



A Meeting of the Patient Council will be held on Wednesday 30 March 2016 at 6:00pm at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY

AGENDA

ITEM	SESSION	LEAD	TIME
1.	Welcome, apologies & declarations of interest relevant to the agenda	Chris Millington	6.00 pm 5 mins
GUEST SPEAKER			
2.	HealthWatch Barnsley	Presentation Carriane Stones	6.05pm 20 mins
3.	Feedback from the 12 February 2016 Commissioning Intentions Event	PC 16/03/03 Kirsty Waknell	6.25 pm 20 mins
4.	Patient Reference Groups – Sharing Good Practice	Verbal Chris Millington	6.45pm 10 mins
GENERAL			
5.	Minutes of the previous meeting held on 24 February 2016	PC 16/04/05 All	6.55pm 5 mins
AGENDA ITEMS			
6.	Report of the Chair	PC 16/04/07 Chair	7.00pm 15 mins
7.	Any other business of an urgent nature	Verbal All	7.15pm 15 mins
8.	Date and Time of the Next Meeting: 27 April 2016, 6pm at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY		7.30pm close

For enquiries please contact:

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Summary feedback report of the Patient and Public Engagement Event relating to our Commissioning Plans held on Friday 12 February 2016 at the Core, Barnsley

Overview

On 12th February 2016, we held an event at The Core to introduce and discuss the work that we are carrying out to take forwards our commissioning plans within Barnsley for over the next year and beyond.

This event was aimed primarily at Patient Council/ Patient Reference Group (PRG)/ and OPEN members who wanted to gain a wider knowledge and understanding of our commissioning plans and to take part in workshop discussions to share their views and experiences to help us to shape this work going forwards.

Summary Feedback

Over 50 people attended the event to listen to the presentations delivered by members of the CCG team and take part in the two dedicated workshop discussions focusing on working better together and urgent and emergency care services.

The audience was mixed with people representing the following groups/ organisations/ professions in attendance;

Barnsley Patient Council
GP Patient Reference Groups
OPEN (Our Public Engagement Network)
Healthwatch Barnsley
GP Practice Managers
Yorkshire Housing
Crossroads Care
Parkinsons UK
BIADS (Barnsley Independent Alzheimer's and Dementia Support)

We would like to take this opportunity to thank all of the people, who attended this event for the levels of challenge, input, and enthusiasm that was demonstrated throughout the morning which helped to ensure this event was a success.

Below is a summary of the main themes that emerged from the different table discussions that took place regarding the two main topics highlighted.

Also included within this report is an overview of the evaluation feedback provided by attendees who completed and handed in an evaluation form on the day.

Emerging themes from the table discussions

Session 1 - Integration – Working better together

What's working?

- The concept of **Care navigation and one point of contact** works and people want to see more of it and developed into different areas. ***“Create a liaison structure for patients to bypass GPs for those with long term conditions.”*** ***“Have liaison officers that cover/work with people who have long term conditions, who can be one point of contact.”***
- **Integrated personal care**
- **General support** for more integration and overall plans for CCG to move more in this direction. However, people felt like ‘we’d been talking about this for years’ and we don’t seem to be any further.

Where do we need to focus attention?

- **Care plans** - Overwhelming support for the concept of a **care plans** but people fed back that they either didn’t have one, didn’t know how to get one and when they did exist the links between health and social care were poor.
- **Health and social care** - There are gaps between how health and social care work together around the individual.
- **People with more than one condition** – ***“Need to take a holistic view of the patient and see them as a whole.”*** ***“Pathways OK but what about people with multiple conditions?”***
- **IT** – Integrated computer systems between GP and hospital and other hospitals is a huge barrier to working together.
- **Budgets** - Joining up budgets to improve integration and make it more cost effective. ***“Budgets - pool them between council & CCG to address the gap in health and social care working together”***
- **Organisational structures** - Joining up organisations and streamlining the way they are run ***“We’ve currently got splinter services. Create an umbrella organisation with responsibility to enhance communication, not set up another steering group - rationalise from existing - slim down.”***
- **Communication** – Communication especially between health and care teams needs improving.

The issue of communication was mentioned a number of times and was broken down into the following areas;

- ❖ Communication needs improving between health and care teams.
- ❖ Patients need to part of the conversation with health and care teams.
- ❖ Relatives and carers need to be part of the conversation.
- ❖ GPs need be more empathetic.

Session 2 – Urgent and emergency care

What's working?

- The plans outlined for urgent and emergency care are moving in the right direction.

Where do we need to focus attention?

- **Hospital discharge** – Discharges from hospital take too long and there could be clearer information for people who are being discharged. Even the current robot does not seem to alleviate the pressure. An example was given of an amalgamated care planning and discharge process at Sheffield.
- ❖ ***“Discharge delays in hospital and waiting times for prescriptions. Would it be more cost effective to have more pharmacists so beds can be vacated more quickly?”***
- ❖ ***“Send prescriptions to your own pharmacy”***
- ❖ ***“Patients should have a clear package of what is happening when they are discharged - who will care for them if needed, where they are going etc. All put together at the hospital.”***
- ❖ ***“Appointment with GP/nurse booked for review as part of hospital discharge process.”***
- **GP appointments** – On the one hand people were aware of the I HEART service but weren't making the connection between that and the availability of GP appointments at their own practice. Whilst people were aware of the service, they felt others may not know about it.
- **Directory of services across Health and Social Care** – Suggestions made about making it easier to understand where to go and when by having comprehensive directory of services beyond organisational boundaries.

- **Centres of excellence** – positive support about having centres of excellence for services where you would travel there by ambulance. Not so happy to travel if it's for outpatients type appointments.

Participant Overall Event Evaluation Summary

We asked all participants to fill in an evaluation form to assist us in the planning of our future events.

We received 30 completed evaluation forms and below is the collective summary feedback we received

Q1. What information did you find most interesting/ useful?

The workshops/ table discussions

- The table discussions x 7 ***'Table discussions were interesting and useful. Our table was lively and had differing views and that was a good thing'***
- ***'That patient's want empowerment, more self- management and see the patient in a holistic way'***
- ***'Thank you for asking our opinions'***

Whole event

- All of it x 6 ***'Found all things interesting which are opening doors for me'***
- ***'With not being to a meeting/ workshop before, I found it all interesting and useful'*** x 2
- ***'All important – but we all need to be on board for the journey and all views taken seriously'***
- ***'It is all useful, knowledge is a powerful thing'***
- ***'Well organised and very well presented'***

Recent developments and future plans

- Hearing about recent developments x 2
- ***'That BCCG is looking to change'***
- ***'Good update and future plans'***
- ***'Plans afoot for Barnsley residents health care needs'***

- Urgent and emergency care / Out of Hours services x 3

Integrated working across different organisations

- *'The extensive network regarding various things which are all trying to pull together/ jigsaw'* – integration of services x 6
- *'Communication with the groups and interaction with GP Surgeries and Hospital'*
- *'Integrating community pharmacists into GP Practice'*

General information for patients

- *'What was available when you required complaining, about different problems that have recently happened at BDGH and medical info for different types of illness/ emergency'*
- *'Variety of options available to patients- most of which I was not aware of'*

Q2. What information did you find least interesting/ useful?

Presentations

- *'The presentations were full of rhetoric'*
- *'Presentations too long and too basic – please keep to time – if running over cut presentation time not discussion time'*
- *'Didn't think slides were needed- speaker going over what was given as handout'*
- *'Information needs to be in a language we all understand'*
- *'Some of the jargon used'*
- *'Widening NHS area'*

Personal issues raised

- *'Points made by other delegates involved personal issues which were not relevant to the discussions'*
- *'Some of the facilitation needed to be improved so less personal opinion was shared'*
- *'Too much personal anecdotal experience'*

Q3. Did you understand what was being asked of you at the event? (Please tick)

Yes	26
No	4

Q4. Did you feel you could contribute as much as you wanted to do? (Please tick)

I was able to fully contribute	25
I could contribute but not as much as I wanted to	5
I did not feel able to contribute	0

Q5. Do you think it would be useful for Barnsley CCG to hold similar events in future? (Please tick)

Yes	29
No	1

Q6. What could we have done differently to improve this event in your opinion?

Length of time for event/ time keeping

- *'A lot to discuss in a short space of time. Maybe one topic per event' x 2*
- *'More discussion time and a chance for self- reflection as well as table discussions'*
- *'More time to ask questions of speakers' x 4*
- *'Too long to concentrate'*
- *'Better time keeping – perhaps a full day needed' x 2*
- *'Keeping speakers to time'*

Organisation/ facilitation/ format

- *'Speakers to speak more loudly - Improve the microphone. It is always a problem'*
- *'Needs to be more focused – a narrower set of objectives/workshop questions'*
- *'Agenda in advance of event'*

- *'Invite young people and the voluntary sector to be involved'*
- *'Group introductions – who is in the room? what expertise is there in the groups?'*
- *'Fewer presentations – less top down and more of a dialogue'*
- *'Five minutes maximum for each presentation'*

Nothing

- *'I don't know of anything you can do at the moment to improve things' x 2*
- *'It was just right'*

Q7) Any Other Comments:

Positive Comments

- *'An interesting and informative 2½ hours. People were able to contribute and their views valued'*
- *'A very interesting 2½ hours and will willingly attend any more meetings.'*
- *'A pleasure to attend and see just what is available to the end user'*
- *'We all need to work together. Keep us engaged. Thank you a very interesting event'.*
- *'My first experience of such format. Enjoyed it and learned a lot. Knowledge is still limited but expanding. Hope to learn more through my local PRG'.*
- *'Event was well presented, good subject discussion'*
- *'The event was well planned. I found it very interesting and would enjoy taking part again. Hope it can make a difference!'*
- *'Everyone was allowed to pass an opinion which was good'*

Suggestions for future events/ improvements and observations

- *'Can we have another meeting in a year to see what you've done'*
- *'When you are having a workshop to hear people's views – stop talking. The workshop will not gather as much info/ ideas if the facilitator explains or answers each point as it comes up. The order should be 1) Gather ideas*

– free flow, 2) Discuss – see how many people are interested in each topic then 3) Clarify and/ or respond’

- *‘Unfortunately someone on my table tried to monopolise the discussions which affected the flow of discussion. They constantly spoke across people and started side discussions. I was sorry for the co-ordinator’*
- *‘Possible courses made available to obtain further guidance on some/ part info discussed in the workshop today. This would enable (us) to pass on valuable information to family- friends of services available’*
- *‘People should be more involved in the planning of all these developments and not just one offs. It should be a regular dialogue ‘working together’. One issue takes at least two hours for 50+ people to be involved with no speakers and presentations’.*
- *‘I came to the event with one or two specific points to make, which I was able to do. In order to do this, I sat through a lot of discussion/ presentation which was not entirely relevant to my situation’*
- *‘Would like to see more events of various topics to become workshops and ideas/ discussions held and taken forwards’.*
- *‘More frequent events please’*
- *‘Difficult to focus discussion as so many people had axes to grind – but always a problem in this sort of situation’*
- *‘Just act on our input and we look forward to action’*
- *‘Services need to work better together in Barnsley – involve the public’.*
- *‘Often feels like these types of events are a tick box exercise in terms of patient engagement and the decision making is a done deal. Involve patient and carer representatives in a planning task and finish group for these type of events to ensure the patient voice and requirements are captured and fed in to maximise what both the audience and the hosts get from holding these events’*
- Patient Council – needs to self -evaluate what is it and what it wants to achieve – *‘it often feels like we are being talked at rather than involved in the conversation...the potential is not being maximised and we need to have an aim/purpose’*

Next Steps

The information collected from this event will be fed back to the lead commissioners within the CCG and the insights and feedback gained will directly inform the following documents/plans/programmes;

- Development of a single integrated transformation plan for Barnsley Health and Social Care
- Development of a digital roadmap – how do we effectively integrate our systems and ensure that patient confidentiality is maintained but not a barrier to sharing information that is clinically appropriate.
- Development of integrated personalised commissioning

This summary report is to be circulated directly to all attendees of the event who provided their contact details, and GP Practice Managers both for their information and for distributing to their PRG members where they have a group in place. A copy will also be uploaded to the CCG website www.barnsleyccg.nhs.uk for information.

Help us plan our next event

It is our intention to hold a series of these types of event on a regular basis throughout the year. We are looking to plan the next one to take place hopefully during June.

Following on from the discussions that took place at this event, the overwhelming message that came across which was summed up perfectly by one attendee was, '**work with us, not for us!**' With this in mind we would like to pull together a small working group (4 – 5 people) to help us to plan the June event.

If you would be interested in being involved, please contact us via the details highlighted below to express your interest.

Contact us

We hope that you found this report useful. It is our aim to produce this type of report going forwards in order to provide feedback as a result of our ongoing engagement activity.

If you have any comments or feedback regarding this report, you can contact the CCG Communications and Engagement Team via the following ways:

Email: barnccg.comms@nhs.net

Telephone: 01226 433773/ 721

Thank you again for your interest and support in our work.



Minutes of the Barnsley Patient Council meeting held on Wednesday 24 February 2016 at 6.00pm at the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.

PRESENT:

Chris Millington (Chair)	Barnsley CCG Lay Member
Ben Cox	The Grove Medical Centre PRG representative
Pat Durie	Patient
Margaret Dennison	Walderslade PRG
Janine Eldred	The Kakoty Practice PRG
Eileen Hall	Huddersfield Road PRG
Ann Hart	Ashville Medical Centre PRG Representative
Garth Heyworth	Wombwell Medical Centre PRG Representative
Alan Jones	Patient
Marie Jones	Patient
Mark Smith	Patient
Peter Moody	BIADS
Janet Neville	Rotherham Road Practice PRG
Philip Watson	Patient

IN ATTENDANCE:

Kate Anderson-Bratt	Senior Contracts and Compliance Manager BMBC (for minute reference PC 16/02/02 only)
Mike Austin	Chair Practice Managers Group
Emma Bradshaw	Engagement Manager (up to and including minute reference PC 16/02/03 only)
Marie Hoyle	The Kakoty Practice Manager & CCG Governing Body Member
Kay Morgan	Governing Body Secretary
Gillian Pepper	Designated Nurse Safeguarding Adults CCG (for minute reference PC 16/02/02 only)
Martine Tune	Deputy Chief Nurse

APOLOGIES:

Gerald Alliott	Patient
Gloria Alliott	Patient
Lynne Craven	Patient
Adrian England	Healthwatch Barnsley Chair
Gillian Littlewood	Wombwell Medical Centre PRG Representative
Colin Wilkinson	Patient

Agenda Item	Note	Action	Deadline
PC 16/02/01	WELCOME, INTRODUCTIONS & DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	<p>The Chairman welcomed members to the February meeting of the Patient Council and invited any declarations of interest.</p> <p>No declarations of interest relevant to the agenda were received.</p>		
	The Chairman introduced a new member, Eileen Hall to the Patient Council.		
GUEST SPEAKER			
PC 16/02/02	QUALITY MONITORING OF CARE HOMES		
	<p>Gillian Pepper, Designated Nurse Safeguarding Adults Barnsley CCG and Kate Anderson-Bratt Senior Contracts and Compliance Manager Barnsley Metropolitan Borough Council (BMBC) gave a presentation to the Membership Council about the Monitoring of quality in care homes including:</p> <ul style="list-style-type: none"> • An overview of the care homes in Barnsley registered with nursing and residential and funding of nursing home placements. • Care Quality Commission, Regulation of care homes • BMBC and CCG working together to Commission and contract for quality services in care homes. Required standards contained in the contract. BMBC/CCG joint visits to care homes to monitor quality • Action that can be taken against homes by the BMBC under the terms of the contract, if the care home fails to meet the expected standards. • All agencies involved with care homes can share concerns and agree appropriate actions via a new performance Management. • The Patient Council were advised of the different methods to report concerns about care homes. 		
	<p>The Contracts and Compliance Manager BMBC reported that good procedures were in place to evaluate the quality of contracts. Discussion took place and the following main points were noted:</p> <ul style="list-style-type: none"> • All Care homes are inspected by the CQC with a new inspection regime commenced in April 2015. It was noted 		

Agenda Item	Note	Action	Deadline
	<p>that not all care homes had been inspected under this new regime. The CQC focussed and prioritised their inspections to those homes that had failed to meet previous regulations.</p> <ul style="list-style-type: none"> • The BMBC and CCG monitor quality in care homes and the CQC inspect care homes. If a home is rated as below standard by the CQC, the BMBC and CCG had responsibility to work together and improve the quality of service provided at the Care Home. To ensure that all required standards are met at the follow up CQC inspection visit. • The BMBC set standards within contracts for care homes such as for example with regard to staff training and expectations of care plans and have responsibility to monitor the contract. If a care home did meet required standards, the BMBC can suspend placements or in exceptional circumstances ceased the contract. • The BMBC could not close a home. However, the CQC can cancel a registration for an establishment to operate as a care home. • The relationship between the BMBC, CCG and CQC was important with good communication flows and triangulation of information about Care homes. Undertaking unannounced visits to care homes and also offering support for care homes to reach high quality standards. • Early identification of issues with care homes was preferred so that the BMBC and CCG could work with the providers to improve quality. Most care homes were eager to work with the BMBC and CCG. The BMBC had a programme of visits throughout the year • Health and Social Care professionals including GPs and Practice Nurses can report concerns found when visiting care homes on a central log. A new process for the early identification of concerns had been developed. • Enter and view Healthwatch champions were trained to visit care homes. 		
	<p>In response to specific questions the following responses were noted:</p> <ul style="list-style-type: none"> • The Designated Nurse Safeguarding Adults advised that Chris Lawson, Head of Medicines would respond directly to Janet Neville in respect of the medication issues raised. • The BMBC and CCG review financial viability of care home companies on a regular basis and try and identify if any homes are at risks. All required support would be 		

Agenda Item	Note	Action	Deadline
	<p>provided to prevent a home from closing.</p> <ul style="list-style-type: none"> The residents of care homes had the right to choose their own GP. The BMBC and CCG could at any time undertake an unannounced visit to any care home. Routine visits were however also required to ensure that appropriate staff were on duty to answer specific enquires. A walk round of the home and talks to residents, relatives and staff were included in as part in visits by the BMBC and CCG. The Deputy Chief Nurse advised that she was a specialist advisor for the CQC and that she was not aware of any concerns around the CQC being not fit for purpose. There were some changes nationally with Monitor to become the NHSi. 		
	<p>The Chairman concluded discussion advising member's to share the knowledge about the monitoring of and ways to report concerns about care homes with PRG Groups. Additionally any concerns about care homes could be sent to him outside of the meeting or reported anonymously via the CQC.</p>		
<p>PC 16/02/03</p>	<p>STROKE SERVICES</p>		
	<p>Emma Bradshaw, Engagement Manager informed the Patient Council about the work of NHS commissioners across South Yorkshire, Bassetlaw and North Derbyshire to review critical care for people who have had a stroke, the reasons for the review and options for provision of future service.</p>		
	<p>The Commissioners Working Together programme were requesting people to put forward their views about what matters to them when accessing care and treatment. The feedback provided will be used to shape the options and plans before consulting on proposed changes. Patient Council Members were encouraged to complete a stroke pre-consultation survey, particularly if they had experienced stroke services. The Engagement Manager advised that current work was in the pre-consultation phase until 31 March 2016.</p>		
	<p>The Chairman shared his experiences of stroke services with the Patient Council, invited discussion and requested questions in respect of critical care for people who have had a stroke.</p> <ul style="list-style-type: none"> It was identified that there could be a post code lottery 		

Agenda Item	Note	Action	Deadline
	<p>with regard to medical expertise for patients who had suffered a stroke.</p> <ul style="list-style-type: none"> • It was imperative that Patients received timely treatment for a stroke. However, poor ambulance response times may prevent this. Services needed to work together to ensure the best possible outcomes for patients. • In addition to immediate care it was important that appropriate post stroke services are established. • Access to a hyper acute stroke service should be considered from a social economic perspective. • It was queried how the review would ensure that 'health poor' people will get an opportunity to submit their views about stroke services. The Engagement Manager indicated that the Engagement Team will strive to reach as many people as possible once the consultation phase was open. • With regard to causes of stroke the Chairman indicated that stroke does not discriminate and that prevention was key. • People who had suffered a stroke and received appalling care were not always willing to complain feedback experience and engage to improve services. 		
	<p>It was recognised that Barnsley did not have a specialist hyper acute stroke service. The Chair of the Practice Managers Group commented that Doncaster had two specialist stroke wards which had been funded from a legacy donation. It was noted that Barnsley Rotary clubs had organised a stroke awareness event in the town centre on 7 May 2016.</p>		
	<p>The Engagement Manager thanked the Patient Council for their valued input to the discussion and advised that she would feed back this information into the pre-consultation process. The Engagement Manager would also attend a future meeting of the Patient Council to provide an update on the Consultation phase.</p>		
	<p>A member highlighted the potential closure of Huddersfield A&E and impact this may have on Barnsley A&E. Any information about the effects arising from the closure of Huddersfield A&E to share with other patient groups would be greatly appreciated at the next meeting of the Patient Council on 30 March 2016.</p>		
GENERAL			

Agenda Item	Note	Action	Deadline
PC 16/02/04	MINUTES OF THE PREVIOUS MEETING HELD ON 27 JANUARY 2016		
	The minutes of the previous held on 27 January 2016 were verified as a correct record of the proceedings.		
PC 16/02/05	MATTERS ARISING REPORT		
	The Patient Council noted the Matters Arising Report and that one action was complete.		
	5.1 Patient Online Access		
	Ms M Hoyle gave a presentation to the meeting about 'Patient Online' and tabled information showing services provided by the Practice nurse and healthcare assistants. It was intended that Patient Online will empower patients to take greater control of their health and wellbeing by increasing online access to services. This will allow a Patient to book GP appointments, request repeat prescriptions and view their GP records on line.		
	The Patient Council noted the benefits of Patient Online Access.		
AGENDA ITEMS			
PC 16/02/06	REPORT OF THE CHAIR		
	<p>The Patient Council noted the contents of the Chairman's report which provided information on:</p> <ul style="list-style-type: none"> • I-HEART Barnsley - The service was proving successful and receiving in excess of 200 phone calls per week and considering Sunday morning appointments. • Barnsley Hospital – Junior Doctors. The Patient Council noted the quote from Richard Jenkins Medical Director providing assurance that Patient safety would be the first priority throughout the period of industrial action. The Hospital had addressed every recommendation from a recent CQC visit. The Hospital Chief Executive Diane Wake was requesting the CQC to undertake a revalidation visit. The Chairman highlighted that the Tiny Hearts 		

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	<p>appeal had collected £100,000.</p> <ul style="list-style-type: none"> • Multi (Specialist) Community Provider MCP • Communications within the NHS • Our Local Story – CCG • NHS Improvement - The CCG will ensure that it 'Commissions for Value' • Yorkshire Ambulance Service - The YAS would need to ensure good response times to meet access to treatment timescales for stroke patients. • The MIG = Medial Interoperability Gateway Service • First Port of Call – A dedicated training programme for reception staff in GP Practices the objective being to improve patient experience. 		
<p>PC 16/02/07</p>	<p>ANY OTHER BUSINESS</p>		
	<p>There were no items of any other business.</p>		
<p>PC 16/02/08</p>	<p>DATE AND TIME OF THE NEXT MEETING:</p>		
	<p>The next meeting of the patient Council will be held on Wednesday 30 March 2016 at 6.00 pm, in the Boardroom Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY</p>		



CHAIRMANS REPORT

MARCH 2016

Barnsley CCG Commissioning Intentions Event 12 February 2016

Many thanks to all who attended and helped and assisted with the development of the CCG's 2016 Commissioning Intentions. This meeting was the first of the CCG's 2016 programme to engage with the public of Barnsley. We committed to reporting back, as soon as possible, on the input and this is now in progress. We will be asking people to help plan the next event, so if you are interested please contact Emma Bradshaw or Lynne.

Barnsley CCG Governing Body Meetings

By way of reminder you are welcome to attend the public session of our Governing Body meeting to see and observe how the Clinical Commissioning Group conduct their business. Our last meeting was held at Barnsley Town Hall on the 10 March and during 'Questions from the public' we had some very interesting input regarding: Children in hospital, a robust challenge from Save our NHS regarding the proposed changes to Huddersfield Royal Infirmary A&E closure and how it would impact on Barnsley Hospital.

We had hoped our invitation to Barnsley College students would have brought out some challenges from our younger members, but, sadly this did not happen.

The next meeting of Barnsley CCG's Governing Body will be held on Thursday 14 April 2016 9.30am at the Health Definitions, Factory 4 Powerpark, Goldthorpe Industrial Estate, Goldthorpe, S63 9BL.

Papers are available one week prior to the meeting by visiting www.barnsleyccg.nhs.uk

Engagement

Are we communicating or engaging?

Well, a big subject, however, we do need as much communication from you and your PRG groups to enable us to stay on-track. I have recently attended a meeting with our local hospital's engagement team and key managers to make sure that our quest to work closer together is being delivered. Our hospital carried out an engagement meeting some many months ago (at the Core) and I felt that input from all of us who

commission and provide health care in Barnsley should ideally been in harmony and in a real joined-up way. Our engagement team are taking this forward. It is my earnest desire that we work as closely as possible with the Hospital, Healthwatch, SWYPFT and our local council to deliver the very best care we can. Hopefully, some of you will remember that my 'launch speech' to the council said that very thing.

Barnsley NHS Hospital Foundation Trust – Update

Barnsley Hospital and South Yorkshire Fire and Rescue have teamed up to provide information and advice to new parents and parents-to-be.

Barnsley Hospital's Maternity Services Team have been working with Community Safety Officers from South Yorkshire Fire and Rescue Service to develop the Barnsley Babies Initiative. The initiative aims to raise awareness of how parents can ensure that babies are sleeping in a safe environment. The initiative was launched in line with the Lullaby Trust's national Sleep Safe campaign.

The Sleep Safe campaign promotes the importance of safe sleeping for the whole family including advice and guidance on how to significantly lower the risk of Sudden Infant Death Syndrome (SIDS). While SIDS is rare, there are essential things that parents can do, or avoid doing, to lower the chances of SIDS.

*In terms of communication from our **Patient Council**; having seen this information we need you to share it with your immediate family and friends*

BE WELL Barnsley Service

The Patient Council received an excellent presentation from this team recently, do any members have any stories or information that we can feed back to the Be Well Barnsley Service?

Social Prescribing: A service new to me.

Several of our council members attended a recent meeting at Shaw Lane Cricket Club where a very clear message was delivered in terms of helping people with various needs, to seek help, and be signposted to like minded organisations. The objective is to relieve some of the pressures on our hard working Doctors who are not always able to pin point the exact help that is available out there.

Our work is a joint initiative with the CCG and our local council, which ties in very well with Barnsley Communities programme, as well as other well run organisations already set up. We 'produced' our own champion when Ben Cox very quietly, and passionately told his own story of how he was directed to maintain his own levels of health and wellbeing through his daily fitness programme. Loneliness and isolation can be addressed through motivation to get out into the community. Easier said than done. Feed back from any council member would be appreciated.

Yorkshire Ambulance Service Update:

Yorkshire Ambulance Service performance in Barnsley for Red 1 (the most urgent) calls in January was 70% within 8 minutes, an improvement from December's performance of 58.7%. Reflecting this, year to date performance also improved in January at 72.75%, up from 70.3% in December remains below the 75% target at 70.3%. For R2 calls, Barnsley performance also improved in January with 72.75% of responses within 8 minutes, up from 67.64% in December. This remains below the 75% target for the month and for the year to date at 70.5%. YAS overall at a trust wide level also remain below the target for both Red 1 and Red 2 (Red).

Ambulance handover times over 30 minutes were below targeted expectations in January, recording 124 breaches, up from 68 in December. Crew clear delays were also above the target with 16 breaches recorded in January, up from 9 in December (Red)

Chris Millington

Chair of Barnsley Patient Council