BARNSLEY METROPOLITAN BOROUGH COUNCIL
OVERVIEW AND SCRUTINY COMMITTEE

2nd DECEMBER 2014

17. Present: Councillors Ennis (Chair), D. Birkinshaw, P. Birkinshaw, Brook, G. Carr, Cave, Franklin, Hayward, Johnson, Makinson, Mathers, Mitchell, Morgan, M. Sheard, Sim, Sixsmith, Unsworth and Worton together with co-opted members Pauline Gould, Joan Whitaker and W.A. Haigh.

Apologies for absence were received from Ms K. Morritt in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

18. Declarations of pecuniary and non-pecuniary interest

There were no declarations of pecuniary and non-pecuniary interest.

19. Corporate Plan Performance Report, Quarter 2, 2014/15

Martin Farran, Executive Director for Adults and Communities, Kath Harris, Assistant Director, Older People and Vulnerable Adults, Keith Dodd, Business Planning and Development Manager, Cllr Jenny Platts, Communities Spokesperson and Cllr Margaret Bruff, People (Safeguarding) Spokesperson were welcomed to the meeting and invited to give an overview of Barnsley's performance regarding the number of permanent admissions of people aged 65 and over to residential and nursing care.

It was advised that this indicator is reported nationally and Barnsley are not the best performers, however we are also not the worst. It was explained that there are a number of factors which require consideration alongside this particular performance indicator including the population, economy and other performance indicators which link to our Better Care Fund Plan. Work is being undertaken to increase the number of people with personal budgets and avoid people being admitted to acute care, thereby enabling people to remain in their own home.

Members proceeded to ask the following questions:

(i) Regarding emergency admissions to hospitals, if GP's did more home visits, would less people need to go to hospital? Also, are we monitoring GP performance in terms of them preventing people going into hospital?

It was advised that the Council does not commission Primary Care and GP services. However there are a number of key projects in Barnsley which involve agencies working together to prevent people going into hospital for example by providing better information and advice. The CCG (Clinical Commissioning Group) have put in resources to model areas in Primary Care regarding Social Prescribing and are working with Area Councils as to how they can provide better support.

The committee was informed that the focus should be to prevent people going into hospital rather than just getting them out and there needs to be increased capacity in communities to assist with this. The system is complicated to navigate therefore going to hospital is seen as an easier option. There needs to be a 'right care co-ordination centre' where people can find out about alternative services to hospitals. Therefore preventing admissions is not just down to Primary Care and GPs.

The group was advised that through the Better Care Fund we're looking to reduce admissions to hospitals and look at where particular problems are arising.

(ii) Are we where we need to be in terms of having integrated services across all partner agencies?

It was explained to members that there are positives and we do have a history of working well together e.g. the PCT (Primary Care Trust), the CCG and direct providers; however there is always room for improvement. It is important that services are integrated through the care pathway.

Data sharing is a big challenge and Barnsley is one of the first to have invested in integrated records. Through the N3 connection information can be legally shared and we have a two year plan to progress this work. By using reports from this information e.g. the bed usage report, we can identify where patients are spending too much time in acute care. This helps us to be more cost effective and to provide better services to patients.

(iii) What assurance do we get that when residents don't go into acute care that we get the money to help them stay at home?

It was advised that we look at evaluations from service users, carers and staff regarding the care that has been provided. It was highlighted that targets aren't absolute but we know that those not in institutions tend to report a better experience. The challenge under the current financial pressures is to keep people out of care, particularly when they would be better being cared for in their own home by their own family network.

(iv) Can you outline Barnsley's performance against its comparator group?

The group were informed that there are national targets in relation to the Better Care Fund as all areas recognise that there are too many people going into acute care. This problem is only likely to increase as the number of people with dementia rises as a result of a growing elderly population. It was also highlighted that the data doesn't take account of length of stay therefore we could be placing a high number of people into homes but only for a short length of time.

(v) What bed provision is available in Barnsley for our residents?

It was stated that Barnsley has 2000 residential care beds and we commission about 700-750 of those. We have around 100 residential care and 150 residential nursing care homes. Barnsley is seen as a good place to build nursing homes due to its location and we have some bed vacancies which is seen as good practice.

(vi) How do people in the borough find out what help is available?

It was highlighted that the department are in the process of re-drafting the universal information and advice strategy which includes co-ordinating all partner information. The 3rd sector also gives special advice and support such as Age UK, BIADS (Barnsley Independent Alzheimer's and Dementia Support) as well as specialist teams in mental health. There's a plethora of ways we could make better use of this.

(vii) There are a number of people who currently care for e.g. their partner and are scared their relative will be taken away from them and put into care, where they will no longer be involved in their care. Therefore, what is being done to assure them this won't happen?

It was advised that there is a plethora of information from different agencies advising of care options. It is also noted that Barnsley is leading the way in terms of people having personal budgets, including the combination of both their health and social care budget. We're working for example with Barnsley Hospice so people are aware of what is out there and so that they can maintain independence.

(viii) Who draws up which other areas we're compared with in the country in terms of data?

Members were informed that this is done nationally where a number of factors are taken into account. It is probably most helpful to compare Barnsley with Rotherham and Wakefield as they share some of the same services, however it is not absolute but acts as a helpful indicator of performance.

(ix) Are there enough good private care providers in the borough and have we got enough good quality care to keep people out of hospital?

It was stated that there are a number of providers within the borough; there are 78 nursing homes with 40+ residents in each. Overall there are a sufficient amount of private care providers although we do have certain providers which are preferred and we are working to improve quality in provision. Our nursing homes are under-utilised in the borough as people are in residential homes. There is a cost premium to having nurses in homes and it is difficult to retain staff.

(x) What information is given to relatives about End of Life care plans?

The committee were informed that there is always more that can be done to give people a better knowledge of information which is out there and to promote this better. There is a lot of support from the Hospice which gives them the information they need about their loved ones. There is also a 7-day-a-week support system at the hospital which involves the social care work team.

(xi) Dementia is on the rise therefore how are we going to address this?

Members were informed that the system recognise the increasing numbers of people diagnosed with dementia and the increasing strain this is going to put on services. However it is also noted that we need to distinguish between memory

loss in older age and dementia. It is also difficult for GPs to take people through the assessment for dementia as they don't have sufficient time during appointments. Due to the industries in Barnsley people tend to have ill health for a longer period during their lives; therefore we need to support people in caring for others and slowing for example the progression of dementia.

The witnesses were thanked for their attendance at the meeting and it was noted that this is an important indicator which needs to be kept to a minimum and dealt with through inter-agency working.

20. Barnsley Clinical Commissioning Group's (CCG) Patient and Public Engagement

Chris Ruddlesdin, Governing Body Lay Member for the CCG's Public and Patient Engagement, Vicky Peverelle, Chief Of Corporate Affairs at the CCG and Kirsty Waknell, Communications and Engagement Manager at the CCG were welcomed to the meeting and were invited to give an overview of patient and public engagement activity by Barnsley CCG.

The committee were advised that the Patient and Public Engagement Activity report explains the CCG's whole system approach to public engagement and consultation with people across the borough.

The report highlighted that there are a number of ways in which the CCG engages with the community. This includes working with local groups, forums and also more formal and structured approaches. Barnsley CCG have a commitment to ensuring the services that they commission support people across the borough to be more engaged with the decisions about their own care so that they can manage their own conditions.

Members proceeded to ask questions as follows:

(i) Is there a breakdown of the money allocated for each patient as the CCG has a budget of £365million for 37 member GP practices?

It was explained that the CCG is given money to purchase healthcare but doesn't buy any specialist services. The CCG now has 36 practices as some have merged and this covers around 244,000 patients. However some of these patients come from over the border e.g. Rotherham so the money is not simply split as per the number of patients. Barnsley has not received the correct amount of funding for the number of patients and the deprivation in the borough, however this is slowly being corrected.

(ii) What are the 7 priority areas referenced on page 3 of report F?

It was highlighted to members that there are a number of boards to cover these areas which have been consulted on in the communications plan. These include the Ageing Well Board which reviews the intermediate care services, care homes and develops integrated teams and case management of long term condition patients. The Think Family board gives information, advice and guidance to families and

practitioners. There are also Promoting Independence, Cancer Board, Planned Care and Unplanned Care Boards.

(iii) With regards to Public Health and narrowing the gap how do you share relevant information with GPs as I gave my GP our Ward Alliance figures which they weren't aware of but found very useful?

Members were advised that the CCG works collaboratively with Public Health regarding the Joint Strategic Needs Assessment (JSNA) so this information is available to all; however it is acknowledged that this information is not useful for individual GP areas. Ward information regarding children has recently been completed which is helpful, we need to progress this so that local communities can be aware of the needs in their local areas.

(iv) How can Members help with engaging communities in the work of the CCG?

It was advised that the CCG are involved with Area Councils and it is key that they continue to work together to ensure that work isn't duplicated across the different agencies. As there are six Area Councils we have one representative on each, and we also have reserves if people are unable to attend one of the meetings.

The CCG have also taken Governing Body meetings to different areas in the community so that people have the opportunity to attend. At the beginning of these meetings a fictitious story (similar to a real event) is shared to raise attention to problems in the area. It would be helpful if elected members attended these meetings to give a brief presentation on issues in the local area. It was highlighted to Members that all information on Barnsley CCG's meetings can be found on the website and are also advertised in The Chronicle. The meetings are on the second Thursday of every month at 9:30am.

(v) Do you engage and consult on your strategy regarding commissioning decisions and is this linked with the Health and Wellbeing Board/JSNA?

It was explained that there are a number of conflicting pressures with regards to providing health services. If we went and asked people what they needed, they would come up with a range of things. We don't want to just look at the JSNA and tell people what they need and neither can we offer an open wish list. Therefore this is an area of tension and has to be a careful balancing act in our work.

(vi) What is the Community Assets project?

The Committee was informed that this is a new initiative and Community assets under this project are people. It was explained that there are 244,000 people in the community to speak to regarding health services, however there is only a small team to do this. The CCG works with partners and does consultation work, but this only reaches small numbers, therefore are working on how many people get involved. The CCG wants to invest in communities and train people up to go and find out what others think. We will then be able to pay these trained people and they can give us a richer picture from representative groups.

The CCG acknowledged that local community groups are an under-used resource, however that there are still costs to training them up. This however, avoids using an expensive mystery shopper company and the money will go back into the Barnsley economy rather than to companies elsewhere.

(vii) Why are there no eye screening machines out in communities, particularly as we want to encourage people to look after their own health?

The CCG advised that you can't screen everyone due to very high costs with little output. Eye screening is expensive and has to be carried out with limited resources; therefore we need to concentrate these specialist services centrally so they are accessible to the majority of people equally. There are also varied outcomes to screening.

The CCG acknowledged that there is a challenge to getting messages out to communities regarding services, for example as to why people aren't being screened for certain things. Similarly, a GP surgery started holding Saturday morning surgeries to provide better availability of access; however no-one was attending as the community may not have been aware of this service. Therefore we will take this issue back to the CCG for further discussion to ensure that messages are disseminated and clear.

(viii) 45% of women smoke in the Dearne whilst pregnant, however how many people drink?

The team advised they were unable to answer this with facts and figures, but would forward on the JSNA. It was also noted that 45% are only the ones we know about, particularly as people can't smoke in public, they often just do it in their own homes.

(ix) If GP Surgeries are open 7 days a week, how are we going to maintain quality services, particularly when we're already short of doctors?

Members were informed that GP's need to be flexible and ensure they are being responsive to patient needs. This includes better opening times to enable patients to make an appointment that was suitable for them. A lot of strain would be taken off GP services if more patients knew about the 37 conditions which you can go to your local pharmacy first for, rather than booking an appointment with your GP. The CCG team advised they would circulate information to Members regarding this scheme.

(x) How do you decide what areas to consult on, for example you consulted on the dermatology services but not the spending on winter resilience?

The CCG acknowledged that they should be consulting on everything in theory, including every single change in service, however this is not possible. Therefore we try and consult where the public can change the outcome. The resilience fund works to a tight timescale and we have a group which works on this made up of the voluntary sector and Heathwatch Barnsley. The fund tends to be used to do 'more of the same' therefore it is not worth going out to wider consultation on this.

21. Police and Crime Panel Joint Working Protocols

The Chair explained to Members that the 'Police and Crime Panel Joint Working Protocols' were for information purposes and for them to agree that they were happy with the proposed protocols. It was highlighted to members that Cllr Jeff Ennis would attend this panel as per the document and that we would share with them any Scrutiny issues we looked at in Barnsley which may impact on their work.

Members agreed that they were happy with these arrangements and for this to be reported back to the South Yorkshire Police and Crime Panel as appropriate.

22. Minutes of the meeting held on 30th September 2014

Minutes of the meeting held on 30th September 2014 were approved as a true and accurate record.

The Chair thanked the representatives from Barnsley CCG for their attendance and contribution.

ACTIONS:

a) The prevention agenda at a community level needs to be key in the Council and its partner agencies work to prevent admissions to residential and nursing care as well as other services such as A&E.

b) The re-drafting of the Council's universal information and advice strategy needs to ensure that information is disseminated and shared effectively through local agencies and communities regarding local services.

c) CCG to share data with GPs so they're aware of deprivation information and issues in the local communities they serve.

d) CCG to share dates and locations of governing body meetings so that Members can attend and Members to invite the CCG to hold these meetings in their localities.

e) CCG to consider how to better communicate messages regarding screening and services with communities.

f) CCG to provide a copy of the JSNA as well as the Pharmacy First scheme.

g) A copy of the minutes from this meeting to be sent to the South Yorkshire Police and Crime Panel as appropriate, confirming that Members are happy with the joint working protocols.