

<b>Meeting:</b>	Healthwatch Barnsley Strategic Advisory Board	
<b>Date:</b>	2 February 2016	
<b>Location:</b>	The Core, County Way, Barnsley	
<b>Chair:</b>	Adrian England	
<b>1. Welcome and Apologies</b>		
<b><u>In attendance:</u></b> Carriane Stones James Goodwin Carolyn Ellis	<b><u>Apologies:</u></b> Phil Stables Christine Key	
<b><u>Present:</u></b> Adrian England - Chair Margaret Dennison Margaret Baker Tony Alcock Tony Murray		
<b>2. Declarations of Interest</b>		
AE opened the meeting and thanked everyone for attending. There were no declarations of interest.		
<b>3. Minutes of Previous Meeting and Matters Arising</b>		
The board looked over the minutes of the previous meeting and they were agreed as an accurate record of discussions.		
<b>Matters Arising:</b>		
<p><b>Mental Health Concordat</b> - Those present had a look at the document. AE said that this will be sent to the commissioners within two weeks. Once this document is finalised we can seek responses from service providers within 20 days. The recommendations within the document are set against NICE guidelines, so that is a good benchmark to use. Those present agreed the document and MD asked for it to be placed on record that the Healthwatch Champions involved in its production were thanked for their hard work.</p> <p><b>Action:</b> CS to update at next meeting.</p>		

**New Healthwatch Monitoring Report** - Those present had a look at the document and thought that it was really good. It will need some adjustments to cover the service specification.

**Action:** CS to update at next meeting

#### 4. Events Informed by Data and Intelligence

**Deaf Social Care Event** -The DEAFForum are leading on this event. The job of the Healthwatch staff team will be to capture the views of those present and to process the information to inform future service provision. We have asked Barnsley College if they can video the event to also capture views. Leeds Involving People are funding this event and the cost to Healthwatch will be staff time. The event will be held on 5 March, starting at 10am at the Town Hall, Barnsley.

CS asked if any board members would like to support the event AE, MD put their names forward.

**GP event in the Dearne** - Due to ill feeling in the Dearne regarding GP service provision, the CCG think it better to not put practice managers and patients in the same arena. From data that we have already gathered, we are aware that surgeries in the area are under pressure, there are issues around patients being unable to secure appointments and a lack of awareness around Patient Reference Groups, FFT and i-HEART Barnsley. Whilst those present expressed concerns that the original plan for this event would need to change, CS suggested that it would still be a useful piece of work to talk to people in the Dearne in order to try and resolve some of their issues around GP access and to raise awareness of other service provision. With this in mind, those present agreed that we would still go ahead with an event in the Dearne on 10th March to gather this information. It will be held at Goldthorpe Library between 12 noon and 7pm. Promotional work to follow.

CS asked the board if anyone would like to support this activity, MD put herself forward.

**Asylum Seekers and Refugees Event** - The plan is gather a group of 30 people from 6 of the main asylum seeker and refugee categories to look at issues they have experienced in accessing services in the area. Also, there is a lack of understanding amongst people that are new to the country about how to access NHS services and we will try to address some of these problems at the event as well. We are working with 360 Engagement on this and we are awaiting a revised quote from them.

**Action:** CS to keep the board updated on progress.

## **5. LHM Media - Feedback Centre**

More data has been uploaded to the system and the practice site is now available. Further staff training is to be carried out. The system should make reporting much easier and it is anticipated that the site will be live by the end of February/early March.

## **6. Healthwatch Annual Report**

that time of year again! We have started looking at this and are considering our focus for the year ahead. It has been more difficult to set priorities this time, due to a lack of an updated JSNA. We will look at what information is coming through to us regarding services and will match our priorities accordingly. CS said that she would also like to have a one to one session with each of the board members, to record their thoughts on the past year.

## **7. Healthwatch England Committee and Healthwatch England Annual Conference**

Healthwatch Committee Meeting - This will be on 26 February in York. Some of the board members expressed an interest in attending. CS will liaise with them in due course about arrangements for this. MD will cover the GP Co-Commissioning meeting.

Healthwatch England Conference - This will be held on 10 June in Nottingham. CS asked the board if they would like to put forward for an award this year and asked about putting Healthwatch forward for an award for our Carers ID Scheme and also for our work on Patient Pathway. The board agreed. TM was interested in the expert carer training and a discussion was had about its inclusion in the Carers Identification Scheme.

CS will keep the board updated on progress.

## **8. Healthwatch Tender**

The boards were advised that the manager had received the service specification for Healthwatch Barnsley and of the time scales.

CS advised that she would keep the board updated on the developments.

## **9. Additional Income Projects**

### **9.1 Embedding the Friends and Family Test (FFT) within General Practice Toolkit**

CS advised that Healthwatch are on target with this work, and that the outreach

side which was Phase 2 is now complete.

Ashok Patnaik is writing the initial at a glance report which should be available to the board in March 2015.

From this initial report Healthwatch Barnsley will create a presentation which will go to the FFT event in Leeds on the 9<sup>th</sup> of March.

**What we have found is:**

- ✓ FFT is not being promoted by GPs.
- ✓ There is also a lack of awareness around Patient reference Groups.
- ✓ There is still work to be done on how to embed FFT within practices.

**Next Steps:**

We have advised the patient experience lead that it would be useful to review this toolkit in 12 months, to assess the impact of it. The Patient Experience Lead has agreed and is looking into funding for this for both Sheffield and Barnsley.

**Embedding the Friends and Family Test in Mental Health Settings**

Healthwatch has achieved funding for this work and has received agreement from South West Yorkshire Partnership Foundation Trust to carry out this work. The Adult Engagement worker is leading on this in addition to her core hours for Healthwatch.

**Perfect Patient Pathway Sub Regional Bid**

Looking at technology that can be used in the self-management of conditions, Sheffield have been successful in obtaining funds for this piece of work.

**Action:** CS will send a brief on this as soon as she has received more information from Healthwatch Sheffield.

**10. Feedback from Meetings Attended**

**Adult Safeguarding and Associated Groups Wednesday 6<sup>th</sup> of January 2016**

Healthwatch is represented at the Adult Safeguarding Meetings and the associated subgroups Pathways and Partnerships and Quality & Intelligence.

The Adult Safeguarding Board knows that it needs to get better at communicating with people locally; especially considering the requirements of the Making Safeguarding Personal Agenda. In October 2015 CS met with Healthwatch Doncaster who have set up a Safeguarding Engagement arm called the 'Keeping Safe Forum' after CS met with Healthwatch Doncaster, she asked for some

information on their service specification. Some information was provided which was then introduced to The Adult Safeguarding Lead and the safeguarding officer at the CCG advising that a similar model could be beneficial if adopted within Barnsley. This led to a meeting being held with BMBC in November 2015 and BMBC agreeing to write a report to go to the next Adult Safeguarding Board.

### **Health and Social Care Intelligence Sharing Meeting 7th January 2016**

The Healthwatch Manager attends the Health and Social Care Intelligence Sharing Meeting, the papers for which are confidential. Healthwatch has fed into this meeting intelligence gathered through our outreach within residential homes. Please be advised information will not be shared at this level until it has been shared with the service provider. CS confirmed with TA and the board that the information gathered from this meeting also supports our attendance at the regional Quality Surveillance meeting.

### **Regional Quality Surveillance Group (QSG) 20<sup>th</sup> January 2016**

The Healthwatch board were advised that when we attend this meeting there should be no surprises due to our intelligence sharing meetings with the CCG and with BMBC around care homes. TA also attends this meeting and advised that we had all of the information discussed in advance of the meeting.

### **Healthwatch and CCG Intelligence Sharing Meeting 18<sup>th</sup> January 2016**

#### **GP's and the Lesbian, Gay Bi-Sexual and Transgender (LGBT) Community -**

There has been a video produced by the LGBT in partnership with the Clinical Commissioning Group which outlines the experiences of the LGBT community when accessing general practices. The CCG have advised that this video will be used to raise awareness amongst GP's about the LGBT community.

**CQC Report and the Hospital Summit** - CCG Reported that they are going to have a look at the grid matrix on the Care Quality Commission Report and compare with other trusts in the region. They also advised that an in depth paper looking at the outcomes of the inspection would be going to the quality patient committee hi-lighting what was good and what is outstanding.

#### **Healthwatch were also advised that in A&E:**

- Clinical triage is now in place 2 weeks after the inspection.
- It is still difficult to recruit Registered Children's Nurses (RCN)
- Escalation beds have been open since the end of December and the

transformation board is looking at improving bed utilization through Right Care Barnsley by ensuring access to intermediate care beds.

**Wards 19-20 Barnsley Hospital NHS Foundation Trust** - Healthwatch fed in information which has already been shared with the provider through NHS Complaints advocacy on peoples experiences of ward 19-20 and the CCG have advised that they are keeping a watching brief on this. They also advised that they are doing some work around tissue viability on the wards.

**Children Adolescent Mental Health Services (C.A.M.H.S)** - Healthwatch advised that they had completed their work in C.A.M.H.S and that this would go in the first instance to the provider before coming to the Clinical Commissioning Group. CCG advised that the waiting time is going down for Choice appointments and they are currently at a 7 week wait. The aim is to get to 5. At this point the CCG will begin work on improving access to the second appointment.

**GP Access** - Healthwatch fed in comments from the Dearne about access to general practice, the CCG advised that the First Port of Call Training which is customer service training for reception staff has been undertaken at a couple of surgeries and to date it has been evaluated well. The chief nurse will be writing a report to the CCG Governing body to see if this can be funded and extended into other practices.

**South West Yorkshire Partnership Foundation Trust (SWYT)** - CCG outlined that SWYT are due to have their CQC inspection, Healthwatch advised that we are aware and have provided some data and advertised a listening event.

**Provider Forum** - CE attended the Provider Forum in January and presented a report from Healthwatch Barnsley. This report outlined our work to date, impacts and details of membership numbers and engagement activity. CS advised that the provider forum questioned if they were able to access information from Healthwatch Barnsley, and CE had advised the meeting that this was possible, if the information had been shared with the provider first.

### **GP Co-Commissioning Meeting 28<sup>th</sup> January 2016**

CS attended the first part of this meeting as AE and MD were at the GP event in Sheffield.

The first part of this meeting is a public meeting and there was a discussion about

the National Patient Survey and some concern raised from people around the table about the low percentage of returns. There were also concerns raised about NHS England making funding decisions on the back of such small numbers. It was also concerning to note that some GP Practices are now handing their contracts back to Clinical Commissioning Groups across the country because of concerns about service to the contract against allocated resource and patient safety.

### **GP event in Sheffield 28th January 2016**

AE updated on this. The event was to look at how access to services can be improved. Capacity is an issue for GPs. A feedback event will follow.

#### **11. Date and Time of next meeting**

Date: 3 March 2016

Time: 12.30pm

Location: The Core, County Way, Barnsley, S70 2JW