

Meeting	Strategic Advisory Board
Date	16 March 2022
Location	Online, via Zoom
Present	Adrian England (AE) - Chair Mark Smith (MS) - Vice Chair Margaret Lindquist (ML) Wendy Hardcastle (WH) Margaret Baker (MB) Tony Alcock (TA)
In attendance	Lesley Cooper (LC) - Manager James Goodwin (JG) - (Minutes)
Apologies	None received
1. Welcome and Introductions	AE welcomed everyone to the meeting.
2. Declarations	AE declared that he is the independent Chair of Barnsley Mental Health Partnership (BMHP).
3. Minutes of the previous meeting	Point 5, under item 10, “Primary Care will have to use behavioural insights and training”, should read as follows, and as two distinct items: Use of Behavioural Insights theory will be required of Primary Care as part of the new contract from this year and they will be expected to send staff for training. Behavioural Insights Academy being set up to enable this way of working to become part of the health system generally.

	<p>All actions are currently ongoing, including priorities for 2023.</p> <p>Minutes approved, with above amendment.</p>
<p>4. Matters arising/Action log</p>	<p>1) Current recruitment drive - only two applications to date, so vacancy extended to 25 March.</p> <p>2) Office move to Queens Road - roof still not repaired. AE to request date for completion from JM.</p> <p>3) New website - pending, and JG will be leading on this.</p> <p>4) Finances - received PO for SWYPFT (20k), payment to be processed before year-end. 1.2k pending from HWE to look at Board recruitment, should be paid by 31 March.</p> <p>5) Engagement - setting up a plan for the rest of the year, to form part of the contract.</p> <p>6) JG and LC to look at sessional workers, to deliver online sessions and focus groups. AE said to contact college. LC thought this was a good idea, but prefers a seasoned professional, due to the tight time frame.</p> <p>7) Claire at Refugee Council - accessing GP services for this section of the local community. LC spoke to Claire and AE has raised this at an official level as well. Many refugees and asylum seekers can't get registered and GPs are asking for ID etc when not necessary; there appears to be a lot of miscommunication about the process for this.</p>

	<p>8) Promotional items - some received and some further ones to be sorted by the printers.</p> <p>9) Access to GP report - with the CCG and Health Federation at the moment, pending their comments. AE confirmed that this has been discussed between these two groups.</p> <p>10) Carers work - national report pending and then we can present local findings. AE spoke of hospital discharge issues relating to carers. If carers known to services, discharge seems to be a smoother process. TA mentioned that in BDGH A&E, one carer is allowed with each patient.</p> <p>11) LC mentioned that we joined up with local community groups in sending supplies to Ukraine; we sent toiletries and baby care items.</p> <p>12) Presentation to Patient Council - AE spoke of the good feedback, we also presented to Engagement and Equality Leads.</p> <p>13) Oral Health Improvement Group - LC mentioned presentation given and insight gained from this.</p> <p>14) Contract spec - all amendments made and sent to JM for signatures; two more years funding secured from April 22.</p> <p>15) Volunteers - JG updating them regularly, using LC updates to Board as a basis for this, with any sensitive information removed.</p>
5. Manager/Staff Update - LC	This update was given as part of the previous agenda item.

<p>6. Safeguarding - MS</p>	<p>1) Learning & Development Sub Group - MS decided that because BCVS have a rep on this sub group, our attendance is not required and we will continue to keep abreast of this meeting via the minutes.</p> <p>2) Places where abuse takes place - Cath Erine looking at types of abuse and its location.</p> <p>3) Family Primary Care Givers - learning disability not on radar because of families giving care, related poor outcomes.</p> <p>4) No representation from the police on data supplied to Performance Management and Quality Assurance (PMQA), and no meaningful narrative coming through.</p> <p>5) PMQA - MS spoke of moving away from repeated audits to more targeted ones, checking referrals and outcomes, and looking at strategic work. Groups not on the radar.</p> <p>6) AE spoke of safeguarding review externally, MS recognised for safeguarding. External peer review of children's social care, issues with CAMHS highlighted.</p>
<p>7. Barnsley Hospital - ML</p>	<p>1) AE stated that Covid an issue at BDGH, as well as usual winter pressures, Rotherham DGH and BDGH working in partnership to help each other.</p> <p>2) Diagnostic centre in Barnsley at Glass Works - this is going ahead. Invitations pending for visits to view the facilities. This centre will save pressure on BDGH.</p>

	<p>3) Visitors at BDGH - All visiting has been suspended due to Covid, the only exceptions being end of life care and maternity.</p> <p>4) BDGH - Out of sync with meetings, info a month out of date. Looked at what had worked over winter. Improved collaboration, operational leads much better, discharged to assess better, better understanding of each other's issues, beds in community is an issue. Inaccurate public perception that everything is normal, pressure on services for business as normal.</p> <p>5) Barnsley Right Care - daily care report from BMBC very helpful. New paediatric units keeping pressure off ED, but still high numbers presenting. Primary Care rota for ED departments, up to 50 patients per day. Able to flex i-HEART without having to ask CCG, using resources where pressure is high for smooth operation.</p> <p>6) Mental Health - better relationship and less focus on contracts and more on what matters.</p> <p>7) New planning guidance, very high targets. Improving ambulance delays. Urgent treatment Centre in Barnsley, would this help? This is being looked at. Presentation on frequent users of ED.</p>
8. Primary Care Update - ML	<p>1) ML - no update available; meeting pending.</p> <p>2) AE mentioned that lack of appointments is an issue again.</p>
9. Carers - WH	Carers Charter Task and Finish Group - Jo Ekin provided examples of carer charters

	<p>for perusal. Looked at these and to keep ideas but put in own words; a draft will be produced for group to discuss at the next meeting. WH mentioned Carers Strategy Group, might need cover for this, to pass date on to LC.</p>
10. Cancer Care - ML	No update since the previous meeting.
11. Mental Health - MS	<p>1) Mental Health, Barnsley - final draft of strategy is out to publishers to look at format/easy-read versions, few changes from consultation.</p> <p>2) New low-level mental health digital offer for South Yorkshire - Not in place before May. The issue of those that are digitally excluded was raised, and those without computers that may struggle on an iPhone/smart phone, especially people with data limitations. Inadequate response given to this (i.e. this is the national way forward and the issue re: data, it was recommended that people go to their GP surgery and use the Wi-Fi there).</p> <p>3) SYP - Regional Mental Health Crisis Card - the first we knew of this was the launch event, so obviously it is poor communication (local police have no knowledge of this). Questions to be asked about this.</p> <p>4) Safe Space Tender - Bidders event tomorrow, MH Forum to say what is required to assist people.</p> <p>5) Meeting re: operational section 136 - police rep in post two years. More progress than was made than expected. MS sent info around about this, gave some examples of cases.</p>

	<p>6) Private ambulances, as opposed to YAS, when they can't attend in appropriate time frame for Section 135 admissions. CCG being helpful with this.</p> <p>7) Mental Health issues due to Covid and increase in energy/food costs etc. CAB to offer support to people that are struggling with increasing prices.</p> <p>8) Junior police officers - to do mental health awareness training for three days.</p>
<p>12. Integrated Care System (ICS) - AE</p>	<p>1) System for South Yorkshire - had first development meeting two weeks ago, which was very useful. Planning ongoing, but awaiting further guidance from Government.</p> <p>2) Who represents what, and where at South Yorkshire level. More clarification needed, even with HWE.</p> <p>3) Local framework, leading the field in PLACE. Health and care plan discussed, and a format that can be used in the sub groups, then we can discuss it within HWB.</p> <p>4) Engagement and consultation - meeting chaired by KW at CCG, LC attends this. Our involvement in this will be much more, moving forward.</p> <p>5) LC - ICS and HWE meeting, £15,000 offered to look at how we can all work together.</p>
<p>13. Any other business</p>	<p>Reductions to Covid vaccination programme discussed, as well as the relaxing of all restrictions, and concerns relating to this.</p>

14. Date of Next Meeting	20 April at 11am
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