

A meeting of the Patient Council will be held on Wednesday 30 January 2019 at 6.00pm at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY

### AGENDA

ITEM	SESSION	LEAD	TIME
1.	<b>Welcome and apologies</b>	Chair	6.00pm
2.	<b>Actions and updates of the previous meeting held on 28 November 2018</b>	<b>PC19/01/02</b> Chair	6.05pm
<b>PRESENTATIONS / QUESTION &amp; ANSWER SESSIONS</b>			
3.	<b>Patients as Partners</b> - <b>An overview of person-centred care</b>	Lynne Craven, Patient Council Member	6.10pm
4.	<b>Equality and Diversity (E&amp;D)</b> - <b>An overview of our responsibilities in relation to E&amp;D and our equality objectives</b> - <b>How this links to the role of GP Patient Groups?</b>	<b>PC19/01/04</b> Colin Brotherston-Barnett, Equality, Diversity & Inclusion Lead, NHS Barnsley CCG and Barnsley Hospitals NHS Foundation Trust	6:40pm
<b>GENERAL</b>			
5.	<b>Any other business</b>	<b>Chair</b>	7:25pm
6.	<b>Date and time of the next meeting:</b> The next meeting will be taking place on Wednesday 27 February 2019, 6.00pm at Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.  <b>Future meeting dates 2019:</b> Wednesday 27 <sup>th</sup> March Wednesday 24 <sup>th</sup> April (TBC) Wednesday 29 <sup>th</sup> May		7.30pm Close

**For enquiries please contact:**

Katie Pople, Secretariat Team Leader & Executive PA to Chief Finance Officer  
Barnsley CCG, Hilder House, 49 - 51 Gawber Road, Barnsley, S75 2PY  
Call 01226 433709 or email [katie.pople@nhs.net](mailto:katie.pople@nhs.net)



**Minutes of the Barnsley Patient Council meeting held on Wednesday 28 November 2018 at 6.00pm in the Boardroom, Hilder House, Barnsley CCG, 49/51 Gawber Road, Barnsley, S75 2PY.**

**PRESENT:**

Chris Millington ( <i>Chair</i> )	Barnsley Clinical Commissioning Group Lay Member for Patient & Public Engagement
Alan Higgins	Barnsley Hospital Public Governor
Ben Cox	The Grove Medical Centre PRG
Mel Dyke	Roundhouse Medical Centre PRG
Jan Eldred	The Kakoty Practice PRG
Adrian England	Healthwatch Barnsley / Monk Bretton Health Centre PRG
Margaret Lindquist	Walderslade Surgery PRG
Janet Neville	Patient, Rotherham Road Medical Centre
Elaine Staley	The Kakoty Practice PRG
Philip Watson	Patient, Hill Brow Surgery

**IN ATTENDANCE:**

Emma Bradshaw	Engagement Manager, Barnsley Clinical Commissioning Group
Louise Dodson	Primary Care Transformation Manager, Barnsley Clinical Commissioning Group
Katie Pople ( <i>Minutes</i> )	Secretariat Team Leader & Executive PA, Barnsley Clinical Commissioning Group

**APOLOGIES:**

Mike Austin	Primary Care Team, Barnsley Clinical Commissioning Group
Pat Durie	Patient, The Dove Valley Practice / My Barnsley Too
Colin Wilkinson	Park Grove Medical Practice PRG

Agenda Item	Note	Action	Deadline
PC18/11/01	<b>WELCOME AND APOLOGIES</b>		
	The Chair welcomed everyone to the meeting and apologies were noted.		
PC18/11/02	<b>MINUTES OF THE PATIENT COUNCIL HELD ON 31 OCTOBER 2018</b>		
	The minutes of the previous meeting held on 31 October 2018 were approved.		

Agenda Item	Note	Action	Deadline
PC18/11/03	<b>HEALTHY, WEALTHY AND WISE: THE IMPACT OF ADULT LEARNING ACROSS THE UK</b>		
	<p>Jan Eldred, Patient Council Member, delivered a presentation on the Learning and Work Institute's report on the impact of adult learning. Their research was reviewed under three broad themes: health, work and communities and papers were shared with impact forums in England, Northern Ireland, Scotland and Wales.</p> <p>The overlapping benefits of adult learning and education are: Health and Wellbeing, Social, Civic and Community Life and Employment and the Labour Market.</p> <p><i>"Adult learning covers the entire range of formal, non-formal and informal learning activities – both general and vocational – undertaken by adults after leaving initial education and training"</i> – Electronic Platform for Adult Learning in Europe (EPALE, 2011).</p>		
	<p>Across the three themes there were deemed ten strategic challenges relating to employment and the economy, lifestyles, health, wellbeing and communities:</p> <ol style="list-style-type: none"> <li>1. An aging population</li> <li>2. Lifestyles – diet, exercise, smoking, alcohol</li> <li>3. Mental health and well-being</li> <li>4. Fair work</li> <li>5. Skills mismatches and gaps</li> <li>6. Productivity</li> <li>7. Poverty of place</li> <li>8. Engagement, involvement and empowerment</li> <li>9. Community safety and security</li> <li>10. Sustainable development</li> </ol> <p>There are ten ways identified in which adult learning helps address those challenges:</p> <ol style="list-style-type: none"> <li>1. Improving health behaviours and attitudes</li> <li>2. Extending life-expectancy and disability- free life-expectancy</li> <li>3. Reducing lifestyle diseases</li> <li>4. Enabling a more efficient healthcare system</li> <li>5. Enabling access and advancement</li> <li>6. Contributing to productivity</li> <li>7. Developing individual skills</li> <li>8. Building social capital</li> <li>9. Empowering communities</li> </ol>		

Agenda Item	Note	Action	Deadline
	<p>10. Encouraging participation</p> <p>Additionally the report recommended twelve suggestions to maximise the impact of adult learning:</p> <ol style="list-style-type: none"> <li>1. Social Prescribing</li> <li>2. Investment in adult learning</li> <li>3. Offer lifelong and life-wide opportunities</li> <li>4. An integrated approach</li> <li>5. Establishment of a Career Advancement Service</li> <li>6. Government embracement of demonstrable value of adult learning and education</li> <li>7. Person-centred curricula</li> <li>8. Inclusive learning pathways</li> <li>9. A universal entitlement to essential / basic skills</li> <li>10. Development and support of dual professionalism to enable health professional training in adult learning</li> <li>11. Adult learning providers supported to assess outcomes and impact</li> <li>12. Promote sustainable development education for adults</li> </ol>		
	<p>The group received two examples of learning that could potentially be applied to the Barnsley area:</p> <p><u>Bromley-by-Bow Centre – Tower Hamlets</u></p> <ul style="list-style-type: none"> <li>• Holistic approach with GP surgery – community owned building</li> <li>• Social prescribing</li> <li>• Wide range of local / public services – credit union, advice services</li> <li>• 5 step programme – engagement, primary intervention , social prescribing, preparation for work, on-going empowerment</li> </ul> <p><u>Kirkholt Area – Rochdale</u></p> <ul style="list-style-type: none"> <li>• Integrated team approach in area of poor employment, poor health, drug and alcohol abuse, isolation, domestic abuse and high police callouts</li> <li>• Increased learning, reduced A&amp;E attendances, reduced alcohol and drug use through learning and support, improved health, mental health and school attendance, 60% fewer police callouts, employment outcomes, skills and qualifications</li> <li>• Every £1 invested resulted in £3.68 savings</li> </ul> <p>Jan Eldred added that for every £1 invested in Citizen's Advice Barnsley, research has shown £12 can be saved</p>		

Agenda Item	Note	Action	Deadline
	<p>elsewhere.</p> <p>The Chair reassured the group that Barnsley CCG was currently looking at how void space can be better utilised in the community.</p>		
	<p>The Chair and Patient Council members thanked Jan Eldred for delivering her presentation.</p>		
<b>PC18/11/04</b>	<b>HEALTHWATCH BARNSELY</b>		
	<p>Healthwatch Barnsley is an independent champion for people who use health and social care services in Barnsley, commissioned by Barnsley Borough Metropolitan Council; each local authority area has their own local Healthwatch organisation.</p> <p>The group were informed that the main aim is to find out what matters to the public and ensure their views are used to shape services and influence change for the better.</p> <p>They also:</p> <ul style="list-style-type: none"> <li>• Provide information, advice and support about local services.</li> <li>• Influence how services are set-up and commissioned by having a seat (statutory position) on the Health and Wellbeing Board.</li> <li>• Produce reports which influence the way services are designed and delivered.</li> <li>• Have the power to enter and view services.</li> <li>• Get involved if don't feel services are running appropriately.</li> <li>• Pass information and recommendations to Commissioners and Providers, Overview and Scrutiny, Healthwatch England and the Care Quality Commission.</li> </ul>		
	<p>Patient Council members were notified of the key areas of focus in 2017/18:</p> <p><u>Dental Survey</u> Presented findings to the Oral Advisory Board and Public Health to influence strategy to reduce the number of people being admitted to hospital every year for the removal of decayed teeth; in Barnsley the average number of decayed teeth in some wards is five times higher than in other less deprived areas of the borough.</p>		

Agenda Item	Note	Action	Deadline
	<p><u>DNA (Did Not Attend) GP Appointments</u> Undertook a review of patient attendance at GP practices in the Dearne and how the high number of patients not attending appointments is having an enormous impact in terms of cost and waiting times. Healthwatch agreed to help raise awareness of keeping or cancelling appointments and shared their findings and recommendations with commissioners and providers.</p> <p><u>Sexual Health Survey</u> Engaged with 280 young people aged between 13 and 17 years regarding their knowledge of C-cards and sexual health services in Barnsley. As a result of the findings a number of recommendations have been outlined to commissioners and providers.</p>		
	<p>The group were informed of the top priorities for next year:</p> <ol style="list-style-type: none"> <li>1. Continue to engage with South Yorkshire and Bassetlaw Integrated Care System at regional and Barnsley place based levels and keeping the public informed.</li> <li>2. Review Children and Adolescent Mental health Services (CAMHS) looking at both assessment and treatments waiting times.</li> <li>3. Review support for young carers – GPs now have a list of individuals however many don't always recognise that they are carers.</li> <li>4. Work with seldom heard groups to ensure health equality for all.</li> </ol>		
	<p>The Chair and Patient Council members thanked Adrian England, Healthwatch Barnsley Chair, for delivering his presentation.</p>		
<b>PC18/11/05</b>	<b>ANY OTHER BUSINESS</b>		
	<p><u>Torch – Barnsley Mental Health Forum</u> Contact cards were distributed to members, with additional copies for non-attending PRG members, to advise of a service-user led group for influencing mental health services provided for people in Barnsley who need support to cope.</p> <p><u>Procurement Panel Applications</u> The Engagement Manager reminded the group of the on-going recruitment of Service User/Carer representatives to be involved as members of the procurement panel for a Primary Care Home Visiting Service across Barnsley; this</p>		

Agenda Item	Note	Action	Deadline
	was previously circulated via email.		
PC18/11/06	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	<p>The next meeting of the Patient Council will be held on Wednesday 30 January 2019 at 6.00pm, in the Boardroom Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.</p> <p><b>Future Meeting Dates 2019</b>  27 February  27 March  24 April</p>		

## **Pre-reading for Barnsley Patient Council Members**

**30 January 2019**

### **Equality Delivery System**

#### Speakers

Colin Brotherston-Barnett – Equality, Diversity & Inclusion Lead, NHS Barnsley CCG & Barnsley Hospitals NHS Foundation Trust

Carol Williams – Project Coordinator, NHS Barnsley CCG

#### What is the 'Equality Delivery System'?

The Equality Delivery System (EDS2) was commissioned by the national Equality and Diversity Council in 2010 and originally launched in July 2011. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS2 was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

The main purpose of the EDS2 is to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010 e.g. Disability, Race, Sexual Orientation, Gender. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

EDS2 is a generic system designed for both NHS commissioners and NHS providers. As different NHS organisations apply EDS2 outcomes to their performance, they should do so with regard to their specific roles and responsibilities.

In light of the inclusion of EDS2 in the NHS standard contract and in the CCG Assurance Framework, NHS organisations should use the EDS2 summary report template to produce and publish a summary of their EDS2 implementation every year.

At the heart of EDS2 are 18 outcomes, against which the CCG assesses and grades itself. The outcomes are grouped under four goals (further details will be provided via presentation). These outcomes relate to issues that matter to people who use, and work in the NHS.

Among other things they support the themes of, and deliver on, the NHS Outcomes Framework, the NHS Constitution and the Care Quality Commission's key inspection questions.

**PC19/01/04**

**How can you help?**

NHS organisations are encouraged to express EDS2's outcomes in their own words and communicate them effectively to all local audiences as they see fit.

A working group has already met several times to assess the grading for EDS2 and arrived at a grading that they believe is reflective of the CCG's performance.

We would like to discuss with you regarding the grading and content of the EDS2 document. This document will be provided on the night and after a short presentation, we would like to invite you to discuss this and provide us with your comments and feedback.