

## HEALTH AND WELLBEING BOARD

### Minutes of the Meeting held on 12<sup>th</sup> August, 2014

#### 1. Present:-

Councillor Sir Stephen Houghton (Chairman) – Leader of Barnsley MBC  
 Councillor Jenny Platts – Communities Spokesperson  
 Councillor Karen Dyson – People (Safeguarding) Support Member  
 Diana Terris – Chief Executive  
 Martin Farran – Executive Director, Adults and Communities  
 Rachel Dickinson – Executive Director, Children and Young People  
 Lesley Smith – Interim Chief Officer, NHS Barnsley Clinical Commissioning Group  
 Nick Balac – Chair, NHS Barnsley Clinical Commissioning Group  
 Brian Hughes – NHS England  
 Adrian England – Barnsley Health Watch  
 Steven Michael – South West Yorkshire Partnership NHS Foundation Trust  
 Steve Wragg – Barnsley Hospital NHS Foundation Trust

#### 2. Declarations of pecuniary and non pecuniary interests.

There were no declarations of pecuniary or non pecuniary interests.

#### 3. Minutes of the Board Meeting held on 3<sup>rd</sup> June, 2014.

The meeting received the minutes from the previous meeting of the board, held on 3<sup>rd</sup> June, 2014.

Members noted that the HealthWatch Annual Report had been produced and had been circulated.

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

#### 4. Minutes from the Children and Young People's Trust Executive Group held on 9<sup>th</sup> May, 2014 and 27<sup>th</sup> June, 2014.

The meeting received the minutes from the Children and Young People's Trust Executive Group, held on 9<sup>th</sup> May and 27<sup>th</sup> June, 2014.

**RESOLVED:-** that the minutes be received.

#### 5. Minutes from the Community Safety Partnership held on 16<sup>th</sup> May, 2014.

The meeting received the minutes from the Community Safety Partnership, held on 16<sup>th</sup> May, 2014.

**RESOLVED:-** that the minutes be received.

#### 6. Notes from the Anti-Poverty Board held on 23<sup>rd</sup> June, 2014.

The meeting received the notes from the Anti-Poverty Board, held on 23<sup>rd</sup> June, 2014.

**RESOLVED:-** that the notes be received.

**7. Minutes from the Provider Forum held on 11<sup>th</sup> June, 2014**

The meeting received the minutes from the Provider Forum, held on 11<sup>th</sup> June, 2014.

**RESOLVED:-** that the minutes be received.

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

The item was introduced by the Chair of Barnsley Hospital NHS Foundation Trust. Members noted that current levels of performance were at approximately 98% over the past few months.

It was acknowledged that there were a number of days where the target had not been reached, and the reasons for this were being explored.

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

**9. Barnsley Safeguarding Children Board – Annual Report 2013/14 and Protocol with the Health and Wellbeing Board.**

The Chair of the Barnsley Safeguarding Children Board was welcomed and introduced the report. It was noted that feedback from Ofsted regarding the direction of travel was positive.

Acknowledged was the need to formalise the relationship between the two boards and the meeting received a proposed protocol seeking to clarify this. It was noted that the Director of Children's Services was a member of both and therefore could act as a conduit for escalating issues when necessary.

**RESOLVED:-**

(i) that the Barnsley Safeguarding Children Board Annual Report 2013/14 be received;

(ii) that the Protocol between the Barnsley Safeguarding Children Board and the Health and Wellbeing Board be approved.

**10. Care Act**

A presentation on the Care Act was given by the Business Planning and Development Manager, from the Adults and Communities Directorate.

The meeting noted that the Care Act replaced a number of pieces of legislation and reinforced the current direction of travel including promoting early intervention, personalisation, focusing on wellbeing and living independently.

Individual Wellbeing - noted was the change to criteria being based on risk to wellbeing and support being based on 'good life' based on a person's wishes. It was acknowledged that wellbeing encompasses a wide range of factors such as work, education, relationships, accommodation, and contribution to society.

Prevention – noted was the universal duty to all adults, whether or not they have current health or care needs. Also noted was the intention was for these services to remain free of charge.

Information and advice – Members heard of the duty for provision to cover the whole population, rather than those with existing care needs. Noted was an emphasis on independent financial advice to make informed decisions about future care.

Market shaping – Members heard of the duty to facilitate the market for high quality care for the whole population, including self funders. Also noted was the duty to foster a workforce, throughout the sector, that delivers high quality care.

Assessment – The meeting noted that in the future there was a duty to assess where there may be care and support needs whether or not the Council has a duty to meet these. Although it was noted that this assessment would need to be proportionate. It was acknowledged that the Act enshrined principles such as direct payments and personalisation.

Eligibility criteria – Members heard of the duty to help people meet non-eligible needs through such as signposting. Noted was the fact that eligibility would not depend on whether an individual has existing or planned access to a carer.

Safeguarding – it was noted that Safeguarding Adult Board would now be placed on a statutory footing, with requirements to produce an annual report, formalising current arrangements in Barnsley.

Deferred Payments – it was noted that this provision would only be applied from April 2015, and that systems to implement should be self financing. However it was recognised that a number of details were still to be finalised.

Members noted the wide range of provisions within the Act, and acknowledged that although there was much consolidation of good practice, new statutory responsibilities may require appropriate planning and changing ways of working. Members acknowledged that the Act had some complementarity with the work in Barnsley being undertaken by virtue of its Pioneer status.

The meeting discussed the introduction of a cap on care costs and the details of its administration. Noted was the need to raise awareness of how the cap was calculated and manage expectations of the public. It was suggested that all agencies would necessarily be involved in this, and that key messages in plain English were essential. It was acknowledged that HealthWatch would play a major role in engaging service users.

#### **RESOLVED:-**

- (i) that the duties under the Care Act be noted and that all agencies make the necessary preparation to implement its provisions;
- (ii) that changes are communicated with the public at an appropriate juncture, through all agencies, with HealthWatch playing a significant role.

## 11. **Better Care Fund**

The item was introduced by the Director of Operations and Delivery for the NHS England Area Team. Members were made aware of the revised guidance, and the process for development of plans and associated financial forecasts. It was noted that the deadline for submission was 19<sup>th</sup> September, 2014.

The meeting discussed the performance target associated with the fund, to reduce emergency admissions by 3.5%. Concern was expressed that other emergency pathways such as for mental health had been overlooked.

Members noted that a 'temperature check' had been completed and submitted following discussions with a wide range of agencies. This provided a check on progress and had identified areas where support may be required.

AS the allocation of the Better Care Fund was the responsibility of the Board, It was noted that an additional meeting would be required in order to sign off proposals before the submission date of 19<sup>th</sup> September, 2014. It was acknowledged that the BCF working group and Senior Strategic Development Group (SSDG) would progress the work, but that if necessary, any issues would be raised with Board members in advance of the submission date.

### **RESOLVED:-**

(i) that the report be received..

(ii) that a special meeting of the Health and Wellbeing Board be organised in advance of the 19<sup>th</sup> September, 2014 in order to approve details of the Better Care Fund proposals prior to submission.

## 12. **Ernst and Young – Barnsley Health and Social Care Economy Baseline and Financial Challenge**

The meeting welcomed colleagues from Ernst and Young who had been working with West Yorkshire, South Yorkshire and Bassetlaw commissioning units.

Members noted the two requirements of the work:-

1. To determine the size of the financial challenge facing the Barnsley Local Health Economy over the next 5 year period;
2. To work with stakeholders within the Barnsley Local Health Economy to model the impact of potential interventions across the system with reference to the financial impact on their organisations.

It was noted that current work on the first requirement identified a funding gap of approximately £180.5m over next 5 years, should the status quo be maintained.

Members noted the need to validate figures used and the assumptions made to arrive at the preliminary shortfall figure, and that meetings had been arranged with member organisations in order to do so. It was acknowledged that these discussions would impact on final shortfall figures.

It was expected that work would conclude around the end of August, at which time a completed model would be then be passed to the Health and Wellbeing Board for their use in future planning.

**RESOLVED:-**

(i) that the update be noted;

(ii) that partners engage in providing information to ensure information used and assumptions made are as accurate as possible.

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Chairman

Council Governance Unit  
Town Hall, Barnsley

August, 2014.