

**West Yorkshire and Harrogate STP
Lay Member Assurance Group meeting notes
Wakefield CCG White Rose House
Tuesday 21 March 2017
2.00pm to 4.00pm**

The primary purpose of the CCG Lay Member Group is to assure the 11 West Yorkshire and Harrogate CCG Governing Bodies through their respective Governing Body PPI Lay Members that authentic patient and public involvement is being planned, designed and delivered as a critically important element of each work stream in our STP.

Present

Graham Prestwich, NHS Leeds North CCG (Chair)
Pam Essler, NHS Airedale Craven and Wharfedale CCG
Dave Hall – NHS Harrogate and Rural District CCG
Steve Hardy, NHS Wakefield CCG
Fatima Khan-Shah, NHS North Kirklees CCG
Max Mclean NHS Bradford City CCG
Priscilla McGuire, Greater Huddersfield CCG
Angie Pullen NHS Leeds West CCG
David Richardson NHS Bradford Districts CCG
Kate Smyth, NHS Calderdale CCG

Apologies

Ian Holmes, West Yorkshire and Harrogate, STP
Gordon Tollefson NHS Leeds South and East CCG

In attendance

Karen Coleman, West Yorkshire and Harrogate STP Programme
Rory Deighton, Healthwatch

1. Welcome and introduction

The Chair, Graham, welcomed everyone to the meeting and invited group members to introduce themselves.



2. Conflicts of interest

The Chair asked for members and those in attendance to declare any conflicts of interest. Angie Pullen declared that she worked in the VCS sector. There were no other declarations.

4. Notes of the last meeting

The notes of the last meeting were agreed as a correct record. It was agreed that the notes from the meeting would go on the WY&H STP website.

The website will go live next week and can be accessed at www.wakefieldccg.nhs.uk/stp

Action:

- **Karen will post the meeting notes on the website.**

5. Matters arising

There were no matters arising.

6. Terms of reference

The latest version of the terms of reference had been circulated prior to the meeting. Group members were asked for their opinions and input and discussion took place. Angie Pullen felt that the group should be more operational and less strategic in its focus. She also asked members whether it would be possible for her to send a Patient Champion to the meeting on occasions when she was unable to attend.

It was not deemed as appropriate for a Patient Champion to come to meetings as a formal representative of a CCG, but that they could be encouraged to attend 'in attendance' to present any relevant specific pieces of work. ToR were agreed once the following amends had been made.



Agreed:

- **That section 7, paragraph 6 be removed.**
- **That the current version of the terms of reference be used subject to the above amendment, but they would be reviewed again in a few months' time to ensure that they were fit for purpose.**
- **That patient and public representatives should be encouraged to ensure involvement and address concerns about the balance between the operational and the strategic.**

7. What does good look like? – Graham Prestwich

The document, produced by the Chair, entitled “Characteristics of Authentic Patient and Public Involvement in Service Redesign: Advice and Assurance” had been circulated prior to the meeting. The document was an attempt to create a more formalised approach to create a framework of expectations for anyone who was invited to provide information to the group. Steve Hardy congratulated the Chair on producing a useful and concise document.

The document was discussed. Dave Hall began a discussion about how the group was currently in a good position to influence patient involvement across the STP, but mechanisms to achieve this were currently not in place. He suggested that this is something that should be considered in the future.

Angie Pullen referred to a document entitled “Engaging Local People in STP” that related to public and patient involvement. This was noted. In relation to Angie’s comments about public and patient involvement Karen Coleman mentioned that a VCS event and Citizen Panels were being considered for later this year.

Agreed

- **The Chair would revise the document in light of the discussion and present it to the next meeting.**

8. Update an WY&H STP 9 Priorities, Joint Committee and lay member roles – Lauren Phillips



Lauren highlighted the following key points:

- The first formal meeting of the Joint Committee will take place in May.
- An advert for an Independent Lay Chair for the Joint Committee has gone to the Yorkshire Post, Metro and Linked in. The closing date for the Chair role is 3 April 2017. The closing date for lay member involvement is 29 March 2017.
- NHS England will publish a five year plan at the end of March.
- Each STP will be expected to develop an Implementation Plan in place and future input from the group would be helpful.
- The Local Workforce Action Board is developing a workforce strategy relating to transformation.

The Chair proposed that the group look at how work streams are progressing and noting what stage each one is at.

Action:

- **Karen Coleman will produce an overview every three months. She will also be meeting with programme leads on the high level engagement planning and will feedback relevant information.**
- **It was also agreed to look at updates on the four enablers to give an overview of other work.**

9. Stroke engagement –Karen Coleman

Karen reported that the engagement work ended on 15 March. She outlined the various events that had taken place and looked at the next steps. It was also reported that an easy read version of the Strategic Case for Change (SCfC) would be produced shortly.

Action:

- **Graham Prestwich would forward the “Characteristics of Authentic Patient and Public Involvement in Service Redesign: Advice and Assurance” to Karen Coleman after he had updated it on the basis of suggestions at this meeting. Karen would then put this information into the process of SCfC.**
- **Karen Coleman would share the update paper alongside Graham’s paper.**

10. Standardisation follow up – Healthwatch engagement – Rory Deighton

Rory Deighton gave a presentation on the ‘follow up’ engagement. This is independent research carried out by Healthwatch.



It will help inform the Standardisation of Policies wider work. The work involved using social media to find out what the public thought about alternatives to face to face follow up appointments at hospital to check patient progress. The ultimate goal would be to free up capacity to deal with new patients by using less intensive approaches that are not always necessary.

Social media was used to push out a one minute animation on the question followed by a short questionnaire. Alternatives to face to face meetings at hospital included communicating via a telephone call, by referring to GP or using Skype and email, etc.

A short report will be produced based on the gathered data and this would be shared with the group. Social media has the advantage of giving scale and pace at low cost. Also, since the Facebook paid advertising was used demographic information was available from all responses, including placed based geographical data, age and gender related data.

A brief discussion took place.

11. Any Other Business

Housing

A question about whether housing organisations are involved in the STP as official partners. Karen Coleman pointed out that work is done with local authorities who work closely with arm's length housing organisations, though some local authorities had now transferred their housing stock to housing associations. A brief discussion took place relating to the links between housing and health.

Action:

- **People to be made aware of this issue at local CCG level so that they could consider the issue as part of their planning.**

Engagement Consultation Mapping

Karen Coleman drew the group's attention to the "Engagement Consultation Mapping" document that had been circulated with the meeting papers.