

Meeting:	Strategic Advisory Board	
Date:	16 October 2018	
Location:	Priory Campus, Barnsley	
Chair:	Adrian England	
Present: Adrian England Tony Alcock Wendy Hardcast Mark Smith Ian Guest Christine Key	tle	Apologies: Margaret Baker Margaret Lindquist
<u>In attendance:</u> John Marshall Sue Womack James Goodwin (minutes) Jeremy Budd - Barnsley CCG		

Introduction and apologies

1. Apologies were given and AE introduced JB from the local CCG, who had attended the meeting to discuss regional arrangements for the Integrated Care System (ICS) and how this would look at a local level. ICSs have been proposed as the future model for the health and care system in England. Their development represents a fundamental and far-reaching change in how the NHS works across different services and with external partners.

This was followed by questions from, and a discussion with, the Board.

2. In terms of joint working with the CCG, it was agreed to invite Kirsty Waknell and Emma Bradshaw to the next Board meeting.

Action: SW/JG to arrange this

3. As the ICS is a complex topic, those present asked if any presentation slides or further supporting information could be supplied after the meeting.

Action: SW/JG to arrange this

AE and the rest of the Board thanked JB for his time and he left the meeting at this point.

<u>Updates</u>

As this topic took up most of the allotted meeting time, there followed condensed updates:

4. PLACE training is to be scheduled and further details will be made available in due course to all volunteers. There was a question on whether it would constitute a conflict of interest if MC is involved in this training and with the PLACE process.

Action: SW to look into this

5. Consultation times - This needs to be a clear minimum of 28 days (as was proved by the recent Hospital Services Review) to allow people to get on board and have their say.

6. The Blind and Partially Sighted Report was approved by those present.

7. Those present were reminded to see AA/JG if they needed to, to ensure that we have everything we require for updated DBS checks.

8. JM attended the meeting at this point to discuss the current Healthwatch tender and to allow the Board to ask any questions. He provided an indicative budget for the duration of the contract, clearly identifying income and expenditure.

9 - Notes of Mental Health Crisis Care Concordat Suicide Prevention Panel (MHCCCSPP) meeting on 21/09/18 (Update from MS):

a) It was noted that the Mental Health Advocacy contract had been awarded to Rethink Mental Health (from Cloverleaf).

b) The MHCCCSPP terms of reference now include the Mental Health Forum (MHF). The MHF would be represented by one carer and one service user at each meeting.

c) It was noted that the five year forward review for mental health was discussed.

d) CAMHS Tier 4 review will result in more beds being provided in North Yorkshire. This should relieve pressure on South Yorkshire beds which at present are being occupied by North Yorkshire residents.

e) More Low Secure Beds are being commissioned in South Yorkshire.

f) It was noted that data was required on Police Officers not using the new advice telephone number prior to S136 attendance. Definitions of closure of S136 suites need to be standardised i.e. non availability due to no staffing, suite in use or closed due to other issues. It was noted that members of MHCCCSPP are not receiving S136 data.

g) Sill issues of ambulance attendance for transfer to S136. Needs to be escalated.

h) Liaison Mental Health service moving on with CQUIN. Systems in place Data sharing between mental health and A&E management groups. High Intensity Users being identified. Definitions need to be standardised. Liaison service all age groups.

i) Good meeting of Chilipep with Young people on apps.

j) Discussion was had about crisis cards and the requirement of two types. Must be local to Barnsley. Project 14 to be invited to next MHCCCSPP.

k) Discussion on Suicide prevention work and funding received at SY&B ICP level and distribution to areas. It was felt that reliable data was needed on selfharm. "I am alright" Pal campaign a success, as was World Mental Health Day.

10 - Update on actions from South Yorkshire Police (SYP), Strategic Mental Health Board, 14 September 2018 (Update from MS):

a) The SYP mental health tool kit is being used by officers.

b) It was noted that in Barnsley when the section 136 suite was full or closed that SWYFT West Yorkshire resources were used and not other 136 suites in South Yorkshire.

c) All police officers have been trained in mental health issues and training is being rolled out to other staff.

d) The following call out were noted for 2017/2018

Public safety 46% increasing

Crime	22%
Anti-Social Behaviour	13%
Administration	10%
Transport	8 %
Other	1%

e) SYP mental health priorities are

Crisis Pathways Mental Health Restraint Mental Health Toolkit High Intensity users (concern was raised that different organisation might be using different criteria so it is difficult to compare)

f) It was noted that there was a 36% increase in the use of section 136 in 2017/2018 compared with the previous year, though there was no use of police cells.

g) A discussion was had over episodes of care and if all section 136s should result in a hospital inpatient admission.

h) It was felt that local crisis care concordats need to be strengthened.

Any other business and date of next meeting

11. There was no other business.

12. The next meeting will be held on 11 December, 10.30am to 12.30pm at Priory Campus.

13. Meeting dates for the remainder of the financial year are as follows (these will be held at Priory Campus):

- 22 January, 10.30am to 12.30pm;
- 21 February, 1pm to 3pm;
- 19 March, 10.30am to 12.30pm.