

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 23rd July, 2013

27. 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
 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
 David Black – NHS England Area Team
 Sean Rayner – South West Yorkshire Partnership NHS Foundation Trust
 Steve Wragg – Barnsley Hospital NHS Foundation Trust

28. Declarations of pecuniary and non pecuniary interests.

There were no declarations of pecuniary or non pecuniary interests.

29. Minutes of the Board Meeting held on 18th June, 2013.

The minutes of the Board Meeting held on 18th June, 2013 were approved as a correct record.

With regards to the resourcing the Board, the meeting heard how a formal request had recently been sent to all partners.

30. Minutes of the Barnsley Community Safety Partnership Executive Committee held on 13th June, 2013.

RESOLVED:- That the minutes be noted.

31. Minutes of the Children and Young People's Trust Executive Group held on 21st June, 2013.

RESOLVED:- That the minutes be noted.

32. Health and Wellbeing Board - Terms of Reference.

Scott Matthewman introduced the item, which updated the terms of reference in response to the action agreed at the previous meeting. It was suggested that programme boards may be added to the accompanying structural diagram as they develop. It was noting that the terms of reference and accompanying structure diagram were likely to evolve over time.

RESOLVED:-

(i) that the Terms of Reference be recommended to Cabinet for approval;

(ii) that the structure diagram be approved, and programme boards be added as they develop.

33. Health and Wellbeing Strategy - Mapping for priorities.

Scott Matthewman spoke to the item, which attempted to take the priorities within the Health and Wellbeing Strategy and map delivery against these. Members of the Board has been identified as Champions for each of the priorities. Alongside other officers they will attempt to map current activity, look at baseline information and consider where the Board could add value. This could be considered by the Board at its next meeting, then exception reports be received on a quarterly basis.

It was suggested that the process could be considered overly simplistic and much of the delivery would contribute to more than one of the priorities. Questions were also raised about the overlap with the work of the programme boards and also with the ability to provide appropriate performance measurement on a quarterly basis.

However, it was felt that the process of champions working together with key officers to help map and understand the contribution of a wide range of agencies was extremely useful, if somewhat challenging. It was recognised that some creativity may be needed to provide milestones and metrics that would be useful for reporting progress.

It was also agreed that the information would be useful to feed into the workshops which had been arranged to consider whole system transformation.

RESOLVED:-

- (i) that the proposed performance management framework and action plan template be utilised, subject to 'Ageing Population' and 'Independent living' becoming individual themes to reflect the programme boards;
- (ii) that Champions engage relevant partners to populate the framework and action plans;
- (ii) that the Board receives exception reports, from its next meeting in October 2013.

34. Pioneers in integrated care and support - expression of interest.

Martin Farran introduced the item, which followed on from discussion at the previous meeting. The document had been completed and submitted. It provided a narrative for the Boards vision for whole system transformation.

It was felt that pulling the document together had been beneficial in creating a unified approach and raising the profile of Barnsley, even if the application was successful.

It was noted that work is ongoing with Leeds University to develop appropriate measures of success.

35. Project Initiation Document - Ageing Well Programme.

Mark Wilkinson introduced the item, which followed on from the approval of two programme boards in April 2013.

The document set out the membership for the programme board, but it was recognised that the development process for both programme boards was dynamic. Acknowledging that focus was required, the document contained six projects which were as follows:-

- Planning, Preparation and Strategic Reviews;
- Preliminary Activities;
- Supporting People with Dementia;
- Intermediate Care Services;
- Improving Services for the Frail Elderly and;
- Home Truths Phase 2.

Noting that these were largely drawn from the CCG Commissioning Plan, it was suggested that input was required from a wider range of partners. Social isolation was acknowledged as a significant issue, with impacts on dementia and alcohol misuse, and warranted inclusion.

The focus on ageing well and the ability to see across organisational and contractual boundaries, was welcomed. It was suggested that the recently established regional network for dementia may be useful for that particular project.

RESOLVED:-

- (i) that the Project Initiation Document for the Ageing Well Programme be noted;
- (ii) that Social Isolation be included in the document and be considered by the programme board.

36. Vision for Primary Care - NHS England.

The item was introduced by Laura Sherburn from NHS England, South Yorkshire and Bassetlaw Local Area Team. The meeting heard how the national team was developing a National Strategic Framework for Primary Care, which was likely to be published in the autumn.

A high-level paper had been brought to the meeting to stimulate thinking and members were encouraged to give thoughts on how the Board may want to influence the national framework, and give views on the local strategy for primary care.

Members valued the opportunity to have an input at an early stage, acknowledging importance of primary care in helping to overcome some of the health inequalities in Barnsley. Members were keen to see a continued dialogue, not only with the Board, but also with local people.

There was a general feeling that Barnsley was under-doctored, with access to GPs within 48hours being identified as a significant issue in certain parts of the Borough. It was also felt that Barnsley generally made less use of other parts of the primary care team. It was suggested that information relating to the

expenditure on primary care which indicated its geographic location across Barnsley would be useful.

The prevailing view was that Barnsley needed consistent, high quality and accessible primary care that interfaced with secondary care and provided value for money. It was recognised that integration of services would require the development and use of information sharing protocols.

With regards to access, it was suggested that this ought to include the use of technology where possible and this may reduce the need for traditional face to face interaction.

The meeting discussed the need to balance national objectives with those more locally determined. A priority for Barnsley was to reduce dependency and increase resilience and this ought to be reflected in any local vision.

The importance of clear communication was stressed, so people were aware of when to present themselves and to what part of the primary care system. For example it was important for people to be discouraged from unnecessarily presenting themselves at Accident and Emergency, but should be encouraged to come forward for cancer screening.

Members discussed the need to challenge NHS England about the availability of information, performance, the allocation of finance and the organisation of provision in areas important to Barnsley.

RESOLVED:- That a formal response on the Vision for Primary Care is provided to NHS England South Yorkshire and Bassetlaw Local Area Team by the end of September, 2013.

37. Winterbourne View Joint Improvement Programme.

Martin Farran spoke to the item, which had been brought to the attention of the Board at the June meeting. There was a requirement to complete a stocktake, the outcome of which had been circulated to the Board.

It was noted that substantial work was taking place between the CCG and BMBC to consider all out of area placements. Remodelling would be undertaken and a report would be brought to the Board on the outcome, and any relevant opportunities.

The meeting acknowledged that responsibility was with placing authorities and therefore BMBC would not necessarily know the detail of all provision in the area, and only the CQC had a full overview.

It was noted that a parallel issue exists with regards to young people's care homes; only recently had Ofsted had the ability to disclose the location of all facilities to the Local Authority. It was hoped that the CQC may follow suit.

RESOLVED:-

- (i) that the Board notes the findings of the stocktake.
- (ii) that the Board receives a report detailing the outcome of work to consider out of area placements.

38. The Disabled Children's Charter.

Rachel Dickinson introduced the item, drawing attention to the previous Every Disabled Child Matters charters, signed by the Local Authority and the Primary Care Trust. Members felt it important to restate this commitment through the Health and Wellbeing Board and to hold each other to account on delivery against this.

RESOLVED:-

- (i) that the Health and Wellbeing Board signs up to the commitments highlighted within the Disabled Children's Charter;
- (ii) that the Disabled Children's Programme Board produces a position statement and implementation plan to address any gaps arising from the charter to be reported to the Children and Young People's Trust and subsequently to the Health and Wellbeing Board;
- (iii) that the JSNA is developed to inform the work of the Disabled Children's Programme Board inline with charter requirements.

39. End of Life Care - Barnsley Hospice.

The Board received the statement provided by Barnsley Hospice and agreed to consider a detailed report on end of life care at its next meeting.

RESOLVED:- that the Board receives a report on the approach to end of life care at its next meeting.

40. Funding for Adult Social Care - results of the latest spending round for 2015-2016.

Martin Farran introduced the item, which referred to a £3.8 billion pool of funding to help the most vulnerable groups receive a properly joined up service. Details on how this may be distributed were unclear but it was thought that Health and Wellbeing Boards may be expected to sign off any additional funds and agree to any associated conditions.

The meeting acknowledged and welcomed the recognition that this gave to the Health and Wellbeing Board and the strengthening of its role.

Aside from this, it was suggested that member agencies should already have joined up plans and be aligning existing finance, and the Board should be moving towards working more closely as a team.

In order to facilitate this it was suggested that the current financial situation of all partner agencies be shared. In addition it was proposed that a further development session be held to review the first six months of operation of the Board.

RESOLVED:-

- (i) that a board receives a report containing further details on the pooled budgets;

- (ii) that the Board considers the financial situation of each partner agency, with a view to considering how to maximise the impact of finance available in Barnsley through increased alignment;
- (iii) that a further development session be organised in October/November.

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Chairman

Council Governance Unit
Town Hall, Barnsley

July, 2013