologies were noted. The group welcomed Alison McDonald to her first meeting.	
2.	Declarations of Interest	
	There were none.	

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3.	Minutes of the PPI Assurance Group – 9 December 2019	
	The minutes of the previous meeting 9 December 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 – 9 December 2019	
	The Group reviewed and noted the action log	
5.	Joint Committee – 14 January	
	The Chair noted the summary of key decisions from the Joint Committee of CCGs on 14 th January 2020.	
6.	Mental Health, learning disabilities and autism	
	<p>Keir Shillaker and Mary Jo Pearson introduced the paper and gave an overview of the programme.</p> <p>The Five Year Mental Health, Learning Disability and Autism (MHLDA) Strategy was approved in November 2019. This sets out the ambitions of the Partnership’s MHLDA Programme Board to address health equalities and improve care for people, whilst supporting and developing staff. The Programme is working to reduce the gap in life expectancy, reduce rates of suicide and improve diagnosis and support across a range of services, including for people with autism.</p> <p>KS advised that the programme shared learning on IAPT, but that work will still be commissioned locally. He noted that Psychiatric intensive care unit (PICU) beds were part of the Joint Committee work plan.</p> <p>AM enquired about training around autism and reasonable adjustments. KS recognises there is a gap and the Programme will be looking in the future at training issues and how to influence other WY&H programmes. AM and KS agreed to hold further discussions outside the meeting.</p> <p>In terms of engagement, mapping had been carried out in line with the long-term ambitions for the partnership. As we move forward with the Programme we will use what has already been done and will seek support from Healthwatch</p> <p>KS advised that he would be happy to pick up individual conversations on place-based issues.</p> <p>MHLDA Communications and engagement plan</p> <p>MJP introduced the Mental Health Learning Disabilities and Autism comms and engagement plan and highlighted the main objectives:</p> <ul style="list-style-type: none"> • Improvement to services • Working in partnership • How we do our work. • Raise awareness for unpaid carers • Standardising services 	

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	<ul style="list-style-type: none"> • Suicide - supporting Leeds Mind across West Yorkshire and Harrogate • BTM Learning disabilities Health care champions <p>SH asked how was the education system responding to the Learning Disabilities Health care champion project. MJP advised that one of the education aims is to trial specific support in schools, with a targeted initiative. Best practice would be taken forward to places. Members agreed that it would be important to share the learning.</p> <p>Assessment and Treatment Units (ATUs)</p> <p>KC advised that proposals would be discussed with the Overview and Scrutiny chairs, including Barnsley so they are sighted on what is happening. The preferred options are go from three to two units. NHS England policies emphasise preventing unnecessary stays and reducing the number of people being moved out of areas. We are looking at setting up a centre of excellence to work across the area.</p> <p>Members noted that various themes had come out of the engagement and acknowledged that continuity of care was an issue. Members asked if there will be further public involvement. KC advised that engagement would be with people with learning disabilities and their carers, with sensitivity around recognition that these people are very poorly. People in transition are recognised as an important area of focus.</p> <p>NA asked about the centralisation of services and what will be the wider impact on the public. KC said that the impact on people would be fully considered and identified by listening and responding to what people are saying.</p> <p>Members supported the proposed approach.</p>	
	<p>The Group</p> <ul style="list-style-type: none"> a) Noted the update on the MHLDA programme and the communication and engagement strategy. b) Supported the approach to engagement on Assessment and Treatment Units. 	
7.	Primary care networks	
	<p>Kathryn Giles (KG) introduced the Primary Care Networks presentation.</p> <p>Members asked how conflicts of interest were being addressed without lay member representation on PCNs and asked if there are plans to involve lay members. KG highlighted the 'Working with People and Communities' element of the PCN maturity matrix and advised that some PCNs are making good progress in involving patients in decision making and planning. KG advised that organisational development work was underway to support this.</p>	

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	<p>Members noted concerns that PCNs are acting as commissioners. KG responded that PCNs do need to be able to demonstrate that resources are being spent correctly. KG added that each PCN was at a different stage of development. As part of each PCN's assessment of its maturity and development needs, they were exploring how they could involve the local community in co-designing local services. Relationships with lay members could play an important role in this.</p> <p>KG confirmed that examples of best practice in involving local communities would be shared across PCNs as part of development support for PCNs.</p>	
	<p>The Group</p> <p>a) Noted the presentation</p> <p>b) Requested that KG return to a future meeting with an update</p>	SG/KG
8.	Improving Planned care	
	<p>Catherine Thompson (CT) introduced the programme update, which focused on the approach to shared decision-making.</p> <p>The programme sought to embed shared decision-making into all our clinical pathways, commissioning policies and service specifications as they are being reviewed and standardised. The aim was to ensure that treatment options, choices, outcomes and any associated risks are all discussed with patients before a shared decision is made as to which, if any, treatment is undertaken.</p> <p>In all of the policies there was a standard form of wording to support shared decision making. There are national tools for Hip and knee surgery and the programme is developing a tool for cataract surgery. Signposting will be done where there is a national tool.</p> <p>Members asked about the appetite to embrace shared decision making. CT noted that currently, approaches varied and that there is a spectrum of decision making in planned care. Tools would be produced to help people to fully understand shared decision making. It was noted that shared decision making played an important role in tackling health inequalities.</p> <p>CT agreed to return and update members at a future meeting.</p>	
	<p>The Group:</p> <p>a) Noted the paper</p> <p>b) Requested an update be presented at a future meeting</p>	SG/CT

9.	Communication and engagement update	
	Karen Coleman (KC) introduced the communications and engagement update. KC highlighted the WY&H showcase event to be held on Friday 5 th June that will bring together all programmes and host some high profile speakers.	
10.	AOB	
	None	
11.	Date of Next Meeting	
	Monday 6 April 2020, 2pm – 4pm (Informal Lay member meeting at 1.30pm)	

DRAFT