

Meeting:	STRATEGIC ADVISORY BOARD
Date of meeting:	21 January 2020
Location:	Oak Room Priory Campus Lundwood Barnsley
Board members present:	Adrian England (AE) - Chair Margaret Lindquist (ML) Tony Alcock (TA) Wendy Hardcastle (WH) Mark Smith (MS) Christine Key (CK) Margaret Baker (MB)
Attendees:	Sue Womack (SW) - Healthwatch Manager Angela Andrews (AA) - Minutes
Apologies:	Ian Guest (IG)
1. Welcome and Introductions	AE welcomed everyone to the meeting
2. Declarations	Nothing new to declare.
3. Minutes from the previous meeting	Approved as a true record
4. Matters Arising	To be covered in meeting feedback
5. Action log	<ol style="list-style-type: none"> 1. SW to follow up response from Your Voice Partnership regarding Healthwatch attending 2. SW to look into enter and view training with Healthwatch Doncaster 3. SW to send out Long Term Plan
6. Meeting attendance feedback	
Sue Womack	<ol style="list-style-type: none"> 1. AE and SW attended meeting with Nicola Creswell (NC) in November 2019 about Your Voice partnership. NC to ask Your Voice partnership if they were willing for HW to attend, no response as yet.

	<ol style="list-style-type: none"> 2. A money and mental health event run by the Citizens Advice Bureau, was attended, predominately around how finances affect mental health 3. <u>Barnsley Mental Health Crisis Care Concordat Suicide Prevention Partnership (BMHCCCSPP)</u> SW attended in MS absence. A huge range of issues were covered. Tasks from the Overview Task and Finish group were reviewed and leads allocated. Members of the meeting were informed of a mock exercise taking place using the suicide prevention protocol 4. <u>South Yorkshire and Humberside Healthwatch Network meeting</u> was attended by Chris McCann Director of Communications Insight and Campaigns at Healthwatch England. 5. <u>South Yorkshire and Bassetlaw Healthwatch Chief Officers meeting</u> Healthwatch Doncaster provide enter and view training, SW will look into using this for Healthwatch Barnsley 6. <u>BHF and SWYFT</u> - Discussed potential commissioned piece of work. 7. <u>Quarterly Intelligence Sharing meeting with CCG</u>, met Hilary Fitzgerald, discussed how we will feed intelligence into this meeting. Out of hour's dental care in Barnsley was discussed.
Adrian England	<ol style="list-style-type: none"> 1. <u>Population Health Management</u> - AE awaiting report 2. <u>Care Quality Board</u> - All homes in RI to be inspected Carers pay is an issue. 3. <u>Neighbourhood Oversight Group</u> Each team lead provided a locality update. The Community Buildings Review stream have two workshops planned looking at availability of buildings, challenges and opportunities. Discussions arose regarding the link between the CCG Lift buildings review and Community Buildings Review. The workforce steering group are developing integrated working in teams, and developing a future workforce through schools and carers teams to promote careers in health and care. The drafted Privacy Impact Assessment for Case Study discussions and GDPR has been reviewed and deemed satisfactory. The Integrated Wellbeing Team progress tracker was reviewed and updated by the Neighbourhood Oversight Group. 4. <u>Integrated Wellbeing Teams' Reports</u> Central Area The meeting focussed on the 'emotional resilience in young people' priority. A case study was presented by a local GP, mapping a patient's health and wellbeing issues from a young age to adulthood and parenthood.

	<p>A representative from the IGNITE service, which promotes emotional resilience in young people provided a presentation on the service. Members raised a number of local issues. The Horizon school representatives have a successful early help strategy but noted that they had difficulty in linking to local GPs, and thus noted that the meeting provided a valuable opportunity to work with the GP present and discuss current issues.</p> <p>An asset mapping exercise took place, recording all known services relating to ‘emotional resilience in young people’, considering what the central area currently has, it was clear that most professionals were not aware of the services available in the local area.</p> <p>As AOB, the Barnsley Family Service Directory website, Health Visitor service, CAMHS Single Point of Access development, Central Area Council commissioned services and the Exodus young people’s project were promoted. The meeting thus provided opportunities for linked working, strengthened relationships between organisations in the local area, and developed the current group priority.</p> <p>South Area</p> <p>Meeting 1</p> <p>Updated local population segmentation data from the Population Health Management Unit was presented. From this data, group considerations included obesity, frailty, dementia, hypertension, early intervention, long term conditions. Common priorities so far appear to be social isolation, mental health, links between services, organ failure and COPD.</p> <p>The team recognised the need to improve its current engagement; by feeding into different work streams, mapping existing services, working with the local area council, utilising local spaces, and developing accurate community engagement to ensure that chosen priorities reflect the needs of residents.</p> <p>A case study will be presented by My Best Life Social Prescribing at the next meeting to steer discussion in a strategic way to understand local barriers.</p> <p>Meeting 2</p> <p>Information regarding a Barnsley Active Practice Charter was provided, which aims to support staff and patients to improve physical activity.</p> <p>The team were asked to discuss the appropriate asset mapping method following previous limited engagement with asset mapping efforts. The group wanted to ensure that this did not duplicate the Live Well directory, and so agreed that this asset mapping will have a more professional focus with details of referral processes the next meeting will focus on looking at available support and services in the South.</p>
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	<p>Discussion led to a suggestion to split priorities into 'Children and Young People' and 'Families and Adults', similar to the Dearne. This will be discussed at the next meeting. The team are looking into utilising data from the Barnsley 2030 report to inform Integrated Wellbeing team priorities and will look at the CVS household survey questions to see if this is possible at the next meeting. A Case Study was provided from My Best Life, regarding a housebound patient. Discussions followed regarding issues with self-discharge and follow up care plan implementation.</p> <p>The team decided to trial 6 weekly meetings rather than monthly.</p> <p>Penistone Area</p> <p>The meeting focused on priority development workshop exercises.</p> <p>The identified priorities from the previous meeting were 'child emotional wellbeing', 'social support for adults to help live full and active lives', and 'social isolation amongst older age group'. The group split into three groups to consider one specific priority each and rotated to consider each priority using the snowball method of workshop facilitation.</p> <p>The Live Well Directory was promoted to raise awareness of the service and provide a list of local services relating to the priorities. The local area council manager also promoted the U3A 'Love Later Life' resource which promotes local activities specifically for older residents. Existing services and activities were mapped relating to the identified priorities, building upon the information provided from the Live Well Directory and the 'Love Later Life' resource. Discussions appeared to focus more on community groups and activities rather than health services, which may be due to a lower representation of primary care staff. Actions have been made to improve this representation at the next meeting.</p> <p>Members then identified current service gaps and opportunities for the team to address these. The activities instigated in-depth discussions to develop the team's identified priorities, as well as professional relationship building and an improved awareness of services amongst professionals.</p> <p>North Area</p> <p>Meetings have had to be cancelled due to a lack of attendees.</p> <p>Ben Brewis will be leaving his position for a new post at the end of February 2020, and thus will no longer be able lead the Team after this time. Discussions thus must be made to find an appropriate new Team Lead.</p> <p>Special consideration and effort must be made to support the continuity and progress of this team.</p> <p>Dearne Area</p>
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	<p>Meeting 1</p> <p>The meeting was held to discuss Adults with Emotional Health and Wellbeing Priority Group.</p> <p>A discussion was had to determine smaller focus areas within the priority group, based on triangulated data from professional insight, population data and community feedback. Three suggested common themes were lifted from this ‘lack of GP appointments’, ‘focus of family’ in terms of familial support and in that older people and children are a focus for families, and ‘knowing where to go for help and lack of information’.</p> <p>The exercise initiated engaging discussions between members in order to develop tangible actions within the priority group, considering the effect of the team on an individual, community, and service level.</p> <p>The Stop Smoking Service explained their current service offers and support. A discussion was established regarding how to improve the service to specifically target Dearne residents, including recommendations for local drop in venues and strategies.</p> <p>Meeting 2</p> <p>The Children and Young People’s Emotional Resilience Priority Group followed the same workshop style structure as the previous meeting to determine smaller focus areas within the specific priority group. Three suggested common themes were lifted from this, of the need to maintain and promote emotional wellbeing, ensuring that information is readily available and timely on the basis that young people rely on families for support, and promoting aspiration and ambition in young people.</p> <p>An overview of the PSHE Network Development was provided regarding the PSHE Network Development and plans for a borough wide BMBC Children and YP’s survey, which the team will discuss at the next meeting to see how they can support this.</p> <p>A brief overview of the commissioned Humankind mental health training in the Dearne area was also provided, and a rough draft of the training package will be brought to the next meeting for the group to provide feedback on.</p> <p>It was noted that understanding is needed within the group of service level agreements at ward alliance level, to avoid possible duplication and enable enhancement.</p> <p>The next meeting will also discuss admissions of children to A and E in relation to emotional health and wellbeing at the next meeting.</p> <p>North East Area</p> <p>This was the first North-East meeting, and so focused on explaining the aims and purpose of the Integrated Wellbeing Teams to team members.</p> <p>The background of the Integrated Wellbeing Teams was explained, including their links with the Primary Care</p>
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	<p>Network, Integrated Care governance, and the Dearne Integrated Wellbeing Team Pilot video.</p> <p>The chair asked if the team currently has the right representation, and to identify any gaps in membership. The team recognised that there wasn't representation from a GP, Age UK, or CVS, although each had a representative who gave apologies and will be attending the next meeting. The team also suggested that educational and mental health professionals may be useful to attend future meetings depending on meeting discussions.</p> <p>Each team member explained their organisation and role, including what their service provides in the North-East area. It was clear that the area already had strong linkages and professional relationships between organisations, providing a strong foundation for the team to build upon.</p> <p>A local area data profile will be presented and discussed to supplement priority development and the group will look at local population health data, current health services and current local area council commissioned services at the next meeting.</p> <p>5. <u>Integrated Care Provider Group (Place)</u> Workshops have been held and the Long term plan is now published, this is set and to be operational from April. It was discussed that there needs to be better communication between meetings.</p> <p>The Stroke work is to be completed by the end of March, initial treatment is no longer at Barnsley hospital. A Communications Manager is being put in place based at BMBC and a programme Manager who will be based at SWYFT. There is a lot going on at system level locally. The 2030 plan research is being run by BMBC and Barnsley CVS</p> <p>6. South Yorkshire and Bassetlaw ICS have asked AE and John Marshall (CEO of Barnsley CVS) to attend to and speak about the pressures on the voluntary sector.</p>
Margaret Lindquist	<p>1. <u>Urgent Emergency Care Board.</u> Significant problems with a person being sectioned were reported. Getting two S12 doctors can at times be a problem but they had no data on this. It was felt by BMBC Adult Social Services that there were at times issues with S12 Doctors, but most Approved Mental Health Practitioners (AMHPs) knew which ones would attend quickly. There is no rota in Barnsley.</p> <p>The Chair of the meeting asked for a report from everyone involved to get clarity on the issue.</p>

	Concerns were raised about how agencies would manage through the Christmas period, however it was noted that Barnsley does generally perform well.
Christine Key	<ol style="list-style-type: none"> 1. <u>Carers strategy Group</u> meeting will be held on Friday 24th - to be reported at next board. 2. A Carers strategy consultation meeting to see how to move forward will be held on February 11th
Mark Smith	<ol style="list-style-type: none"> 1. <u>Adult Safeguarding Board.</u> Points were raised regarding adult issues with reading and writing. Rob Winter, Corporate Risk Management Lead went through a new approach for the risk register. MS thought it would be worthwhile getting together with him to discuss. Out of area placements for vulnerable adults has increased. 2. <u>Children's Safeguarding Partnership.</u> The Northern General hospital have implemented care navigation with funding from the VRU. The Suicide Contagion plan was not presented and there is no meeting scheduled for this. A meeting with Patrick Otway to be arranged if nothing comes of this.
7. Managers' Report	<ol style="list-style-type: none"> 1. SW, GD and JG have been looking at new ways of capturing the intelligence data which will produce a monthly report that will feed into the quarterly monitoring reports to minimise the amount of reporting needing for various organisations. This will produce monthly figures and narratives; from February a monthly intelligence report will be presented at board meetings. The CQC are running a month long campaign, #declare to care, working with people with learning disabilities to establish if they know how to make a complaint, LL is taking the lead on this. Access to GP appointments was the main issue identified through intelligence during the last quarter. 2. SW sent out the BHF proposal to board. BHF returned stating it was more expensive than expected, they requested a new quote reducing the work HW would be undertaking, this was re-costed. SW asked the board if they wished to go ahead with the work. After discussion the Board voted to go ahead with this work at this cost but with no further reductions. 3. The Young carers report has been sent out to schools and academies for their comments, the timeline has been extended to give more time for responses. MS asked for half term to be the deadline for responses and end of February for the final report. (CK left the meeting) 4. Priorities: The #Declare to care work will finish mid-February

	<p>This will be followed by the BHF work if agreed and then access to GP appointments.</p> <p>5. SW asked if the Board had any questions about the monitoring report there were none and the Board passed on thanks to the staff</p>
8. Any other business	<ul style="list-style-type: none"> • The Hype project emailed SW enquiring if it would be possible to come and give a talk. SW asked if the board wanted to meet with them, SW will forward email to MS, The Board are happy to leave with SW at operational level. • JB has facilitated a short piece of visual work with the young carers council to help with the Public Health Annual report.
9.Date of Next Meeting	<ul style="list-style-type: none"> • 20 February 2020