

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 14th April, 2015

45. Present:-

Councillor Sir Stephen Houghton CBE (Chairman) – Leader
 Councillor James Andrews BEM – Deputy Leader
 Councillor Margaret Bruff – People (Safeguarding) Spokesperson
 Councillor Jenny Platts – Communities Spokesperson
 Diana Terris – Chief Executive
 Rachel Dickinson – Executive Director, People
 Julia Burrows – Director of Public Health
 Lesley Smith – Chief Officer, NHS Barnsley Clinical Commissioning Group
 Nick Balac – Chair NHS Barnsley Clinical Commissioning Group
 Adrian England – Barnsley Healthwatch
 Liz Watson – South Yorkshire Police
 Sean Raynor – South West Yorkshire Partnership NHS Foundation Trust
 Richard Jenkins – Barnsley Hospital NHS Foundation Trust

46. Declarations of pecuniary and non pecuniary interests.

There were no declarations of pecuniary or non-pecuniary interests.

47. Minutes of the Board Meeting held on 3rd February, 2015.

The meeting considered the minutes of the previous meeting, held on 3rd February, 2015.

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

48. Minutes from the Children and Young People’s Trust Executive Group held on 8th February, 2015.

The meeting considered the minutes from the Children and Young People’s Trust Executive Group, held on 8th February, 2015.

It was noted that there were currently no issues requiring escalation to the Health and Wellbeing Board.

RESOLVED that the minutes be received.

49. Minutes from the Community Safety Partnership held on 13th November, 2014.

The meeting considered the minutes from the Community Safety Partnership held on 13th November, 2014.

Arising from minute 3, the meeting noted the need for better engagement with private landlords, perhaps through the recently formed Strategic Housing Partnership.

RESOLVED:-

- (i) that the minutes be received;
- (ii) that Chief Supt. Watson makes appropriate arrangements for the engagement with private sector landlords with the Community Safety Partnership in consultation with Council officers.

50. Notes from the Anti-Poverty Board, held on 27th October, 2014, 8th December, 2014, 16th February, 2015 and 9th March, 2015.

The meeting considered the notes from the Anti-Poverty Board.

RESOLVED that the notes be received.

51. Minutes from the Provider Forum held on 9th March, 2015.

The meeting considered the minutes from the Provider Forum meeting, held on 9th March, 2015.

RESOLVED that the minutes be received.

52. Barnsley CCG Clinical Senate – Terms of Reference

The meeting considered the CCG Clinical Senate terms of reference and noted the plan to review them shortly. It was intended to involve representation from social care services for appropriate items in the future.

RESOLVED that the role of the Clinical Senate and the proposal to review the terms of reference be noted.

53. Better Care Fund – Section 75 Agreement and revised target for Emergency Admissions

Members noted the report with recommendations approved by Cabinet on the 25th March, 2015. Members noted the establishment of a partnership board, the Senior Strategic Development Group, to oversee the arrangements and an update was provided as to the progress in agreeing appropriate risk sharing arrangements.

RESOLVED:-

- (i) that the report be received and the progress made in agreeing the apportionment of risk be noted;
- (ii) that a further report be submitted on the proposed arrangements for monitoring the financial risks associated with the Better Care Fund and how this is escalated to the Board.

54. Be Well Barnsley

Members received the report which detailed arrangements for the commissioning of an integrated health and wellbeing service for Barnsley known as 'Be Well Barnsley', in particular to develop a preventative approach.

RESOLVED:-

- (i) that the progress made on re-commissioning of an integrated health and wellbeing services known as Be Well Barnsley be noted;
- (ii) that the contribution that Be Well Barnsley will make to support the outcomes of the Health and Wellbeing Strategy 2014/19 be noted;
- (iii) that the Public Health Strategy be submitted to a future Board meeting for consideration.

55. Commissioning of Substance Misuse Services

Members considered the report which gave details of the planned commissioning of substance misuse services in Barnsley, with contracts to be implemented from 1st April, 2016. The meeting noted safeguards in place to ensure that the recent successes in addressing issues relating to substance misuse were not lost. Members also discussed the importance of developing a long term strategy to reduce substance misuse related admissions at A&E.

RESOLVED :-

- (i) that the contribution that the substance misuse service will make to support the outcomes of the Health and Wellbeing Strategy 2014/19 be noted.
- (ii) that the reduction in funding and future funding uncertainty be acknowledged;
- (iii) that the work in progress to ensure the successful procurement of the service within the designated timescales be supported.

56. Joint Strategic Intelligence Assessment (JSIA)

Members received a presentation from Chief Superintendent Liz Watson and Sergeant Gillian Blake, which provided some detail about the JSIA, the recent 'light touch' review and the proposal for 2015/16.

The meeting noted the current challenges including budgetary constraints and the rise in use of new/novel psychoactive substances.

RESOLVED:-

- (i) that the Barnsley Joint Strategic Intelligence Assessment be approved;
- (ii) that the planned integration with the Joint Strategic Needs Assessment over the next 12 months be welcomed together with a more methodical use of data and intelligence in service planning.

57. CQC – Looked After Children and Safeguarding Review

Members received the report noting the review of services for Looked After Children and Safeguarding in Barnsley conducted by the Care Quality Commission from 17th – 21st November, 2014.

The key findings were acknowledged, as was the delay in receiving the report.

RESOLVED that the information provided and the implications for partner organisations be noted.

58. Provider Forum Annual Report

The meeting considered the report from the Provider Forum, which followed 4 meetings of the Forum and summarised activity to date.

Noted in particular was the work partners through the forum had undertaken to support the reduction in A&E attendance and admissions in 2015/16.

RESOLVED :-

- (i)** that confirmation be given that the Terms of Reference for the Provider Forum remain relevant;
- (ii)** that the Council's Cabinet be recommended to add the Chair of the Provider Forum to the membership of the Health and Wellbeing Board, and additionally that they attend SSDG as part of their role;
- (iii)** that SSDG consider priorities for activity where providers can contribute most effectively to achieving the objectives of the Board.

59. Anti-Poverty Board Update and Poverty Needs Assessment

The Board noted the report and received a presentation from Andrea Hoyland, Think Family Programme Manager, and Liz Pitt Research & Business Intelligence Manager, on information arising from the Poverty Needs Assessment. The assessment would be published and used to prepare an updated strategy, poverty impact measures and performance monitoring arrangements.

RESOLVED:-

- (i)** that the update and presentation on the Poverty Needs Evidence Base be received;
- (ii)** that the information be shared by partners within their organisations;
- (iii)** that the refreshed strategy, impact and performance measures and implementation action plan be submitted to a future meeting of the Board for endorsement.

60. Systems Resilience Group Exception Report

Members considered the report detailing the work of the System Resilience Group (SRG), which comprised representatives from the CCG, Council, NHS England and principal NHS providers.

The meeting noted that BHNFT had achieved the 4 hour waiting target for A&E in 2014/15 and Members expressed their congratulations for this.

The two main areas of concern in 2014/15 of ambulance response times and the implications of funding reductions for Tier 1 Intermediate Care beds were noted.

RESOLVED:-

- (i)** that the role and membership of the System Resilience Group be noted;
- (ii)** that the key areas which have been the focus over the winter period be acknowledged;

(iii) that the Board agrees to receive highlight reports on the work of the group, subject to a detailed report being submitted on issues relation to Ambulance Service Performance.

61. BHNFT 5 Year Strategic Plan

Board Members considered the 5 Year Strategic Plan from Barnsley Hospital NHS Foundation Trust. The report highlighted the context of the financial and governance challenges facing the Trust, and proposed actions to rectify the position over the next two years.

RESOLVED that the 5 Year Strategic Plan be received.

62. SSDG Highlight Report

Members received the report in which SSDG highlighted the following issues, providing detail on each to the Board:- Better Care Fund, Integrated Personal Commissioning, Commissioning Primary Medical Services, Integrated Care and Support Pioneer and Early Start and Families – Family Centre Programme.

RESOLVED:-

(i) that the content of the report be noted;

(ii) that the Board continues to receive reports from SSDG on an exception basis to give context to emerging challenges, pressures and opportunities.

63. I HEART Barnsley

The report was received, which detailed the application made by Barnsley CCG to the Prime Minister’s Challenge Fund ‘Improving Access to General Practice’.

The meeting noted that work was still being undertaken to develop the model in detail.

RESOLVED that the success of the bid be acknowledged and the proposed outline model to improve patient access to General Practice in Barnsley be noted.

64. Scott Matthewman – Appreciation

The Chair reported that Scott Matthewman was leaving Barnsley to take up a role with East Riding CCG and expressed his thanks to him for the work he had done to develop the health and wellbeing arrangements in Barnsley.

RESOLVED that the Chair’s comments be endorsed.

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Chairman