

## **HEALTH AND WELLBEING BOARD**

### **Minutes of the Meeting held on 7<sup>th</sup> January, 2013**

#### **52. 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  
 Mark Wilkinson – Chief Officer, NHS Barnsley Clinical Commissioning Group  
 Brigid Reid - Chief Nurse, NHS Barnsley Clinical Commissioning Group  
 Laura Sherburn - NHS England  
 Margaret Baker – Barnsley Health Watch  
 Sean Rayner – South West Yorkshire Partnership NHS Foundation Trust  
 Steve Wragg – Barnsley Hospital NHS Foundation Trust  
 Andy Brooke - South Yorkshire Police

#### **53. Declarations of pecuniary and non pecuniary interests.**

There were no declarations of pecuniary or non pecuniary interests.

#### **54. Minutes of the Board Meeting held on 1<sup>st</sup> October, 2013.**

The minutes of the Board Meeting held on 1<sup>st</sup> October, 2013 were considered.

With regards to accuracy, with reference to minute 47 referring to the Memory Assessment Service and Intermediate Care, it was noted that the reviews of both had commenced, however the outcome of which would be discussed by the CCG and would require approval to move forward to re-procurement.

In addition, under minute 48, it was noted that the modest surplus for Barnsley NHS Foundation Hospital trust had been stated, rather than suggested.

The meeting noted that Communications had been discussed previously and Members were made aware that an additional member of staff had been recruited to support this work. Subject to relevant pre-employment checks, the successful candidate would start in February 2014.

The meeting heard how the first Provider Forum had been held in December, 2013 and the SSDG had considered joint planning and commissioning, with the conclusion that this function be exercised through existing structures, notably the SSDG and the Board.

**RESOLVED:-** that, subject to the points of accuracy raised above, the minutes be approved as a true and correct record.

**55. Minutes of the Barnsley Community Safety Partnership Executive Committee held on 19<sup>th</sup> September and 21<sup>st</sup> November, 2013.**

The meeting received the minutes. The meeting discussed an issue regarding the reduction of available funding which impacted on support services linked to domestic violence. The board noted the importance of, and the challenge of, maintaining this service.

**RESOLVED:-** That the minutes be noted.

**56. Minutes of the Children and Young People's Trust Executive Group held on 13<sup>th</sup> September, 2013 and 15th November, 2013.**

**RESOLVED:-** That the minutes be noted.

**57. Healthwatch update.**

Carrienne Stones spoke to the report. Intelligence had suggested that there was a potential gap in systems GPs used in identifying carers, with variations from practice to practice. This had the potential of different levels of service being provided to carers. It was noted that information had been shared with an expert panel and work in partnership between Barnsley Council and GPs had resulted.

It was noted that benchmarking information was being collected and awareness raised around this issue.

**RESOLVED:-** that the report be noted.

**58. Programme updates and and Priority Action Plans:-**

**a) Stronger Barnsley Together Programme Updates**

Ageing Well - Mark Wilkinson spoke to the item, noting the principle of the programme was to increase the rate of diagnosis of dementia as historically figures had been lower than expected when compared to national rates. It was noted that SWYPFT had been commissioned to work to increase this in the final quarter of 2013/14.

In addition, the reviews of the Memory Assessment Service and Intermediate Care were noted with the importance of the latter being stressed with under capacity leading to pressure elsewhere in the system.

The issue of correct diagnosis to ensure quality of care within care homes was discussed, including the need to ensure the correct resources are in place to meet the needs of patients and provide appropriate care.

Promoting Independence - Martin Farran introduced the item, noting the recently convened programme board with Cllr Lamb as chair. The board had identified a number of projects with temporary project leads. It was acknowledged that input was required from a wider range of partners.

The meeting was supportive of the identification of Mental Wellbeing as a project, and noted the links to other areas such as Think Family, Alcohol and Substance misuse.

Think Family - Rachel Dickinson introduced the item, noting the approach taken was to provide early assistance to families in order to reduce more specialist and higher cost services in the future. The meeting heard how the board had approved their Terms of Reference and work had been underway to produce a delivery plan.

Members discussed the need to be clear about how services had or would be redesigned and the need to focus on the impact of these changes.

### **b) Health and Wellbeing Strategy Priority Action Plans and Performance Management Frameworks 2013/14.**

Scott Matthewman introduced the report, noting the significant changes since the Board approved the Health and Wellbeing Strategy in April 2013. This included the development of the Stronger Barnsley Together initiative and the achievement of Pioneer status.

Presented were the performance management frameworks, aligned to the priorities within the Health and Wellbeing Strategy, and developed by Champions selected from the board. These provided performance measures and associated actions in order to provide assurance to the board on progress. It was noted that a model of evaluation which incorporated the measurement of social value was also being developed.

Members were pleased to see the development of the frameworks. However, it was noted integration with the Stronger Barnsley Together and Pioneer work together with the transformational plans of SWYPFT and the Hospital Trust was required. It was felt that together this would provide a robust delivery plan for the strategy.

The meeting discussed the performance information provided, it was suggested that if possible, it would be useful to reduce the number of outcome measures, perhaps concentrating on those where the board could add value. It was also suggested that responsibilities for delivery should be assigned to the ones that remained. Caution not to duplicate existing performance management in other fora was also urged, with a focus on exception reporting to the Board..

Members also discussed the timeliness of data and the time lags associated with some data and the merit of ensuring plans were complementary, for example on issues such as alcohol misuse in young people.

The following discussion pertaining to the relevant sections of the Performance Framework was also noted:-

Cancer - the meeting noted the importance of smoking cessation on this priority in addition to increasing levels of screening.

Cardiovascular Disease - the need for the CCG and NHS England to work together on this priority was noted. Progress in delivering the Atrial Fibrillation Local Enhanced Service was noted, and the need to ensure initiatives in general were supported widely by GPs.

Alcohol Misuse - The meeting noted that the highest demand for services around the Christmas period was from 4-7am and although the period was one of the quietest in recent year there was still an amount of alcohol related violence.

The meeting noted that the new alcohol strategy had been launched and a single action plan been developed to be used by the Health and Wellbeing Board, Community Safety Partnership, and Drug and Alcohol Action Team.

Ageing Population and Promoting Independence - Members acknowledged the contribution this area makes to reducing unnecessary pressure on primary care. It was noted that many of the performance measures had previously been used and therefore trend data was available. However, a number were reliant on survey related data and the definitions were subject to change, which consequently would leave no comparative historic data.

The meeting acknowledged the red areas, which included the proportion of people receiving self directed payments and proportion of adults with learning disabilities in employment.

Children's Health - The meeting noted the focus on the early identification of issues and early intervention to make a difference in peoples lives. It was noted that the pathway for autistic spectrum disorder had been revised and baseline figures were expected in early 2014.

Members questioned how the targets in many of the sections had been set. It was noted that many had been established by projecting a growth on those seen in previous years, albeit with an additional stretching element.

**RESOLVED:-**

(i) that the progress in developing Performance Management Frameworks be noted;

(ii) that work continues to refine the framework in light of comments at the Board, the development of Stronger Barnsley Together, the Better Care Fund, the review of the Health and Wellbeing Strategy and development of a social value method of evaluation.

**59. Joint Financial Planning and the Better Care Fund.**

Mark Wood introduced the item, which set out the current financial position for 2013/14 for the CCG and the Council. It was noted that future allocations for the CCG had yet to be finalised and that significant funding reductions were being faced by the Council overall for 2014/15, 2015/16 and 2016/17, which it was expected would impact on social care.

In light of this it was suggested that a joint medium term financial plan for the health and social care system in Barnsley be developed. In doing so consideration should be given to the redesign of services to address challenges faced both in terms of finance and improving outcomes.

Members noted creation of the Better Care fund, a £3.8bn national fund to integrate and improve health and social care systems. This consisted of £1.9bn of existing funding already allocated across the health and social care system and a further £1.9bn which will be paid in to the fund, currently used within Acute Care.

The meeting heard how detailed guidance had been recently released and the requirement for the Board to agree how funding is to be utilised and agree measurable outcomes was noted.

It was noted that as part of this planning process the following issues needed to be taken into account:-

- The developments required in 2014/15 to enable reduction in demand in acute care;
- The protection of social care services in light of funding reductions;
- A consideration of available funding across the whole system and associated outcomes required.

It was acknowledged that integration had long been a priority for partners working in health and social care and progress was welcomed. However, it was stressed that the responsibilities associated with budgets remained the that of the budget holding organisation.

Though this was reported as an additional fund, taking into account the reductions in other budgets, the meeting discussed whether there was an overall net reduction in financial allocation to the health and social care system in Barnsley.

**RESOLVED:-**

(i) that the development of a joint medium term financial strategy be supported;

(ii) that the Board receives a report on the Better Care Fund for approval at its February meeting.

**60. Section 256 Memorandum of Agreement.**

Mark Wood introduced the item, referring to the transfer of finance from NHS England to local authorities to support adult social care services, which also have a health benefit. It was noted that this equates to £4.432m for Barnsley.

Members acknowledged the legal basis for the payment being an agreement under section 256 of the 2006 NHS Act and the requirement for approval from the Health and Wellbeing Board.

The meeting noted the report and agreed the proposed use of finance, supporting a suite of services required across a joint health and social care system and aligned to the Stronger Barnsley Together programme.

**RESOLVED:-** that the Section 256 Agreement with NHS England and the proposed use of funding as set out with the report within be approved.

**61. Director of Public Health Annual Report - implications for the Health and Wellbeing Strategy.**

Sharon Stoltz spoke to the item noting the long history of public health reports dating back to the 1850s. Also noted was the intention to discuss the scope of future reports with partners at the board.

The board was made aware of key messages within the report: health has improved but health inequalities persist; cardio-vascular disease and cancer remain the biggest causes of death; and the ageing population will continue to drive the importance of these diseases.

The meeting discussed the recommendations within the report which included improving coverage of NHS Health Checks, a focus on promotion of healthier lifestyle and behaviour change and encouraging people to take responsibility for their health.

It was noted the report also recommended actions to address wider determinants of health such as the education, skills, the economy and housing.

In addition to the recommendations it was suggested that self management needs to feature more prominently in the future to help reduce pressure in the health system and assist in overcoming dependency in the borough.

Members acknowledged the need to ensure improvement of health and wellbeing is everybody's business, focusing on prevention and the reduction of health inequalities.

The important role of the joint Health and Wellbeing Strategy was noted as was the need to take cognisance of wider policy changes and their impact on the local population.

**RESOLVED:-** that the Board notes the publication of the Director of Public Health's annual report for 2012/13 and the intention to involve partners in the production of reports in the future.

**62. Health and Wellbeing Annual Strategy Review.**

Mark Wilkinson provided an introduction to the item, referring to the recent developments under the auspices of the Board. This included the development of the 'Stronger Barnsley Together' programme, the achievement of Pioneer status and the more formal responsibilities of the Board associated with the Better Care Fund.

It was noted that since the approval of the Health and Wellbeing Strategy, partners now had a greater understanding of the challenges and opportunities faced. With this in mind it would be appropriate to develop a single borough wide strategy for health, with individual organisational accountabilities defined. It was suggested that it also be appropriate to develop a whole system financial strategy to support the delivery of this.

Members discussed the statutory requirements to produce a number of different strategies and it was agreed where possible to combine these where possible, or failing this align timescales for their production.

**RESOLVED:-**

- (i) that the Board agrees to a review of the Health and Wellbeing Strategy;
- (ii) support be given to the production of a single borough wide strategy for health and wellbeing, complemented by a whole system financial strategy;
- (iii) where strategies relating to health cannot be replaced by the single borough wide strategy, that these be informed by the Health and Wellbeing strategy and efforts be made to align timescales for production and ensure documents are complementary .

**63. Dearne Approach update - findings of community research and proposal for an Engagement Hub.**

Martin Farran introduced the report, referring to the community asset approach being taken, and the engagement with the community and partners. The meeting heard that the research highlighted access to primary care and specifically GPs as a significant issue, but one which the CCG and NHS England were aware of and were working closely to address.

Members noted the need for agencies to relinquish an element of control in order that services could be determined by communities. It was also proposed that future work should take account of intergenerational issues, noting that though the research highlighted anti-social behaviour and gangs as an issue, it was suggested that the latter was not prevalent in Barnsley and this is often an issue of perception.

The meeting supported the joining up of engagement and the establishment of an Engagement Hub, however caution was expressed that consideration should be given to existing structures to avoid duplication.

**RESOLVED:-**

- (i) that the board notes findings of the Dearne Approach community research;
- (ii) approval be given to establish an Engagement Hub, subject to ensuring duplication is avoided with any existing structures.

**64. Carers Strategy 2013-16.**

Claire Dawson introduced the item, making reference to the significant consultation in producing the strategy, which had included carers. It was also noted that carers would also be involved with the monitoring of the action plan.

Members suggested that the names in the action plan be changed to posts, noting that staff do often change. The meeting supported the value and recognition given to carers within the strategy. It was suggested that more should be done to celebrate the efforts made.

**RESOLVED:-**

(i) that the Carers Strategy 2013-16 and action plan be approved;

(ii) that the Strategy be taken into account in future developments such as the JSNA and Health and Wellbeing Strategy.

**65. Barnsley Anti-Poverty Strategy 2013-16.**

Andrea Hoyland spoke to the report noting the legal underpinning of the strategy, based on the Child Poverty Act 2010. This requires a Child Poverty Needs Assessment to be undertaken and a Joint Child Poverty Strategy developed. Members acknowledged the link between child poverty and family poverty and the impact of austerity and welfare reform.

Positive comments were made about partners contribution and Barnsley's response to this challenging agenda.

The meeting noted the links to the Economic Strategy, acknowledging that increasingly poverty is seen in families in work and not merely associated with residents on benefits.

**RESOLVED:-** that the Barnsley Anti-Poverty Strategy 2013-16 and action plan be approved.

.....  
Chairman

Council Governance Unit  
Town Hall, Barnsley

January, 2014.