

Meeting:	Healthwatch Barnsley Strategic Advisory Board	
Date:	21 July 2016	
Location:	The Core, County Way, Barnsley	
Chair:	Adrian England	
<u>In attendance:</u> Carriane Stones Mark Smith	<u>Apologies:</u> Margaret Baker Tony Alcock	
<u>Present:</u> Adrian England Christine Key Margaret Dennison		
1. Welcome, Apologies and declarations of Interest		Action by
<p>AE welcomed everyone and apologies were noted.</p> <p>AE welcomed Mark Smith (MS) who had joined the Healthwatch Strategic Advisory Board as a participant representing the Healthwatch Champions. AE advised that MD was now attending the Healthwatch Champion minutes and MS would start attending the board meeting to ensure closer connectivity between the two groups.</p> <p>The board members welcomed MS to the table.</p> <p>There were no declarations of interest.</p>		
2. Minutes of Meeting and Matters Arising		
<p>AE requested that the board look through the last set of minutes to agree them as a true record of discussions; they were agreed as a true record of discussions with MD asking for an amendment to be made on page 2, under the title Healthwatch Champions.</p> <p>Action: CS to make the amendment.</p>		CS

<p>Matters Arising</p> <p>AE outlined the matters arising as follows:</p> <ol style="list-style-type: none"> 1. CS will continue to check in with the LPC on how the outcome of the consultation is progressing. <p>CS has not had feedback to date on this consultation; however a debate took place in parliament shortly after our report was released which outlined that despite the signatures submitted in the petition the plans will remain the same.</p> <ol style="list-style-type: none"> 2. AE had an update which closely related to the subject of Children Adolescent Mental Health Services (C.A.M.H.S). AE advised that the Teaching School Alliance is setting up an advisory and training system. Schools that are a part of the teaching school alliance are to be trained to work out how children’s mental health systems work. This links into the new SEND policy which came out in April of this year. This paper is currently a white paper which the Local Authority is aiming to comply with and is asking for comments on. AE will circulate this to the Strategic Advisory Board. <p>This new plan is being implemented to enable early intervention with young people in terms of their emotional health and wellbeing.</p>	
<p>3. Healthwatch Champion Minutes</p>	
<p>CS advised that the Healthwatch Champions meeting had taken place on the previous day and therefore the meeting notes had not yet been prepared for discussion. CS asked MS if he would mind updating the Board about the meeting, MS agreed.</p> <p>MS advised that there had been a discussion about meeting times and attendance at meetings. MS outlined how the meetings were being arranged at different times but it seemed the ones which saw the best attendance were those which started at 10:30am.</p> <p>There was then a discussion about how the last two meetings had had a staggered start as it seemed that some were getting confused with the meeting timings and attending for 10:00am rather than 10:30am. CS advised that she was aware that the Healthwatch Champion meeting time had changed on one occasion to 10:00am</p>	

<p>but that as we were working with service users and carers it was best practice to meet after 10:30am and discussed with the board the old Partnership in Action rules which were established to ensure meetings for service users and carers were accessible.</p> <p>The board agreed and from this point forward if there is a morning meeting 10:30am or after would be the start time, in line with the old Partnership in Action rules.</p> <p>Action: CS to send notification out to the team about this.</p> <p>Mental Health Crisis Care Concordat</p> <p>MS who is a representative for Healthwatch Barnsley on the Mental Health Concordat provided an update on progress for the board. MS advised that it was one of the best Mental Health Concordats he had attended to date and that the meeting was fairly well attended. One of the things that he did mention is how so many of the meetings clashed and the mental health concordat meeting upon which he was updating the board had clashed with the Adult Safeguarding board so a number of attendees left early. YAS who also attends the meeting had also struggled to attend these meetings because they cover the region and another mental health concordat had been arranged for the same time in a neighbouring borough.</p> <p>One of the board members asked which directorate the mental health concordat and suicide prevention work sat under. MS advised that they were split and that Suicide was under place and Mental Health was under people. The board discussed how they could not see this working as the mental health concordat and suicide prevention strategy should be closely linked.</p> <p>The board then went on to discuss the Mental Health Strategy and MS advised that the strategy has still not been received.</p> <p>MS then advised that he and Moira through the Mental Health Concordat were going to visit Yorkshire Ambulance Service (YAS) control room to see how the triage of mental health patients was undertaken and that he would feed back to Healthwatch on this activity.</p> <p>Action: Mark to feedback to the Healthwatch Champions and the</p>	CS
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board on their visit to YAS

MS then diverted the conversation back to the Mental Health Crisis Care Concordat and advised that the Local Action Plan had been agreed and that the providers were now writing their own plans.

AE suggested that we make a suggestion that the two work streams for mental health both come under people and not people and place and advised that he would raise this at the next SSDG.

MS also advised that one of the Healthwatch Champions also felt that the suicide prevention strategy was not fit for purpose and needed amending.

The board agreed this as a way forward.

MS then advised the board that the Mental Health Crisis Care Action plan will be revised again in September.

Action: AE to raise at the SSDG about 2 separate work streams.

Service User and Carer Board - MS advised that he does not feel as though any impacts are emerging from this group and that this was a key part of discussions at the last Healthwatch Champions meeting. CS advised that a development day had been planned where some of these concerns and discussions could be had; MS advised the board that he was covering this meeting for the Healthwatch Staff team as CS was on holiday on the 18th of August and other staff members have other commitments.

MS discussed how one of Healthwatch role on the board was to feed in the activities of the service user and carer board into the Health and Wellbeing Board and CS advised that this was not being done because there had not been the opportunity or forthcoming information.

Action: AE to talk to Wendy Lowder about this group and CS to arrange a meeting with Elaine Equall.

Enter and View, MS advised that there had been a discussion about the provision of Enter and View training being delivered locally at the Healthwatch Champions meeting.

<p>CS advised that there was not the capacity in the team for us to deliver this training and that the cost would far outweigh what we currently pay for delivery. MS understood and advised that he had been asked to pass this forward from the champions. CS advised that if we were in a better position financially we may be able to deliver it in house. CS also advised that she would rather the team be out there talking to people about their experiences and undertaking pieces of work that would genuinely make a difference to people.</p> <p>MS agreed to take this back to the Champions for discussion, but highlighted the need to train the champions in the new Enter and View Policies and Procedures for Healthwatch Barnsley, which CS agreed was needed since they have just been reviewed.</p> <p>Action: CS to arrange a session with the champions on the new Enter and View Policies and Procedures.</p> <p>Strategies</p> <p>A discussion then occurred about the number of strategies that there were, CK advised that she thought there would be one overarching strategy, MB advised that this was going to be the case, but it was then found difficult to combine strategies because they had such varying needs.</p>	
<p>4. LHM Update</p>	
<p>CS advised that there was not really much of an update to give, apart from the fact it was being used and people were providing feedback on it. CS also advised that the plan to launch it at the AGM was going ahead and it was hoped that we could have individuals interacting with it after the event.</p>	
<p>5. Update on other areas of Work</p>	
<p>Access to General Practice - CS advised that there was not much to update apart from the fact that Teresa Gibson was picking up where Lorna Lewis left off and had planned to go into Goldthorpe to make an appointment with the manager this week.</p> <p>MS asked if we should not just get on with writing the report and not undertake the final enter and view, due to the CQC not accepting reports more than 6 months old.</p> <p>CS advised that whilst this is true and they are not accepting reports more than 6 months old, the CQC was not really a concern because it was more important that this general practice is given the</p>	

<p>opportunity to talk about their service and the barriers they face and respond to the comments that the public has made giving us a holistic picture of the issues of the public and the practices and resulting in a better report with more actionable outcomes. CK agreed, CS advised that she saw the point being made and that it was unfortunate that we were currently short staffed, but this is where we are. MS just asked that we try to do the visit sooner rather than later, CS advised that if she had to work a Friday she would.</p> <p>Mental Health Crisis Care Concordat - This was skipped over due to discussions earlier in the meeting.</p> <p>Access to Assessment and Care Management Services for the Deaf Community - CS Advised that Carolyn had met with Kyra Ayre of BMBC and Lynne Horton at Bernslai homes, and she had met with Moira Fuller of SWYFT to understand better what they provide for the deaf community. With this information we were then able to meet with the Equality and Diversity officers at BMBC to share and discuss the report which looked at access to assessment and care management services for the deaf community. The report has now been sent to Julian Horsler, and other members of the BMBC Social Care Team with a request of a response in 20 days. We are now awaiting this response.</p>	
<p>6. New Issues</p>	
<p>Enter and View to wards 19 and 20 - Review of Enter and View Policy AE introduced the subject and CS advised that more amendments had been received and that she was in the process of making these amendments before she could send them out to the board for agreement by e-mail. CS advised that as soon as these had been agreed we would put them on the web and send out to partners.</p> <p>Review of Speech and Language Therapies, and Issues being reported.</p> <p>CS advised that when undertaking the 360 Review for Healthwatch Barnsley the team had had contact from a commissioner and an anonymised comment from a member of the public about our doing a piece of work to look at the Speech and Language Therapy Service at a time of review. CS asked the board if this was something that</p>	

they wanted us to take a closer look at and the board agreed that CS have a conversation with the Barnsley parents and carers forum (BPCF).

Action: CS to arrange a meeting with the local BPCF.

Barnsley's Strategic Transformation Plans (STP)

AE brought an additional agenda item to the table of the Strategic Transformation Plans and Local Transformation Plans.

A discussion was had about what these are and how they might be being implemented and our role.

AE advised that whilst we were attending meetings on the STP it was clear that nothing had yet been set in stone and that it was an NHS England Directive and not a government directive and as such may be subject to change.

CS advised of the meetings being had with our regional Healthwatch Partners and of a meeting had with the director of adult social care services. Local Healthwatch have discussed setting out a regional framework of engagement and the director of adult social care had spoken with us about setting out a local plan. At this meeting locally it was decided that we would contribute to the regional plan first and then look at how that plan filters down to the local priorities before acting locally.

The board agreed that this was the best action as the two would need to interlink.

AE advised that we had, had some enquiries about the STP but we could not respond to those simply because the information we had received was embargoed, and as such we were unable to share.

Action: CS and AE to continue with the various working groups around STP and report into the board.

The board asked to see the STP Briefing paper that AE had written for VAB. AE agreed to share.

This discussion then led on to a discussion about the ACO and Adrian advised that at present there is not the political will behind the ACO.

<p>The Annual Report and AGM were discussed and the board highlighted how professional the report looked and MS advised that the Healthwatch Champions also felt that this was a good report. The team were thanked for their work in putting this together.</p> <p>At this point MD left the meeting.</p>	
<p>8. Review of meetings attended</p>	
<p>In advance of the meeting CS had sent out to the board a list of meetings at which Healthwatch Barnsley are represented, this list also had embedded the terms of reference.</p> <p>As this meeting was not quorate a decision could not be made on which meetings to keep and which to discard due to capacity, but a discussion occurred.</p> <p>AE advised that the local authority and clinical commissioning group were aware of the volume of meetings and were trying to reduce this number down as all agencies were struggling to ensure a representative or deputy was around the table.</p> <p>CS advised that currently we had 26 meetings which we were required to attend but that some of these meetings were planned for the same dates and times as discussed earlier in the meeting. CS discussed that Healthwatch had a staff team of 5 all part time and the attendance at meetings was impacting upon the core function of the organisation.</p> <p>This had also been previously discussed with the board in our planning session held a week earlier.</p> <p>Two meetings from the list were identified and AE asked the board if we could discuss this again in our next meeting, when we are quorate.</p>	
<p>10. Additional Income Projects</p>	
<p>FFT IN General Practice - CS advised that Carolyn had completed the toolkit and was now working with the CCG to have it embedded on their site, before it could be made in to a one page clickable links document to be shared more widely.</p> <p>FFT in Mental Health - CS advised that all of the reports were now completed and needed to be sent to Mark for a final look over. We are just struggling to find out who hosts the C.A.M.H.S Youth Forum and the Freya Café. CS had requested SWYFT support with this.</p> <p>Carers Identification Scheme - Teresa has met with Pat from</p>	

Walderslade and they have agreed to pick up where Lorna left off in August.	
11. Any Other Business	
MS advised that South West Yorkshire partnership foundation trust a launching a new patient information system, and in January this may have capabilities to also gather FFT information via text. MS advised that he would keep the board updated on this.	
Date and Time of Next Meeting: 10 th August 2016 12:00 - 2:00pm, The Core, County Way, Barnsley.	