



**West Yorkshire and Harrogate STP
Lay Member Assurance Group meeting notes
Wakefield Clinical Commissioning Group (CCG), White Rose House
Friday 9 February 2018 at 10am until 12noon**

Present:

- Graham Prestwich , NHS Leeds North CCG (Chair) - (GP)
- Steve Hardy, NHS Wakefield CCG – (SH)
- Fatima Khan-Shah, NHS North Kirklees CCG – (FKS)
- Max Mclean, NHS Bradford City CCG (MMc)
- Angie Pullen NHS Leeds West CCG (AP) (via phone)
- Karen Coleman, West Yorkshire and Harrogate STP Programme (KC)
- Jill Dufton, West Yorkshire and Harrogate STP Programme (JD)
- Susan Woodward, West Yorkshire and Harrogate STP Programme (SW)
- Duncan Cooper **Analyst** West Yorkshire and Harrogate STP Programme (DC)

Apologies:

- Priscilla McGuire NHS Greater Huddersfield CCG – (PMc)
- David Richardson, NHS Bradford Districts CCG (DR)
- Pam Essler, NHS Airedale Craven and Wharfedale CCG – (PE)
- Gordon Tollefson, NHS Leeds South and East CCG – (GT)
- Kate Smyth, NHS Calderdale CCG (KS)

Item	Agenda Item
1.	Welcome and introduction
	<p>The chair welcomed everyone to the meeting and invited group members to introduce themselves.</p> <p>GP confirmed this is his last meeting and thanked JD for all her help. He advised that he will miss this element of his lay member duties.</p> <p>GP confirmed that F K-S, currently Deputy Chair will take on the role of Chair with effect from the next meeting.</p>
2.	Notes and actions of the last meeting
	<p>Notes - Agreed as a true and accurate record.</p> <p>Actions:</p>

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	<p>2.1: Closed</p> <p>Notes to be formally reviewed and signed off at the meeting.</p> <p>3.1: Closed</p> <p>Urgent and Emergency Care: Unable to attend this meeting. Will be invited to the next meeting.</p> <p>Programme Lead for Urgent and Emergency Care is Keith Wilson.</p> <p>Mental Health: Emma Fraser who was due to attend the meeting was unable to do so due to illness. KC will give a brief overview of the slides but it was recognised that KC is not an expert in this field. Emma to be invited to a future meeting to give an in-depth presentation.</p> <p>Evidence brief: Completed via ToR which the group can review under the leadership of FKS</p> <p>6:1: Closed</p> <p>Meeting is today rather than March 2018</p> <p>Landscape: Covered in agenda item 3.</p>
<p>2:1</p> <p>2:2</p>	<p>To invite Urgent and Emergency Care to the next meeting (JD)</p> <p>To invite Emma Fraser re: Mental Health to a future meeting (JD)</p>
<p>3.</p>	<p>Feedback from the workshop</p>
	<p>GP feedback to the group around the workshop which included:</p> <ul style="list-style-type: none"> • There was a conversation around how the Lay Members group is positioned within the governance structure of the WY&H STP. • Lots of conversation around how this group fits with the many different groups within WY&H STP. Ian Holmes is keen to have an overall oversight of the various committees and how this group contributes to formal assurance processes. • It was agreed to share the slides from the workshop with the group. Within the slides it visually explains the WY&H STP governance model. • It was a lively session and it felt that the right people were in the room. However was missing some stakeholders such as VCS and Local Authorities. Therefore could not make a decision around integration of wider organisations. The challenge is how big and un-wieldy it could become which led to a conversation of holding a co-production workshop. KC is attending a meeting with hospital Governors and will be discussing co-working. • It retained a health focus and it was discussed how to broaden that out and have a wider public perspective.

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	<ul style="list-style-type: none"> • Everyone felt this was providing accountability back to the STP. • The Lay Members group is seen as adding value to the process and there is a strong desire for the group to continue. It was felt that as FKS now chairs this meeting and is also a member of the Joint Committee this will strengthen the flow. • Marie is looking to formalise assurance before going to the Joint Committee. This group can give assurance that patient and public participation has appropriately taken place. • Assured this group is key to assurance of patient and public involvement. <p>It was acknowledged this is the first workshop and just the start of looking at how this will work. It was recognised that everyone is busy and this will take time however, it is important to ensure this becomes a reality.</p> <p>AP re-iterated GPs comments and also observed that the ambition is for public input at all levels of the WY&H STP.</p> <p>GP concluded that the workshop notes captured the conversations. He articulated that the strength of the Lay Members group is when all members work together as a group and not individuals.</p> <p>JD explained that in addition to this Lay Members group, each programme workstream will have an additional one or two lay members attached to them, giving greater public involvement. This led to a discussion of the possibility of those lay members attending future meetings to provide the group with assurance of public involvement per workstream.</p> <p>JD advised that the recruitment is in the early stages and have just received expressions of interest. Each workstream lay member will be given lots of support to their individual needs to ensure they are confident to give views in meetings. The group agreed they have a responsibility to ensure this is happening.</p> <p>There was a conversation around reviewing the ToR as the remit of the group is expanding from giving individual CCGs assurance to giving the WY&H STP Joint Committee assurance. There was agreement the ToR should be informed by the outcomes of the workshop.</p>
<p>3.1</p> <p>3.2</p>	<p>Actions:</p> <p>Share the slides from the workshop with the group and within those slides it visually explains the WY&H STP governance model. (JD)</p> <p>Review the ToR which should be informed by the outcomes of the workshop (FKS)</p>
<p>4.</p>	<p>Business Intelligence Enabler</p>
	<p>GP gave a brief overview of the group membership.</p> <p>DC who is an NHS Trainee Graduate gave a PowerPoint presentation.</p> <p>He explained that all CCG data could be considered business intelligence. There were conversations around how much data the organisation has and how that is used. This</p>

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	<p>included issues such as:</p> <ul style="list-style-type: none"> • Ensuring the right data set is reviewed • Patient feedback can be hard to review • Measuring success can be process driven rather than patient centred • Measuring success is not unique to health • Different people have different perspectives of success • Data can be easy to manipulate • The need to overlay both data and quality • Standardised time - need to factor in travel time as there can be implications around travel time and treatment • Would like to see an STP dashboard • How can business intelligence be presented to help the public make informed decisions. Needs to be in an understandable style for all so the public view can be collected in a more informed way. <p>It was acknowledged the intelligence generated is key to the stroke workstream. It was advised this is a single measure that will be presented to the Stroke Task and Finish group. However, it was noted that there was no data around patient experience</p> <p>It was felt lay members may have a different perspective to interpreting data and therefore, provide a different point of view. This led to a conversation around how the group could put that challenging view early into the system.</p> <p>KC confirmed that it is common practice to obtain business intelligence data for patient and public involvement.</p>
5.	<p>Mental Health Workstream</p>
	<p>In the absence of Emma Fraser KC gave a brief run through of the PowerPoint presentation and highlighted:</p> <ul style="list-style-type: none"> • Looking to place people more locally rather than out of area • Suicide prevention is in place • NHS 111 has specialised advisors for dealing with mental health calls • Mental health and physical health is no longer being viewed as two separate issues <p>KC encouraged the group to review the Next Steps document which gives a good overview of mental health and has links to videos of patients who share their personal life stories. She advised that mental health, more than any other services, uses patients stories which are really compelling.</p> <p>In addition, KC informed the group that twitter has a lot of information around mental health.</p> <p>KC also described how lots of people who work in mental health services have lived</p>

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	<p>experiences.</p> <p>There was a brief conversation around variation and different expectancies of different groups of people dependent on where they live.</p> <p>It was also acknowledged that without treatment young people with mental health issues become adults with mental health issues.</p> <p>It was agreed the slides would be circulated.</p>
5.1	<p>Actions: Circulate the mental health presentation (JD)</p>
6.	Progress Tracker
	Noted
7.	AOB
	<p>It was agreed to invite primary care to a future meeting. Programme Lead for Primary Care is Kathryn Hilliam</p> <p>GP advised there is no further information around the Leeds or Harrogate Lay Member position.</p> <p>FKS thanked GP for his time and commented he had been a “legend”.</p> <p>GP thanked everyone and spoke of how each person had added value to the conversations.</p> <p>FKS advised she challenged the A/O for resources to allow lay members to attend this meeting.</p>
7.1	<p>Actions: Invite Primary Care to a future meeting (JD)</p>
8.	Date of Next Meeting
	To be confirmed