

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 1st October, 2013

41. 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
 David Black – NHS England Area Team
 Steven Michael – South West Yorkshire Partnership NHS Foundation Trust
 Steve Wragg – Barnsley Hospital NHS Foundation Trust
 Andy Brooke - South Yorkshire Police

42. Declarations of pecuniary and non pecuniary interests.

There were no declarations of pecuniary or non pecuniary interests.

43. Minutes of the Board Meeting held on 23rd July, 2013.

The minutes of the Board Meeting held on 23rd July, 2013 were approved as a true and correct record.

44. Minutes of the Barnsley Community Safety Partnership Executive Committee held on 1st August, 2013.

The meeting received the minutes of the Barnsley Community Safety Partnership Executive Committee for information.

RESOLVED:- That the minutes be noted.

45. Health and Wellbeing Board substructure - Joint Strategic Planning and Commissioning Group & Provider Forum.

Scott Matthewman introduced the item, referring to the proposal to establish a joint planning and commissioning group which would bring together strategic planning across the Health and Wellbeing board, maximising the impact of finance available. This would build on existing links between many Health and Wellbeing Board partners.

The meeting discussed the suggested membership, noting a number of providers had been put forward. Concerns were expressed about the need to separate providers from commissioning arrangements. Questions were also raised about the strategic planning function, which could be seen to duplicate the role of the Board or of the Senior Strategic Development Group (SSDG).

In addition, it was suggested that clarity be sought on the links to other existing commissioning arrangements, for example those under the Children's Trust.

With regards to the Provider Forum, questions were raised about the membership and whether this would be limited to existing providers. It was suggested that by limiting the forum to current providers this would focus efforts on better responding to the current agenda. A response to this was that other providers may be instrumental in future delivery in Barnsley. It was therefore suggested to move forward with suggested arrangements for the forum, but to review the situation annually.

RESOLVED:-

- i) that that Senior Strategic Development Group (SSDG) further considers the remit and membership of the Joint Strategic Planning and Commissioning Group, focusing on avoiding any duplication with itself and the Health and Wellbeing Board.
- ii) that the terms of reference for the Provider Forum be approved, but be subject to an annual review.

46. Health and Wellbeing Strategy -

i) Priority action plans.

Scott Matthewman introduced the item which followed on from approval of the draft template and appointment of 'champions' at the previous meeting. Although some progress had been made, it was suggested that exception reports be received from the next Health and Wellbeing Board meeting in December 2013.

Feedback was received from each 'champion' and the following points were noted:-

Alcohol misuse - Andy Brooke spoke to the item noting that work was ongoing to establish a number of key strategy performance measures such as alcohol attributable deaths, yet a number of data issues had arisen. Links to key providers had been made to ensure appropriate data at other levels to assist with performance management. This included those measuring levels of enforcement, education, treatment and responsible retail.

Cardio-Vascular Disease - Nick Balac made the meeting aware that high level indicators were being identified but that work in this area was very much in its infancy.

Cancer - David Black made the meeting aware that action plan would focus on prevention, specifically targeting smoking prevalence. Though screening rates were good in Barnsley, consideration would be given to where these could be improved. It was noted that data was being considered to look at population segmentation to help plan prevention messages, though it was acknowledged that there were also data issues in this field.

Children's Health - Rachel Dickinson mentioned that this work sat alongside that been taken forward by the Children's Trust and consideration was being given to where additionality could be gained from the Health and Wellbeing Board and its partners.

An ageing population and the need to support independent living - Martin Farran provided a brief update, noting that the work on this priority would link to many of the transformation plans and most of the other significant health issues. The work would largely focus on helping older people self manage.

ii) Proposed strategy for communications and engagement.

Sharon Stoltz introduced the item, acknowledging that the Board had recognised the importance of communications and dialogue with local people and with staff.

Some work with Barnsley Council Communications had been undertaken and the report had been brought to the Board with a view to discuss the drafted aims, objectives and themes and a wider range of partners to contribute.

It was noted that the strategy would not require any additional finance but would utilise existing communications resources to provide key messages in a joined up way from a variety of agencies. The need for any messages to resonate with the community was considered important if residents were to be stimulated to change their lifestyles.

RESOLVED:

(i) that the progress made in developing the communications and engagement strategy be noted;

(ii) that the communications specialists in partner agencies are engaged to further develops the strategy for consideration at a future meeting of the Board.

47. An update on Ageing Well, Promoting Independence and Think Family programmes.

Mark Wilkinson spoke to the report to provide an update on the Ageing Well programme. It was noted that progress had been made with the proposal to implement the Care Homes pilot across Barnsley to improve services. In addition progress had been made to improve dementia diagnosis and support. It was acknowledged that early diagnosis was important to provide appropriate support. It was noted that although providers do not sit on the Ageing Well programme board they are engaged with extensively.

The meeting heard how both the Memory Assessment Service and Intermediate Care reviews had recommended re-procurement, which had been supported.

Martin Farran went on to provide an update on the Promoting Independence programme, noting its significant links to Ageing Well and the recently submitted expression of interest for pioneer status. The latter looked to new models of delivery; developing community assets and engaging people through peer networks in order achieve better outcomes.

A brief resume was given on the key components within the programme. To support universal information, access and support, a web portal would be developed to be accessed through each agency's web presence. Telehealth would be expanded in the area and throughout the region. With regards to lifetime planning and transitions, it was noted that support from an earlier age was required and increased family support.

Rachel Dickinson provided an update on the Think Family programme. The Terms of Reference had recently been to the Children's Trust for discussion. It was noted that the Rachel will chair the group to drive the programme forward. The meeting heard how the local authority will take responsibility for the Public Health for children 0-5 in March 2015 and therefore will have a key role in the early health offer.

RESOLVED: that the current position be noted and each programme board reports progress to the Health and Wellbeing Board at an appropriate juncture.

48. Improving the Health Community Urgent Care Pathway (Emergency Department 4 hour 95% target).

Steve Wragg spoke to the report, which followed on from that presented to the Health and Wellbeing Board in June 2013.

The meeting heard how there had been significant action between the Hospital Trust and the CCG to address issues which had resulted in not achieving the target. In addition it was noted that the service needed to prepare for an anticipated 15% surge in demand.

Although it was anticipated that the 95% target would be hit for September, this was narrowly missed at 94.92%. A significant plan is in place to address this issue, which has been developed utilising modelling to assess what intervention is required and at what point in the system. It was noted that in summer, people are active for longer which results in more people presenting at later times, whilst in winter patients often present with great acuity.

The meeting heard how planned interventions included longer term solutions such as the development of a discharge lounge and a pharmacy robot. In the shorter term additional bed capacity and increased staffing across a number of teams had been put in place to support the Winter Plan.

It was agreed that this indicator being symptomatic of issues elsewhere in the system which were only manifested in Accident and Emergency.

It was also acknowledged that this was a high national political priority, but that practically overcrowding can impact on care, for example making deteriorating patients hard to identify. The meeting agreed that this was an important issue for Barnsley which required continued support and monitoring.

RESOLVED:- that the report be noted and a future meeting of the Board receives a performance update on the Emergency Department 4 hour, 95% target.

49. An update from all organisations on their medium term financial situation.

Each partner provided an update on their current financial situation. The following points were noted:-

Barnsley Council - a plan was in place to achieve reductions for 2014/15 but for 2015/16 and 2017/18, £26m remained to be identified, It was suggested that this figure may increase.

It was noted that the Government had recognised the impact of austerity measures on social care and therefore a fund of £10-12m was expected to support this in Barnsley. However, it was expected that this would have a number of conditions attached.

Barnsley Clinical Commissioning Group - the meeting heard how there are in year investment opportunities, but less certainty for future years as NHS England considers how to allocate future funding. It was suggested that this may be based more around age rather than deprivation as it is currently.

Barnsley Hospital NHS Foundation Trust - it was suggested that for 2013/14 the trust will see a modest surplus. However, 5% savings are expected in years 2014/15 and 2015/16. It was suggested that there was limited scope for further efficiency savings and the Trust will be looking towards service transformation to reach the targets.

South and West Yorkshire Partnership Foundation Trust - a 4% saving for 2013/14 is to be made, with approximately 5% each year over the following 2 years, which was suggested could only be achieved through service transformation.

South Yorkshire Police - it was noted that the situation was made complex by the county wide nature of the organisation. However, it was noted that the Police and Crime Commissioner had halted any cuts to front line services, though this had placed more pressure on the back office. It was noted that there is a project to look more fundamentally at the district structure, which may result in more fundamental change.

NHS England - the meeting heard how the situation was currently unclear, £1.2m of overspend was expected in the region, within the current year. It was recognised that this was hard to avoid given the offer to patients was specified nationally and therefore scope for change to make savings was limited.

The meeting discussed the merits of sharing financial information, to plan together and achieve maximum value from the money available to Barnsley.

RESOLVED:- that an additional meeting, with a single agenda item be convened to discuss this item in more detail.

50. Joint Strategic Needs Assessment 2013.

Sharon Stoltz presented the item, noting that the process to arrive at a Joint Strategic Needs Assessment (JSNA) was an ongoing, and therefore the JSNA would be continually updated.

It was noted that the JSNA aims to provide a picture of the current and future needs of the Barnsley population, and that production of a JSNA is statutory and from 1st April, 2013 was the responsibility of the CCG and Council.

The meeting heard how the JSNA has a robust evidence base and follows a life course structure, considering 79 indicators. The meeting noted the summary report and viewed how the JSNA is presented on the internet. The online information had the ability to consider each indicator in detail including trend

data against comparators. Information on suggested actions, evidence of what works and details of information sources was also available.

The meeting noted a number of key messages from the JSNA including the following: the population in Barnsley is growing, particularly in those above age 65; life expectancy is the worst in South Yorkshire; there are significant health inequalities across the borough and health life expectancy is significantly below national comparisons.

Acknowledged were a number of causes for concern such as excess weight and obesity; low rates of physical activity; high smoking prevalence; high teenage pregnancy rates; alcohol misuse; unemployment; poor housing stock; the proportion of residents on out of work benefits and low income levels.

The meeting discussed how this information was to be utilised, through programme boards, priority action plans and plans in place through Public Health.

A comment was received that this was generally a deficit based review and it was suggested that where appropriate the document should be positive. Taking this into account it was noted that Barnsley does improve however the gap with comparators does not narrow.

Members were encouraged to provide any comments to the JSNA team before the consultation deadline of 4th October 2013.

RESOLVED:-

- (i) that the approach to the Joint Strategic Needs Assessment for 2013 be approved;
- (ii) that the Joint Strategic Needs Assessment Summary report for 2013 be approved, subject to any minor amendments approved by the interim Director of Public Health, received before the end of consultation on 4th October 2013;
- (iii) that the Health and Wellbeing Board receives reports for approval following any significant update of the JSNA;
- (iv) that the Health and Wellbeing Board receives detailed reports on specific areas of concern, as appropriate.

51. HealthWatch update

Carianne Stones spoke to the report, previously circulated. The report detailed progress made by Voluntary Action Barnsley in the establishment of HealthWatch. Progress against the implementation plan, at the development stage was provided. The meeting noted the progress in electing members to the HealthWatch Board, including to the role of chair.

Assurances were sought by members that the voices of the most vulnerable and disadvantaged were being heard and this led to the meeting discussing the format of the report.

It was suggested that future reports could focus on a smaller number of activities which had sought to engage the public and patients and which may have impacted on improvements in the service being delivered.

RESOLVED:- that the report be noted, and that future reports to the Health and Wellbeing Board are more focused on the views of users and how they may have helped influence service delivery.

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Chairman

Council Governance Unit
Town Hall, Barnsley

October, 2013