Paper A

West Yorkshire and Harrogate Sustainability and Transformation Partnership

West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire and Harrogate STP
Lay Member Assurance Group meeting notes
Wakefield Clinical Commissioning Group (CCG), White Rose House
Tuesday 21 November 2017 at 10am until 12noon

Present:

- Graham Prestwich , NHS Leeds North CCG (Chair) - (GP)
- Dave Hall, NHS Harrogate and Rural District CCG - (DH)
- Steve Hardy, NHS Wakefield CCG – (SH)
- Fatima Khan-Shah, NHS North Kirklees CCG – (FKS)
- Max Mclean, NHS Bradford City CCG (MMc)
- Pam Essler, NHS Airedale Craven and Wharfedale CCG – (PE)
- Kate Smyth, NHS Calderdale CCG (KS)
- Georgina King, Job Aide to Kate Smyth (GK)
- David Richardson, NHS Bradford Districts CCG (DR)
- Gareth Winter, NHS England, Finance (GW)
- Karen Coleman, West Yorkshire and Harrogate STP Programme (KC)
- Catherine Thompson, NHS England, Standardisation (CT)
- Jill Dufton, West Yorkshire and Harrogate STP Programme(JD)

Apologies:

- Priscilla McGuire NHS Greater Huddersfield CCG – (PMc)
- Rory Deighton, Healthwatch (RD)
- Angie Pullen NHS Leeds West CCG (AP)

Item	Agenda Item
1.	**Welcome and introduction**
	The chair welcomed everyone to the meeting and invited group members to introduce themselves. DH announced this was his last meeting and there currently is not replacement for him. DH feels it has been a privilege to work with the group and to see it grow. GP expressed many thanks to DH for his contribution which is greatly appreciated and he will be missed.

2.	**Notes of the last meeting**
	Notes from the last meeting have yet to be to be agreed, amendments to be sent to GP. Once these have been agreed they will be publicised on the website. Process agreed going forward GP to send minutes to group via email for final comments/amends. GP to coordinate and make amends. GP to send to KC/JD as final version for uploading to the website. Standard future agenda items agreed are Minutes of last meeting and conflicts of interest. Citizens panel – general discussion was had - governors meeting session in March to open this group – needs carefully thinking through.
2.1	**Actions:** **Amendments from the last meeting to be sent to GP** **GP to draft process to write up for approval of minutes before put on the website** **Future standard agenda items minutes of last meeting and conflicts of interest**

3.	**Work Plan**
	A brief discussion took place on the Work Plan and that it illustrates the importance of the principles of engaging. Key piece of work for the group needs to be clear on the work plan and progress with evidence to provide assurance which is fundamental to our working group and delivering on its purpose. Need to be assured that involving patients and public is core part of commissioning process and need to understand from people who use services and understand the needs – all part of commissioning process – GP developed template, which has asked key questions such as how are 'commissioners involving the public and engaging' and need evidence of this. We should expect commissioners to be more engaged about genuine engagement and involvement. Some priority areas have information – others are lacking information – programme leads to be invited to meetings to give assurance of the areas of work with public engagement etc. Stroke, standardisation and Cancer have already been to the group and will be invited back as and when there is an update. Proposal for next meeting is invite Mental Health to next meeting, Urgent and Emergency Care are already on the agenda for the next meeting for an update. Other areas to be invited to later meetings.
3.1	**Actions:** **To invite Mental Health priority area to the next meeting and Urgent and Emergency care.** **GP to write a brief what evidence the group is expecting.**
4.	**Finance**
	This is the first time that finance have had a representative attending the meeting. At the last meeting there was a discussion about finance and consultancy fees so they were invited to attend this group. It is important to note that the group is about assurance around public involvement. Development of financial strategy – there is expertise in the system that could have done this piece of work but not the capacity to release people. Agreed external person and to give individual expertise and fresh pair of eyes – tender to number of bidders. Task to look at all individual plans – 100k contract – presentation asked to coproduce with each individual place, all at different stages, key think model we can use, and go through scenarios and suggestions as they continue to refine their plans – idea is to develop a strategy to all sign up but further work needs to be done. When will we be in that place? As a group expect group to see a finance strategy? Combination of each individual place combined into one – by 1st April? Yes all agreed - in terms of consultancy the public care what we spend the money on if you are going to do this make sure it is right.
5.	**Standardisation**

	This is the first time that standardisation has been discussed at the meeting, but the workstream is at a place to update. CT programme lead for Standardisation gave a presentation – four workstreams 1. Supporting healthier choices - Question – how have people who have used these services contributed – Healthwatch engagement, and other engagement i.e. clinical forum have informed this. 2. clinical thresholds – 3. Elective orthopaedics 4. Eye care services = Behaviour change all have to be active partners – no quick financial gains – this is a long gain – by doing this we must not make health inequalities worse.
5.	**Stroke**
	LD programme lead for Stroke = further improving outcomes and quality for people who have had a stroke, 72 hours specialist element best it can be, patients along pathway getting care needed and maximise technology and workforce, the right care early supported discharge – further update as have been to meeting before Specialist element scenario modelling phase – continue up to December then go out to further groups for comment – what engagement has said and what the outputs are and then for further involvement. Standardisation of pathway (specialist element of care). Whole pathway needs to be working – i.e. is there further things that we can be doing? Questions – plea of importance of rehab therapies need to be right,
6.	**AOB**
	Discuss expansion of group to non-exec roles, providers etc. Group to grow – chair to explore thinking – GP also asked group about how busy each person is in day to day roles – proposal to right it all up and share summary of findings - perspective of a lay representative.
6.1	**Actions:** **Send GP date in March for this meeting** **Land scape about STP and governance for next meeting.**
7.	**Date of Next Meeting**
	To be confirmed