

## **HEALTH AND WELLBEING BOARD**

### **Minutes of the Meeting held on 18<sup>th</sup> June, 2013**

#### **13. Present:-**

Councillor Sir Stephen Houghton (Chairman) – Leader of Barnsley MBC  
 Councillor Tim Cheetham – Children, Young People and Families Spokesperson  
 Councillor Jenny Platts – Adults and Communities Spokesperson  
 Councillor Chris Lamb – Public Health Spokesperson  
 Diana Terris – Chief Executive  
 Martin Farran – Executive Director, Adults and Communities  
 Rachel Dickinson – Executive Director, Children, Young People and Families  
 Sharon Stoltz – Acting Director of Public Health  
 Nick Balac – Chairman, NHS Barnsley Clinical Commissioning Group  
 Mark Wilkinson – Chief Officer, NHS Barnsley Clinical Commissioning Group  
 Margaret Baker – Barnsley Health Watch  
 Chris Green – Barnsley Health Watch  
 Dr. David Black – NHS England Area Team  
 Chief Superintendent Andy Brooke – South Yorkshire Police  
 Sean Rayner – South West Yorkshire Partnership NHS Foundation Trust  
 Steve Wragg – Barnsley Hospital NHS Foundation Trust

#### **14. Declarations of Pecuniary and Non Pecuniary Interests**

There were no declarations of pecuniary or non pecuniary interests.

#### **15. Minutes of the Board Meeting held on 25<sup>th</sup> April, 2013**

The minutes of the Board Meeting held on 25<sup>th</sup> April, 2013 were approved as a correct record.

#### **16. Membership of the Health and Wellbeing Board – Appointment of Public Health Cabinet Spokesperson**

Ian Turner introduced the item referring to the recent creation of an additional Cabinet Portfolio for Public Health, which responded to the transfer of Public Health functions to the Local Authority from 1<sup>st</sup> April 2013.

Noting that it had been previously been agreed that Cabinet Spokespersons holding the relevant Service Portfolio should be Members of the Health and Wellbeing Board, it was suggested that the Public Health spokesperson should become a member of the Board.

**RESOLVED:-** to recommend to Cabinet that the Cabinet Spokesperson for Public Health be added to the membership of the Health and Wellbeing Board, with the Cabinet Support Member acting as named deputy.

#### **17. Health and Social Care Transformation Programme Workshop Planning**

Steve Wragg introduced the item and gave a resume about the proposed workshop. Responding to the discussion at the April meeting of the Board, the workshop sought to bring together key agencies to share their transformation

plans to identify areas for collaboration and coproduction, effectively forming a transformation plan for the Health and Wellbeing Board.

**RESOLVED** that:-

- (i) the Senior Strategic Development Group coordinates the planning for the workshop in September;
- (ii) Members prioritise the workshop and identify appropriate representatives to take part.

## **18. Joint Strategic Needs Assessment Review Progress**

Sharon Stoltz introduced the item, reminding the meeting of the agreement to produce the JSNA in a different format to that previously used. It was the intention for the document to contain only the most useful information and it was suggested that the life course approach would provide the most appropriate means of displaying information.

The meeting noted that using this format this would necessarily require an introductory chapter to consider the wider determinants of health. Assurances were sought that this would be comprehensive and include factors such as Housing.

Members discussed the suggested layout, an example of which was appended to the report. It was noted that work to analyse data was ongoing though high level information should be available by October. Following this information at a lower geographical level would be developed. It was suggested that if this was on an Area Council basis, it would help support local commissioning.

It was acknowledged that the document should be owned and supported by all agencies and therefore this would lead to it being taken into account in the commissioning of each organisation. This would enable an element of continuity of delivery in the Borough and a conscious combined effort to address the needs identified.

**RESOLVED** that the report be noted and the proposed format for the JSNA be supported.

## **19. Proposal for Integrated Data, Intelligence and Analysis**

Andy Brooke introduced the item and mentioned the work previously started by the One Barnsley Senior Executive Team. There was a need to consider the key analytical products produced with a view to streamlining information, reducing duplication, increasing efficiency and ensuring intelligence products were complementary.

The need for a single set of universal demographic data was mentioned supported by a single point of access. It was acknowledged that a Strategic Research and Consultation Group already existed but that this was largely Council based. It was suggested that this could be reviewed and could grow into a Joint Strategic Intelligence Network.

The meeting discussed the opportunities to ensure the JSNA was wide enough to cover the remit of all the agencies at the Health and Wellbeing Board. Also discussed was the possibility of integrating the JSNA and JSIA. It was suggested that if a single analytical product could be produced this would lead to streamlined and more coherent commissioning.

The benefits of considering information at a lower geographical level were then considered and the need to link intelligence to the commissioning being undertaken by Area Councils.

**RESOLVED:-**

- (i) that the establishment of a Joint Strategic Intelligence network be supported;
- (ii) that the integration of analytical products be pursued with the intention of combining the JSNA and JSIA from 2014.

**20. Improving Accident and Emergency Performance**

Steve Wragg, introduced the item, highlighting the national problem of performance of A&E departments with 65% of hospitals failing to meet the 4 hour target in the final quarter of 2012/13.

The meeting heard how an improvement plan was now in place and that although the overall target for quarter 1 of 2013/14 would not be achieved, the correct trajectory would be achieved by the end of the quarter.

Members noted the establishment of an urgent care board and the progress made over the past 6 months. The use of the 4 hour target as a barometer for the quality of care and issues within the system was discussed. When addressing the problem, it was considered essential to consider every element of the system. It was acknowledged that though this may be an indicator for the Hospital, the contribution from partners cannot be underestimated.

Various parts of the system were discussed including end of life care and walk in centres. Also mentioned was the need to ensure the public are aware of when is appropriate to present themselves at A&E.

Questions were asked about the residency of patients at A&E and it was noted that the lack of a 24 hour service to the north of Barnsley meant that a certain number of patients are from out of the borough.

The meeting discussed the seasonal variation usually associated with the target and the need to ensure that performance does not slip in the autumn and winter.

**RESOLVED:-**

- (i) that the report be noted and further reports be submitted on the immediate action plan to maintain performance levels;

- (ii) that the need for a whole system review in relation to A&E performance and unnecessary hospital admissions be acknowledged as a priority for the Board.

## **21. One Barnsley Governance Review – Implications for the Health and Wellbeing Strategy**

Diana Terris introduced the report which followed the conclusion of the One Barnsley review of Governance and Ways of working. The role of the One Barnsley Board would be changing and this had implications for both the Barnsley Economic Partnership and the Health and Wellbeing Board.

The reporting arrangements of the Anti-Poverty Board were discussed in some depth. It was acknowledged that the work links strongly to both the Economic Partnership and Health and Wellbeing Board, but it was felt more strongly aligned to the latter.

The meeting considered and agreed with each of the recommendations put forward by the One Barnsley Board.

Partners discussed the One Barnsley structure noting the reduction in the number of groups. It was suggested that further rationalisation could happen with the combining of communications for the LSP and the Health and Wellbeing Board.

### **RESOLVED:-**

- (i) that the recommendations made by the One Barnsley Board be accepted, subject to exploring the possibility of combining communications functions of One Barnsley and the Health and Wellbeing Board;
- (ii) that the Health and Wellbeing Board progresses each of the recommended actions.

## **22. Proposed Sub-Structure of the Health and Wellbeing Board**

Martin Farran spoke to the report, previously circulated, which responded to a number of One Barnsley recommendations.

A revised structure chart was referred to, which contained the Children's Trust and Community Safety Partnership and a suggested Provider Forum. It was noted that the Anti-Poverty Board was a notable omission, which would be added. It was also suggested that the two agreed programme boards should feature in the structure.

It was noted that the proposed Joint Strategic Planning and Commissioning Group would help to rationalise existing and fragmented commissioning arrangements.

Partners discussed, in some depth, the merits of the Provider Forum, compared to engaging providers through each of the programme boards. It was agreed to bring a report to a future meeting on this subject.

**RESOLVED:-**

- (i) that the proposed sub-structure be approached subject to the inclusion of the Anti-Poverty Board and the addition of the task and finish groups relating to Aging Well and Promoting Independence;
- (ii) that the Health and Wellbeing Board receives a further report on proposals to establish a Provider Forum and Joint Strategic Planning and Commissioning Group.

**23. Resourcing the Health and Wellbeing Board**

Martin Farran introduced the item, reminding members of the Health and Wellbeing Board's statutory basis as of 1<sup>st</sup> April 2013. The board was a committee of the Council, but was mandated to have representatives other than elected members as part of its membership.

There was an expectation that, due to its legal status, the Board would be supported in governance terms by the local authority. However, to emphasise the joint working arrangements of the board. The report presented three options of the joint resourcing

**RESOLVED:-**

- (i) In principle, that each of the of the 6 partner agencies (excluding healthwatch) should contribute equally to the resourcing costs of approximately £10,000 per agency;
- (ii) that the Chair writes to each organisation, requesting their formal agreement to provide financial support.

**24. Expression of Interest – DoH/DCLG Pioneers Programme**

Martin Farran introduced the report and made the meeting aware about the intention to submit an Expression of Interest from Barnsley to the recently announced Health and Social Care Integration Pioneers.

It was felt timely to bring partners together to compile a draft submission, which would help crystallize thinking and inject pace into delivery of the Health and Wellbeing Boards aims even if the bid was unsuccessful.

The report highlighted Barnsley's track record of delivering innovative approaches in partnership as a key strength of any bid.

**RESOLVED** that the Health and Wellbeing Board support the submission of an Expression of Interest to be Health and Social Care Integration Pioneers and delegate responsibility for sign off to the Chair and Vice Chair.

**25. Winterbourne View Concordat and Joint Improvement Programme**

Martin Farran introduced the item. It considered the Winterbourne View Review Concordat and the need for partners to undertake a stocktake. However, the

meeting did recognise that the majority of the issues would fall within the remit of the CCG and Local Authority.

The meeting noted the tight timescales and the need to complete the exercise by 5<sup>th</sup> July 2013.

**RESOLVED:-**

- (i) that the Board supports the completion of the stocktake and involvement of the suggested personnel;
- (ii) that the Chair, Chief Executive of the Local Authority and a representative of the CCG be authorised to sign off the stocktake prior to submission on behalf of the Board;
- (iii) that any implications raised by the stocktake be considered by the Board at a future meeting.

**26. Arrangements for Universal Information and Advice Service – Connect to Barnsley/Connect to Support**

Martin Farran introduced the item making colleagues aware of the launch of the Connect to Support web portal. Positive comments had been received on the efforts to provide a unified information system and it was felt by many that the system was easy to use.

It was suggested that this could be developed further and come under the auspices of the Health and Wellbeing Board in Barnsley. All partners were encouraged to supply comments on accessibility and content.

Council Governance Unit  
Town Hall, Barnsley

28<sup>th</sup> June, 2013