

Meeting:	Healthwatch Barnsley Strategic Advisory Board	
Date:	19.10.2016	
Location:	The Core, County Way, Barnsley	
Chair:	Carriane Stones on behalf on Adrian England for this meeting	
<u>In attendance:</u>	<u>Apologies:</u>	
Carriane Stones	None Received	
Mark Smith (Representing Healthwatch Champions)		
Marie Cook (Representing the Healthwatch Champions)		
<u>Present:</u>		
Christine Key		
Margaret Dennison		
Tony Alcock		
Adrian England		
Margaret Baker		
<u>Speakers:</u>		
Brigid Reid CCG Equality Duty		
Elaine Barnes CCG Equality and Diversity		
1 & 2 Welcome, Apologies and Declarations of Interest		
Action by		
AE Welcomed attendees and asked if there were any declarations of interest for the agenda or any apologies.		
CS advised that she had not received any apologies for today's meeting and that TA would arrive to the meeting late due to another commitment.		
3. Minutes of Last Meeting & Matters Arising		
The minutes from the previous meeting were reviewed by the board and agreed as true reflection of discussions.		
CS reminded the board that an Action Log had not been brought to this meeting due to the previous meeting not outlining additional actions to be undertaken before today's meeting.		

4. Guest Speakers

The Speakers arrived and Adrian England and the board introduced themselves to the speakers.

EB and BR had come to talk to the Strategic Advisory Board about their Equality Delivery System (EDS) and Equality Duties. I have attached to these minutes the Clinical Commissioning Groups updated EDS plan for 2016 that was sent out to the board in advance of the meeting and the presentation provided on the day of the meeting.

The CCG wanted to speak specifically about 2 of their equality duties, which linked in to some of the work Healthwatch had been doing and began their presentation by explaining more about the EDS and the responsibilities of the Clinical Commissioning Group as follows:

Equality and Diversity is central to the work of NHS Barnsley Clinical Commissioning Group (CCG) to ensure there is equality of access and treatment within the services that we commission. The promotion of equality, diversity and human rights is central to the NHS Constitution and other national drives to reduce health inequalities and improve the health and wellbeing of the population. NHS Barnsley CCG is committed to embedding equality and diversity values into its commissioning processes that secure health and social care provision for our population, and into our policies, procedures and employment practices.

The two goals that the CCG spoke about were:

Goal 1 - Better health outcomes, which encompassed:

- ✓ Commissioning, procurement, design and delivery A
- ✓ Assessing health needs
- ✓ Care pathway transitions
- ✓ Patient safety
- ✓ Health promotion

Goal 2 - Improved patient access and experience, which encompassed:

- ✓ Access to services
- ✓ Informing, supporting & involving patients in care decisions
- ✓ Patient experience of care
- ✓ Complaints

The CCG explained how they had been looking at how to make the complaints processes used by services commissioned by the CCG accessible to the Deaf Community. They also outlined the work they had been doing to refresh guidance for working with interpreters making care accessible.

Under Goal 2 they had worked with memory assessment services to look at how they could increase the level of support that is provided to individuals diagnosed with dementia, and how they could ensure individuals received support prior to diagnosis.

CK Healthwatch board member offered her support with the work being undertaken in this area

due to her involvement with the local Dementia Action Alliance.

The discussion continued to explore the benefits of partnership working and how the CCG has been working with partners on the EDS, emphasizing their need and will to listen to and learn from patients as a part of this process.

MB raised the question What about the carers? How can you help them as it seemed much of the help was provided to the cared for and that there seemed to be less for the carer. What about helping us and making it easier for us as this in the long term helps you.

The CCG advised that this is something that we should all do and that providers needed to be more aware of carers needs, and have more support arrangements.

MC Contributed to the discussions and related to her own experience of the Mental Capacity Act and outlined that she hoped the plans discussed under the EDS would run right through to support and vulnerable adult and children in transition.

To see the full plan please click on this link and to see the full CCG presentations please see attached document.

<http://www.barnsleyccg.nhs.uk/CCG%20Downloads/About%20Us/Equality%20and%20Diversity/NHS%20Barnsley%20CCG%20Equality%20Information%20Publishing%2031st%20January%202016.pdf>

5. Update on Areas of Work

Mental Health Crisis Care Concordat

MS provided an update on the Metal Health Crisis Care Concordat as follows:

Two capital bids have been submitted to Department of Health (DH) for DH and Home office funding.

This funding has been requested to:

Refurbish the Section 136 suite at Kendray and a total of 50k has been submitted.

Implement a local Crisis Café for which a total of 150K has been requested.

There has not yet been a decision made on this funding and the Mental Health Crisis Care Concordat and partners are awaiting feedback.

The Suicide audit and action plan was discussed at the last MHCCC meeting and will be further discussed at Healthwatch representatives meeting on 24 October.

There is a concern that it reflects on BMBC actions and not actions of all concordat bodies.

Lastly MS reported that the clarification letter sent to the Mental Health Crisis Care Concordat by Adrian England was replied to within the 20 days required.

Children Adolescent Mental Health Services:

There is a date in the diary for the initial meeting to go over information provided by the C.A.M.H.S service in advance of our Visit next year.

Access to General Practice in the Dearne.

All members in advance of today's meeting had been sent the reports with a request to read them in advance of the meeting.

MD advised that she felt the reports provided an even handed assessment of general practice and patient and public viewpoints.

CS and MS advised that there were some changes which needed to be made to two of the documents and outlined what those changes would be and the board advised that they agreed the documents in principle.

This led to a discussion about the GP Federation where AE attends as an observer. AE advised that they now have 9 permanent GP's which was good news as we were aware that some community members were concerned about Locum's being used when it had been outlined that permanent GP's would be in post.

CS advised that from the feedback they had had about the I Heart Service patients had been pleased, and advised that one of the Cllr's with which we have been working in the Dearne also advised at the Dearne Approach meeting that individuals referred had been pleased with the service provided.

AE discussed the plans of a Third Hub and that this third hub could be in the Dearne as some of the feedback that we had been getting was about the accessibility of this service as the two surgeries were currently close to Barnsley Central and as such a commute for patients from the Dearne. It was also raised that the current location of I Heart services were not on a bus route after 6:00pm which would also exclude some patients in the Dearne from attending.

A discussion then occurred about the LIFt centres and better utilisation of these centres.

CS asked AE if information had been discussed at the GP Federation about Did Not Attends (DNA'S) and AE advised that even though appointments were mostly same day appointments I Heart were still advising of a 5% DNA rate, there was also a 9% cancellation rate and this was believed to be due to patients calling the I Heart service in advance of calling their GP, to ensure they did not miss out on out of hours, and then going on to secure an appointment with their local GP meaning that they no longer required the appointment with I Heart.

A question was then raised about Skype appointments and if this option was yet available to the public to which AE responded that this part of the service is not yet accessible.

6. New Issues - Review of Speech and Language Therapies

CS in advance of the meeting had sent the promotional information out to board members for information.

CS updated the board that the Healthwatch Lead for this work Carolyn Ellis had met with both the service commissioner and a representative of the Barnsley Parents and Carers Forum, which had led to two open days being planned. One on the 1st of November 2016 and one on the 10th of November 2016.

These events have been promoted via the Chronicle and on Social Media.

CS advised that CE had also contacted service providers, and local authority teams working with children and young people to advise them of these events.

We have set these events up as open days to be held between 9:30am and 7:30pm; we have chosen to undertake it this way so that individuals are given the opportunity to have their say on their experiences and so it is not just the loudest voices that are heard.

Action: CS to update the board at the next meeting on how these two events went and discuss with the board next steps.

7. Regional STP

AE Provided the board with an update on the regional STP as follows:

The submission date for the regional STP is next Friday which is the 28th of October 2016.

Healthwatch Barnsley has been approached to send a representative and we are in the process of working with other Healthwatch Colleagues to identify who this may be.

AE advised that the main outward facing consultation document looked to have been signed off by Healthwatch Barnsley and partners, and an issue was raised by Healthwatch about this with Sir Andrew Cash, as whilst we are attending to understand the changes that are being discussed we are not yet representing the public and Healthwatch Barnsley being in attendance does not mean that the public are involved or being consulted because this information to date has been embargoed.

The document itself will be sent to providers at the end of November 2016, AE outlined that he felt that there is an issue between existing contracts and potential new contracts.

AE highlighted how he feels that Bassetlaw and their boundaries are going to be a challenge to manage.

AE advised the board that he felt that Healthwatch needed a strong representative at a regional level and that chairs will be meeting on a bi-monthly basis coordinated by Andrew Goodall at Doncaster.

Local Place Based Plan

Healthwatch and the Local Authority need to look at co-produced reporting and it will be interesting to see what opportunities come out of this area of work for Healthwatch'es locally.

8. Any Other Business

Equality Forums

CS advised that she and James had attended an Equality Forum Event the previous weekend. The aim of this meeting was to look at the different equality forums experiences of local health and care services.

CS advised that 60 people attended this event and a number of presentations were provided informed by national data.

CS was looking forward to receiving the individual workshops feedback as she hoped that this would reveal more about individuals personal experiences of services in Barnsley across the equality forums.

We have not yet received the information from the Local Authority as there were minutes taken at each of the workshops but as soon as we do receive this information JG will be typing it up with a view of drawing from it, key findings and recommendations.

Action: CS to keep the board updated on progress.

Barnsley Voice

CS reminded the board of a conversation had about Healthwatch feeding information to the Health and Wellbeing Board from the service user and carer board, which led to a meeting between Elaine Equall (BMBC Engagement Team), Karen Sadler (Health and Wellbeing Board Manager).

At this meeting a discussion occurred about how we collectively could amplify Barnsley Voice at a Health and Wellbeing Board Level, and from that discussion came the plan to introduce an engagement template for each of the services engagement teams inclusive of Healthwatch to complete on a quarterly basis outlining how they were working towards the Health and Wellbeing Priorities and what Barnsley Voice was coming from this work.

CS shared with the board a template upon which to collate evidence from agencies and outlined that Healthwatch would be the conduit for this information.

The board agreed this as a way forward and requested that CS keep them updated as this was a work in progress.

Action: CS to keep the board updated on progress.

Suitability of Letters from Health Services

TA raised again the issue of accessible communications and referred to a letter which had been sent.

CS took this letter and agreed to raise it with BHNFT.

9. Date and Time of Next Meeting

Monday 14th November 2016 at The Core, County Way, Barnsley, S70 2JW at 3:30pm.

Mark Smith gave his apologies for this meeting.

CS reminded the board of the Christmas Celebration to be held at the Keele Inn on the 7th of December.