BARNSLEY METROPOLITAN BOROUGH COUNCIL
OVERVIEW AND SCRUTINY COMMITTEE

8TH APRIL 2014

31. Present: Councillors M. Sheard (Chair), D. Birkinshaw, P. Birkinshaw, S. Brook, G. Carr, A. Cave, J. Clarke, L. Duerden, M. Dyson, J. Ennis, R. Franklin, P. Hand-Davis, J. Hayward, C. Makinson, B. Mathers, K. Mitchell, R. Sixsmith, H. Spence, P. Starling, S. Tattersall and J. Wilson together with co-opted members P. Gould, K. Morritt, J. Whittaker and J. Winter.

Apologies for absence were received from Mr W. A. Haigh in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

32. Declarations of Pecuniary and Non Pecuniary Interest

There were no declarations of pecuniary or non pecuniary interest in connection with the items on this agenda

33. Minutes of the previous meeting

The minutes of the meeting held on Tuesday 11th February 2014 were approved as a true and accurate record.

34. South West Yorkshire NHS Foundation Trust (SWYFT) reorganisation proposals

The Chair welcomed Sean Rayner, District Director, Barnsley and Wakefield Business Development Units (BDUs), South West Yorkshire Foundation Trust (SWYFT), to the meeting to outline proposals in respect of the reorganisation of services.

Key points to emerge included:

- There is a requirement to make cost savings of 5%; better quality services must be provided at lower cost and smarter more innovative ways of working with partners must be fully explored.
- Better use needs to be made of technology. For example, a conference call/TV screen consultation has been trialled with diabetes patients at a GP practice in Thurnscoe. This has cut down on travel and bureaucracy and has enhanced patient experience and satisfaction levels. A similar system would work well with Chronic Obstructive Pulmonary Disease (COPD) patients.
- Patients need to be enabled to identify services which would benefit them, such as smoking cessation, weight management and active lifestyle support.
- SWYFT must rationalise the number of service outlets to secure value for money whilst maintaining quality. This could be done through smarter use of technology and mobile working solutions for staff - e.g. use of tablet devices, smartphones etc.
- The Health and Wellbeing Strategy, which will be going out for consultation, will have a greater emphasis on prevention, reducing the lengths of hospital stays,

promoting early discharge and preventing unnecessary admission across the whole system.

Members proceeded to ask questions as follows:

(i) What data is used to determine targeting of resources?

It was explained that data is at the very heart of providing the right services at the right time. The Joint Strategic Needs Assessment (JSNA) gives an overview of health in the Borough. Trends are identified along with what works and what doesn't work. Data is shared across partners in accordance with the law on a 'need to know' basis. Information sharing can sometimes be a challenge, but improvements are being made. IT can sometimes be a barrier when different systems don't 'talk' to each other but this is being addressed.

(ii) Are public transport issues taken into account when reconfiguring services? Are Area Councils involved?

It was acknowledged that access problems do arise and that health services are not good at sharing premises. For example, most areas have a GP practice and it would be sensible if other health professionals shared the same premises but this does not happen very often in practice. Members felt that affected Area Councils should be the first point of call when a service in an area was to be reconfigured. A representative from SWYFT sits on each Area Council.

Sean Rayner was thanked for his attendance and contribution to what is hoped will be an ongoing dialogue as the changes are implemented.

35. <u>The Task & Finish Groups - reports from the second round of investigations.</u>

i) *Growing the Economy Task and Finish Group*

The Chair invited Councillor Paul Hand Davis, Lead Member of the Task and Finish Group to give an overview of the investigation into creating the conditions for economic growth and greater prosperity - bringing forward development on sites earmarked for commercial units and the creation of employment opportunities.

A discussion took place around the use of industrial and commercial land for housing in accordance with government policy; the need to provide industrial and commercial premises for immediate occupation (and at reasonable cost) to encourage companies to come to Barnsley and the benefits to Barnsley of belonging to both Leeds and Sheffield City Regions as the Leader sits on both Local Enterprise Partnerships (LEPs.

It was explained that economic growth and promotion of commercial and employment opportunities for Barnsley was a very complex subject and that the support provided by Tony Weightman throughout the investigation was invaluable. Members of the group asked that their thanks and appreciation be passed on to Tony now that he has retired.

IT WAS AGREED that the Committee endorse the findings of the Growing the Economy Task and Finish Group and the Chair be invited to report these to the Council's Cabinet.

ii) *Reducing Health Inequalities Task and Finish Group*

The Chair invited Councillor Gill Carr, Lead Member of the Task and Finish Group, to give an overview of the investigation into 'what new approaches do we need to take if we are to reduce obesity in the borough?'. Witnesses and officers who had taken part in the investigation were thanked.

Members expressed disappointment at the lack of engagement of secondary schools with the investigation. There is a need to ensure that all schools are on board with the 'Change for Life' programme. A Member was aware of a growing number of obese pregnant women in Barnsley and what health complications they could potentially suffer throughout their pregnancy. It is hoped that now Public Health is under Local Authority control health improvements will start to be seen.

IT WAS AGREED that

a) The Reducing Health Inequalities Task and Finish Group report should be amended to include a further recommendation, as follows: "The Task & Finish Group recommends that a joint social marketing campaign be developed between the Council and its partners to provide a co-ordinated approach to promoting positive messages on healthier lifestyles and to publicise, more widely, how children and adults can access the weight management and leisure services available to them.'

and that

b) Committee endorse the findings of the Reducing Health Inequalities Task and Finish Group and the Chair be invited to report these to the Council's Cabinet.

iii) *Keeping our Communities Safe Task and Finish Group*

The Chair invited Councillor Ralph Sixsmith, Lead Member of the Task and Finish Group to give an overview of the investigation into adult safeguarding performance evaluation.

The investigation looked at safeguarding of vulnerable adults living both in residential care and in their own homes. All care homes in Barnsley are quality assessed under the Quality Improvement Framework (QIF), which supplements the Care Quality Commission (CQC) inspection regime. Following investigation, Members were satisfied that contracts with care providers are monitored robustly. This includes staff competency and safeguarding. All domiciliary care providers in Barnsley are compliant against the five CQC outcomes. In summary, Members felt that vulnerable people in Barnsley are adequately safeguarded and any problems will be quickly flagged up.

IT WAS AGREED that the Committee endorse the findings of the Keeping our Communities Safe' Task and Finish Group and the Chair be invited to report these to the Council's Cabinet.

A discussion took place about the work of the TFGs in general. It was felt by Members that the new informality had led to a vastly improved much better system than previously and that this should continue.

36. Corporate Plan Performance Report - Quarter Three data 2013-14

Carl Hickman (Public Health Principal, Health Improvement) and Emma White (Public Health Principal, Population Health) were welcomed to the meeting to discuss the Corporate Plan Performance Report 2013-14: 'Quarter Three' data on 'Improving People's potential and achievement'. The Committee had asked in a previous meeting for more information around performance indicators PA6 (NHS Health Checks coverage: proportion of eligible people who received an NHS health check and PA10 (Health Trainers: Proportion of people who achieved their health goal).

Health checks

It was explained NHS health checks are offered to people aged 40 -74 once every five years, delivered at GP practices. Patients are scored according to their risk of developing health conditions such as stroke, diabetes etc., over the next 10 years. Those who are determined to be at high risk are referred to lifestyle services and their GP informed.

The responsibility for health checks shifted to the Local Authority on 1st April 2013 with the transfer of Public Health. Performance over this transition period has been very good and the health checks themselves have been well received in Barnsley.

Members proceeded to ask a number of questions:

(i) How do we monitor that checks are being done - are results broken down by age?

It was explained that NHS Barnsley developed an IT programme to ensure that every component of the health check is mapped and work is ongoing with the designers of the IT programme to ensure that the right people are targeted for checks. By the end of 2014 data will filter through. Public Health do not have an age breakdown, this is confidential information retained by GPs, but it is known that non-attendees are predominantly males aged between 40 and 55. All GPs in Barnsley deliver the health check but follow-up varies and this variation needs to be explored.

(ii) What is the cost to the Council of the tests?

Costs have previously been on a sliding scale, but the new service specification is based on a fixed fee of £45 per check. This represents value for money as the tests can identify, and thus help to prevent, the risk of long term conditions from developing.

(iii) How can we encourage uptake of the tests?

A marketing programme is in progress to target poor uptake in some areas using aggregated population information and data from GPs. Personal information is not used and individuals cannot be identified.

Health Trainers

Carl Hickman gave an overview of the role of Health Trainers, who are part of the Lifestyles Service. Weight management, physical activity and smoking cessation are addressed through behaviour change/motivational interviewing. The health trainer service is a free, confidential one to one service of 12 one hour sessions with the aim of making

small, sustainable, realistic changes, giving the client control and building self esteem and self efficacy. The primary goal (e.g. to lose weight) is determined by the client, with a number of smaller, secondary goals which build towards achievement of the primary goal.

In terms of performance, the Health Trainers achieved 3,392 Personal Health Plans (PHP) against a target of 3,440, slightly below target. PA10 relates to people achieving their PHP; they achieved 1,575 against a target of 1,449, so over achieved on supporting people to achieve their primary goal. This represents a 46.4% achievement rate. Also, 9,024 smaller goals were set with 6,723 achieving their goal representing a 74.5% success rate.

The Health Trainers support health champions in communities and are linked in to GP practices and health checks. Links are being made with the Area Councils and Ward Alliances. Members were aware of the many benefits of the Health Trainer service in their wards and felt that it was a pity it had not started several years ago.

Witnesses were thanked for their attendance and contribution.