

A meeting of the Patient Council will be held on **Wednesday 26 June 2019 at 6.00pm** at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY

AGENDA

ITEM	SESSION	LEAD	TIME
1.	Welcome and apologies	Chair	6.00pm
2.	Actions and updates of the previous meeting held on 01 May 2019	PC19/06/02 Chair	6.05pm
PRESENTATIONS / QUESTION & ANSWER (Q&A) SESSIONS			
3.	<p>Introduction to the NHS Long-term Plan (summary attached) and discussion about our local plans</p> <ul style="list-style-type: none"> - Following the publication of the NHS Long Term Plan, we have an opportunity to work together better to deliver the best care for patients – wrapping support, care and services around people as individuals, removing organisational barriers and putting the needs of people and patients first. To help us do this, we will develop our own local five year plan. <p>To ensure that our plan reflects local needs and makes sure that you, your family and your community get care where and when you need it, it's important that we hear your thoughts and experiences to help influence and shape our local plans for Barnsley and wider across South Yorkshire and Bassetlaw.</p>	<p>PC19/06/03 Jeremy Budd – Director of Commissioning,</p> <p>Jamie Wike – Director of Strategic Planning & Performance,</p> <p>Kirsty Waknell – Head of Communications & Engagement,</p> <p>Emma Bradshaw – Engagement Manager</p>	6.15pm
GENERAL			
4.	Any other business	Chair	7:25pm
5.	<p>Date and time of the next meeting: The next meeting will be taking place on Wednesday 31st July, 6.00pm at Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY</p> <p>Future meeting dates until the end of 2019: <i>No meeting in August</i> Wednesday 25th September Wednesday 30th October Wednesday 27th November <i>No meeting in December</i></p>		7.30pm Close

For enquiries please contact:

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Minutes of the Barnsley Patient Council meeting held on Wednesday 01 May 2019 at 6.00pm in the Boardroom, Hillder 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
Ben Cox	Patient, The Grove Surgery
Freddy A. Delgadillo	Service User
Mel Dyke	Patient, Roundhouse Medical Centre
Jan Eldred	The Kakoty Practice PRG
Adrian England	Healthwatch Barnsley / Monk Bretton Health Centre PRG
Julie Gunn	Penistone Group PRG
Garth Heyworth	Wombwell Surgery PRG
Alan Higgins	Barnsley Hospital Public Governor
Alan Jones	Hollygreen Surgery PRG
Sue Kaye	Wombwell Surgery PRG
Terry Kendall	Penistone Group PRG
Margaret Lindquist	Walderslade Surgery PRG
Phillip Morris	Patient
Maria Nascimento	Service User
Mark Smith	Healthwatch Barnsley
Philip Watson	Patient, Hill Brow Surgery

IN ATTENDANCE:

Patrick Otway	Head of Commissioning (Mental Health, Children's & Maternity and Specialised Services), Barnsley Clinical Commissioning Group
Kirsty Waknell	Head of Communications & Engagement, Barnsley Clinical Commissioning Group

APOLOGIES:

Pat Durie	Patient, The Dove Valley Practice
Michael Gunn	Penistone Group PRG
Jill Marshall	Kingswell Surgery PRG
John Marshall	Kingswell Surgery PRG
Colin Wilkinson	Park Grove Medical Practice PRG
Herbert Youel	Patient, Caxton House Surgery

Agenda Item	Note	Action	Deadline
PC19/05/01	WELCOME AND APOLOGIES		

Agenda Item	Note	Action	Deadline
	The Chair welcomed everyone to the meeting and apologies were noted.		
PC19/05/02	MINUTES OF THE PATIENT COUNCIL HELD ON 27 MARCH 2019		
	<p>The minutes of the previous meeting held on 27 March 2019 were approved subject to the following additions below:</p> <p>“Apologies: Margaret Lindquist, Walderslade Surgery”</p> <p>“PC19/03/03 - <u>Margaret Lindquist, Walderslade Surgery</u></p> <ul style="list-style-type: none"> • Meet approximately quarterly but this can be adjusted to meet the needs of the practice / group. • Members have all volunteered, consisting of mostly older ladies, although do have some men and the occasional younger person. • Notices within the surgery promote the group and invite new members to join. • The practice facilitates the group with a member of staff taking minutes; these are circulated to members thereafter. Additionally the Practice Manager and Community Liaison staff member attend; occasionally they are joined by a doctor. • The Chair is a member of the group, not a practice employee, and the agenda is a joint decision between practice and group. • Items from Patient Council are usually already covered on the agenda with any relevant documentation. • All suggestions are taken seriously and discussed even if they cannot be implemented as practice policy e.g. fining for DNAs. • Representatives and speakers regularly attend from organisations such as My Best Life and most recently the Police and Crime Commissioner for South Yorkshire. • The practice has offered facilities for Healthwatch to complete surveys and assist with their work on carers. • Most significant achievement was obtaining double yellow lines on the road outside the practice to stop people parking on the pavement and obstructing access for people in wheelchairs or buggies.” 		

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PC19/05/03	OVERVIEW REGARDING MENTAL HEALTH AND CHILDREN'S SERVICES COMMISSIONING ACROSS BARNSELY		
	<p>The Head of Commissioning (Mental Health, Children's & Maternity and Specialised Services), Patrick Otway, introduced himself to the group and opened the presentation highlighting that depression and anxiety were a vast problem in Barnsley. He explained that investment in mental health services had lagged behind acute physical healthcare until recently when the government recognised that more investment was required. As a result two task groups were set-up three years ago, one for Adult Mental Health (AMH) and one for Children and Young People (CYP), with the rationale that by tasking CCGs to achieve specific targets the mental health and emotional wellbeing of local populations will improve.</p>		
	<p>The group received a document outlining the KPI's (Key Performance indicators) for 2018/19 with Patrick explaining the following:</p> <p><u>Children and Young People (CYP)</u></p> <p>Increased access - evidence shows that approximately 1 in 10 children have a diagnosable mental health condition at any one time; in Barnsley that equates to 5000 children. Barnsley is achieving the target for a minimum of 32% of under 18s to access mental health services and it is the borough's ambition to increase availability.</p> <p>Eating Disorders – previously there was no specific pathway for children or young people experiencing eating disorder issues, with most getting caught up in the mainstream referrals process to CAMHS. NHSE provided funding to implement a new pathway with the caveat that it must cover a population of ½ million, resulting in Barnsley collaboratively commissioning a service with Calderdale, Kirklees and Wakefield CCGs. Generally the target to ensure 95% of patients receive first definitive treatment within 4 weeks for a routine referral and 1 week for an urgent referral is met 100% of the time. Approximately 8 patients are on the pathway at any one time.</p> <p>Specialised commissioning – NHSE is responsible for commissioning Tier 4 accommodation for young people with quite complex and challenging conditions requiring placement in an inpatient admission unit. Currently South</p>		

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	<p>Yorkshire has more beds available than the number in demand, however other areas across Yorkshire and the Humber have no accommodation resulting in children being placed hundreds of miles away from home which is detrimental to their recovery. As a result, additional accommodation is currently being built in Hull for Humber region patients, whilst St. Mary's Hospital in Leeds has been highlighted to create further beds for the West Yorkshire cohort. The extra beds in South Yorkshire will potentially be reconfigured to low secure beds or locked secure rehabilitation beds for young people with learning disabilities.</p> <p><u>Perinatal (during pregnancy or first year after birth)</u></p> <p>This is an area in particular where services have previously been poor in supporting women and their families. Following a successful bid with SWYPFT (South West Yorkshire Partnership NHS Foundation Trust), funding has been provided specifically to improve services and enhance support. Currently there is a specialist team who midwives can contact for advice and the CCG has funded a specialist midwife post based at Barnsley Hospital, which has so far proved successful.</p> <p><u>IAPT (Improving Access to Psychological Therapies)</u></p> <p>This is a service offering short-term programme support, approximately 12 sessions, to individuals with mild to moderate depression and / or anxiety to move people to recovery using learnt coping strategies. The current access target is 19% of the relevant population, increasing to 25% by 2020/21. Prior to September 2018 Barnsley did not achieve this target and therefore the service was re-tendered. Since the new specification has been delivered the target has been consistently achieved and the recovery rate has been surpassed.</p> <p><u>Adult Mental Health (AMH)</u></p> <p>EIP (Early Intervention Psychosis) - by the end of 2021, 53% of referred individuals (the service accepts patients from 14+ years) must receive a NICE approved care package within 2 weeks of referral. Over the past 2 years Barnsley has surpassed this target, regularly achieving between 80 – 90 % and is currently moving towards a level 3 service.</p> <p>The CCG has additionally funded for EIP practitioners and</p>		

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	<p>intensive home based treatment practitioners to undergo training in the psycho-social model Open Dialogue. This form of practice involves patients meeting with their practitioner in the presence of their carers / family / friends, rather than on their own, so everyone can be involved in aspects of their care plan moving forwards - confidentiality is maintained by agreement that nothing will be discussed outside of the cohort of people who attend the sessions. This model has already been successfully embedded in Finland, with patients coming off medication or returning to employment within a period of 2 years. Currently nowhere else in the North of England is providing this programme.</p> <p>Liaison services - approximately only 7% of hospitals have liaison mental health services in their A&E department, therefore the national target is to increase this so 50% of hospitals have an operational service by 2021. Barnsley's liaison service is available 24/7, however it currently doesn't accept under 18s. Work is underway to enhance the CAMHS (Children and Adolescent Mental Health Services) crisis care team and the Intensive home based treatment team so intensive support can be offered on evenings and weekends to children and young people.</p> <p>OAP (Out of Area Placements) - due to a very well-resourced Intensive home based treatment team and the sufficient number of beds commissioned to meet demand, Barnsley has had no out of area placements for general adult mental health admissions in the last 9 years.</p> <p>Physical health and SMI (Severe Mental Illness) - The GP SMI register holds patient details for individuals identified as having an enduring mental illness e.g. schizophrenia or personality disorder. The national target is for 60% of these patients to undergo regular annual health checks to prevent complications arising with their physical health which in turn could compromise their wellbeing and quality of life. Evidence suggests that their life expectancy is 25 years less than somebody who doesn't have an enduring mental health illness. At present there is a significant gap in Barnsley with only 35% of patients receiving the adequate number of health checks. Care models in other areas are being evaluated to help establish how best to improve.</p> <p>IPS (Individual Placement Support) – South Yorkshire and Bassetlaw were awarded funding to support patients with an enduring mental health illness back into and remain in employment, recognising that the number of people with</p>		

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	<p>a mental illness out of work is significantly high despite these individuals still having lots of skills and qualities to give back to the economy. The pilot has been extended for another 2 years, following which the CCGs will take over some of that funding.</p> <p><u>Dementia diagnosis</u></p> <p>The local authority is responsible for commissioning dementia services. Barnsley is achieving the target set by NHSE to meet and maintain the dementia diagnosis rate of at least two-thirds of the estimated number of people living with dementia.</p> <p><u>Suicide reduction</u></p> <p>By working with the local authority and wider partners, the ambition is to reduce the number of suicides by 10% by 2020/21. South Yorkshire was awarded £500,000 to quickly progress plans due to South Yorkshire having the highest suicide rate in the Yorkshire and Humber region.</p> <p><u>Finance standard</u></p> <p>This ensures sufficient money is continually invested into mental health services due to the lack of investment over previous years.</p> <p><u>Data</u></p> <p>Accurate and robust data submitted to NHS Digital is important in ensuring that services are delivered to the expected standard. Additionally, it helps to inform commissioning decisions so future investment can be provided to the right services where it is most needed.</p> <p><u>Workforce</u></p> <p>Without the correct qualified workforce, services cannot provide care to its fullest potential and therefore it is a key issue ensuring that a sufficient number of appropriate employees are in post to deliver the service's objectives.</p>		
	<p>The group were informed that as well as KPI's, another area to try and improve the quality of services is by setting CQUIN's (Commissioning for Quality and Innovation).</p> <p>In previous years CCGs have been able to agree with their providers which quality areas should be of focus and where</p>		

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	<p>additional money should be invested, however last year NHSE mandated what these areas needed to be.</p> <p>The mental health CQUIN's for 2018/19 were:</p> <ul style="list-style-type: none"> • Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI) • Improving services for people with mental health needs who present to A&E <ul style="list-style-type: none"> - This focus was around individuals who were frequent attenders, primarily because of their mental health illness, often attending 20 – 30 times per month. The liaison team identified these patients and worked with them to enable better coping strategies. • Transitions out of Children and Young People's Mental Health Services <ul style="list-style-type: none"> - Funding is provided to carry out a survey of Children and Young People's experiences. The team are aware that transitions need to be improved and that this work must be driven forward over the next few months. <p>The mental health CQUIN's for 2019/20 are:</p> <ul style="list-style-type: none"> • Achieving 80% of adult mental health inpatients receiving a follow-up within 72 hours of discharge <ul style="list-style-type: none"> - In order to try and prevent readmission the idea is for services to ensure patients are content and coping when they are most vulnerable in the first few days after discharge. • Improving the quality and breadth of data submitted to the Mental Health Services Dataset • Achieving 65% of referrals finishing a course of treatment which had paired scores recorded in the specified Anxiety Disorder Specific Measure <ul style="list-style-type: none"> - This ensures that the IAPT service is being used as the appropriate pathway to treat patients experiencing mild to moderate depression and / or anxiety and not for patients experiencing other mental health conditions which should instead be referred elsewhere. 		
	Mental Health Crisis Care		

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	<p>Patient Council members were notified that to ensure mental health crisis care is sufficient within Barnsley there is a Crisis Care Concordat which includes partners from South Yorkshire Police (SYP), Yorkshire Ambulance Service (YAS), Barnsley Metropolitan Borough Council (BMBC), Healthwatch and mental health providers. Such services and work include:</p> <ul style="list-style-type: none"> • Liaison Mental Health Service – looking to expand to include all ages of individuals presenting to A&E • Intensive Home Based Treatment Team / Crisis Resolution Team – this is a well-resourced service that is able to look after quite complex patients within the community avoiding out of area placements / treatment • Section 136 — this power enables the police force to detain a person in a public area who is deemed a harm to themselves or others, however the introduction of the Police Crime Act 2018 states that the police must now have immediate access to advice from a mental health practitioner before deciding to use their S136 powers or not. There has been an extensive amount of work in South Yorkshire looking at S136 protocol to ensure high quality care is consistent across the borough. • Children and Young People – Development of App / Mindspace / CAMHS • Crisis Care Cards – Project 42 – this is a local charity that developed cards containing signposting information to local services and includes coping strategies to be used in the early stages before deterioration into crisis • Crisis Café – this provides a place of safety where individuals have somewhere to go to talk to somebody or have a quiet space when they feel they are going into crisis, hopefully avoiding an escalation of their symptoms. 		
	<p>A large section of the management of crisis care is suicide prevention – Barnsley’s Public Health Team is leading on the South Yorkshire and Bassetlaw work.</p> <p>The figures for the past year in relation to South Yorkshire are: 36,434 people experiencing suicidal thoughts, 11,850 suicide attempts and 12,977 reports of self-harm. Within Barnsley, 19 men and 9 women have died by suicide. Sadly, the most common methods are hanging or overdose</p>		

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	<p>/ poisoning across the town's parks and railway bridges. The Public Health Team are looking at these elements and trying to establish what preventative measures can be implemented and for those individuals who do take their own lives what support is in place or their families.</p> <p>Furthermore, there has been a rise in the number of people attending A&E due to self-harm, particularly young people. The data is being evaluated to establish what service improvements are required.</p> <p>In order to meet the Government's commitment to reduce suicides in England by 10% by 2021, the additional monies received by South Yorkshire and Bassetlaw was allocated as follows for year 1:</p> <ul style="list-style-type: none"> • Barnsley - £78,167 • ICS funding for joint projects - £110,999 <p>This is in the hope that the following will be achieved:</p> <ol style="list-style-type: none"> 1) Reduction in suicide and self-harm in mental health services 2) Reduction of self-harm in the community and in acute services 3) Suicide prevention in men and / or work with primary care <p>Year 2 allocation planning is underway working with both the ICS Suicide Prevention Group and the Local Barnsley Suicide Prevention Group to ensure projects this financial year align with the following aims:</p> <ol style="list-style-type: none"> 1) Reduction within services via quality improvement; self-harm care within acute hospitals and / or generally within mental health services 2) Prevention beyond secondary services: place-based community prevention work targeting primary care support 3) Prevention beyond secondary services: place-based community prevention work targeting middle-aged men 		
	<p><u>CAMHS – (Children and Adolescent Mental Health Services)</u></p> <p>Members were shown data and statistics in relation to the CAMHS service. On average 1600 – 1700 referrals are received per year, with GPs referring significantly more young people than any other source; to note anybody can refer into the service.</p>		

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	<p>One third of inappropriate referrals are received from GPs as they do not contain enough information for the service to decide if the patients meet the relevant criteria or what support would be most appropriate. The team is working with GPs to demonstrate what a good referral looks like, including attending BEST events and posting relevant information on the BEST website. They are also trying to promote more referrals from schools as staff members interact with the individuals more frequently and can provide extensive information.</p> <p>The most significant issues in any CAMHS service is the length of waiting times. At present, a young person will wait approximately 3 – 5 weeks for an initial assessment but on average 246 days for treatment to commence. An emergency referral will be seen within 4 hours, whilst an urgent referral will be seen within 7 days. The wait for an initial assessment was previously 18 weeks however a lot of improvement work has been undertaken to reduce this. The team are aware that treatment waiting times still need to be improved considerably.</p> <p>The pathway with the longest wait is the Complex Behaviour Pathway for individuals who have learning disabilities, autism or ADHD. The over 11s Autism Pathway has a waiting time of 2.5 years from assessment to diagnosis. The CCG's Governing Body has agreed to fund an additional £125,000 and move the management of the pathway to the paediatricians at Barnsley Hospital. The ambition is to reduce waiting times to no more than 10 weeks over the next 12 months.</p>		
	<p>The Children and Young People's Mental Health Taskforce publish recommended findings in a report known as Future in Mind to improve the way in which children's mental health services are organised, commissioned and provided nationally.</p> <p>Key themes include:</p> <ul style="list-style-type: none"> • Promoting resilience, prevention and early intervention • Improving access to effective support – a system without tiers • Care for the most vulnerable • Accountability and transparency • Developing the workforce <p>Aligned with Future in Mind, NHSE provided a funding</p>		

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	<p>allocation to each CCG to invest in the wider lower level emotional health and wellbeing support of young people. CCGs were tasked with writing a local transformation plan outlining how they will be investing that money within the local area.</p> <p>Barnsley's Local Transformation Plan can be found at: www.barnsleyccg.nhs.uk/strategies-policies-and-plans</p> <p>Within Barnsley the following support programmes are in place:</p> <p>Mindspace – this is a schools led mental health therapeutic support team, involving all 10 secondary schools across the borough with mental health practitioners allocated to each. All teaching and non-teaching staff have received training on modules such as young people's mental health first aid, self-harm, anxiety, depression, eating disorders and exam stress. Training sessions were delivered by Chilypep (The Children and Young People's Empowerment Project) and SYEDA (South Yorkshire Eating Disorder Association). In addition, 4 schools have developed Mental Health Youth Ambassadors, which involves Year 10 students receiving extra training to support and signpost other peers. The service has seen 1500 children and over 200 parents to date; both can self-refer through the school or via email: hello@wearemindspace.com</p> <p>Thrive – this programme is delivered by the Public Health Team and is aimed at primary school pupils. It uses a whole school approach and looks at how children are spoken to and the language used, providing them instead with encouragement and giving them something to work towards. Currently only 50% of the 77 primary schools across Barnsley have adopted this approach, so the team are liaising with the non-adopter sites to establish what they are doing differently to offer emotional support.</p> <p>Chilypep (Children and Young People's Empowerment Project) – a local charitable organisation which is commissioned to train young people to act as young commissioners. Through a group of their own known as Oasis (Opening up Awareness and Support and Influencing Services) they've helped to influence commissioning decisions, assessed services (the pathway / facilities), advised how to make A&E more child friendly, inputted into national consultations and developed a mental health youth kit which is being widely used across</p>		

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	<p>Barnsley and has had some recognition outside of the borough.</p> <p>Peer monitors – a group of students based at Barnsley college who provide drop-ins for other students and organise events to avoid isolation and provide support in times of stress.</p> <p>BRV programme (Belonging, Resilience, Vocabulary) – aimed at boys in Year 9 and Year 10 whose attitudes are categorised under toxic masculinity, who without intervention may end up attending the Youth Offending Service or may be perpetrators of domestic violence in the future. Last year a pilot of 15 boys demonstrated that by helping them to achieve a sense of belonging, resilience and an improved understanding of themselves it enriched their general wellbeing and increased their school attendance and academic achievements. The CCG has agreed to fund at least 120 identified boys over the next 2 years.</p> <p>Directory of services – it was commissioned for details of all the services in Barnsley that provide emotional health and wellbeing support to be available in one place on Barnsley Metropolitan Borough Council's website.</p> <p>Other – the CCG has agreed to fund £280,000 to develop another schools led mental health and therapeutic support team project, based on vulnerable young people (including looked after children and the 440+ electively home-educated children in Barnsley) where a number of further safeguarding issues could potentially be involved.</p>		
	<p><u>Children's Services</u></p> <p>To finalise the presentation, the Head of Commissioning (Mental Health, Children's & Maternity and Specialised Services) provided a brief generic overview of Children's Services and provided the following information.</p> <p>Paediatric services are commissioned in Barnsley Hospital, comprising of a community team which provides continuing healthcare to young people at home with complex care packages, support and training to care staff at the specialist school Greenacres, a continence service and also the Children's Assessment Unit, allowing most young people to be discharged home within 6 – 8 hours rather than admitted to hospital. The service will shortly undergo an independent review to ensure resourcing is appropriate</p>		

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	<p>and that the right outcomes are being delivered.</p> <p>Currently there are no known issues with children's speech and language therapy services; however children's occupational and physiotherapy service waiting times have increased over the past 18 months to an average of 30 weeks. The CCG is mindful that this is detrimental to a child's development and quality of life and has therefore invested an extra £250,000 to increase capacity.</p> <p>The local authority provide a wealth of services throughout the town, including the early help offer, 0 – 19 team and parenting programmes run through family centres. It has recently been agreed to fund a parenting programme specifically aimed at individuals with autism and ADHD.</p>		
	<p>The Chair and Patient Council members thanked the Head of Commissioning (Mental Health, Children's & Maternity and Specialised Services) for his detailed and comprehensive presentation, as well as his dedication to improving mental health services across Barnsley.</p>		
	<p>Mark Smith, Healthwatch, advised the group that a report had been published based on parent and carer user experiences of the CAMHS service.</p> <p>The report can be found here: https://healthwatchbarnsley.co.uk/wp-content/uploads/2019/03/Healthwatch-Barnsley-CAMHS-Report-2018.pdf</p> <p>A report in relation to Adult Mental Health services is due for publication in the near future as part of a Task and Finish Group for BMBC's Overview and Scrutiny Committee.</p> <p>Healthwatch is also working with SWYFPT to look at ways to present key figures and metrics in a user friendly format.</p>		
PC19/05/04	ANY OTHER BUSINESS		
	<p><u>Diabetes Service</u></p> <p>Following on from the launch of the recommissioned Diabetes service 18 months ago, the Head of Communications and Engagement encouraged members to, if applicable, complete the evaluation survey and promote it across their PPGs, friends and family members.</p>		

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	<p>She explained that national funding had been used to deliver structured education courses for patients - DAFNE for type 1 patients and X-PERT for type 2 patients. The CCG is interested in hearing the views of both those who have completed a course and those who haven't.</p>		
PC19/05/05	<p>DATE AND TIME OF THE NEXT MEETING</p>		
	<p>The next meeting of the Patient Council will be held on <u>Wednesday 26 June 2019 at 6.00pm</u>, in the Boardroom Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.</p> <p>The topic will be: The NHS Long Term Plan, therefore please encourage attendance from wider PPG members.</p> <p><u>Future Meeting Dates 2019</u></p> <ul style="list-style-type: none"> • 31 July • <i>No meeting in August</i> • 25 September • 30 October • 27 November • <i>No meeting in December</i> 		

The NHS Long Term Plan – a summary

Find out more: www.longtermplan.nhs.uk | **Join the conversation:** [#NHSLongTermPlan](https://twitter.com/NHSLongTermPlan)

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

- 1. Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
- 2. Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
- 3. Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
- 4. Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
- 5. Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.



To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

Find out more

More information is available at www.longtermplan.nhs.uk, and your local NHS teams will soon be sharing details of what it may mean in your area, and how you can help shape their plans.