

<b>MEETING:</b>	Health and Wellbeing Board
<b>DATE:</b>	Tuesday, 8 December 2015
<b>TIME:</b>	4.00 pm
<b>VENUE:</b>	Reception Room, Barnsley Town Hall

## MINUTES

### Present

Nick Balac, NHS Barnsley CCG (in the Chair)  
 Councillor Jim Andrews BEM, Deputy Leader  
 Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)  
 Councillor Jenny Platts, Cabinet Spokesperson for Communities  
 Carrienne Stones, Healthwatch Barnsley  
 Rachel Dickinson, Executive Director People  
 Wendy Lowder, Interim Executive Directors Communities  
 Julia Burrows, Director of Public Health  
 Sean Rayner, South West Yorkshire Partnership Foundation Trust  
 Richard Jenkins, Barnsley Hospital NHS Foundation Trust  
 Bob Dyson, Chair Adult Safeguarding Board

### 21 **Declarations of Pecuniary and Non-Pecuniary Interests**

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

### 22 **Minutes of the Board Meeting held on 13th October, 2015 (HWB.08.12.2015/2)**

The meeting considered the minutes of the previous meeting held on 13<sup>th</sup> October, 2015.

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

### 23 **Minutes from the Children and Young People's Trust Executive Group held on 6 November, 2015 (HWB.08.12.2015/3)**

The meeting considered the minutes from the Children and Young People's Trust Executive Group held on 6<sup>th</sup> November, 2015.

The meeting noted the progress in developing the CYP Plan for 2016-19. The focus of all partners in tackling persistent absence from school was particularly welcome, given the clear links between levels of educational attainment and good health.

**RESOLVED** that the minutes be received.

### 24 **Notes from the Anti-Poverty Board held on 12th October, 2015 (HWB.08.12.2015/5)**

The meeting considered the notes from the Anti-Poverty Board held on 12<sup>th</sup> October, 2015.

The meeting noted the transition of the Board into a delivery group, which was progressing an action plan, to be submitted to the Health and Wellbeing Board in February 2016.

**RESOLVED** that the notes be received.

## **25 Adult Safeguarding Board - Annual Report (HWB.08.12.2015/6)**

The Chair of the Adult Safeguarding Board, Bob Dyson, presented the Annual Report and paid tribute to the out-going chair, Cllr Platts, and Kath Harris for the progress made that time. The Board arrangements had only become statutory in the past year, with the implementation of the Care Act, and was looking to build on the progress made to-date.

The meeting noted that the priorities and challenges for the next year, particularly to implement the Care Act and the pressure arising from assessments required under the mental capacity act. The Board was also conscious of their counter terrorism responsibilities. However, Bob Dyson acknowledged the strong commitment from partners to meeting the objectives of the Board.

The meeting noted that the Annual Report had already received Cabinet consideration, followed by a robust session at the Safeguarding Scrutiny Committee, where the efforts to deal with the issue of neglect had received specific challenge.

### **RESOLVED:-**

- (i)** that the contents of the Safeguarding Adults Board Annual Report, 2014-15 be noted;
- (ii)** the future policy and legislative changes and the ways in which these impact on the Safeguarding of Vulnerable Adults be noted;
- (iii)** that the progress made in 2014-15 by the Safeguarding Adults Board be noted.

## **26 Public Health Strategy (HWB.08.12.2015/7)**

Julia Burrows, Director of Public Health, introduced a presentation by Rebecca Clarke, Public Health Specialist Practitioner, on the vision set out in the proposed Public Health Strategy, with the key aim of improving the health for people living in Barnsley. The presentation summarised the key points of the Strategy, noting in particular the continuing disparities in the healthy life expectancy of people in different parts of the Borough. Whilst identifying four long term Public Health outcomes in relation to longer and healthier lives and adopting a more preventative agenda, in the short term the Strategy proposed focusing on improving the overall health of children; creating a smoke-free generation; and increasing levels of physical activity.

The meeting noted the commitment of the Council's partners to supporting the objectives in the Strategy, and the specific action being taken by the Hospital and SWYPFT particularly in relation to smoking was commended. The need to identify the unique contribution that each partner could make was acknowledged.

Members also commented that the Health and Wellbeing Board should take the opportunity to hold partners to account for the delivery of the Public Health Strategy within their organisation's strategies and plans.

The meeting discussed the extent to which actions would be targeted towards specific neighbourhoods and groups and the importance that interventions such as fluoride varnishing of children's teeth was actively offered. Members discussed the extent to which the impact of smoking on infant health was not widely understood and the need to undertake more communications activity in this area. Although the links between Public Health and safeguarding, particularly in relation to neglect, were acknowledged, some specific reference should be made in future strategies.

**RESOLVED:**

- (i) that the Public Health Strategy 2016-18 be endorsed;
- (ii) that the Director of Public Health work with partners to identify their unique contribution to achieving the Strategy's objectives and communicating and promoting these with the community, including through School Governing Bodies;
- (iii) that the need for the Health & Wellbeing strategy to be reflected fully in the Public Health Strategy be acknowledged.

## **27 Stronger Communities Partnership Presentation**

Wendy Lowder, Interim Executive Director Communities, gave a presentation on work being undertaken under the auspices of the Stronger Communities Partnership to develop preventative strategies in acknowledgement that increasing demands on health and social care cannot be met within the current treatment model. The presentation identified the steps towards achieving co-production of services with the local community and the work done so far to develop this approach. The presentation concluded by setting out the desired outcomes for the approach, which among other things would see greater participation in developing solutions and improved access to early help.

The meeting discussed the proposed approach and the extent to which levels of service might be dependent upon the community capacity in each area. Members commented that the extent of community capacity in the Borough was often underestimated, and considerable co-production was already taking place. It was important to communicate real stories of people's experiences to demonstrate and promote the approach.

Members commented on the need to clarify the reporting lines within the governance, in particular how the Health and Wellbeing Board would hold partners agencies to account for delivery of the intended outcomes. In particular, there was a need to focus on those areas where the Health and Wellbeing Board could add value.

**RESOLVED** that the approach outlined in the presentation be endorsed and further reports be submitted on the development of the action plan to deliver desired outcomes and the operation of the governance framework.

## **28 Patient Flow (HWB.08.12.2015/9)**

Richard Jenkins and Sean Rayner gave a presentation on the adoption of Medworxx, a utilisation management tool of the type used in the USA, to analyse the background to hospital stays and check whether this was necessary for the type of care or treatment patients were receiving. The CCG had funded the acquisition of the system and was working in partnership with the Hospital and SWYPFT to develop

the use of the tool and undertake analysis using one source of common data, under the auspices of an Effective Utilisation Board.

Initial analysis suggested that up to 30% of patients might be ready for discharge. However, the meeting noted that a number of factors might prevent this at present. For this reason, it was important to secure representation from both the Council's People and Communities Directorates on the Effective Utilisation Board.

Use of Medworxx would allow a project plan to be developed by the end of March 2016, then moving on to identify issues in services and possible corrective actions.

**RESOLVED:**

(i) that report be received and the project plan and proposed actions be submitted to a future Health and Wellbeing Board;

(ii) that the Hospital / SWYPFT liaise with the Council to ensure appropriate representation and / or engagement in the proposed Effective Utilisation Board.

**29 BCF Update (HWB.08.12.2015/10)**

Rachel Dickinson presented a report setting out the performance against the BCF targets for quarter 2 and the anticipated position at year-end as a consequence. The meeting noted that the BCF would continue in 2016/7 and work was currently being undertaken to consider the requirements to take this forward.

**RESOLVED** that the report be noted.

**30 Development Session (HWB.08.12.2015/11)**

Rachel Dickinson presented a report summarising the discussion at the Health and Wellbeing Board development session. The meeting noted that work was in hand to join up the various strategies that contribute to the delivery of the Health and Wellbeing Strategy, but also to develop a strategy for the Board. Work was also required to map progress of the project to achieve better integration of the health and social care system.

**RESOLVED** that the report be noted.

**31 Sheffield City Region Devolution Deal Update (HWB.08.12.2015/12)**

The meeting received information setting out the proposal for devolution to the Sheffield City Region. The meeting noted that the proposal related only to economic regeneration and related matters, rather than incorporating health and social care as in Greater Manchester. The importance of the economic focus at this stage was noted, although the template this perhaps provided to move on to other services was acknowledged.

**RESOLVED** that the report be noted.

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Chair