## West Yorkshire and Harrogate STP Lay Member Reference Group meeting Wakefield CCG White Rose House Monday 22 May @ 10am-12noon

## Present

Graham Prestwich, NHS Leeds North CCG (Chair) Karen Coleman, West Yorkshire and Harrogate STP Programme Rory Deighton, Healthwatch 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 Angie Pullen NHS Leeds West CCG David Richardson NHS Bradford Districts CCG

## Apologies

Pam Essler, NHS Airedale Craven and Wharfedale CCG Kate Smith, NHS Calderdale CCG Gordon Tollefson NHS Leeds South and East CCG

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.

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 people to declare any conflicts of interest. Fatima declared her new lay member role on the Joint Committee.
	Congratulations to Fatima on this role. Fatima will represent the lay member group on the Joint Committee and take work back and forth. This will be a standing agenda.
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 with the Terms of Reference.
	The website will go live next week and can be accessed at www.wakefieldccg.nhs.uk/stp
	<ul> <li>Action:</li> <li>Karen will post the meeting notes on the website with ToR.</li> </ul>
5.	Matters arising
	6
	Estates, buildings etc. – is an important topic and will be discussed at a future meeting. <u>Sir Robert Naylor review</u> sets out what STP's could be doing. There is a need for a WY&H STP approach to this work and consideration is being given to who will lead this work.
	The intention is that this area of work will be the reference group's 10 <sup>th</sup> work stream.
6.	Terms of reference
	The terms of reference had been agreed and will go on the website
7.	What does good look like? – Graham Prestwich
	Template produced for capturing information from the meetings around the work streams. This will be kept updated and shared to ensure we are making progress.
	The Patient, Public Involvement Representative and the person leading the work will be recorded for information also.
	We will link to previous engagement and consultation work done to date – however it is important to note that this should not replace the need to do further work. We need to balance what needs to be done differently and the risks and suggested mitigation so this can be shared with Joint Committee as needed.
	The work programme will be supported by the appropriate lead from the work streams.
	Fatima and Graham to look at how this ties into the Joint Committee work programme.

8.	Update an WY&H STP 9 Priorities
	<ul> <li>Reference group update paper on the programmes work, for groups information and for conversation pieces as needed back in their CCGs</li> <li>Condensed information is helpful – we need to make sure there are web links to the original documents etc.</li> <li>Max felt the content was easily understood.</li> <li>Please feel free to call Karen or Lauren for more information on any of the updates.</li> <li>Timelines with engagement and consultation work. Each lead to be invited to come along and discuss the work. Cancer work programme lead will be invited to the next meeting to discuss engagement. Karen to action.</li> <li>Fatima asked about the work of HIV and assurance for the engagement with patients. Linda to look into this and update the group</li> <li>The group are keen to have oversight of wider local plan work, in particular that which links to the NY8 II work streament (programme)</li> </ul>
9.	that which links to the WY&H work streams / programmes. Joint Committee update
	<ul> <li>Fatima gave an overview from her perspective ahead of the Committee meeting publically in July. For example a critical friend approach and working alongside the Joint Committee and the local place plans to ensure there is wider support.</li> <li>The reference group is an important part of ensuring assurance is sought. A two-way process is essential, as this group has access to many networks whose views are important.</li> <li>There was also a conversation around organisational boundaries and the challenge of bringing organisations together.</li> <li>Fatima will invite David Richardson, the other lay member to a future reference meeting.</li> <li>There was a discussion around meetings being held in public bi-monthly.</li> </ul>
10.	Stroke update – Programme Lead - Linda Driver
	<ul> <li>Healthwatch led the engagement work across WY&amp;H</li> <li>Over 900 people completed the engagement survey</li> <li>We spoke to over 1500, providing us with many comments</li> <li>The engagement work highlighted many findings including concern that a decision had already been made to reduce the number of hyper-acute stroke</li> </ul>

	units (HASUs)
	No decision has been made to reduce the number of units across West Yorkshire
	and Harrogate.
	<ul> <li>Healthwatch led the engagement work across WY&amp;H</li> </ul>
	<ul> <li>Over 900 people completed the engagement survey</li> </ul>
	• Focus on developing proposals to further transform hyper acute and acute stroke
	services so that no matter where people live, and no matter what time of the
	day, they are able to receive the best possible quality of care and outcomes
	• Focus on further improving care across the whole of the stroke care pathway
	(prevention through to community care) so services are sustainable and fit for
	the future.
	<ul> <li>Information shared with reference group and the public summary has been</li> </ul>
	shared with Calderdale and Skipton stroke organisations.
	• 49% of people who responded had a stroke and 30% were carers.
	• Please let Karen, Linda know if there is interest in taking part on the Stroke
	Task and Finish Group. Thank you.
	<ul> <li>Linda will do a one pager around the specification of the role. Need to use the</li> </ul>
	expertise of the group to recruit the skills needed.
	<ul> <li>Information will be made public after the elections.</li> </ul>
10.	Standardisation follow up – Healthwatch engagement – Rory Deighton
	A survey was designed to gain feedback from patients and this was shared via
	Healthwatch communication channels.
	We used Facebook, Instagram and third party website advertising to promote the
	survey.
	To encourage people to respond we offered a prize draw of a fitbit. The engagement
	ran for three weeks, commencing 6th March 2017.
	The advert generated the following engagement:
	75,342 people saw the advert
	1,641 people clicked to find out more about the advert
	502 people completed the survey
	Report will be made public by Healthwatch after the elections.
11.	Any Other Business
	Bradford event
	Max and David attended learning event in Bradford around sustainability.

	<ul> <li>Need to keep in view environmental issues, and wider factors affecting people and links to STP.</li> <li>JHOSC meeting Fatima, Max and Graham met with Cllr Peter Gruen. </li> <li>Ct for Public Scrutiny Graham taking part at national event as follow up to the regional meeting. </li> </ul>
12.	Next meeting date
	• 12 July 2017 2pm
	• 14 September 2017 2pm