

<b>Meeting:</b>	STRATEGIC ADVISORY BOARD
<b>Date of meeting:</b>	26/05/2021
<b>Location:</b>	Zoom Meeting
<b>Board members present:</b>	Adrian England (AE) - Chair Margaret Lindquist (ML) Wendy Hardcastle (WH) Mark Smith (MS)
<b>Attendees:</b>	Sue Womack (SW) - Healthwatch Manager Angela Andrews (AA) - Minutes Chloe Bannister (CB) - HW new staff member
<b>Apologies:</b>	Margaret Baker (MB) Christine Key (CK) Ian Guest (IG) Tony Alcock (TA)
<b>1. Welcome and Introductions</b>	AE welcomed everyone to the meeting. CB was welcomed to the meeting as the new engagement and volunteer coordinator. Everyone introduced themselves to CB.
<b>2. Declarations</b>	No new declarations
<b>3. Minutes from the previous meeting</b>	Approved
<b>4. Matters arising/Action log</b>	1. SW had resolved ML and WH issues with meetings. 2. Meeting with Julie Frampton has not yet gone ahead.
<b>5. GP Access</b>	1. The scoping of this project was being done by LL, she has now left Healthwatch. 2. The boards previous input has been added in. 3. The document still needs work on its strategic drivers. 4. Meeting with Julie Frampton is to be made once the document is complete. 5. AE stated that there are significant issues with GP access leading to more admissions at A&E 6. MS spoke about the CQC digital approach and this is being looked at at ICS meetings.

<p><b>6.Safeguarding</b></p>	<p>1. MS reported no significant changes New staff will need training and current staff will need refreshers</p> <p>2. The annual audit review has been published with lessons to learn from</p>
<p><b>7. Barnsley Hospital</b></p>	<p>1. ML has attended 2 meetings</p> <p>2. Items from April were: Looking at working with GP practices to provide a consistent approach on answer phones for patients to know where to go for help when surgery closed or unable to answer. iheart putting on extra GP capacity in extended hours and this is already being utilised. Problems with organising 111 access to iheart appointment for face to face but working on this. Also some difficulty with iheart appointments being evening when patients need a more urgent appointment. There was a visit to ED by ECIST who look to offer support to look at problems with ED provision, they advised that need to work on getting GP access from ED to reduce the number of patients who do not need ED facilities. Also suggested a Navigator role to assist patients who need primary care not ED.</p> <p>Response to Urgent and Emergency Care - Models of Care and Measurement (NHSE) Ran through development plan to make sure everyone knew who was dealing with which areas. The main aim is to ensure patients get access to the appropriate service in a timely manner. Noted that Mental Health not included in plan and that is an urgent matter.</p> <p>Dashboard -Significant issues - attendance up considerably. Barnsley demand is much higher than the national figures but this not a reflection on Primary Care - also under real pressure. Discharge support seen as an area of excellence.</p> <p>Continued upward trend with communnity - increase in new and re-referrals. It seems that people are coming forward now with issues that they have had during COVID but not reported. Discharge is busy because the hospital is busy Rising rate of staff sickness due to stress and anxiety - burn out. Crisis Support Service has a better flow through system but may need to expand rehabilitation support.</p> <p>Primary Care is under much more pressure than normal - patients presenting with multiple problems so appointments overrunning</p>

	<p>More pressure on staff as patients express irritation at lack of appointments. Stress on practices not related particularly to vaccine issues. Across the board appointments are filling up quickly and iheart capacity full early.</p> <p><u>Iheart are</u> Introducing five conditions that require face to face appointments rather than initial telephone triage from 1/6.</p> <p>Blue Covid Clinic higher utilisation in last few weeks- will see patients with possible Covid symptoms - often not Covid. Will also see patients who are isolating. Home visiting also busy.</p> <p>Mental Health -16 patients in out of area beds which is very unusual. That is a third of the MH patients in Barnsley. CAMHS under a lot of pressure - increasing activity especially with eating disorders and crisis intervention. Hard to find Tier 4 beds</p> <p>Increase in 111 and 999 activity</p> <p>Increased activity in social care and increasing numbers of informal carers under stress and asking for support. Looking at increasing reablement services with a new OT provision starting in June.</p>
<p><b>8. Carers</b></p>	<p>1. WH has not heard any update from the carers group. AE stated needing to pick up on this.</p>
<p><b>9. Cancer Care</b></p>	<ol style="list-style-type: none"> <li>1. No meetings were sheduled since last HW meeting</li> <li>2. Behavioural insights - WH covered</li> <li>3. In the daerns the foodbank and salvation army are working to get information out to people, also looking to work with cancer safe and 4 GP practices.</li> <li>4. There are a lot of non attendees for the breast screening service.</li> </ol>
<p><b>10. Mental Health</b></p>	<ol style="list-style-type: none"> <li>1. MS updated that the Mental Health Partnership Group had met and was trying to push via public health for people to interact better.</li> <li>2. At the next delivery group there will be a deep dive into the danger to other people(136) and section 12 doctors attendance figures. Hopefully a crisis café or something similar will be worked on for Barnsley.</li> <li>3. Work has started on the Mental Health strategy with the Health and Wellbeing board to be able to sign off on in October, public consultation will begin an beginning of July. Thos will include demntia and people of all ages.</li> </ol>

	<ol style="list-style-type: none"> <li>4. The Digital Citizen presentation was given at the ICS board, this included a lot of self help and there is a worry about the provisions for people with no digital access.</li> <li>5. The suicide contagion plan has had to be used and some updates will be made when it goes to the learning panel in September.</li> <li>6. Work with schools is being undertaken.</li> <li>7. AE interjected that SY&amp;B Health and Wellbeing board are looking to reduce suicides to 10% and believes this should be 0%</li> </ol>
<b>11. Covid 19 Survey</b>	<ol style="list-style-type: none"> <li>1. Survey was put on hold at the last meeting, public health were keen for this to go out and added some suggestions. This has been running 2 weeks with 200 responses so far, this is running until the end of June.</li> <li>2. Survey will be shared to Board and staff.</li> </ol>
<b>12. Integrated Care system(ICS)</b>	<ol style="list-style-type: none"> <li>1. PLACE- Weekly meeting of ICDG are going well, GPs are not taking part only BHF.</li> <li>2. Health and inequalities will be an issue particularly when the furlough scheme ends.</li> <li>3. Multidisciplinary meeting will be going ahead.</li> <li>4. COMPACT was circulated to the board and HW are a signatory. Barnsley represents all 7 SY&amp;B HW's so as to influence change through strategy.</li> <li>5. Commissioned engagement work is expected to be sent out to local HW's money coming in to PLACE is to be distributed fairly.</li> <li>6. Next week there will be an interview panel for the new ICS CEO</li> <li>7. April next year will see the formation of the ICS and all contracts such as for dental, optical etc. will come through this.</li> </ol>
<b>13. Annual Report</b>	<ol style="list-style-type: none"> <li>1. SW ran through the report page by page.</li> <li>2. Board were happy with report, Priorities for the next year were discussed and agreed.</li> <li>3. Colours of text were discussed and would be picked up with HWE as unsuitable for people with reading issues.</li> </ol>
<b>14. HR &amp; Recruitment</b>	<ol style="list-style-type: none"> <li>1. This meeting would be the last SW attends as she is leaving HW</li> <li>2. The manager post recruitment has been extended to 10 June 2021</li> <li>3. Job descriptions for the team are under review, SW providing recommendations.</li> <li>4. SW thanked the board for all their support. AE thanked Sue on behalf of everyone for all of her work and wished her well in the future.</li> </ol>
<b>15. Any other business</b>	<ol style="list-style-type: none"> <li>1. MS asked if anyone would like to look at cardiovascular disease moving forward, when information comes out on this it will be looked at.</li> </ol>

	2. Anyone wanting to provide feedback on the Hospital Quality report to feedback to MS to provide board feedback
9.Date of Next Meeting	<ul style="list-style-type: none"><li>• 07 July 2021</li></ul>

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