healthwatch Barnsley

Meeting:	STRATEGIC ADVISORY BOARD
Date of meeting:	07 December 2020
Location:	Zoom Meeting
Board members present:	Adrian England (AE) – Chair Margaret Lindquist(ML) Tony Alcock (TA) Wendy Hardcastle (WH) Margaret Baker (MB) Ian Guest (IG) Mark Smith (MS)
Attendees:	Sue Womack (SW) – Healthwatch Manager Angela Andrews (AA) – Minutes Chris Millington (CM) – Barnsley CCG Julie Frampton (JF) - Barnsley CCG
Apologies:	Christine Key (CK)
1.Welcome and Introductions	AE welcomed everyone to the meeting.
2.Declarations	No new declarations
3.Minutes from the previous meeting	Approved as a true record.
4.Matters Arising	• SW sent findings from the#'BecauseWeAllcare' Hospital Discharge survey information to ML and she fed this back to the Urgent and Emergency care board. • The new Healthwatch survey was launched on the 1st December and a paper version is to be devised and shared.
Presentation from CCG	1. Adrian introduced JF and CM. Healthwatch have primary care access as one of the previously identified priorities. Not in a position to visit GP practices due to Covid, therefore Healthwatch may begin desk-based research in February to get some information from practices and liaise with participation groups at surgeries. JF and CM from Barnsley CCG attending the

	board meeting to update on current situation in primary care and answer any questions. 2. CM is a Lay Member of Barnsley CCG Governing Body and part of his role is the responsibility for patient and public engagement. JF is Head of Primary Care Commissioning. Access to GP appointments is the issue raised. CM said that he approaches this with an open mind, as it is a serious challenge; he asked if the current model was fit for purpose as nothing has really changed in the GP offer other than technology. Young doctors approaching the end of training do not seem to want to become GP's. The NHS need to mobilise doctors to do things differently, looking at the annual GP survey and improving on what is not as good as it should be. Covid has held up this work. 3. CM went on to say that, he had his own recent experience through i-heart and was dealt with quickly and efficiently. He is interested in the younger voice and how they would like to see the future offer from doctors. Building on forced change with video calling, online consulting etc. A step forward could be remote monitoring especially for people with long-term conditions. CM then asked the board for their input. 4. AE not just face-to-face appointments were needed waiting 3 weeks for an appointment was a problem. It is the intention of Barnsley Healthwatch to conduct research into the 32 practices. 9 million people have no Wi-Fi or use pay as you go phones, which makes getting in touch with people difficult. However AE went on to say, it would not be fair to look at practices the same now, as we would have done last year, but that Healthwatch is here to represent the patients. The media speaking about not being able to get appointments does not help situation. The mental health issue is going to increase and affect the GP offer. JF and CM would like to see more IT used in the future, but there is some resistance to this. Looking at the way the phone calls to surgeries are answered would be useful. 5. JF is concerned about access to practices and stated that some work had started on this but was interrupted by Covid. GP surgeries have adopted new ways of working due to forced change Covid-19 has brought. Not everyone has digital access, she is looking at Digital IT funding to improve the telephone system. Different surgeries have different telephone systems, which does not always help, there are online consultation tools but she understands there are a number of things that do need to be seen face to face to be assessed. The issue of how to assess people in their homes that do not have digital access needs to be addressed. 6. AE interjected that a universal system is required. Speaking to patients is important. JF said they have HSCN now, which has helped, but this brings up other issues.

	The ability to pass information to public health easily is also required, and JF is looking at this currently. There are still clinical systems that are difficult to work with. There are many competing priorities. 7. AE asked the board if anyone had any questions. MB is a full time carer, and has a husband with dementia, she has problems getting a doctor to attend to see him, they send paramedics who want to take him to A and E, she feels this is not the right solution, as she cannot go with him. IG thinks technology will have to play a large part in improvements, over the phone is not good enough to see how you are. Doctors are not always the problem, sometimes the receptionist are not helpful. He arranged a phone consultation with a 76-year-old woman with learning difficulties and it worked well. ML was concerned with MB's problems and thought she should be referred to right care Barnsley, her own GP has been fantastic. (JF explained that with right care the GP practice should pass issues to right care Barnsley) MS firstly disappointed about issues with telephone systems still coming up as he has attended many meetings about how these issues will be resolved over last few years. TA voiced concern about inconsistency with access between practices, he has 2 practices close by that work completely differently. AE hopes patient surveys will help bring more consistency. SW asked about the annual GP survey, in relation to the number of patients that had been seen, and if the length of time someone has had to wait for an appointment is monitored. CM said no, perhaps a central call centre is needed but he is not sure if this is possible, the insight into problems is helpful, each GP practice is running a business and so it comes as no surprise that not all run at the same standards. JF can look at NHS digital, but it is difficult to drill down into slots and times, pre booking affects the data, non- attendance at appointments is also an issue. SW asked about the remote monitoring. CM said this is big ask; an offer was working well in care homes but was dropped. CM wants to push forward with training reception staff in customer relationships, first port of call training was put in place and had started to make a difference but the offer was lost due to funding, receptionists do receive a lot of abuse and need the training so they can help people. MS Thinks there is a need to look at how to work with people with mental health issues. ML said receptionists get a bad reputation but they do an excellent job with some unreasonable people. AE concluded it is important to recognise GPs do a fantastic job, the NHS are working very hard and it was very much appreciated CM and JF joining today's meeting.

5.Action log	1. SW to send out Johns Campaign survey results for Barnsley 2. Paper versions of surveys to be looked at
6.Meeting attendance feedback	
Sue Womack	1. Met with Natalie Crampton, social prescribing manager, discussed sharing information, SW has asked for survey sharing through the advisors to their contacts. Social prescribing has been extended to 15-17 year olds 2. Attended online HWE conference with Gill. 3. Contract meeting with BMBC went well. 4. Attended Regional Healthwatch meeting who are sharing results of the John's Campaign survey today, and SW will share with the board once the data for Barnsley has been extrapolated. 5. Meeting with Emma Bradshaw Barnsley CCG - shared the survey with intelligence group to comment and input. This was a useful collaboration. 6. Attended HW England workshop to look at engaging with underrepresented groups 7. Attended Barnsley CCG Engagement and Equality group. Brought together intelligence strands into a useful report. SW asked how they would be using the information that they now have from public engagement, and was advised that this was an issue that the CCG were currently discussing with partners.
Margaret Lindquist	1. Urgent and Emergency Care Board. Front Door Triage – 111 First to start on 30/11/20. Currently working with 111 to ensure primary clinical advice available out of hours and operators have all the up to date information on services available to avoid unnecessary attendance at ED. Also working with Primary Care to set up pathways to Bypass ED wherever possible. Hampered now by the building work around ED area but hoping that by the spring they will be able to restart the Primary Care pathway adjacent to ED as before. Also looking at how the Warmer House team can be utilised to prevent unnecessary admissions. Winter plans – most organisations have their winter plan in place with CCG. Expecting mental health issues to be significant issue. Christmas is a 4 day Bank Holiday period – not clear what primary care provision will be in place but previous experience has shown that Christmas Day itself is usually quiet and then demand builds up. BF and i-heart confident they will have sufficient GP provision through to Tuesday. JW (CCG) will circulate the collective Winter plans to all asap.

	They are hoping that with current figures COVID demand will reduce through December but then expects it to peak again after Christmas when there has been more socialising. Communication between the different authorities (Sit Rep) will continue on a daily basis throughout the holiday period so everyone knows what the situation is. Orthopaedic surgery is not restarting so there is not the possibility of opening up another ward as in previous years primarily because of high staff absence. There is extra capacity in the community in 2 residential/care homes that are block booked to the end of February but BMBC confirmed that the provision would remain after Feb if needed. Most of the meeting was then taken up with the report from the audit of admissions and readmissions carried out in October. This was a preliminary report and the results are not to be made public yet as further work still needs to be carried out. There was some further discussion on Section 136 admissions to ED across the SY&B area.
Mark smith	1. Suicide prevention – the main issues coinciding across males were forces and domestic violence 2. Mental health partnership is due to start. AE has agreed to chair this meeting as an independent chair, and MS will be representing HW, on the 4th Feb, MS will be speaking at the hospital board meeting about his hospital stay during Covid. 3. Lessons learned from Clive (Safeguarding) Man who was hoarding, dropped off the system, GP did not follow up. Following the review actions were put forward, MS sent his report to board. SW updated Policies and procedures, sent to MS for review/input, and then to CVS, ran through important parts. Both Adult and Children's safeguarding follow a similar process with the Lead as John Marshall. Both policies have been ratified and an action plan prepared for the operational side. Update from CVS to forward to safeguarding board. SW thanked MS for his help in reviewing the updated policies and procedures.
Adrian England	1. ICDG - Reorganisation of the NHS happening, several options have been put forward, will pass on summary when received, SY&B integrated care may become a statutory body, with a central CCG in SY&B also a possibility. 2. ICPG, executive level discussion on keeping things moving (NHS and BMBC) 3. Patient council was useful 4. Health and Wellbeing board agreed Mental Health board. AE doing a presentation to Health and Wellbeing board. Jan 22nd for first meeting. 5. AE is training as an invigilator to represent patients.

Wendy Hardcastle	1. Carers meeting, feedback on caring for carers during pandemic, WH was impressed with what they had managed through difficult times. They are trying to raise awareness of things available to carers, possible booklet. WH asked for HW information to be included, this has been done. (MB not received much intervention through this period), AE has kept broaching communications at meetings, SW to check with Gill about feedback from CCG communications meeting.
7. Managers' Report	1. Website update, CT has been working on updating this and things are progressing well, he is mapping out a dummy site for when work commences with White Bear so hopefully will just need to transfer data. Delays are due to white bear, as we had been led to believe that work would start on our site in November. SW is hopeful all issues will have been resolved by the time they commence work on our website. AE asked about new leaflets, leaflets have been printed and received. 2. Latest survey was shaped in collaboration with partners, including Flu vaccination questions, stress related ones and if people know where to access help with any issues with smoking, drinking etc. Intelligence cell make good use of the survey findings.
8. Any other business	1. WH attended two safeguarding training sessions, and advised the Board about paraffin based creams being an issue. MS spoke about the safety notice that came out and the labelling has been updated. Smoke alarms and hoarding were also discussed. She attended fraud-the secret crime and found it very useful. Police and fire service both open to doing presentations for groups etc. 2. Advertising of the new Healthwatch post will commence shortly.
9.Date of Next Meeting	• 04 February 2020