



**West Yorkshire and Harrogate Health and Care Partnership
Lay Member Assurance Group meeting notes
Wakefield Clinical Commissioning Group (CCG), White Rose House
Monday 21st May 2018 at 2.00 p.m. until 4.00 p.m.**

Present:

- Fatima Khan-Shah, NHS North Kirklees CCG (FKS)
- Kate Smyth, NHS Calderdale CCG (KS)
- Jill Dufton, West Yorkshire and Harrogate Health and Care Partnership (JD)
- Susan Woodward, West Yorkshire and Harrogate Health and Care Partnership (SW)
- Ian Holmes, West Yorkshire and Harrogate Health and Care Partnership (IH)
- Max Mclean, NHS Bradford City CCG (MMc)
- Steve Hardy, NHS Wakefield CCG – (SH)
- Pam Essler, NHS Airedale Craven and Wharfedale CCG – (PE)

Apologies:

- David Richardson, NHS Bradford Districts CCG (DR)
- Angela Browne Collins (ABC)
- Kate Kennady, NHS Harrogate and Rural District CCG (KK)
- Karen Coleman, West Yorkshire and Harrogate Health and Care Partnership (KC)
- Stephen Gregg, West Yorkshire and Harrogate Health and Care Partnership (SG)

Item	Agenda Item
1.	Welcome and introduction
	The chair welcomed everyone to the meeting.
2.	Introduction
	The chair invited everyone to introduce themselves.
3.	Notes and Actions from the Previous Meeting
	<p>FKS asked that the word ‘awesome’ be removed from page 5.</p> <p>It was agreed that the minutes from the last meeting were an accurate record of the last meeting and could be published on the website once the word ‘awesome’ had been removed from page 5.</p> <p>It was agreed that Duncan Cooper had been beneficial to the meeting and to invite him to the next meeting.</p>
	Actions:
	2.1 JD informed the group that she had invited Urgent and Emergency Care to this



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	<p>meeting but they already had other commitments. JD will invite to the next meeting.</p> <p>2.2 Closed</p> <p>3.1 Closed</p> <p>3.2 Closed – on agenda</p> <p>5.1 Closed</p> <p>7.1 Closed</p> <p>3.3 CA to invite Duncan Cooper to the next meeting</p>
4.	Terms of reference and Work Plan of the Joint Committee
	<p>The terms of reference were discussed at the Joint Committee on 1st May 2018 and IH reported that it was recognised the work that had been carried out by this group. IH added that the Joint Committee has a delegated work plan of set topics from individual CCGs and that we need a work plan that more closely mirrors that Committee. He advised that we need to set agendas for future meetings and map out for 12 months in advance to enable us to have a work plan.</p> <p>FKS reported that the document gave reference for papers to go to Joint Committee every time but that the Joint Committee disagreed and only want papers sending when necessary.</p> <p>MMc said that they have the work plan for 2018/19 and that we need to focus on the 5 work streams and that he would like clarification on where we are with these.</p> <p>IH suggested that the group should consider which items are brought to Joint Committee over the next 12 months and then each topic be discussed the month before.</p> <p>FKS asked JD whether there was an up to date West Yorkshire and Harrogate programme areas timeline for engagement and consultation. JD responded that that has been updated and is on the website (https://www.wyhpartnership.co.uk/get-involved).</p> <p>With regards to the work plan the group discussed meeting more frequently, i.e. bimonthly due to the public meetings being bimonthly.</p> <p>With regards to the terms of reference IH informed the group that the plan is to sign these off at the Joint Committee Meeting in July which is not a public meeting and therefore we will need to have a lock down version by mid-June.</p> <p>FKS informed the group that she had sent an email regarding Lay Member attendance at meetings but would follow this up with a reminder. FKS added that she would also send an email to AO's asking them to support Lay Members attending the meetings.</p> <p>SH queried the section regarding quoracy and voting in the terms of reference and specifically the last sentence "there will be no formal voting" and asked how can we not vote if the group is quorate. IH responded that for this group to have credibility, we need to</p>



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	<p>have good representation and therefore we need to put meetings in the diary early to ensure attendance. The group agreed that they don't vote or make decisions and therefore doesn't need to be quorate but does need to be representative of all of the CCGs.</p> <p>The group discussed the terms of reference further and MMC requested that names should be stated against titles to ascertain who the group were. FKS listed the titles to ensure that they were correct but advised that they wouldn't be added to the Terms of Reference as they would need to be changed if people left or new members were added.</p> <p>There was a discussion about why Healthwatch were not included as members of the group in the terms of reference and although they have been invited to attend in the past when presenting agenda items, the group now wish to formally add them as members of the group.</p> <p>The group discussed how different areas within the West Yorkshire and Harrogate region have different issues and whether this would impact on any discussions in future meetings but everyone agreed that they would need to give assurance around engagement. FKS said that we need to ensure that we all agree or that the majority agree and that we have a full discussion, challenging each other if necessary. IH agreed.</p> <p>IH suggested that FKS and SG should set the dates and agendas for the meetings.</p> <p>The group agreed that they were happy to accept the Terms of Reference once the changes had been made in respect of the group not having to be quorate, but have sufficient representation in at the meetings.</p>
	<p>Actions:</p> <p>4.1) FKS to send reminder email to Lay Members regarding attendance at meetings and an email to AO's asking them to support Lay Members attending meetings.</p> <p>4.2) FKS to follow up re: invite to Healthwatch.</p> <p>4.3) FKS and SG to set dates for future meetings and agendas.</p> <p>4.4) SG to change the Terms of Reference, Quorate section to "good representation of the group need to be present rather than quorate"</p>
<p>5.</p>	<p>Mental Health WY&H HCP Programme – Jo Butterfield, Mental Health Programme Manager, West Yorkshire & Harrogate Health & Care Partnership</p>
	<p>Jo Butterfield gave a presentation to the group regarding the current work in respect of mental health. This presentation had been emailed to the group previous to the meeting.</p> <p>Jo gave examples of some of the work already carried out and explained how the programme for mental health is focussed and keen to ensure that there is service user involvement.</p> <p>The group discussed the content of the presentation and Jo was asked questions from the</p>



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	<p>group with regards to communications/messages to the public, how to target people who are not in the system and about carers. Jo responded to each question. The group also discussed when children have behavioural problems but not assessed as having autism and Jo responded that they are working with education to support these children. KS asked about co-production and Jo explained the different levels of the projects that they were doing and about sharing good practice. FKS commented that she had received feedback from patients/carers that they prefer to know what is happening rather than being involved.</p> <p>KS gave an example of a case and how long it had taken to get a diagnosis/support which had had a huge impact on the patient. She reiterated how important it is to get things right for young people. Jo agreed and said that there are gaps which need addressing and that this is what they were hoping to achieve.</p> <p>MMc said that children are given support up to the age of 16 but then it disappears and asked if there is a more radical approach between CAMHS and mental health services. Jo responded that there is a 'cut off' of children up to the age of 18 but that they were concentrating on the 15-25 age group as these were the most vulnerable. They want to focus on this to understand the need and to get the transition needed. This was discussed further with members of the group giving examples of where there is no transition. Jo gave an example of autism and explained that we need to work with mainstream services to ensure that anyone with autism and their families can access them, i.e. dentist.</p> <p>The group then discussed block contracts and Jo said that they need to be clear around commissioning. The group agreed.</p> <p>Jo was asked how this group would get their assurance that the right engagement had happened in order for them to inform the decision to be taken and Jo responded that one option would be to bring the individual projects to the meeting and discuss in detail. She explained that this presentation was just an overview of the whole project. The group discussed this further. JD mentioned that KC and KD had been invited to attend a meeting on 17th July and would ensure that KC and JD would feedback at the next lay members meeting he outcome from the 17th and thereafter from attending any future meetings, 17th July is the first meeting of theWY MH comms and engagement workshop. FKS thanked Jo for attending the meeting and due to time restraints asked the group to email CA with any further questions for Jo.</p>
6.	Future meeting dates for 2018/19
	It was agreed that Monday's would be a suitable day for the group.
7.	Any Other Business
	<p>JD advised the group about a Stroke Event taking place on 30th May in Leeds and agreed to send an invite to everyone. She advised that the stroke findings report from a previous engagement event was now on the website. JD to send the link to the group. https://www.wyhpартnership.co.uk/get-involved/engagement</p>



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	<p>There was a discussion about mental health and young people and JD informed the group that they were carrying out some mapping work, similar to carers, i.e. what young people groups/forums exist across WY&H, via a survey. JD agreed to send the link to the group and asked if it could be sent to any contacts they have. JD concluded that they need to look at what groups/forums exist first before looking at engaging with young people.</p> <p>Action: JD to send link (https://www.wyhpartnership.co.uk/get-involved/engagement) to the group re: survey</p> <p>FKS thanked JD for the helpful information.</p> <p>KS commented about the NHS accessible communication guide as she has attended NHS meetings where it is clear that this guide hasn't been put into effect and stressed to the group the importance of getting this right. FKS agreed that not all services are as good as they should be. KS said that we need to think about disabled people when booking events/meetings and gave examples of things that she had experience of which reflects on this group if it isn't right.</p> <p>FKS asked that this be taken into consideration when booking the Lay Members Meeting.</p> <p>FKS asked the group if they were happy with the venue of today's meeting and with the timings. The group agreed that they were happy with the arrangements.</p> <p>The group discussed future meetings and speakers and it was agreed to give a standard brief to the programme lead which will include the purpose of the meeting, time slots, questions, who we are and what our role is. MMc informed FKS that he had some tips and guidance for speakers which he would send.</p> <p>The group agreed that the pre-meeting was beneficial and gave a brief of what had been discussed and in particular the new name for the group.</p>
	<p>Actions:</p> <p>5.2) JD to send invitation to the group re: stroke event.</p> <p>5.3) JD to send link to website re: previous engagement event. (https://www.wyhpartnership.co.uk/get-involved/engagement)</p> <p>5.4) Consider the NHS accessible communication guide when booking the Lay Members Meeting.</p> <p>5.5) MMc to send 'tips and guidance for speakers' to FSK</p> <p>5.6) FKS to create a standard brief for future speakers to the group.</p> <p>5.7) FKS to speak to IH re: discussion at pre-meet re: new name for group.</p>
8.	Date of Next Meeting
	To be confirmed.



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