HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 11th February, 2014

66. Present:-

Councillor Sir Stephen Houghton (Chairman) – Leader of Barnsley MBC
Councillor Tim Cheetham – Children, Young People and Families Spokesperson
Councillor Margaret Bruff - Children, Young People and Families Support Member
Councillor Jenny Platts – Adults and Communities Spokesperson
Councillor Chris Lamb – Public Health Spokesperson
Martin Farran – Executive Director, Adults and Communities
Helen Richardson – Assistant Director, Children, Young People and Families
Sharon Stoltz – Acting Director of Public Health
Nick Balac – Chair, NHS Barnsley Clinical Commissioning Group
Brigid Reid - Chief Nurse, NHS Barnsley Clinical Commissioning Group
Diane Smith - NHS England
Margaret Baker – Barnsley Health Watch
Steven Michael – South West Yorkshire Partnership NHS Foundation Trust
Steve Wragg – Barnsley Hospital NHS Foundation Trust
Andy Brooke - South Yorkshire Police

67. Declarations of pecuniary and non pecuniary interests.

There were no declarations of pecuniary or non pecuniary interests.

68. Minutes of the Board Meeting held on 7th January, 2014.

RESOLVED:- that the minutes be approved as a true and correct record.

69. Stronger Barnsley Together (SBT) - programme updates.

The report was introduced by the Adults and Communities Wellbeing Coordinator from Barnsley Council. Noting that it had been 3 months since Barnsley received pioneer status, the paper aimed to take stock of progress within each of the Programme Boards.

Ageing Well, led by the CCG, had a programme board in place and had completed a Project Initiation Document (PID). However it was noted that clarity was still required with regards to the projects identified, deliverables and outcomes. Also noted was the need to ensure that a wide range of partners and the community were engaged in the development of the programme.

Members noted that under Promoting Independence, led by Adults and Communities within BMBC, a draft PID had been developed and a number of projects identified, with Mental Wellbeing being a recent addition. Again, the need for further detail, such as deliverables and outcomes was required and mirroring Ageing Well, it was noted that there was a need for increased engagement. Some discussion ensued about the Mental Wellbeing project and the need to clearly define its scope. Early indications were that the focus should be on early intervention, but a number of members suggested that this

ought to be centre on supporting emotional resilience and that this should be for all ages including children.

The meeting heard how Think Family, led by Children, Young People and Families within BMBC, was the most recently developed board. It was noted that a series of workstreams were in development but that these were yet to be developed into a programme PID with defined projects.

For all areas the need to accelerate pace and for clarity to be provided through programme or project PIDs was acknowledged, as was the need for wider engagement. The need to ensure adequate capacity and an appropriate infrastructure was in place to make progress was also discussed.

To assist integration and ensure that the whole system was reformed, the need to ensure the key programmes and plans of partner agencies were aligned to Stronger Barnsley Together and to each other was stressed.

RESOLVED:-

- i) that the report be on progress be noted;
- ii) that the Senior Strategic Development Group be asked to:
 - Review the current SBT portfolio of programmes to ensure assurance can be given that there is sufficient focus to bring about the transformational, whole systems change required;
 - Ensure all programmes and projects have clearly defined PiDs and project plans, identifying commonly owned outcomes, benefits and resources;
 - Develop an action plan for delivery, with relevant timescales, milestones, and identify the resources to be allocated to each element of the action plan;
 - Ensure that all partners communicate and fully embed SBT in the business and transformation planning within respective agencies;
 - Consider where primary care development fits within SBT;
 - Put in place the infrastructure and capacity to deliver against the SBT ambitions, wherever possible looking to re-prioritise existing resources;
 - Ensure providers, individuals and communities (patients/service users/carers) are fully engaged with the SBT programme, and partners join up communications and engagement activity; and
 - Report back to the Health and Wellbeing Board on an exception basis detailing progress being made, and blockages and proposed remedial action.

70. Review of the Health and Wellbeing Strategy, CCG Commissioning plan and Better Care Fund

The Executive Director, Adults and Communities, introduced the item, noting that previously the board had approved the development of a single overarching strategy for health and social care, which would seek to replace a number of strategies, where possible.

It was noted that the document contained a very early draft of a revised Health and Wellbeing Strategy. It was acknowledged that this had been led by the CCG, and there was an intention for the document to also act as the CCG commissioning plan.

Members noted that the document also tried to tie the strategy in to operational delivery through SBT and financial arrangements such as the Better Care Fund, (BCF). Partners were encouraged to provide comments on the draft strategy, but it was acknowledged that agreement on the draft narrative for the Better Care Fund was required by the Board prior to its submission to NHS England on the 14th February, 2014.

The meeting acknowledged the need for the strategy to more fully reflect public health and the preventative agenda, which may include addressing the wider determinants of health. In addition it was also thought the document could also reflect the need to address health inequalities across the borough. In order to address this Public Health were invited to contribute to the draft document.

It was suggested that the document needed to articulate how the system would change, with an increased focus on support for people to help themselves and a recognition of the financial situation.

The meeting discussed the possibility that the finished strategy may wish to give focus to a smaller number of priorities that are delivered well, and which have a significant impact.

It was also suggested that planning resources from agencies around the board ought to be combined and committed to the further development of the strategy, though services users and the community ought also to be engaged in its development.

How the strategy would be put into operation was also discussed, with SBT providing a major part of this. However, also stressed was the need to ensure effective communication and engagement in the delivery of the strategy, once approved.

RESOLVED:-

- (i) that the draft Better Care Fund narrative be approved for submission to NHS England;
- (ii) that comments made be noted in the further drafting of the Health and Wellbeing Strategy;
- (iii) that partners consult on the revised draft of the Health and Wellbeing Strategy within their organisations and feedback comments to the Chief Officer of the CCG.

71. Joint Strategic Needs Assessment JSNA Quarterly update

The Acting Director of Public Health introduced the item referring to the November 2013 meeting of the Board, where agreement had been given to receive updates on the JSNA, when appropriate.

The meeting noted the first edition of the JNSA Newsletter. Also noted was the ongoing work to establish a Joint Strategic Intelligence Group and to develop a prioritisation framework which would facilitate needs assessments in specific areas, linked to Health and Wellbeing or wider priority areas.

The meeting supported the work, and suggested that the JSNA quarterly update could perhaps be built upon with other health related information. It was agreed that it should be circulated widely through the internal and external networks of partner agencies.

RESOLVED:-

- (i) that the first edition of the JSNA newsletter be noted and be circulated through partnership networks;
- (ii) that the ongoing work to support the further development of the JSNA be supported.

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Council Governance Unit Town Hall, Barnsley

February, 2014.