Public Document Pack

BARNSLEY Metropolitan Borough Council

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 4 October 2016
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

AGENDA

1 Declarations of Pecuniary and Non-Pecuniary Interests

2 Minutes of the Board Meeting held on 9th August, 2016 (HWB.04.10.2016/2) *(Pages 3 - 8)*

3 Minutes from the Children and Young People's Trust Executive Group held on 4th August, 2016 (HWB.04.10.2016/3) *(Pages 9 - 20)*

4 Minutes from the Barnsley Community Safety Partnership held on 12th September, 2016 (HWB.04.10.2016/4) *(Pages 21 - 28)*

5 Minutes from the Provider Forum held on 15th June, 2016 and 14th September, 2016 (HWB.04.10.2016/5) *(Pages 29 - 40)*

6 Minutes from the Stronger Communities Partnership held on 16th August, 2016 (HWB.04.10.2016/6) *(Pages 41 - 46)*

For Decision/Discussion

7 Health and Wellbeing Board Terms of Reference and Membership (HWB.04.10.2016/7) *(Pages 47 - 56)*

8 Health and Wellbeing Strategy (HWB.04.10.2016/8) *(Pages 57 - 112)*

9 Sustainability and Transformation Plan update (HWB.04.10.2016/9) *(Verbal Report)*

To: Chair and Members of Health and Wellbeing Board:-

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson - Communities
Diana Terris, Chief Executive
Rachel Dickinson, Executive Director People
Wendy Lowder, Interim Executive Director Communities
Julia Burrows, Director Public Health
Nick Balac, NHS Barnsley Clinical Commissioning Group
Lesley Smith, NHS Barnsley Clinical Commissioning Group
Tim Innes, Chief Superintendent
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Richard Jenkins, Barnsley Hospital NHS Foundation Trust
Steven Michael OBE, South West Yorkshire Partnership NHS Foundation Trust

Please contact Peter Mirfin on 01226 773147 or email governance@barnsley.gov.uk

Monday, 26 September 2016

BARNSLEY Metropolitan Borough Council

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 9 August 2016
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson - Communities
Rachel Dickinson, Executive Director People
Wendy Lowder, Interim Executive Director Communities
Julia Burrows, Director Public Health
Lesley Smith, NHS Barnsley Clinical Commissioning Group
Tim Innes, Chief Superintendent
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Sean Rayner, District Director

12 Declarations of Pecuniary and Non-Pecuniary Interests

Councillor Platts declared a non-pecuniary interest in relation to Item 17 in her capacity as a member of Barnsley Hospital NHS Foundation Trust Governing Body, insofar as the discussion referred to the Trust.

13 Minutes of the Board Meeting held on 7th June, 2016 (HWB.09.08.2016/2)

The meeting considered the minutes of the previous meeting held on 7th June, 2016.

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

14 Minutes from the Children and Young People's Trust Executive Group held on 29th April, and 17th June, 2016 (HWB.09.08.2016/3)

The meeting considered the minutes from the Children and Young People's Trust Executive Group meetings held on 29th April, and 17th June, 2016. Particular attention was drawn to the presentation made by the Barnsley Parent and Carers Forum (Minute 4) and consideration of the outcome of the Future in Mind Stakeholder workshop in relation to strengthening emotional health (Minute 9).

RESOLVED that the minutes be received.

15 Minutes from the Barnsley Community Safety Partnership held on 11th May, 2016 (HWB.09.08.2016/4)

The meeting considered the minutes of the Barnsley Community Safety Partnership meeting held on 11th May, 2016.

RESOLVED that the minutes be received.

16 Minutes from the Stronger Communities Partnership held on 24th May, 2016 (HWB.09.08.2016/5)

The meeting considered the minutes from the Stronger Communities Partnership meeting held on 24th May, 2016.

RESOLVED that the minutes be received.

17 Better Housing, Better Health (HWB.09.08.2016/6)

The meeting received a report on proposals to strengthen the partnership between health and housing, summarising the potential opportunities to develop strategic partnerships with all local housing providers to support an integrated health and wellbeing improvement offer. The approach acknowledged evidence for the links between good housing and good health, with the partnership allowing a targeted approach to help tackle fuel poverty, falls prevention, excess winter deaths, social isolation and homelessness.

The meeting discussed the desirability of a social prescribing approach to identify if there were underlying housing issues that gave rise to poor health and then to target resources to tackle these issues. The meeting noted the importance of developing the evidence base from the current Housing Strategy to provide a basis for allocating health resources to targeted measures to improve the housing stock. The development of the Sustainability and Transformation Plan would provide a vehicle to deal with these issues, but subject to developing the evidence base.

The meeting noted that almost 31,000 private sector dwellings were classified as not meeting the Decent Homes Standard. Whilst the lack of significant resources to bring these properties up to standard was acknowledged, the meeting commented on the importance of having plans in place to at least make some progress on tackling these issues. The meeting noted that the Housing Strategy included options and approaches in relation to the private sector housing stock, which would make a difference if resources were available. The intention of the partnership was to examine how resources could indeed be better targeted.

RESOLVED:-

(i) that the development of a Stronger Health and Housing Partnership to better address shared health and housing outcomes be supported;

(ii) that the positioning and embedding of housing tenure and housing need into existing pathways and support service provision, to enable people to access practical preventative support measures tailored to their needs, be supported, with the proposed new Social Prescribing Liaison Service acting as an intermediary through which health and social care professionals provide support and signposting for relevant housing advice and support;

(iii) that, subject to budget availability, Health and Wellbeing Board partners be encouraged to better align resources with the Council to take forward front-line practical support measures and consider joint investment proposals to strengthen bids to finance interventions to address health and housing issues;

(iv) that partner organisations be encouraged to share data and intelligence to strengthen funding bids and better target front-line service delivery;

(v) that relevant health and social care agencies be asked to nominate representatives to serve on the Housing and Health Task Group, which will monitor the impact of the proposals in the report; and

(vi) that the development of a local Memorandum of Understanding, setting out those areas in which partners will cooperate and work together to better tackle health and housing issues, be supported, together with a commitment to work on the key principles for the agenda as set out in the report now submitted.

18 Adult Joint Commissioning Review and Work Plan (HWB.09.08.2016/7)

The meeting received a report giving a summary of the work, achievements and challenges of the new Adult Joint Commissioning Team during 2015/16 and to report on the agreed priorities and plans for 2016/17. The meeting noted the dual accountability of the service into both the Council and the Clinical Commissioning Group, and the hope to develop the approach into other areas.

The meeting discussed the benefits of integration for joint commissioning and the extent to which this led to integrated health and social care pathways. Members commented on the importance of social care in mitigating some of the cost pressures on the health service and the importance of increasing the perceived importance of this sector, including the esteem in which it was held and as an attractive career prospect. The meeting noted that this was a national problem and that, to an extent, care services in Barnsley were better regarded and supported than elsewhere.

RESOLVED that the report be received.

19 Annual Report of the Barnsley Safeguarding Adults and Children Boards (2015/16) (HWB.09.08.2016/8)

Bob Dyson, Independent Chair of the Barnsley Safeguarding Adults Board and Safeguarding Children Board, attended the meeting to present the latest annual reports of the Boards for 2015/16.

In relation to the Safeguarding Adults Board, the meeting noted that its activity for the year had started with a development day, in particular to consider responses to the Care Act, and a streamlining of the governance structure. In particular, efforts had been made to improve performance management and work had been undertaken jointly with the Police to streamline processes around safeguarding adults and domestic homicide reviews. The particular focus had been on making safeguarding everyone's business and a focused communications campaign had been undertaken in this area, with a challenge to each organisation to say what it was doing. Although

Deprivation of Liberty safeguards assessments were still continuing at high levels, significant progress was made in dealing with the workload.

In relation to the Safeguarding Children's Board, good progress continued to be made to keep children and young people safe. Although there had been an increase in the number of children registered, this was a sign that more were now receiving help and support, with children's social care more receptive to taking action and making lower level interventions to protect children. Performance continued to improve, and the meeting noted in particular the success in achieving a 100% return from schools in submission of the annual safeguarding returns. The meeting noted the excellent levels of engagement by partners in the work of the Board, and efforts to engage children and young people in its work.

The meeting went on to discuss the arrangements for joint working across South Yorkshire in relation to safeguarding and noted the joint meetings between Board chairs and the Police and Crime Commissioner. Particularly in relation to children and young people, Directors of Children's Services worked together at a national level to ensure coordination of activity and were swift to respond to any issues of concern. It was noted that arrangements for vulnerable adults were harder to establish, unless those adults were in receipt of health and social care services. However, good arrangements were in place where those people took a Berneslai Homes property or were placed in a care home. The meeting discussed the need for better public awareness about the arrangements and to increase confidence in reporting any incidents, perhaps through community based effort, where there was cause for concern.

RESOLVED that the progress and achievements of the Safeguarding Adults Board and Safeguarding Children Board during 2015/16, as outlined in their respective annual reports, together with the key actions to be pursued during 2016/17, be noted.

20 Oral Health Improvement Action Plan (HWB.09.08.2016/9)

The meeting received a report presenting the Oral Health Improvement Action Plan, outlining local ambitions to improve oral health, and presenting information about the contribution that water fluoridation could make towards these objectives.

Whilst the meeting noted the benefits of water fluoridation, concerns were expressed that this should not detract from the overall ambition of the action plan. The meeting noted in particular the benefits of applying fluoride varnish to children's teeth as an alternative, and the need to encourage parents to request this from their dentists. The meeting noted that the NHS dentistry contract did not particularly incentivise dentists to offer fluoride varnish and NHS England was examining how this might be changed in the current contract review.

In relation to water fluoridation, the meeting noted the complicated process in achieving this, not least because it was difficult to isolate Barnsley's water supply from surrounding areas. It was therefore important that this not be progressed unless the position of neighbouring local authorities was clear.

RESOLVED:-

(i) that the Oral Health Improvement Plan, set out in the appendix to the report now submitted, be agreed and supported;

(ii) that efforts to incentivise dentists to offer fluoride varnish as part of the NHS dentistry contract review be welcomed; and

(iii) that the Director of Public Health seek to establish the position of neighbouring local authorities in relation to water fluoridation before taking further action to progress this matter.

21 Inspiring a Smoke Free Generation in Barnsley (HWB.09.08.2016/10)

The meeting received a report giving an overview of a programme of work with the aim of inspiring a smoke free generation across the Borough through the implementation of a number of smoke free zones including, but not limited to, play parks, town centre zones, school gates and hospital grounds. The proposals sought to build on the tobacco/smoke free Barnsley action plan, approved by the Board at its meeting on 7th June, 2016.

The meeting noted efforts to engage with the schools in the proposed activity, particularly to promote the activity in local parks, which would also involve the friends groups. The meeting noted the experience of SWYFPT in establishing their sites as smoke free, and the Board welcomed the offer to share the experience of achieving this as part of the approach now proposed.

RESOLVED:-

(i) that the proposals in the report be approved, to undertake public consultation on the introduction of:-

- town centre smoke free zones, to be developed and managed through the Town Centre Safety and Security Group
- smoke free play parks in each of the six Area Council areas, with a long term ambition of ensuring all 24 key play parks across the Borough are smoke free
- the development of proposals which considered the implementation of smoke free hospital grounds, using a social norms approach
- the development of proposals which consider the implementation of smoke free school gates and entrances; and

(ii) that the Director of Public Health liaise with the Chief Executive of SWYFPT to seek information on how the Trust implemented its approach to smoke free sites.

22 Health & Wellbeing Board Risk Register (HWB.09.08.2016/11)

The meeting received a report seeking to review the Health and Wellbeing Board risk register. The meeting noted that SSDG had done a significant amount of work to mitigate the risks identified in the report and would continue to keep the risk register under review. The intention was to report the risk register to alternate meetings of the Board to provide further challenge.

RESOLVED:-

(i) that the risks identified in the risk register, and the associated management and mitigation actions for each risk, be noted; and

(ii) that SSDG continue to monitor the risk register and reports be submitted to alternate meetings of the Health and Wellbeing Board to provide challenge and support for the mitigating actions.

23 Local Digital Roadmap (HWB.09.08.2016/12)

The meeting received the final version of the Local Digital Roadmap, seeking to achieve the inter-operability of electronic health records so that patient records were paperless by 2020, which was submitted to NHS England on 30th June, 2016.

RESOLVED that the report be received.

Chair

Minutes of the Children and Young People's Trust Executive Group Meeting Held on 4 August 2016

Present:

Core Members

Rachel Dickinson (Chair)	BMBC, Executive Director: People
Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)
Mel John-Ross	BMBC, Service Director of Children's Social Care and Safeguarding
Wendy Lowder	BMBC, Service Director for Stronger, Safer and Healthier Communities
Julia Burrows	BMBC, Director of Public Health
Bob Dyson	Independent Chair of the Barnsley Safeguarding Children Board
Brigid Reid	Barnsley CCG, Chief Nurse

Deputy Members

Jakkie Hardy	South Yorkshire Police Chief Inspector (for Tim Innes)
Susan Gibson	Barnsley Hospital NHS Foundation Trust (for Heather McNair)
Nina Sleight	BMBC, Head of Service Early Start, Prevention and Sufficiency (for Margaret Libreri)
Rubina Rashid	Barnsley College Assistant Principal Students (for Jenny Miccoli)
Diane Lee	Head of Public Health (for Rebecca Clark, item 8)

Advisers

Richard Lynch	BMBC, Head of Commissioning, Governance and Partnerships
Julie Green	BMBC, Strategic Lead, Procurement and Partnerships Manager

In attendance

Karen Sadler	Health and Wellbeing Board Manager (observer)
Andrea Hoyland	Strategy Lead Early Intervention and Prevention: Healthier Communities (for item 5)
James Thompson-McCormick	Public Health (shadowing Rachel Dickinson)
Julie Tolhurst	BMBC Public Health Principal (for item 9)
John Rooke	SWYPFT, Specialist Health Visitor (Disabilities) (for item 10)
Anita McCrum	SWYPFT, Professional Lead 0-19 Children's Universal Services (for item 10)
Lisa Pearce	Antenatal Screening Midwife (for item 10)
Kadra Abdinasir	The Children Society Policy Officer (for item 11)
Tom Redfearn	The Children Society Senior Public Affairs Officer
Nicole Hutchinson	The Children Society Area Manager, Children and Young People's Services for Yorkshire
Julie Govan	BMBC Children's Social Care and Safeguarding Improvement Programme Manager (for item 14)
Denise Brown	BMBC, Partnerships and Projects Officer

		Action
1.	Apologies Jenny Miccoli — Barnsley College, Vice Principal Teaching, Learning and Student Support Margaret Libreri — BMBC, Service Director for Education, Early Start and Prevention Sean Rayner — SWYPFT District Director Barnsley/ Wakefield Amanda Glew — BMBC Organisation Development Manager Dave Whitaker — Executive Headteacher representing Secondary Schools Gerry Foster-Wilson — Executive Headteacher representing Primary Schools Tim Innes — South Yorkshire Police Chief Superintendent Tim Cheetham — Cabinet Member: People (Achieving Potential) Anna Turner — BMBC School Models and Governor Development Manager	
2.	Identification of confidential reports and declarations of any conflict of interest It was noted that the Continuous Service Improvement Plan on the agenda is a confidential item. There were no declarations of conflicts of interest.	
3.	Shared experiences from the front line An opportunity was provided for colleagues to share any real examples of good practice and challenges from the front line. Multi-Agency Safeguarding Hub (MASH). A visit had been made to the MASH in Worsbrough. Bob reported that people were enjoying being based there and that better co-working relationships were being developed. The BSCB had been concerned about the number of assessments completed outside of the required timescales, and this had greatly improved due to new ways of working. Bob stated that he had come away feeling positive and felt it had been a worthwhile visit. Mel had made a visit with a Social Worker to a family whose child is on a child protection plan. Mel had been impressed by the level of engagement and communication by the social worker, who had been respectful but clear about the expectations. The assessment had included an element of fun which the child had responded to. The family were engaging with the social worker and the risks had been diminished. As a result it is hoped that the child would soon be able to come off the risk register. 0-19 Healthy Child Programme. Julia stated that 1:1 meetings held with staff members had been extremely positive. Their commitment, passion and enthusiasm for improving outcomes for children and families was overwhelming. An invitation has been received from Barnsley Sexual Abuse and Rape Crisis Services (BSARCS) to attend a morning or afternoon session, during August and September, to introduce the services available to children who have experienced sexual violence. The invitation has been circulated to TEG members via e-mail.	

		Action
	'Painting of Bridges' Event. Wendy had been encouraged by the enthusiasm of a group of young people who had taken part in an event as part of the Prince's Trust. The young people had also shared their personal stories about how volunteering through the Prince's Trust had made a real difference, particularly to their confidence levels. Margaret had accompanied a Social Worker on a visit to a family whose young child had experienced a severe problem with head lice, had been bullied at school and as a result did not want to attend. When the social worker first visited the family it had been difficult to engage with the child, but over time the social worker had formed good relationships with the family, had gained their confidence and made positive steps forward. Rachel concluded that whilst there are still some real challenges in the Borough it was heartening to hear about all the good work that is taking place, and is grateful for the continued commitment of partners to work together to resolve critical situations for vulnerable young people and families.	
4.	<u>Minutes of the previous meeting held on 17 June 2016</u> The minutes were approved as an accurate record of the meeting.	
4.1	<u>Action log</u> The action log was updated as follows: 9 – Consider impetus on cultural change for improving staff skills to deliver quality services. Wendy to follow up a response from Paul Hussey. 8 – ECG work programme. An annual report of activity was proposed, including the work of the ECG. Richard stated that a framework for the report had been developed but was still work in progress. It was agreed that an update would be provided at the next TEG meeting. Actions from 17 June 2016: 5.2(a) – Teenage conception local data. This is work in progress. Action discharged. 5.2(b) – The work to coordinate a steering group to track the impact and challenges from different parts of the system, and to consider how this work could be integrated, is being taken forward. This action includes consideration of how TEG partners could support the work of the Child Health Programme Board (this includes action 5.3). Julia stated that the new Head of Service would provide the required leadership to take this agenda forward. 11 – Members were prompted to provide feedback / comments on the Children's Workforce Development report to Amanda Glew. All other actions had been completed.	Richard Members
5.	<u>Parenting (family support/ child poverty</u>) The report provided a brief overview of activity in the Anti-Poverty and Think Family Programme areas of work in Barnsley, within the CYP Plan's theme of 'parenting'. The impact of poverty on families is well documented and evidenced in outcomes including health, education and future aspirations. A poverty	

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	needs assessment was completed in 2015, and is required every three years. Oversight of 'anti-poverty' activities is facilitated through the Anti-Poverty Delivery Group, which is a multi-agency sub-group of the Stronger Communities Partnership, chaired by Cllr Jennifer Platts. The Action Plan is targeted to respond to the needs of those most affected by poverty. MP Dan Jarvis is taking a Bill to Parliament to legislate for a target to reduce child poverty, and had attended the group to ensure that this work is joined up. Quarterly update reports are being submitted to the Multi-Agency Early Help Steering Group and also into the Adult Steering Group. The following comments were noted: • It is important to maximise our ability to deliver early help to the right families at the right time. • Wendy stated that it is important for the TEG to understand the specifics in terms of targeted interventions in communities and would like to see more of that detail included. • Areas of consideration include skills; jobs; healthy eating; private sector landlords etc. Work is also taking place in partnership with the Credit Union. • Rachel queried how well the collective workforce understands the challenges of child poverty, including supporting people back into work, and queried what could be done to test that. It was agreed that there needed to be more of a focus on workforce development. This needs to be followed up by Amanda Glew. • Areas of focus need to include improving outcomes for care leavers, uptake of pupil premium and connectivity with the Barnsley Alliance. • Julia pointed out that this work needs to be integrated with other agendas such as 'smoke free Barnsley' which could have a huge positive impact on child poverty by putting cash into people's pockets. It was noted that the Be Well Barnsley targets are included in the Anti-poverty performance indicators. • Wendy raised a concern regarding the increase in private sector housing in the Borough and the challenge of ensuring that landlords fulfil their responsibilities towards their tenants. It is heartening to note that area councils are investing resources in private sector liaison staff members. • The Family Star assessment tool is being used to enable families to assess where they are in relation to various outcomes, and offers an opportunity for staff to advocate on their behalf in relation to welfare benefits and liaising with private landlords etc. There are also groups which have been successful in providing help to families to cook on a budget, and undertake food and hygiene certificates. It was noted that whilst the Family Star assessment tool is being used in the early help arena, not all commissioned provision was using this approach as they preferred their own alternative measures and felt that their own systems were more suited to their work. Rachel requested that a challenge be put back to the commissioned programmes that using a validated common assessment tool is a helpful way of assessing impact. Wendy agreed to take that challenge forward and to provide TEG with an update.	Amanda Margaret Wendy

		Action
	It was agreed that a child poverty report would come back to TEG with a more detailed and precise plan which states what the intelligence is telling us and what we are doing about it. (On the work programme for March 2017). <u>Think Family Programme</u> The requirements of the Think Family Programme are very detailed, and families need to be experiencing at least two identified criteria including: antisocial behaviour; non-school attendance; worklessness; domestic violence etc. Income generated for every family in the programme is re-invested in family support interventions. 'In Phase 2 of the programme 2015-20, Barnsley is tasked with identifying and working with 2,210 families over the five year expanded programme. Government targets are set for numbers of families attached to the programme and for significant and sustained outcomes.' The second year of the programme started in April, and other elements of work are being developed alongside the programme to help embed and align the work in services in Barnsley. Andrea stated that the Family Outcome Plan had been revised, and it was agreed that the draft version would be shared at the next TEG meeting, together with an update on how the interventions supported through the Troubled Families Programme are connected. Rachel queried how services would link up for a family who, for example, was identified by a PCSO as being engaged in anti-social behaviour. Nina replied that an Early Help Assessment would be completed and that there are also links with Family Centres. It would be important to identify whether or not the family was already on the Troubled Families Programme. Nina gave reassurance that the programme is completely integrated and seamless in terms of services and staff. It was agreed that updates on Think Family and Troubled Families would be presented at the October TEG meeting, to specifically include elements of the action plan that TEG members can help to progress.	Andrea/ Wendy Andrea Andrea/ Wendy
6.	<u>Early Help</u> Nina gave a verbal update on the early help agenda which is summarised as follows: • Family Centres are responsible for overseeing and tracking Early Help Assessments. • There is a streamlined pathway into early help, from pre-birth to 19 years of age, or 25 for people with a disability. • There has been an increase in the number of early help assessments completed during the first quarter, mainly generated by schools, family centres and health visitors. • A process is in place to ensure that early help assessments don't drift. After 18 weeks, if the agency has not come back, there is a trigger to follow up any outstanding actions. Support is also provided to the relevant lead practitioner. • The Early Help Toolkit has been updated and is available on the website. • Weekly consultation meetings are held between Early Help staff and Social Care and a new process established for social care to inform	

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	the Early Help Service if an agency has contacted them. This can then be followed up to ensure that the advice given has been acted upon. • Work is taking place with the data team to look at data cleansing and updating, including having an understanding around repeat referrals or early help assessments within a 12 month period. • Work is taking place with communications on a monthly press release with a particular focus, for example the promotion of activities during the school holidays. An Early Help video is also being developed. • Strong governance arrangements are in place throughout the borough. The Multi-agency Steering Group has a focus on developing integrated working, underpinned by Family Centre Advisory Boards, and Area Councils, all holding each other to account. The Steering Group is looking at how the qualitative information is captured and how case studies can be used to make the data more relevant. The following comments were noted: • Bob pointed out that whilst it is pleasing that more Early Help Assessments are being generated, it is important to ensure that there are not more being opened than closed. Nina responded that there needs to be a deeper picture and understanding of the increase, and what it tells us about outcomes. • There is more to do around Safeguarding Teams in relation to planning step down approaches when Social Care ends their intervention with a family. • Wendy made a plea for membership on the Local Delivery Boards to include Area Managers for added value and insight. • Rachel reflected back to the comments of the Ofsted Inspection in 2014. Whilst acknowledging the good progress, Rachel queried what difference is being made and expressed concern that although there is an Early Help Plan, there is no longer an Early Help Strategy. • It was agreed that the findings and key deliverables of universal information and advice across all partnerships would be considered by a future TEG meeting. Wendy undertook to advise Denise which TEG meeting this should be scheduled for, to be included on the forward plan. Rachel thanked Nina for the update and the significant amount of progress that had been made. *Brigid arrived at this point.*	Nina Wendy
7.	<u>Performance highlights and risks against CYP Plan priorities</u> None declared.	
8.	<u>Healthy Weight/ Childhood obesity</u> (Diane Lee) Diane went through the report and the following points were highlighted: • In 2013/14 approximately 900 Barnsley residents (all ages) were admitted to hospital with either a primary or secondary diagnosis of obesity, most of which could have been prevented. • Data from the National Child Measurement Programme (NCMP) shows that in Barnsley 20% of children at reception and 31.6% at year 6 are either overweight or obese. • A series of high level strategic actions will be developed into a	

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	framework to be delivered by a new multi-agency Healthy Weight Alliance, with a renewed focus on prevention by delivering evidence based programmes across the life course to prevent overweight and obesity. • The Alliance will develop links with other existing groups, services, programmes or organisations that are progressing healthy weight activities to ensure there is a coordinated approach across the borough, and a shared responsibility for promoting healthy weight. First steps will include mapping current activity and support. • Public Health England will be launching a child obesity framework and prioritisation tool to provide practical support to help develop a local needs assessment and obesity strategy. • The Government is publishing a strategy for tackling childhood obesity in England which, it is understood, has a key focus on the obesogenic environment and a whole systems approach to tackling the issue. • The Trust Executive Group was asked: to note the scale of the challenge and potential impact if action to tackle obesity is not progressed; to agree the wider determinants of obesity approach and the steps to progress the scoping work; to note the need for collaborative working with all relevant partners required for implementation of a Healthy Weight Alliance and development of high level strategic actions. The following comments were noted: • Julia feels that the right way forward is to change the environment in Barnsley, including working with food outlets to provide a healthier offer, and cautioned against thinking that the way to tackle this agenda is to have lots of weight management programmes. • Maintained schools are required to provide healthy school meals, whereas Academies aren't. • It is important to maximise what can be achieved through the Midwifery service, Health Visitors and day care providers. Nina stated that a lot of work is already being done through groups and one to one contact with families via 'Having a Baby' Programme, Breastfeeding Service, Be Well Barnsley etc. • It was acknowledged that there are no quick fixes as the whole culture around food needs to change, which takes time. Fizzy drinks are one of the main problems. • There are obvious links between poverty and obesity. • It is important to work with parents, not to apportion blame but to educate them, and help them to understand the impact of obesity and to take responsibility. • It was suggested that School Governors be asked to reinforce this message in their communities. The Trust Executive Group supported the recommendations in the report for the implementation of a Healthy Weight Alliance and development of a high level action plan.	Anna
9.	<u>Sport and Active Lifestyle Action Plan 2016-2018</u> (Julie Tolhurst) The presentation demonstrated how the Public Health Strategy contributes to the Borough's vision to achieve a brighter future and a better Barnsley by ensuring children have the best start in life, and everyone enjoys a	

		Action
	happy healthy life wherever they live and whoever they are. Increased physical activity needs to be encouraged to improve a range of outcomes including obesity, diabetes, heart disease, emotional wellbeing, improved concentration and educational attainment. The Public Health Strategy contributes to Barnsley Council's three main priorities to achieve a 'thriving and vibrant economy'; 'people achieving their potential'; and 'strong and resilient communities'. The long term public health outcomes are: • Our residents will start life healthy and stay healthy • Our residents will live longer healthier lives • We narrow the gap in life expectancy and health between the most and least healthy • We protect our communities from harm, health incidents and other preventable health threats Short term public health priorities are: • Improving oral health of children • Creating a smoke free generation • Increasing levels of physical activity The following comments were noted: • Wendy welcomed the plan but felt there needed to be better connectivity with the Communities Directorate as there is a huge amount of work taking place across communities that needs to be shared. Julie undertook to follow this up. • It is important to emphasise the importance of physical activity to improve health. Schools need to be encouraged to adopt the Daily Mile programme. Rachel suggested that there be a 10 minute briefing at the Alliance Board and regular updates on how many schools are engaged in the programme. • Work already taking place in early help settings will continue to be strengthened. TEG agreed with the recommendations in the report to: • Strengthen strategic priorities for increasing physical activity amongst children and families • Support the development of the Children's Physical Activity Action Plan • Support agreed initiatives such as Daily Mile • Focus effort on inactivity, working with targeted groups/ families	Julie Margaret/ Julie
10.	Early Help Support Pathway for Children with Additional Complex Needs (John Rooke, Lisa Pearce and Anita McCrum) At the Trust Executive Group meeting on 18 December 2015 it had been agreed that further amendments would be made to the early support pathway to include transition into nursery and to extend assessment to age 19; and that a report would be received by TEG in six months' time to consider the effectiveness of the pathway.	

		Action
	The aims of the service are to support the parents and families of children with additional complex needs, from birth through to transition into nursey and school. Case studies were shared at the meeting demonstrating the need for the service, and providing evidence that the pathway is working well and achieving good feedback from parents. The service takes a whole family approach, and is supported by partners including BMBC, Barnsley Hospital Trust and SWYPFT. The key messages are that the pathway is working well and having a positive impact on families and outcomes.	
11.	<u>Child and Adolescent Mental Health Service (CAMHS) referral pathways in Barnsley</u> (Kadra Abdinasir, Tom Redfearn and Nicole Hutchinson from The Children's Society) A summary report 'Access Denied: CAMHS referral pathway in Barnsley' was handed out at the meeting which explores how young people access, and are support by, CAMHS. *(A scanned copy is attached to the minutes.)* The Children's Society is a National charity with a local focus. The findings in the report had been based upon the responses of 36 Mental Health Trusts that deliver CAMHS following a Freedom of Information request. The report highlights good practice in Barnsley and recommends opportunities for further improvement. The report is not for publishing. It was noted that the case study on 'Ruby', included on page 2 of the report, is not a young person from Barnsley and Rachel requested that this be made clear in the report. There is a linked CAMHS worker in the Youth Offending Team, and it was recommended that this be included in the transformation plan. Brigid stated that there is a stakeholder workshop in September which The Children's Society is welcome to attend. The services of Chillypep had also been engaged and were having a meaningful input. Tom pointed out that at a national level there is a drive for vulnerable young people to be automatically referred to CAMHS, particularly those young people subject to child sexual exploitation. Rachel expressed concern about a blanket approach to meeting needs, and felt that it may not be appropriate for all young people and it was therefore preferable to assess individual needs and meet them accordingly. It is important to take a holistic approach to meeting the needs of young people, not to remove the risk but to help them to deal with those risks appropriately. Systems need to be connected across the Borough to support young people at critical times in their lives. Brigid added that young people generally want the least medicalised option. Kadra stated that a new model in Birmingham had started in April which includes a drop-in centre that is open until 8pm. Up to 100 young people had been accessing the service every week. Kadra would be happy to arrange a visit to the services in Birmingham if partners were interest.	Kadra

		Action
	Rachel thanked The Children's Society representatives for the helpful report, which dovetails with work already taking place. The Trust Executive Group embraced the findings of the report and the recommendations.	
12.	<u>Monitoring outcomes of the Children and Young People's Plan</u> Julie Green presented a draft template to be used for monitoring outcomes of the Children and Young People's Plan on a quarterly basis as requested by TEG. The following comments were noted: • It is important that TEG Champions are signed up to this approach. Wendy commented that more time is needed to consider the template and to re-word some of the outcomes • Brigid asked that the key ambition 'to conclude the commissioning review of domestic violence' be deleted from the strategic priority to 'encourage positive relationships and strengthen emotional health'. • Need to link the outcomes with the Service Improvement Framework and the monitoring template needs to sit alongside the Continuous Service Improvement plan. • Bob suggested that the outcomes need to be more appropriately worded. It was agreed that TEG Champions would meet with Richard, Julie and Denise to progress the template.	TEG champions/ Richard
13.	<u>Barnsley Safeguarding Children Board (BSCB)</u> The minutes of the last meeting of the BSCB held on 29 July 2016 were not yet available and Bob gave a verbal summary of what had been discussed. • Looked after Children – two looked after young people had attended the meeting which had been very positive. Both young people had been very appreciative of the services they had received and had no recommendations regarding improvements. • Review of child protection plans • Update on the Multi-Agency Strategic Hub (MASH) • Neglect had been identified as a big issue for the borough • The BSCB Annual Report had been submitted for comment • Female Genital Mutilation (FGM) Strategy - update of work undertaken by Sharon Galvin	
14.	<u>Continuous Service Improvement Plan</u> It was noted that no actions are marked as 'red' and that the plan is on track. The plan will be reviewed in preparation for the joint TEG/BSCB meeting in November. It was suggested that the following outcomes be reviewed: • Access to therapeutic support, page 29. • Disabilities and complex health, page 32. • Vulnerable children SEN, page 33. • Looked After Children Health Assessments - consider whether the	Mel John-Ross/ Julie Govan

		Action
	‘amber’ ratings on page 34 are an accurate reflection. • Have another look at Care Leavers accommodation, page 35. • Care Leavers ETE, page 36. It was agreed that in light of the self-assessment, vulnerable children with SEN would be considered at the next TEG meeting. Mel asked to record appreciation for the amount of work that Sharon Galvin has done, particularly in relation to FGM. Rachel also recorded thanks to Julie Govan for all her work and support of the MASH.	
15.	<u>TEG Work Programme Review</u> TEG members approved the proposed TEG work programme and there were no comments or queries regarding the TEG agenda for October.	
16.	<u>Joint TEG/BSCB Meeting</u> The proposed agenda for the joint TEG/BSCB meeting had been discussed at the last BSCB meeting. Rachel suggested that under ‘accountability and governance’ discussion points include: the Wood Review; the Sustainability Transformation Plan; austerity and self-assessment.	Julie Green/ Denise Brown
17.	The next TEG meeting will be held on 6 October 2016, from 9.30 – 12.30.	

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Barnsley Community Safety Partnership
Executive Group meeting

BARNSLEY COMMUNITY SAFETY PARTNERSHIP
EXECUTIVE COMMITTEE MEETING MINUTES

Monday 12th September 2016
10:00am to 12:00am
Town Hall, Reception Room

Present:
Wendy Lowder, Barnsley Council Tim Innes SYP (Chair) Melanie Fitzpatrick, Barnsley Council Jason Pearson, SYP Dave Fullen, Berneslai Homes John Hallows, Barnsley Neighbourhood Watch Liaison Group Jayne Hellowell, Barnsley Council Paul Hussey, Barnsley Council Ben Finley, Barnsley Council Simon Wanless, SYP Lennie Sahota, Barnsley Council Stephen Carroll, SY CRC Mel John-Ross, Barnsley Council Jenny Platts – Barnsley Council Jamie Smith – Police & Crime Commissioners Office Robert Frost – Barnsley Council Paul Brannan, Barnsley Council Alice Cave – SYFR Carrie Abbott – Barnsley Council Steve Fletcher – SYFR Mark Wood – Barnsley Council Lorna Naylor, BMBC (Minutes)

Introduction - Chair
The Chair welcomed everyone to the meeting and introductions were made.
1. Apologies
Apologies were received from Linda Mayhew, Jakki Hardy, Cheryl Wynn, Ann Powell.
2. Minutes of Previous Meeting –11th November 2015
The minutes of the meeting of 11th May 2016 were agreed as a true record. *Action Schedule*

Item 1.1 – The group were informed that the Domestic Abuse and Sexual Violence Strategy Review should be completed by the end of September with services commissioned to start in April 2017.

Item 3.1 – SYP have advised that a separate information sharing agreement is required in relation to CCTV.

All other actions on the schedule were discharged or covered on the agenda.

Action: Jason Pearson to liaise with Jakki Hardy to progress CCTV ISA.

3. Child Sexual Exploitation Safeguarding Update – Mel John-Ross

The updated Barnsley Child Sexual Exploitation (CSE) Strategy 2015-2017 was circulated to all members. Barnsley Safeguarding Children's Board are responsible for the monitoring of the strategy and ensuring the objectives are met.

The Child Sexual Exploitation Strategic Group is responsible for maintaining an overview of inter-agency working in the area of Child Sexual Exploitation through a multi-agency group. This group is also responsible for the implementation of the strategy and management of the action plan to ensure continuous improvement and provide updates to the Barnsley Safeguarding Children's Board.

Barnsley has seen a newly introduced partnership CSE risk assessment tool and a refreshed multi-agency CSE Team with new terms of reference and review processes.

Further work has been undertaken to raise awareness of CSE across communities including work with local businesses.

It was noted that both nationally and regionally the number of care proceedings have increased and there are challenges in terms of care placements. Barnsley has a number of young people placed in care in Barnsley from other Local Authorities which is challenged through Ofsted and dialogue through Directors of Children's Social Services.

Issues were highlighted connecting the community safety agenda to placements of young people from outside of the Borough.

Action : Ben Finley / Paul Brannan to meet to discuss whether current approaches / working protocols between YOT and Community Safety could be improved with regards to addressing issues of accommodation providers where other LA are placing young people and ASB is a concern.

4. CSP Plan (2016-2020) & Consultation Feedback Presentation – Mel Fitzpatrick

Mel Fitzpatrick gave a presentation on the consultation feedback in relation to the Safer Barnsley Partnership Plan (2016-2020). An eight week public on-line consultation was held over the summer of 2016. Specific work was also undertaken with young people through the Youth Council and Better Barnsley shop.

183 responses were received, however, given the relatively low number of responses received in comparison to population, it was noted that the results are not statistically significant but more a snapshot of the views of local residents and communities.

In terms of high-level results, a high proportion of respondents agreed with the Safer Barnsley Partnership vision with over 90% agreeing with each of the three priority areas being: protecting vulnerable people (96%), tackling crime and anti-social behaviour (93%) and promoting community tolerance and respect (95%).

Wendy Lowder informed the meeting that the government had announced new funding to support activities for young people.

Mel Fitzpatrick advised the meeting that a few amendments would be made to the Safer Barnsley Partnership Plan (2016-2020) following the consultation results but that these were points of clarity rather than fundamental changes.

The Board agreed to signed-off the Partnership Plan (2016-2020) subject to the minor changes in relation to points of clarity.

The Chair thanked Mel Fitzpatrick and Jason Pearson for their work on the Partnership Plan.

Action: Wendy Lowder to circulate the link to Board members with regards to the funding announcement. All to note and consider potential schemes. Ben Finley to liaise with Paul Brannan & Phil Hollingsworth regarding potential ideas.

Action: Mel Fitzpatrick to circulate the final Partnership Plan (2016-2020) to board members.

Action: Mel Fitzpatrick/Jason Pearson to attend Barnsley Community & Voluntary Network facilitated by VAB to provide an update of the Partnership Plan and governance review.

5. CSP Governance Review

Mel Fitzpatrick updated the meeting that in line with the new governance structures ratified at the board in May 2016, meetings have been held with Priority Lead Officers to work through the revised governance arrangements in relation to sub-group structures. Priority Leads are currently undertaking further work to refresh Terms of Reference, devise Delivery Plans aligned to the three priorities, outcomes and areas of focus and develop stratified performance frameworks.

Action: Revised Terms of Reference, Delivery Plans and Performance Frameworks to be scheduled for the November Strategy and Performance Group and Safer Barnsley Partnership Board.

6. CSP Strategy and Performance Update – Qtr 1 2016/17 – Mel Fitzpatrick

Mel Fitzpatrick presented the highlight report of the Strategy and Performance Group detailing the exceptions from Q1 2016/17. It was recommended that the CSP Board members:

- Endorse the recommendations of the report, and;
- Task the S&PG to oversee the quarter 1 performance remedial action and report back on any emerging challenges/pressures/opportunities.

Silver Prevent Sub-Group

There were no performance exceptions or specific escalations received from the Silver Prevent Sub-Group.

Reducing Re-offending Sub Group

It was noted that in line with the governance review, sub-group meetings have been suspended however, it was emphasised that work continues to take place across the system to ensure the delivery of coordinated and connected services.

Hate and Harassment Sub-Group

There has been an increase in quarter 1 of the number of hate crimes / incidents reported across the borough. The proposed remedial actions were approved by the Board. The S&PG were asked to raise awareness of the reporting process and undertake further work in relation to the indicator to further understand the trends, trajectories and outcomes for individuals, families and communities.

No specific escalations were received from the Hate and Harassment Sub-group.

Drug and Alcohol Action Board

It was noted that data provided in relation to alcohol-related hospital admission is based on a national statistical modelling formula including all alcohol specific conditions plus those where alcohol is casually implicated. The local alcohol profile for England (LAPE) data is only released annually and twelve months in arrears.

The latest data published shows an increase in the number of females recorded with an alcohol related hospital admission. Male alcohol related hospital admissions have also increased.

Work is ongoing with the CCG, Barnsley Hospital and other partners to develop a local dataset to monitor and establish the local position.

The CSP Board agreed the proposed remedial actions.

Successful completions in relation to criminal justice clients as a proportion of all in treatment for Opiate use shows a slight reduction at the quarter 1 position but remains above the sub-regional position.

With regards to successful completions in relation to criminal justice clients as a proportion of all in treatment for Non Opiate clients, there has been a reduction in quarter 1 however, it was noted that Barnsley's performance is above the national average.

The CSP Board agreed the proposed remedial actions.

There were no specific escalations received from the Drug and Alcohol Action Board.

Domestic Abuse and Sexual Violence Partnership

No specific performance exceptions were received however, it was noted that the S&PG have requested further work be undertaken in relation to domestic abuse and sexual violence to further understand the trends, trajectories and outcomes for individuals families and communities. The CSP Board supported this piece of work.

No specific escalations were received from the Domestic Abuse and Sexual Violence Partnership.

Tactical Tasking and Coordination Sub-Group

No specific performance exceptions were received from the Tactical Tasking & Coordination Sub-Group.

The Tactical Tasking and Co-ordination Sub-Group made an escalation to the Board in relation to how the approach to town centre ASB can be sustained and resourced given the breadth and complexity of the presenting issues.

Wendy Lowder & Tim Innes asked the board to note that significant work has taken place over the last few months between BMBC and the Police to consider the future design for policing in Barnsley. They both recognised the positive impact that the additional policing resource has had having been acknowledged by the public and business community. Further discussions are taking place and an update will be provided in due course.

Action: Escalation to be scheduled for November Board meeting.

Information Sharing Agreement (ISA)

The ISA has been circulated to the CSP Board members and a number of proposed amendments have been received. A specific request was made to extend the ISA to include a number of healthcare providers. The proposed amendments have been considered and signed-off by the Strategy and Performance Group.

The ISA will be considered by the Councils Information Governance Board as the Accountable Body and re-circulated in the near future for sign-off by Board members.

Action: Mel Fitzpatrick to liaise with relevant healthcare provider agencies in relation to the ISA and re-circulate the ISA to Board members for sign-off.

7. Crime Performance Overview – Tim Innes / Simon Wanless

No specific crime performance escalations were received.

8. Forward Plan – Mel Fitzpatrick

The forward plan is currently being developed and will be brought to a future board meeting.

Action: Mel Fitzpatrick to liaise with S&PG and Priority Lead Officers regarding the forward plan and agenda for a future board meeting.

9. JSIA 2016 – Update Presentation – Jason Pearson / Mark Wood

Mark Wood / Jason Pearson gave an update on the JSIA which is currently being finalised. The final version of the JSIA will be presented to the November meeting for formal ratification and sign-off.

Action: Jason Pearson to circulate the final draft of the JSIA to Board members for comment.

10. Future Operations / Events
Wendy Lowder informed the group that a Hate and Harassment Sub Group-Event is scheduled for the 21st September 2016. Tim Innes informed the meeting that a partnership day of action focussed on vulnerability will take place during October 2016.
11. Any Other Business
Paul Brannan informed the meeting that a number of BMBC staff have recently been involved with a self-assessment of the night time economy within Barnsley as part of the development of a Purple Flag Scheme for the borough. **Action: Paul Brannan & Diane Lee to provide a feedback report to the Crime and ASB Sub-group.**
12. Date and Time of Next Meeting
The next meeting will be held on **Wednesday 23rd November September 2016, at 10:00 to 12:00 in Westgate Level 3 Boardroom.**

Barnsley Community Safety Partnership
Executive Group meeting

Action schedule from minutes (12th September 2016)

1	**Action schedule 11th May 2016**
1.1	Jason Pearson to liaise with Jakki Hardy to progress CCTV ISA.
2	**CSE Safeguarding**
2.1	Ben Finley / Paul Brannan to meet to discuss whether current approaches / working protocols between YOT and Community Safety could be improved with regards to addressing issues of accommodation providers where other LA are placing young people and ASB is a concern.
3	**CSP Plan (2016-2020) & Consultation Feedback Presentation**
3.1	Wendy Lowder to circulate the link to Board members with regards to the funding announcement.
3.2	Ben Finley to liaise with Paul Brannan & Phil Hollingsworth regarding potential ideas.
3.3	Mel Fitzpatrick to circulate the final Partnership Plan (2016-2020) to board members.
3.4	Mel Fitzpatrick/Jason Pearson to attend Barnsley Community & Voluntary Network facilitated by VAB to provide an update of the Partnership Plan and governance review.
5.	**CSP Governance Review**
5.1	Revised Terms of Reference, Delivery Plans and Performance Frameworks to be scheduled for the November Strategy and Performance Group and Safer Barnsley Partnership Board.
6.	**Information Sharing Agreement**
6.1	Mel Fitzpatrick to liaise with relevant healthcare provider agencies in relation to the ISA and re-circulate the ISA to Board members for sign-off.
7.	**Forward Plan**
7.1	Mel Fitzpatrick to liaise with S&PG and Priority Lead Officers regarding the forward plan and agenda for a future board meeting.
8.	**JSIA**
8.1	Jason Pearson to circulate the final draft of the JSIA to Board members for comment.
9.	**Self-assessment - night time economy**
9.1	Paul Brannan and Diane Lee to provide a feedback report to the Crime and ASB Sub-group regarding the findings of the self-assessment on the night time economy.

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Health and Well Being Provider Forum

Minutes of the meeting held on Wednesday 15th June 2016

Present:-

Sean Rayner	SWYPFT (Chair)
Pauline Kimantas	Age UK, Barnsley
Phil Parkes	Livewell, SYHA
Kevan Riggett	BPL
Anne Simmons	Alzheimbers Society
Andrew Peace	Caremark
Bev Hewitt	Barnsley Hospice
Jo Clark	Citizens Advice
Katie Roebuck	BCCG
Carolyn Ellis	Healthwatch
Teresa Gibson	Voluntary Action, Barnsley MBC
Richard Walker	TLC Homecare
Karen Sadler	BMBC

Item 1 – Apologies	**ACTION**
Apologies were received from Helen Jaggar, Berneslai Homes, Sam Higgins, Phoenix Futures, Jade Rose, Barnsley CCG, Sharon Brown, DIAL, Sharon Clarke, BMBC, Julie Ferry, Barnsley Hospice, Jamie Wike, BCCG	
Item 2 – Social Prescribing Model – Katie Roebuck The meeting received a presentation (slides attached) which provided an overview of the proposed model that has been branded My Best Life, together with the aims/objectives and procurement of the service. People who would benefit from the service, which is a mechanism for linking patients with non medical sources of support within the community, the service delivery pathway and referral route were outlined and discussed together with referral targets for Year 1 to Year 3. Consultation has taken place with GP's who are fully supportive of the model and working with the approved provider who will be responsible for the overall management of local advisors. Local advisors will be accommodated within the GP base and will work flexibly with the practices, including attending the practice's multidisciplinary team meetings should the practice so wish. Although there is currently a broad spectrum for referrals KR said that this had been extended in Year 2 and 3 to include the Hospice with potential for this to be expanded further if needed. In respect of procurement a workshop will be held in July where the specification and expectations will be outlined. KR agreed to circulate these dates week commencing 20/6/16. The contract, with an approximate value of £830,000 will be awarded in September, mobilisation will take place in October with the service model	**KR**

commencing on 1st April 2017. The service will commence on a phased basis if the full complement of advisors are not recruited into post by the start date	
Item 3 – Matters Arising These were agreed as a true and accurate record.	
Item 3a – Matters arising 8.2. – 7 Day Service - the forum had previously requested that the Chief Executive of CCG be contacted indicating that the forum wished to provide views/ideas where a difference could be made. This had been progressed and SR outlined the response to HJ from Jane Wood, Head of Joint Commissioning. J. Wood had stated that there has already been engagement with our domiciliary care providers in relation to the new contracts that will be tendered this year. There is a formal engagement event planned for 16/6/16 that providers are invited to sign up. Alison Rumbol is the Senior Commissioner that is managing the overall procurement process. A report submitted to Cabinet earlier this year provided a good outline of the new approach being sought. Key features are that there will be a geographical model with prime providers in each area (to ensure guaranteed business and guaranteed package pick up), there will be differentiated specifications to also ensure appropriate standards of more complex care support as well as good quality standard home care support; where required faster pick up of packages including at weekends will be included; will be working with our new contracted providers to develop outcome based approaches collaboratively once the transition to the new model has been completed. TLC and Caremark are the two current framework providers so there is regular dialogue with them, and will continue to do so during the coming year. A further meeting will be held on the 16/6/16 where the specification will be developed.	
Item 4 – Health and Wellbeing Board **Item 4.1 Strategy Refresh Presentation by Karen Sadler, BMBC** The meeting received a presentation (slides attached) which set out the proposed vision for the strategy together with the principles, strategic objectives and framework required to deliver this. It was noted that the aim of the strategy was not to replicate what exists in other strategies but to focus on the actions that require system wider leadership in order to make an impact on the populations' health, health inequalities and integration. The purpose of the presentation to the forum was to consult on the strategic framework which forms the main basis of the strategy. The framework has been designed to guide the board in its system leadership role. The principles of the	

framework, the 4 strategic objectives and 6 high level outcomes were outlined. The meeting noted the consultation process that has taken place with a public stakeholder event being held on the 21st June 2016. Consultation will continue which will include engagement with various forums as the strategy develops in order to maintain an ongoing dialogue and provide opportunity for input. A number of KPIs will be established that will monitor progress against the high level outcomes and KS felt that the forum could consider how they would envisage success against these. The connectivity with various forums that look to improve health and wellbeing in Barnsley was another area that the forum may wish to consider. KR stated that although the primary focus of the strategy is in relation to Barnsley, work that is taking at a regional level that will also have an impact is being considered eg Sheffield City Region, and work on the regional Sustainability and Transformation Plan and any potential links to this going forward. KR raised how Leisure Services may be able to contribute as this is an area that can impact on health and wellbeing. KS stated that this aspect should be looked at as part of the Sports and Active Lifestyle Strategy which is considered as part of the whole system approach to improving health and wellbeing. The meeting noted that the final draft of the strategy will go out for wider consultation in July/August 2016 and will then be tabled at the Health and Wellbeing Board in September. This will then lead to the development of a work programme for the Health and Wellbeing Board and SSDG. KS requested the forum to forward any comments on the strategy direct to her and said that members were welcome to discuss this on a 1 to 1 basis if they so wished. KS to provide the forum with contact details.	**All** **KS**
Item 5 – Stronger Communities Partnership **a) Board – 24 May – Phil Parkes** PP reported that it was intended to raise the profile of providers at this Board meeting. PP has attended two meetings, initially as an observer then as a participant. The Board is heavily represented by BMBC and is chaired by Councillor Lamb who is proactive in encouraging links with providers. Work is still at an early stage but initially they are looking to sign up to a vision statement for the Stronger Communities Partnership. Key points from the meeting were noted as: • Useful debate held on early help. Considered what early help means and if a definition of these words is required. PP felt this was an area the Health and Wellbeing Provider Forum could contribute to. • HJ from Berneslai Homes presented a paper on a concept Berneslai have when staff enter properties called “Something doesn’t look right”. This could be in relation to any issue be it people, fixtures, gardens etc. Debate was held on whether this	

becomes the definition of early help in terms of what do we do, who do we tell. PP to continue to update the forum following attendance at future meetings. **b) Early Help Children and Families Task Group** – item deferred to September meeting.	
Item 6 – Better Housing: Better Health report – Phil Parkes PP outlined the report which had been produced by the Health and Housing Task group which had been formed as a sub group of this forum. The report aimed to raise the profile of housing and its impact on health in general and set out the health and inequalities that can develop from poor housing. The group is chaired by HJ with representatives from BMBC, Public Health and PP. The Health and Wellbeing Board have been requested to sign up to some key principles around health and housing which were detailed with the report and outlined by PP together with the recommendations. The report will now be tabled at SSDG on 20/6/16 prior to this being submitted to the Health and Wellbeing Board. The forum felt it was opportune this was being raised at the present time as this issue had been highlighted by Dan Jarvis in recent ministerial discussions and the Health and Wellbeing Board had considered BMBC's Housing Strategy and felt therefore this would give more emphasis to the key principles . PP stated that the Health and Housing Task group had been formed due to HJ/PP's interest in this area however if any member of the forum wished to progress a topic in a particular area they could consider a similar approach. CE asked if a representative from the voluntary sector could have representation on the group as they had contact with the most vulnerable people affected by health and housing and the subsequent effects of this. PP agreed to raise this with HJ.	**PP**
Item 7 – Barnsley Strategic and Operational Intelligence Group – SR SR reported that the Council and CCG together with NHS providers have set up this group in order to assimilate data and gain a broader understanding of what this tells us about the borough. SR felt it was important for the HWB Provider Forum to input into this and be aware of any outputs. The Group has only met once therefore work is at an early stage. SR to keep the forum updated and ensure that providers are able to contribute to future discussions and agree validation of any data.	**SR**
Item 8 – Future Agenda Items **14 September 2016** Early Help (Adults) Early Help (Children and Families Task Group) **7 December 2016** Resilient and Healthy Communities	

Item 9 – Date of next meeting – 14th September 2016 at 10.00 am, Meeting Room 1, Town Hall, Barnsley **Future meeting dates: 7th December 2016**	

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Health and Well Being Provider Forum

Minutes of the meeting held on Wednesday 14th September 2016

Present

Helen Jaggar	Berneslai Homes (Chair)
Bev Hewitt	Barnsley Hospice
Sam Higgins	Phoenix Futures
Jo Clark	Citizens Advice
Carolyn Ellis	Voluntary Action Barnsley
Phil Parkes	Livewell SYHA
Andrew Pearce	Caremark
Jamie Wike	Barnsley CCG
Richard Walker	TLC Homecare
For Item 5:-	
Tracey Turner	NHS
For Item 6:-	
Nina Slight	BMBC
For Item 7:-	
Paul Hussey	BMBC

	ACTION
Item 1 – Apologies Apologies were received from Sean Rayner, SWYPFT; Michelle Hall, Mencap; Julie Ferry, Barnsley Hospice; Jade Rose, NHS; Pauline Kimentas, Age UK; Anne Simmons, Alzheimers	
Item 2 – Minutes of meeting held 15 June 2016 Item 2 – Social Prescribing Model – Following on from the presentation at the last meeting by Karen Sadler, HJ provided the meeting with an update. The tender went out and expressions of interest were submitted. Interviews are taking place this week. The decision will be known in October. When the provider has been identified there will be a period of mobilisation from January, going live in April 2017. Post meeting note The specification states they will be a member of the Provider Forum. Item 7 – Barnsley Strategic and Operational Intelligence Group HJ advised the meeting that the Strategy was now in the final format and will be signed off by the Health and Well Being Board on the 4th October 2016 Item 6 - Better Housing Better Health Report – PP referred to the request for representation from the voluntary sector on the Health and Housing Task Group. It was agreed that once the task stage is reached this would	

be beneficial. A Healthwatch representative was suggested. <u>Item 7 –Barnsley Strategic and Operational Intelligence Group</u> HJ provided an update to the meeting. The Group are reviewing 2 documents. One is the Annual Joint Strategic intelligence Assessment which is carried out by the Police and relates to community safety. The other is the Joint Strategic Needs Assessment (JSNA) which pulls together data/information that drives health priorities in Barnsley and is currently being worked on by the Intelligence Group. SR felt the Forum should have input into the process. Administration has been through the Council and it has been circulated to some for comment. Of the Forum members only JW advised that he had seen the Strategy, but he would endeavour to find out when providers will be invited to comment.	JW
<u>Item 3 – Health and Wellbeing Board</u> HJ advised she had presented the Better Housng, Better Health report which was well received. She summarised the main actions from the meeting • Agreeing the Social Prescribing provider which is going to be called 'My Best Life'. • Housing tenure to be identified at the point of referral and a task group will look at the pathways for referral depending on tenure. • It was also identified there was a need to ascertain if the condition of a property is impacting on health or a combination of social isolation. The new provider will be tasked with tracking all individuals who may be presenting on a regular basis where housing is seen as a condition of the problem. • Discussion took place on the ability to establish small funding pots that the private sector (rented and owner occupier) could access when they have a property in significant disrepair that they are struggling to maintain, resulting in an impact on a resident's health. . Reports were presented from:- • Barnsley Safeguarding Adults and Childrens Board. • Oral Health Improvement Priorities (Public Health) – They have identified that oral health in Barnsley is significantly worse than other areas of the Yorkshire and Humber Region and nationally. The biggest issue is around fluoride in water and there was a debate if Barnsley should have this. Views of other local authorities will be sought and also on how they engage with young people/schools/nurseries. CE advised they had carried out some work with secondary schools around dental health and found not all dentists apply the fluoride varnish. The forum agreed it would be useful for Public Health be invited to attend a future meeting.	HJ

A report was presented on a smoke free generation in Barnsley. The programme will support introducing town centre smoke free zones (all voluntary) smoke free play park areas, implementing smoke free hospital grounds, smoke free school gates/entrances. It also includes what employers do in terms of supporting a smoke free environment in the work place and how do employers help staff stop smoking. The report identified smoking in children aged 15 in Barnsley is 11% compared to the England average of 8%. Consultation has taken place within the Council/NHS and this will be followed through with stakeholders. Friends of Locke Park agreed to implement the policy. The Forum agreed a speaker from Public Health be invited to attend a future meeting (March) on this issue. Forum Members to bring examples of what they do to encourage employees to stop smoking. The introduction of a digital road map was also discussed, although no specifics were available. This relates to a paperless NHS by 2020.	HJ All
Item 4 – Stronger Communities Partnership – SCP Delivery Framework PP provided an update:- • The Provider Forum representation has given the partnership a better balance • The group oversees early help adults and children • The Chair is Councillor Lamb who is very supportive of having providers on board • The group are interested in how they can facilitate more provider collaboration, including co-location • Debate took place on a common language i.e. customers instead of patients. • The Delivery Framework was presented. PP circulated the Framework for comment. The main observations were:- - It lacks building personal resilience and resilient communities - It is disconnected - Needs to be more meaningful - Concern was also expressed on how small wins can be captured which are very important as they can have a big impact on individuals. - Personal stories would be useful. - Feel there is a need to capture how well people get on in the community and how they feel about neighbourhood factors, the 'happiness' factor - Some of the categories need to be sub categories - Need to move away from encouraging dependency. - There are contradictions of some measures.	

These will be fed back to the partnership	PP
Item 5 – Flue Immunisation Presentation Tracey Turner the Screening and Immunisation Co-ordinator attended and presented the national flue vaccination programme for 2016/17. The main issue raised by the Forum members was with regard to the funded immunisation programme not being extended to Care Providers and whether this could be considered. TT to feed back highlighting it as an investment to save. HJ to share with the group Berneslai Homes data on the cost of immunising staff. Post Meeting Note Berneslai Homes offer flu vaccinations to all front line staff through jabs at work or vouchers via pharmacies at a cost of £7 per person. Take up in 2015 was 26% with a 32% reduction in sickness days lost to flu. Any further suggestions can be sent through to either HJ or TT and they will be fed into the Health and Well Being Board.	 TT ALL
Item 6 – Early Help Children Task Group Presentation Nina Sleight, Head of Early Start, Prevention and Sufficiency attended and presented ' A model of early help for families' SH of Phoenix Futures expressed an interest in representing both Phoenix Future and the Forum on the Early Help Steering Group. SH to e-mail Nina with her details.	 SH
Item 7 – Early Help Adults Presentation Paul Hussey, Service Director – Communities attended and presented information on the Early Help Adults Delivery Group (see slides below). Discussion followed on how the Forum can contribute to the Delivery Group and Task and Finish Groups. With regard to attendance at the Delivery Group which currently takes place on a monthly basis, HJ to e-mail members of the Forum for expressions of interest. SYHA and BH are already involved in other groups, so volunteers from other organisations would be appreciated. It was suggested that part of the December Forum meeting be used as workshop to discuss a priority area that has been identified by the Delivery Group, especially with regard to relevant issues that the members can engage with i.e. trips and falls, care homes etc. Any suggestions to be sent to HJ PH to feedback this back to the Delivery Group.	 HJ All All

Item 7 – Future Agenda Items December Social Prescribing 'My Best Life' Early Help Workshop Future Meetings Oral Health (Public Health) Smoke Free Generation (Public Health) Suicide Prevention (Public Health)	
Item 8 – Any Other Business 8.1 Future Meetings It was agreed the meetings in 2017 would be held in Gateway Plaza. 2017 meeting dates to be circulated before the next meeting.	BH

Date of Next Meeting 7th December 2016, Town Hall

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BARNSLEY METROPOLITAN BOROUGH COUNCIL
COMMUNITIES DIRECTORATE

STRONGER COMMUNITIES PARTNERSHIP
TUESDAY, 16TH AUGUST, 2016

Attendees:-
Councillor C Lamb, BMBC (Chair)
Councillor J Platts, BMBC
Wendy Lowder, BMBC
Keith Dodd, BMBC
Jacqui Bradley, BMBC – Minute Taker
Margaret Libreri, BMBC
Paul Hussey, BMBC
Lennie Sahota, BMBC
Carrie Abbott, BMBC
Mark Lynam, BMBC
Emma White, BMBC
Lisa Wilkins, BMBC/CCG
Dave Fullen, Berneslai Homes
Christine Drabble, VAB
Adrian England, Healthwatch
Julie Keane, CCG
Phil Parkes, SYHA
Carl Hawkes, SYHA
Chris Millington, CCG
Gill Stansfield, CCG

Apologies:-
Diane Lee, BMBC
Julia Burrows, MBMC
Helen Jaggar, Berneslai Homes
Jade Rose, CCG
Sean Rayner, SWYPFT
Marie Hoyle, Practice Manager, Kakoty Practice

MINUTES

1 **Welcome and Introductions**

(a) **Declarations of Interest**

Carl Hawkes and Christine Drabble declared a conflict of interest and confirmed they would leave the room if required when the items concerned were discussed.

(b) **Minutes of Last meeting – Action Log**

Keith Dodd confirmed that most actions have been delivered.

Document sharing across all agencies – Keith is still pursuing this with BMBC's IT Support service. Potential solutions are restricted by the standards that the Council has to meet in order to achieve PSN accreditation.

Minutes

Phil Parkes pointed out that his name is wrong on the attendance list of the minutes.

Referring to page 2, Councillor Platts gave an update following the recent Anti-Poverty Board and reported that the Bright House store is no longer selling white goods. The Credit Union has been challenged by a commercial organisation via the FSA over its procurement of white goods for people facing financial difficulties. It can still provide people with a loan but there is no guarantee that it will be spent for the intended purpose.

2 **Delivery Group Highlight reports**

Early Help Adults Group - Paul Hussey is now the chair. He reported that a meeting is scheduled for tomorrow to review and update the delivery plan.

Paul explained that discussion had taken place with a view to merging the Early Help (Adults) and Resilient and Healthy Communities Delivery Groups. The rationale was that the agenda and meeting attendees were overlapping. There was support from Board members for this proposal

Paul reported that work is ongoing to co-locate some services following the establishment of a Public Services Hub. An update on the proposals will be given at a future meeting.

Action: Keith / Paul Hussey to schedule into future SCP forward plan

Questions:-

Wendy Lowder asked about mapping for peer support and when it would be completed and for this to be included in the updated plan.

Paul confirmed that the Resilience and Healthy Communities Group had started this work and it was expected to be completed around October.

Lennie Sahota asked about the target dates for completion of the activities on the Resilient and Healthy Communities work programme.

Action: Paul Hussey to ensure Mapping of peer support is included in the Early Help Delivery Group & to liaise with Northern College

Councillor Platts asked if a list of agencies who attend each Delivery Group could be made available. Keith Dodd agreed to add these to the templates.

Action: Keith Dodd

Early Help Children's Group

Margaret Libreri reported that the revised Early Help pathway is working well and there is an effective interface with Children's Social Care (step up and step down). . The Delivery Group has established an action plan which is being actively progressed with a range of partners.

Chris Middleton apologised to the chair for not declaring an expression of interest for this item because he is a member of a schools forum. His apology was accepted by Councillor Lamb.

Anti-Poverty Group

Councillor Platts gave an update on the energy scheme and reported that 50 households have benefitted from an upgrade to their heating system.

Encouraging more people to change energy supplier will also help them to save money. Digital champions are working throughout the Borough to assist anyone who lacks IT skills to switch online.

Skills and learning – there are currently 121 attending basic skills courses and 175 doing IT courses.

People are also being encouraged to take advantage of the cookery classes available in family centres. Attending the class can also help them to improve their English language skills. Some then go on to enrol for English and maths courses.

3 **SCP Delivery Framework**

Keith Dodd presented a single page Partnership Delivery Framework setting out what the partnership was striving to achieve, the key work programmes and the performance measures that the work was expected to impact. Some comments had already been received and any others would be welcomed. The Board agreed that they would not seek to monitor and manage statutory performance measures as this was already incorporated within individual agencies governance.

Chris Millington referred to the need to have the right information out there and into the community so that they can easily access the right services. We also need to start referring to the public as customers rather than patients and to provide a customer service. Being a 'patient' means they are currently sent down a particular pathway of care.

Gill Stansfield explained that services have tended to develop around individual specialties and that there is an increasing need to take actions beyond traditional roles. We need to develop a core skill set based around early help across the whole health and social care system.

Julie Keane agreed that we need to develop a holistic approach where everyone looks out for everyone else to identify the early signs when someone may need help. As a newcomer to Barnsley, she confirmed that we are much further ahead in doing this in comparison to where she previously worked.

Dave Fullen said that he found the document really helpful and others agreed it provided a simple clear structure.

Wendy Lowder asked if the group would benefit from a presentation from another authority who are further advanced with models of local coordination so that we can begin to identify critical success factors. This was agreed.as a future agenda item.

Action: Keith to liaise with Wendy regarding the Forward Plan for SCP.

Phil Parkes asked if the group would welcome feedback on the framework from members of the Provider Forum. Keith Dodd confirmed that that any feedback would be welcomed.

Action: Phil Parkes to take framework to providers forum and pass feedback to Keith.

4 **Progress with STP and links to SCP**

Lisa Wilkins reported on progress with both the regional Sustainable Transformation Plan and the local place based plan. There are six programme areas:

- Poor health and life expectancy – tackling smoking, alcohol, diabetes and cardiovascular disease, giving children a better start in life
- Building stronger communities – an SSDG event will take place in September
- Changing our relationship with individuals to improve health and well-being – UIA and personalisation will feed into this
- Improving mental health – what interventions can we put in place. Workforce development will help to enable staff to recognise the problems.
- Supporting people – including dementia and falls
- Changing the way we work together – new models of care

An 'alliance' type model is being proposed for the themes eg an Older Peoples Alliance, a Mental Health Alliance and the SCP would be the alliance for the building stronger communities theme of the local STP plan.

It was noted that the South Yorkshire & Bassetlaw STP had been submitted in June and feedback provided. A further updated plan would be submitted during Autumn.

5 **Development of an all-age Early Help Plan**

A draft structure was circulated. Paul Hussey reported that work is progressing well. He stated that the plan will help to break down some of the existing barriers and enable services to work collaboratively to provide early help for vulnerable individuals and families. It will be brought to life by case studies and colleagues were asked to share their experiences for inclusion in the document.

Key dates have been agreed within the Council and across the partnership for the plan to be discussed. The final document will be available by the end of September/early October.

Dave Fullen commented that there was an opportunity to align the plan more closely with the Housing Strategy and he offered to meet with the author to discuss this further.

Action: Paul Hussey & Dave Fullen

Margaret Libreri asked for the designated DCS' statutory responsibilities for children's early help to be included. Paul confirmed that these have been recognised in the document and the final version will be taken back to the Children's Strategy meeting for approval.

6 **Building Better Opportunities**

Carl Hawkes reported that the SYHA have been successful in receiving £2.7m to run an employee led skills pilot across the Sheffield City Region. The scheme will benefit those that have a learning disability and/or specialist/complex needs to enable them to get into work and also enhance lives and well-being. 642 adults will be involved.

Barnsley Council will provide the majority of the referrals but he would welcome more from across partners to enable them to market the scheme. In a year's time he will be recruiting two more support workers in Barnsley which will benefit the Borough.

Lennie Sahota welcomed this from an adult social care point of view

Chris Millington reported that they would like to get more information and offer support where he could.

Carl agreed to forward some information to Keith Dodd for him to circulate to the group

Action: Carl Hawkins & Keith Dodd

7 **Progress Updates**

<u>Falls</u>

Emma White referred to the workshop held on 24th May 2016 and confirmed that an action plan has been developed following the session. Some of the actions are already being pursued by the Bone Health and Falls Strategy Group but where this is not the case the Early Help (Adults) Delivery Group will oversee progress.

Adrian England asked for a copy of the consultant's report

Action: Keith Dodd

<u>Social Prescribing</u>

Lisa Wilkins confirmed that the closing date for bids was yesterday with a good response. A moderation meeting is taking place next week and the service will be operational from 1st April 2017.

Flu vaccinations – Lisa reported that all national targets were missed last year so this year we need to improve performance especially in relation to the under 65's at risk groups. She asked the meeting for any suggestions on how their organisations can help to promote take up. Colleagues were asked to email Lisa if they can assist.

Margaret Libreri confirmed that they could seek support from the Family Centres.

Action: All

8 Date and Time of Next Meeting

Tuesday, 22nd November 2016 at 1.30 pm

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REPORT TO THE HEALTH AND WELLBEING BOARD

4th October 2016

REVIEW OF THE TERMS OF REFERENCE OF THE BARNSLEY HEALTH AND WELLBEING BOARD AND SENIOR STRATEGIC DEVELOPMENT GROUP

Report Sponsor:	Rachel Dickinson (Executive Director: People) Barnsley MBC
Report Author:	Richard Lynch (Head of Commissioning, Governance and Partnerships) Barnsley MBC
Received by SSDG:	17th May 2016
Date of Report:	21st September 2016

1.0 Purpose of Report

1.1 This report seeks approval for the revised Terms of Reference for the Board, together with the revised Terms of Reference for the Senior Strategic Development Group (SSDG)

2.0 Recommendations

2.1Health and Wellbeing Board members are asked to:-

- Consider and authorise any amendments to the draft, revised Terms of the Reference for the Board and SSDG.
- Subject to any amendments, the Board approves, for adoption, the revised Terms of Reference.
- That both documents be reviewed, further, in 12 months.

3.0 Introduction/ Background

3.1 In January 2016, the outcomes of a Barnsley MBC Internal Audit evaluation of the governance arrangements of the Board were published. Among the recommendations was that the terms of reference of both the Board and SSDG, originally approved by the Board in June 2013, be reviewed and updated.

3.2 The revised draft terms of reference for the Board and SSDG were submitted for the consideration of SSDG, at its meeting held on 17th May 2016. Following some minor amendments, these documents are respectively attached as Appendix 1 and Appendix 2.

4.0 Financial Implications

4.1 There are no financial implications for the Board or partner agencies emerging through consideration of this report.

5.0 Conclusion/ Next Steps

5.1 Subject to approval at today's meeting, the revised terms of reference of the Board and SSDG will be adopted as part of ensuring both are equipped to fulfil their role and responsibility in improving the health and wellbeing of local people and communities in Barnsley.

6.0 Appendices

6.1 Appendix 1: Draft Terms of Reference of the Barnsley Health and Wellbeing Board (September 2016)

Appendix 2: Draft Terms of Reference of the Senior Strategic Development Group (September 2016)

9.0 Background Papers

9.1 No background papers were used in the compilation of this report.

Officer: Richard Lynch (Head of Commissioning, Governance and Partnerships, Barnsley MBC)

Contact: 01226 773672 or e-mail richardlynch@barnsley.gcsx.gov.uk)

Date: 22nd September 2016

BARNSLEY HEALTH AND WELLBEING BOARD

DRAFT TERMS OF REFERENCE

(September 2016)

The Vision for Health and Wellbeing in the Borough

Our Vision for health and wellbeing in Barnsley is:

"That the people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer, stronger communities, whoever they are and wherever they live."

(Barnsley Health and Wellbeing Strategy (2016-20)

Purpose

Through the Health and Social Care Act (2012) the purpose of the Barnsley Health and Wellbeing Board, established in April 2013, is to improve the overall health and wellbeing of individuals and communities in the Borough thereby enabling them to lead enriching lives and participate in thriving communities.

Our 'Vision' for health and wellbeing, as outlined earlier, is based around the principles of enabling personalisation and the ability of individuals and communities to exercise greater independence, choice and control over provision as part of meeting their needs.

Objectives

In order to implement this 'Vision' the Board has the following objectives:

- To oversee the formulation and publication of the Borough's Joint Strategic Needs Assessment (JSNA) in order to provide a clear statement and rationale for the health and wellbeing needs of the population of Barnsley.
- To approve the Better Care Fund submission for Barnsley.
- To approve the Sustainability and Transformation Plan for Barnsley.
- To develop and implement the Borough's Health and Wellbeing Strategy (including regular review of the Strategy) based on the needs of the population identified in the JSNA, together with other forms of local intelligence, including the Joint Strategic Intelligence Assessment (JIA) and Family and Child Poverty Needs Assessment, as part of developing a framework for how these needs are to be collectively addressed.
- Ensure the engagement of individuals and communities in helping inform and shape local health and social care policies and in holding services to account.
- Ensure health and social care strategic proposals and commissioning plans are consistent with the vision and priorities of the Health and Wellbeing Strategy.
- To actively promote integrated working across health and social care in the Borough and to embed a culture of mutual accountability and responsibility. This includes adopting a whole systems approach to service re-design, including the alignment of resources

across health and social care, as part of improving health and wellbeing outcomes for the population of Barnsley.
- To receive the Annual Reports of the Barnsley Local Safeguarding Adults Board and Local Safeguarding Children Board.

Membership

The Barnsley Health and Wellbeing Board will consist of the following elected representatives and senior leaders from across the local health and social care sector. This is based on the mandatory membership requirements indicated in the Health and Social Care Act, together with the flexibility to add to this as the local area sees fit.

- Executive Leader of Barnsley MBC
- Council Cabinet Spokesperson (Communities)
- Council Cabinet Spokesperson (People: Safeguarding)
- Council Cabinet Spokesperson (Public Health)
- Executive Director (People) Barnsley MBC
- Executive Director (Communities) Barnsley MBC
- Director of Public Health, Barnsley MBC
- Chair, Barnsley NHS Clinical Commissioning Group
- Chief Operating Officer, Barnsley NHS Clinical Commissioning Group
- Chief Executive, Barnsley Hospital NHS Foundation Trust
- Chief Executive, South and West Yorkshire Partnership NHS Foundation Trust
- Chair, Barnsley Healthwatch
- Chief Superintendent (Barnsley District) South Yorkshire Police
- Medical Director, NHS England (South Yorkshire and Bassetlaw Area Team)
- Chair of the Provider Forum

Each member of the Board will nominate a designated deputy to represent his/her organisation at meetings of the Group when the permanent member is unable to attend. This is to ensure continual and unfettered engagement of all partner organisations in improving the health and wellbeing of individuals and communities in the Borough.

In addition, the Service Director (Governance and Member Support) together with the Head of Commissioning, Governance and Partnerships, Barnsley MBC and the Health and Wellbeing Board Manager will be responsible for the overall co-ordination of the Board's work programme and for providing ongoing support.

Additional officers, particularly from the partner organisations represented on the Board, may attend its meetings to present specific reports, subject to the prior approval of the Chair of the Board.

Probity and Transparency

Each member of the Barnsley Health and Wellbeing Board will ensure that any personal, professional or pecuniary interests, relating to any matter being considered by the Board are properly stated and recorded during its meetings.

Roles and Responsibilities

Each member of the Board will undertake to:

- Promote and encourage discussion and ensure that the outcomes of discussions are satisfactorily recorded and follow up action is both progressed and reported to the next meeting within the context of mutual accountability.
- Promote the priorities and objectives of the Board and, in particular, the Health and Wellbeing Strategy within his/her own organisation, including service users and among networks of associates.
- Report on matters of relevance to improving health and wellbeing outcomes as part of informing the development of both the JSNA and Health and Wellbeing Strategy.
- Adopt a whole systems approach to collaborative working, based upon a Memorandum of Agreement, outlining protocols on matters including data and information sharing.
- To give due consideration to whether his/her organisation's resources can be aligned with another's or others to improve health and wellbeing outcomes for the people of Barnsley.

Governance and Accountability

For the purpose of the Health and Social Care Act and Borough wide governance arrangements, the Barnsley Health and Wellbeing Board will be regarded both as a committee of Barnsley MBC and as a strategic partnership. On this, it will be imperative that the Board maintains an interface with both the Barnsley Economic Partnership and Barnsley Community Safety Partnership so that any inextricable links between jobs and business growth, enhancing community safety and improving health and wellbeing are identified and any impact monitored.

The Health and Wellbeing Board will oversee the work of the following groups, namely:

- The Senior Strategic Development Group (SSDG)
- Joint Strategic Planning and Commissioning Group
- Provider Forum
- Barnsley Strategic Housing Partnership
- Barnsley Strategic Intelligence and Operational Intelligence Groups

In addition, the minutes of the meetings of the Barnsley Children and Young People's Trust, Community Safety Partnership, Stronger Communities Partnership and Provider Forum, will be submitted for consideration by the Board.

The permanent Chair of the Barnsley Health and Wellbeing Board will be the Executive Leader of Barnsley MBC. The Vice Chair of the Board will be the Chair of the Barnsley CCG.

Meetings of the Board should be held approximately every 8 weeks, with a minimum of 6 per calendar year. The quorum or minimum attendance for meetings of the Board will be one quarter of its membership and should include at least one Council Cabinet Spokesperson and one representative from the Clinical Commissioning Group. The Board's meetings are open to the public and both the Council's Standing Orders and the highest ethical standards of public service will apply to its proceedings.

Agendas for meetings of the Board will be agreed and approved by the Chair and the minutes of each meeting will be approved at the next meeting of the Board. Individual members of the Board may request a matter to be considered during a future meeting by contacting the Service Director (Governance and Member Support) no later than 14 working days before the date of the relevant meeting. The agenda and accompanying papers for meetings of the Board will be distributed a minimum of 5 working days beforehand.

Review

The Board is recommended to review these Terms of Reference on a 12 monthly basis.

Richard Lynch (Head of Commissioning, Governance and Partnerships (People Directorate, Barnsley MBC)

Barnsley Health and Wellbeing Board

SENIOR STRATEGIC DEVELOPMENT GROUP

THE EXECUTIVE OF THE BARNSLEY HEALTH AND WELLBEING BOARD

DRAFT TERMS OF REFERENCE

(September 2016)

The Vision for Health and Wellbeing in the Borough

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"That the people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer, stronger communities, whoever they are and wherever they live.."

(Barnsley Health and Wellbeing Strategy (2016-20)

Purpose

The purpose of the Senior Strategic Development Group or SSDG is to oversee and collectively be responsible for ensuring the delivery of the Barnsley Health and Wellbeing Strategy and its regular review, through its role as the Executive Group of the local Health and Wellbeing Board.

The SSDG brings together senior leaders from across the Health and Social Care system to effectively drive forward the implementation of the priorities and objectives of the Strategy, report on progress and recommend any action to the Board in order to manage or mitigate any emerging risks, on an exception basis.

The SSDG will have a particular focus on transforming the health and social care system in order to help improve the range of outcomes for people in the Borough. This will be achieved through the following principles:

- All members of the SSDG will have an equal say in the deliberations of the Group, its operation and its outputs as part of ensuring the shared leadership of health and social care and its transformation, in the Borough.
- Each member will be individually responsible for the achievement and implementation of any of the SSDG's outputs accorded to their organisation, within the context of mutual accountability.
- All members of the SSDG will demonstrate a commitment to bring together and help develop all transformational projects which impact on local health and social care, within an integrated, overall programme for the Borough.
- The SSDG, both collectively and individually, will be committed to ensuring that the delivery of the priorities and objectives of the Barnsley Health and Wellbeing Strategy remains at the heart of everything the Group does.
- The SSDG will adopt a whole systems approach to service transformation and service re-design, as part of implementing improved outcomes for the people of Barnsley.

Membership

The SSDG will be composed of the following senior leaders (and/or their nominated representatives)

- Executive Director (People) Barnsley MBC
- Chief Operating Officer, Barnsley CCG
- Chief Executive, Barnsley Hospital NHS FT
- Executive Director (Communities) Barnsley MBC
- Director of Public Health, Barnsley MBC
- Chief Executive, South and West Yorkshire Partnership NHS FT
- Chief Superintendent (Barnsley District), South Yorkshire Police
- Chief Fire Services Officer, South Yorkshire Fire and Rescue Service
- Chief Executive, Berneslai Homes
- Chairperson of Barnsley Healthwatch
- Service Director (Governance and Member Support) Barnsley MBC

In addition, the Head of Commissioning, Governance and Partnerships, together with the Barnsley Health and Wellbeing Board Manager will be responsible for the overall co-ordination of the Board's work programme and for supporting its work.

Each member of the SSDG will, also, nominate a designated deputy to represent his/her organisation at meetings of the Group when the permanent member is unable to attend. This will be to ensure the continual and unfettered engagement of all partner organisations towards the shared objective of improving health and wellbeing outcomes in the Borough and their collective ownership. Additional officers may attend meetings of the SSDG to present specific reports.

Roles and Responsibilities

Individual members of the Group will undertake to:

- Express the view of their organisation on matters of health and social care policy; ensure they are sufficiently briefed in order to contribute to and add value to the deliberations of the Group; help make decisions and ensure any decisions or outputs emerging from the SSDG are disseminated, progressed and implemented within their organisation, within a context of mutual accountability.
- Adopt a whole systems approach of collaborative working, to be based on a Memorandum of Agreement, outlining protocols on matters such as sharing data and information and to include giving due consideration to whether an organisation's resources can be aligned with another or others to improve health and wellbeing outcomes for the people of Barnsley.
- To act as a 'champion' for the Barnsley Health and Wellbeing Strategy within their organisation and within their network of associates.

Probity and Transparency

Each member of the SSDG will ensure that any personal, professional or pecuniary interests, relating to any matter being considered by the Group is properly stated and recorded, during its meetings.

Role of the Chair of the SSDG

The primary role of the Chair of the Group will be to actively bring together and engage partner representatives in the SSDG's work. The Chair will ensure that the priorities and objectives of the Health and Wellbeing Strategy, including any revisions to the Strategy, following review, together with the recommendations of associated policies, plans and strategies, are progressed and implemented, following approval by the Health and Wellbeing Board.

The Chair will ensure that the work of the SSDG accords with the highest principles of public service. The Chair will act to ensure steps are undertaken to expedite any outputs, leading to improvements in the health and wellbeing of people in the Borough.

The Chair will also act as the SSDG's spokesperson on other forums to which it is invited and with the media, in consultation with the Chair of the Health and Wellbeing Board.

The Group may give consideration to rotating the role of Chair of the SSDG among members.

Governance and Accountability

The SSDG will be accountable to the Barnsley Health and Wellbeing Board and its recommendations will be submitted for the Board's consideration, approval and adoption.

Meetings of the SSDG will be held approximately every four weeks with a minimum of 10 meetings per calendar year. The Group's meetings are not open to the public and observers wishing to attend the meeting, including those invited by individual members of the Group, must obtain the approval of the Chair, in advance of a meeting.

The quorum or minimum attendance for a meeting of the Group to begin, will be one quarter of its membership. This should include one senior leader from Barnsley MBC and one senior leader from Barnsley CCG.

Agendas for meetings of the SSDG will be agreed and approved by the Chair and the minutes will be approved at the next meeting of the Group.

Individual members of SSDG can request the inclusion of matters to be considered at future meetings by contacting the Health and Wellbeing Board Manager, no later than 10 working days before the date of the meeting. Urgent matters may be included at the end of an agenda, subject to the agreement of the Chair, at the beginning of the meeting.

Papers will be distributed a minimum of 5 clear days before the meeting.

Review

The SSDG should review its terms of reference every 12 months.

Richard Lynch (Head of Commissioning, Governance and Partnerships (People Directorate, Barnsley MBC)

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REPORT TO THE HEALTH AND WELLBEING BOARD

4th October 2016

DRAFT BARNSLEY HEALTH AND WELLBEING STRATEGY (2016-20)

Report Sponsor:	Rachel Dickinson (Executive Director: People) Barnsley MBC
Report Author:	Richard Lynch (Head of Commissioning, Governance and Partnerships) Barnsley MBC
Received by SSDG:	12th September 2016
Date of Report:	21st September 2016

1.0 Purpose of Report

1.1 To enable the Board to consider and approve the draft Barnsley Health and Wellbeing Strategy.

2.0 Recommendations

2.1Health and Wellbeing Board members are asked to:-

- Consider the draft Strategy and authorise any further amendments prior to its approval and adoption.
- Subject to the completion of any further amendments, that the Board recommends the draft Strategy be considered by the executive boards of its partner organisations for approval and adoption.
- Following approval and adoption, the final, interactive version of the Strategy be published online with steps to be taken to promote the document within local communities.
- Regular reports concerning progress towards achieving the Key Objectives and Strategic Priorities of the Strategy, together with an analysis of any risks be submitted for the consideration of the Board.

3.0 Introduction/ Background

3.1 In accordance with Part 5, Chapter 2 of the Health and Social Care Act (2012) Members of the Board will be aware that one of its key responsibilities is to produce a Health and Wellbeing Strategy which sets out how the Board will meet the health and wellbeing needs of local people and communities.

3.2 These are identified, in particular, through the local Joint Strategic Needs Assessment (JSNA) together with other assessments such as child and family poverty, together with other sources of evidence including the Barnsley Local Integrated Place Based Plan and the Director of Public Health's Annual Report.

3.3 The Borough's first Health and Wellbeing Strategy was produced in June 2014. A mid term review of the current Strategy has, recently, been undertaken with a view to refreshing the document and ensuring its approval and adoption by the executive boards of each partner on the Health and Wellbeing Board.

4.0 Barnsley Draft Health and Wellbeing Strategy (2016-20)

4.1 Vision and Principles

4.2 The refreshed, draft Barnsley Health and Wellbeing Strategy is attached as Appendix 1 to this report. The document is the result of extensive consultation both with partner organisations, other stakeholders and community groups. Its 'Vision' is to ensure:

"That the people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, whoever they are and wherever they live."

4.3 The draft Strategy has been formulated on the basis of four, guiding principles which are summarised below:

1. A focus on doing things more efficiently, particularly in terms of promoting the prevention of debilitating conditions, through the life course approach.

2. To inspire and empower individuals and communities to take the lead in improving their health and wellbeing and in planning and delivering health and social care services of relevance to them.

3. To connect, collaborate and co-produce solutions which will lead to improvements in the health and wellbeing of individuals and communities.

4. To go further, faster, through targeting resources and prioritising actions aimed at helping those vulnerable individuals and communities most in need of help.

4.4 Key Objectives and Strategic Priorities of the Draft Strategy

4.5 The key objectives of the draft Strategy will be to ensure:

- Children start life being healthy and staying healthy.
- People live happier, healthier and longer lives.
- People enjoy improved mental health and wellbeing.
- People live in stronger, more resilient families and communities.
- People are enabled to contribute to a strong and prosperous local economy.

4.6 A number of strategic priorities have been identified within the draft Strategy that, if we apply the principles outlined in Paragraph 4.3, in practice and can effect improvement in line with the aims of the Strategy, will demonstrate that the the Health and Wellbeing Board is well on the way to achieving its strategic purpose. Successful implementation of the Strategy will, therefore, demonstrate that we are :

- Reducing the incidence of smoking.
- Improving early help for those suffering from mental ill health.
- Joining up services for supporting older people.
- Improved pathways for people suffering from dementia.
- Improved pathways for preventing and minimising the impact of falls upon older people.

4.7 Achieving these key objectives and strategic priorities will place an onus on the Board and its partners in undertaking the following:

- Focusing on the areas in greatest need of improvement, as identified through assessments of need, such as the JSNA (*NB: the 2016 JSNA is to be considered by the Board at a future meeting)*
- Helping build the components for stronger, resilient communities, including good housing; improving educational outcomes and access to skills and jobs.
- Making the prevention of ill health everybody's business, including through improved engagement.
- Delivering the Borough's 'Digital Road Map' to continually improve health and social care provision.

5.0 Financial Implications

5.1 There are no specific financial implications arising through the formulation or publication of the Strategy.

6.0 Conclusion and Next Steps

6.1 Subject to the Board's approval, the Strategy will then be submitted to the executive boards' of partner organisations for approval and adoption.

6.2 In accordance with the terms of reference of the Board and SSDG, progress against the Key Objectives and Strategic Priorities of the Strategy will be subject to regular review along with the consideration of any emerging risks and the action to be taken to manage and mitigate such risks

7.0 Appendices

7.1 Appendix 1: (draft) Barnsley Health and Wellbeing Strategy (2016-20)

Appendix 2: Equality Impact Assessment of the draft Health and Wellbeing Strategy (2016-20)

8.0 Background Papers

8.1 Background papers used in the compilation of this report may be viewed by contacting the Project Manager, Barnsley Health and Wellbeing Board, telephone number (01226 773836) or e-mail karensadler@barnsley.gov.uk

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FEEL GOOD BARNSLEY

Barnsley's Health & Wellbeing Strategy

2016 - 2020

Click on the page you wish to read

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INTRODUCTION

The Health and Wellbeing Board is a formal committee of the local authority, established under the Health & Social Care Act 2012, and has a legal duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy.

The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.
LOCAL GOVERNMENT ASSOCIATION

The purpose of this strategy is to set out how the Health and Wellbeing Board will drive integration in order to improve services, join up care and support people in Barnsley to better help themselves in order to help realise our collective vision:

That the people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, whoever they are and wherever they live.

This new strategy comes at a particularly important and challenging time for health and care services. As NHS England's Five Year Forward View recognises, to achieve consistently high quality care for everyone, respond to demographic change and achieve long-term financial sustainability across the health and care system, we must do things differently; we must rise to the challenge of what NHS England calls 'a radical upgrade' in prevention and integration (NHS Five Year Forward View).

Barnsley faces some significant challenges over the next few years. People are living longer but with this comes an expected rise in the number of people with one or more long term conditions. This will place extra demands on an already stretched health and care system. Health outcomes are improving within the borough but compare relatively poorly to the rest of the country, with marked life expectancy variations within the borough itself.

The Board brings together clinical, political, professional and community leaders and is therefore well placed to respond to these challenges. Our strength lies in working together to increase prevention and early help, and make sure the right system of help will be there for people when they need it most.

The Health and Wellbeing Board is accountable for making the best decisions for the whole health & care system. The Board will hold steady through the inevitable periods of change ahead. It will also ensure the system has the ability to mount a robust response to unforeseen, unpredicted, and unexpected demands so that services can continue normal operations.

02

OUR APPROACH

06. Vision
06. The principles that will guide us
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OUR APPROACH

Appendix 1

provides four fictional stories looking forward into the future illustrating the change we want to see.

Vision: That the people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, whoever they are and wherever they live.

The principles that will guide us:

Focus on efficiencies and outcomes
We know that we need to do things differently and we need to be more radical in favour of prevention.

Inspire & Empower
We know that we cannot do this alone or in isolation. We must engage as many people as possible to make the greatest difference.

Connect, Collaborate & Co-produce
We know that the solutions will involve working together with the public, patients, carers and our partners and communities. We will broaden our reach to those who we have not connected to in the past.

Go further, faster
We know that time and resources are precious and therefore we must target our resources and prioritise those actions that will take us further, faster.

OUR APPROACH

What we need to achieve:

Improved health and wellbeing:
Health and wellbeing is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. These 'broader determinants of health' are more important than health care services in ensuring a healthy population, and therefore this is where the Board will focus its efforts.

Reduced health inequalities:
There are marked inequalities in health which exist between Barnsley and England as a whole and within Barnsley itself, which is not acceptable. A gap also exists between people with severe mental illness, learning disabilities and autism, and the general population.
Our approach will therefore be to target our resources to achieve equality of outcomes for all.

What this will mean for individuals:

1. Children start life healthy and stay healthy
2. People live happy, healthier and longer lives
3. People have improved mental health and wellbeing
4. People live in strong and resilient families and communities
5. People contribute to a strong and prosperous economy

How will the system need to change to achieve this?

- **By strengthening** and broadening partnership working to make the health and care system stronger and more responsive
- **By creating** joined up approaches that make sense to us all by putting public, patients and carers at the heart of what we do.

Appendix 2 provides an overview of the health & care system in Barnsley.

Appendix 3 provides some examples of the progress made against key actions from the previous strategy (2014 – 2016)

03

EXAMPLES OF AREAS WE NEED TO IMPROVE

09. Reducing smoking
09. Improve early help for mental health
09. Join up services for older people

Examples of areas we need to improve over the course of this strategy include:

Reduce smoking

Smoking is the primary cause of preventable ness and premature death, accounting for 55 deaths in Barnsley between 2012 – 2014. is equates to 7 double decker buses full people dying in Barnsley as a direct result of smoking every year. Smoking is a leading cause of health inequalities and is responsible for half the difference in life expectancy between rich and poor.
Interventions having the greatest, quickest and most sustainable impact on smoking prevalence are those aimed at changing social norms and de-normalising smoking. We will therefore target our resources to tackle the availability and acceptability of smoking.

Improve early help for mental health

At least one in four of us will experience a mental health problem at some point in our life and around half of the people with lifetime mental illness experience their first symptoms by the age of fourteen. People with a diagnosed severe mental illness die up to twenty years younger than their peers in the UK, predominantly due to higher rates of poor physical health.
Mental health is everyone's business - individuals, families, employers, educators and communities all need to play their part to improve the mental health and wellbeing of the people in Barnsley. By promoting good mental health and intervening early we can help prevent mental illness from developing and support the mitigation of its effects when it does.

If we can impact these areas significantly over the next 3 years, we will have gone a long way to establishing integrated, joined up approaches as the new norm in Barnsley. Healthy life chances for generations to come will improve as a result.

Join up services for older people

Multi-morbidity, dementia and frailty are increasing, yet services are traditionally focused around single diseases and organisations. The government requires all local areas to integrate health and care services by 2020.
To do this, we need greater co-ordination between specialisms within the NHS and between primary care, secondary care and mental health services and outside the NHS with social care and the voluntary and community sector. This will enable care to become more personalised and integrated with patients having more control and choice.

The focus includes:

Dementia

In line with the current Mayor's focus on Dementia and 'the best of Barnsley', deliver an integrated pathway for dementia ensuring high quality care throughout the pathway that reflects the Prime Minister's challenge on dementia 2020.

Falls

Aligned to the work on Early Help and Prevention, develop comprehensive pathways to help to prevent, identify and minimise the impact of frailty and falls.

04

WHOLE SYSTEM ACTIONS

11. Indentification of areas of greatest need
12. Creating a healthy community
13. Making prevention everybody's business
14. Develop a communication and engagement plan
15. Deliver our 'digital road map' to improve IT

WHOLE SYSTEM CHANGE PRIORITIES

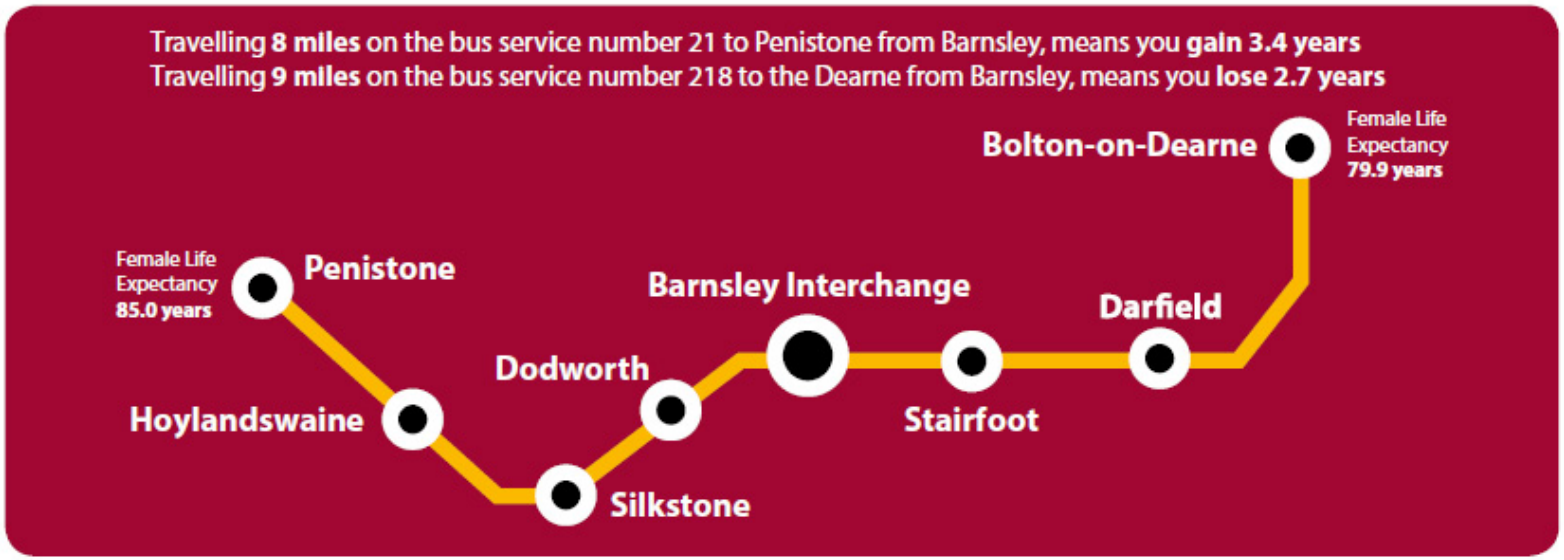
1. Focus on the areas of greatest need

There are marked differences in life expectancy and healthy life expectancy across Barnsley and therefore to make the greatest difference we need to focus our resources on the areas of greatest need.

The diagram below is one example that shows how life expectancy differs from one of the most affluent parts to one of the least affluent parts of the borough, where residents live on average six years less. For more information and data on life expectancy and healthy e expectancy across the borough, please see the int Strategic Needs Assessment. (The current JSNA is om 2013 and a new JSNA will be available at the end 2016).

We will make the joint strategic needs assessment accessible and easy to understand so everyone can have a shared understanding of the health inequalities in the borough and develop a greater understanding into the areas which have the poorest health outcomes.

We will review our resources at a neighbourhood level and ensure that we have multi-agency teams that are responsive to local need. We will also collectively agree what additional resources are needed where and how this can be achieved, to make the greatest impact on health & wellbeing.



WHOLE SYSTEM CHANGE PRIORITIES

2. Build strong and resilient communities

Building strong and resilient communities means that people live in good houses, in vibrant communities, and have access to a good education and job. People are engaged in positive activities, able to access early help and support services when they need them which enable them to live a comfortable and healthy life.

The evidence shows that:

- Good housing can have a positive impact on people's physical and mental health and wellbeing.
- A good education is strongly associated with better health outcomes including life expectancy
- There is a strong association between unemployment and poor mental health
- Poverty is a key determinant of poor outcomes in health and wellbeing and is linked to numerous health problems and unhealthy life styles.

We will continue to explore prevention opportunities to get the greatest return on investment by developing new ways of working with our partners. We will work with our partners in housing to improve standards, particularly in the private rented sector; improve children's health & wellbeing by working with our family centres and the education system; increase employment opportunities, particularly for the hardest to reach groups (those with mental health, learning disabilities and care leavers) by connecting to the Local Enterprise Partnership.

In addition, our local area arrangements provide further opportunities to create healthy communities through localised commissioning. We will continue to support our 6 Area Councils to target resources based on the priorities identified by those who live there.

WHOLE SYSTEM CHANGE PRIORITIES

3. Make prevention everybody's business

The Health and Wellbeing Board will radically upgrade its focus on prevention, empowering citizens, communities and patients to improve their own health and wellbeing. We will build a broad coalition that helps all of us take healthier decisions, working with individuals and families, retailers and employers to help make the healthy choice, the easy choice.

As well as taking actions on the broader determinants of ealth and wellbeing, we will strengthen our advocacy le and use our local democratic and enforcement powers here appropriate to help better the health and wellbeing Barnsley residents.

Staff from across our organisations such as fire, police, NHS and the council support thousands of people in our local community each and every day. This gives us an unparalleled opportunity to 'make every contact count' providing support to people to make positive changes to their physical and mental health and wellbeing.

The Health and Wellbeing Board is committed to giving our workforce the skills, knowledge and confidence to support people to make lifestyle behaviour changes, access early help and take control of their health and wellbeing.

We will embed the culture of behaviour change in all our workforce development, education and training plans so that providing brief advice and early help becomes the norm for all staff. Mobilising our workforce in this way will help achieve large scale change and increase the capacity to deliver improved health and wellbeing services.

WHOLE SYSTEM CHANGE PRIORITIES

4. Develop a communication and engagement plan

Having a strategic framework for communication will allow the Board to make greater use of networks, target specific issues and share information through a mixture of channels. This approach will also enable us to pull resources and networks across organisations to allow better joined up working and less duplication.

The Health and Wellbeing Board is committed to ıtting the voice of Barnsley people at the heart of ɛcisions. In Barnsley we have a strong tradition of rvice user, carer and patient involvement through oups such as Carers and Friends Group, Learning Disabilities Forum, Older People's Forum, Patient Forums, Equality Forums and Healthwatch Barnsley. These and other forums play a key role in bringing together people's experience of health and social care in Barnsley to influence and shape local services:

We intend to develop the mechanisms to hear the voice of our communities in the Joint Strategic Needs Assessment and use the community voice to assess our progress against our priorities.

We are proud to have such an extensive reach in to our communities, where we can have ongoing conversations about what is and what isn't working, and how ,together, we can improve outcomes for our people. Openness and transparency will help bring about continuous improvement. We will ensure that the joint strategic needs assessment will be publicly available and in a user friendly format. Likewise we will report regularly on performance at local and borough wide level, in partnership with CCGs and other key stakeholders. This information can then be used by the Area Councils, individuals and voluntary and community groups to achieve creative solutions to improve and shape the health and wellbeing of their communities.

We intend to develop the mechanisms to hear the voice of our communities in the Joint Strategic Needs Assessment and use the community voice to assess our progress against our priorities.

WHOLE SYSTEM CHANGE PRIORITIES

5. Deliver our 'Digital Road Map' to improve services

People are having increasingly positive experiences of digital technology in everyday life. Whether it is through Internet banking or shopping or learning online, the use of digital technology is becoming the norm for a growing number of people

The health and care sector is way behind the commercial sector when it comes to maximising the benefits of digital technology. In Barnsley, we know from a range of engagement activities over the past few years that our communities are frustrated when communication between services and patients fails. This means that not only time and effort is wasted but this also leads to poor experiences.

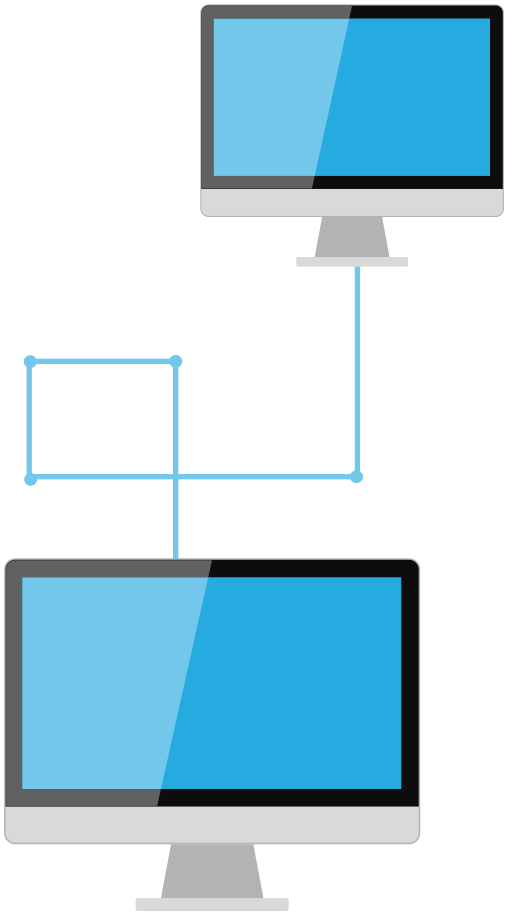
We recognise that:

- 'IT systems are a barrier to people working together'
- 'Communication between health and care teams needs to improve'
- 'We need to take a holistic view of the patient and see them as a whole'

We have therefore developed a ***'Digital Road Map'*** to transform our approaches, develop systems that 'talk' to each other and deliver a better experience for patients and service users.

Our vision in Barnsley is to:

- Increase technology enabled care to support people to stay in their homes for longer and help them maintain their independence and wellbeing.
- Transform the way in which we engage with citizens; empowering them to maintain their own health and wellbeing through digital solutions.
- Transform the way in which health and care providers and our voluntary and charitable sector organisations engage with patients and their communities.
- Accelerate mechanisms that promote record sharing and support access to data for those working within health and care services.
- Enable clinicians to provide the best care in all settings by the use of mobile technology.



05

TURNING STRATEGY INTO ACTION

17. Turning strategy into action

TURNING STRATEGY INTO ACTION

This is the Health and Wellbeing strategy for Barnsley, developed by the Health and Wellbeing Board.

All partners on the Health and Wellbeing Board have agreed the strategy and will reflect it within their organisational plans and work.

Similarly, all organisations represented agree to shape their own future organisational strategies and plans in order to underpin and help deliver this joint ealth and Wellbeing Strategy.

l relevant future plans will be formulated with gard to the joint strategic needs assessment (JSNA).

To outline progress in delivery, Barnsley's Health and Wellbeing Board will invite all partners to contribute to a joint annual report each year. The joint annual report will be made publicly available.

Appendix 4 provides summary information about the health and wellbeing challenges in Barnsley.

More detailed information about the health of the Barnsley population can be found in the following documents:

Public Health England's Health Profile provides a picture of health in Barnsley in 2015.

The Joint Strategic Needs Assessment (JSNA) assesses the current and future health and social care needs of the local community. The current JSNA is from 2013 and a new JSNA will be available at the end of 2016.

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APPENDICES

Appendix 1 - People's Stories

It's 2015

Mrs Brown is 75 and lives alone at home in Barnsley. She doesn't know many people. She has had high blood pressure and early onset dementia for some time. She is losing her eyesight and is becoming increasingly unsteady on her feet.

rs Brown receives some care from the uncil, and a few services from the cal NHS which help to give her some dependence. These include some home care, meals on wheels and telecare from the council. She also sees the specialist nurses at the memory assessment service, the outpatients department for her vision and the district nurse is currently visiting daily to treat an injury from a fall. She has been to hospital three times in the past two months because of a fall or her conditions meaning an ambulance had to be called.

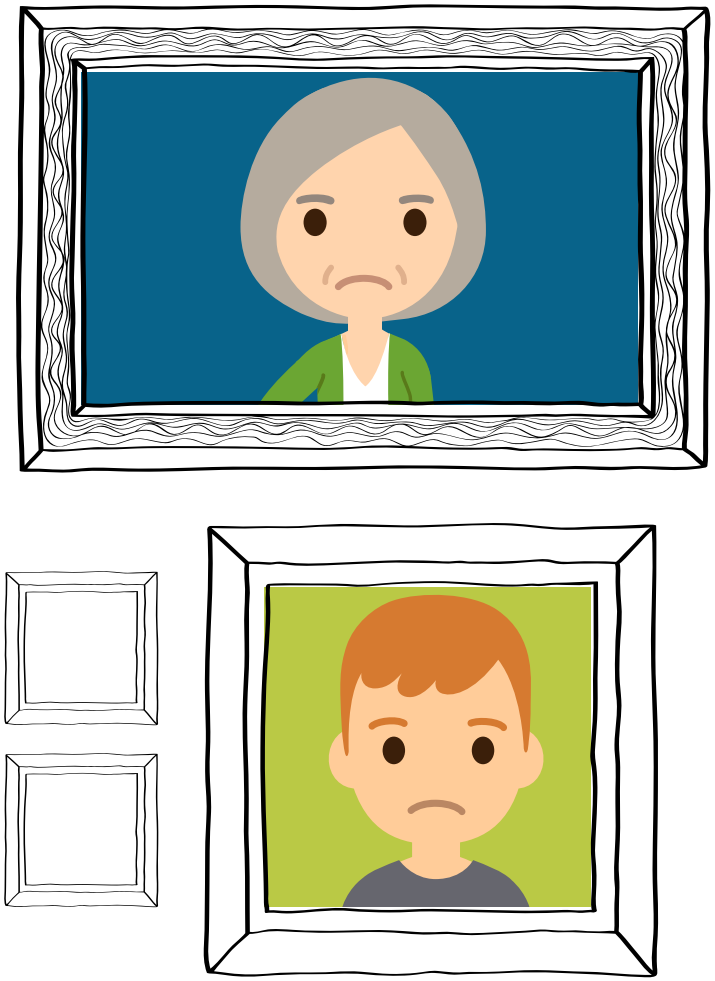
She has had to have a number of assessments, is often referred on from the people she has told her story to, has to do a lot of travelling to different services which are changed at the last minute.

Jack, Mrs Brown's son, who lives on the next street cares for Mrs Brown for about 20 hours per week. He is struggling to pay his bills as he is unable to work and the carers' benefit does not cover these outgoings. He may have to give up caring and try to go back to work. Consequently Jack is suffering with anxiety and mild depression.

Mrs Brown is worried that she will have to go into a home if Jack is unable to continue caring and her health and wellbeing deteriorates further.

This is an expensive situation for two reasons:

- Duplication of resources
- The likelihood that Mrs Brown's situation will escalate and lead to more intensive, more expensive care.



APPENDICES

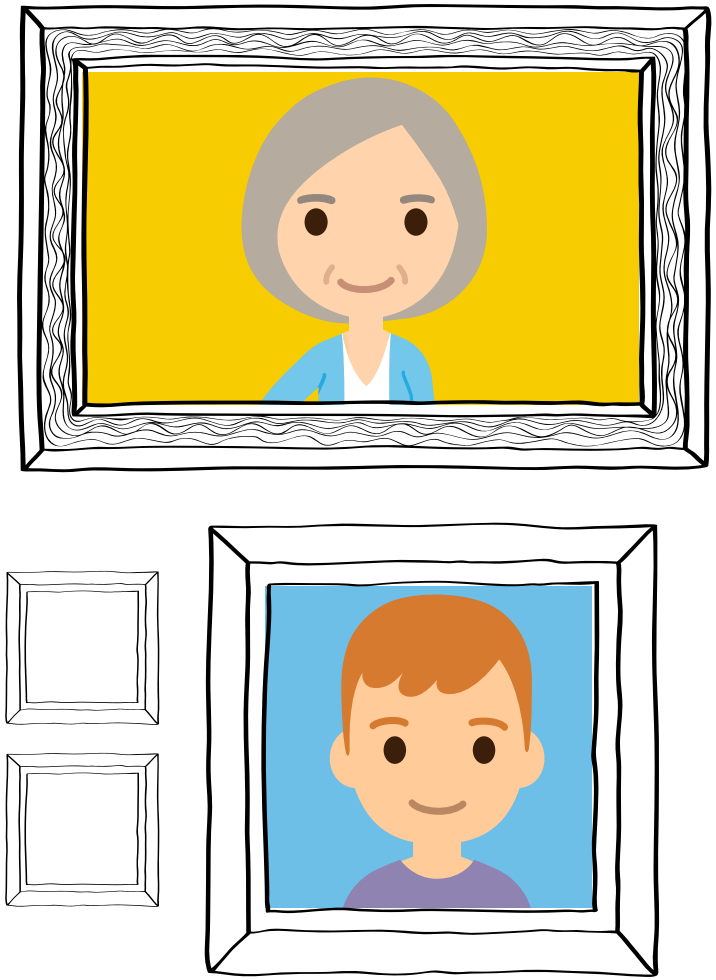
It's 2020

Mrs Brown is now 80. She is still at home despite her fears. Following a discussion with Mrs Brown and Jack, Mrs Brown was given an integrated personal budget to help her manage her health and care needs. As part of this, a single integrated care plan was developed jointly with Mrs Brown and her son Jack. Her care plan involves planned integrated health and care services, the use assistive technology and the support from cal neighbours and the local VCS. For the rvices Mrs Brown has chosen to buy with r personal budget, there is consistent information about quality that has been provided from regulator's report that helps them make informed choices about who provides the care.

Having a single integrated care plan is a much more cost effective approach as resources are planned more effectively across the system, leading to less emergency visits, and avoiding the need for Mrs Brown to go into a care home.

This has taken some pressure off Jack who is now able to find time to do some training to help him when he is ready to go back to work. Because the system has been integrated and devolved, it is now much clearer how the system works and patients and carers are partners in making decisions. As a result Jack wants to be a part of helping design future services. He has agreed to join a sub group of the Health and Wellbeing Board to help design e-health services for the future so individuals can remain in control of their own health and wellbeing.

Staff in the local health and care economy work together in local multi-disciplinary teams. This helps them to respond more readily to Mrs Brown's needs without having to have multiple appointments and assessments every time something happens. Staff focus on working proactively with Mrs Brown to help her manage her conditions better and therefore avoid a hospital visit due to escalation. Staff have also had training in the use of mobile technology. They can now share and access information to provide the best care for their patients.



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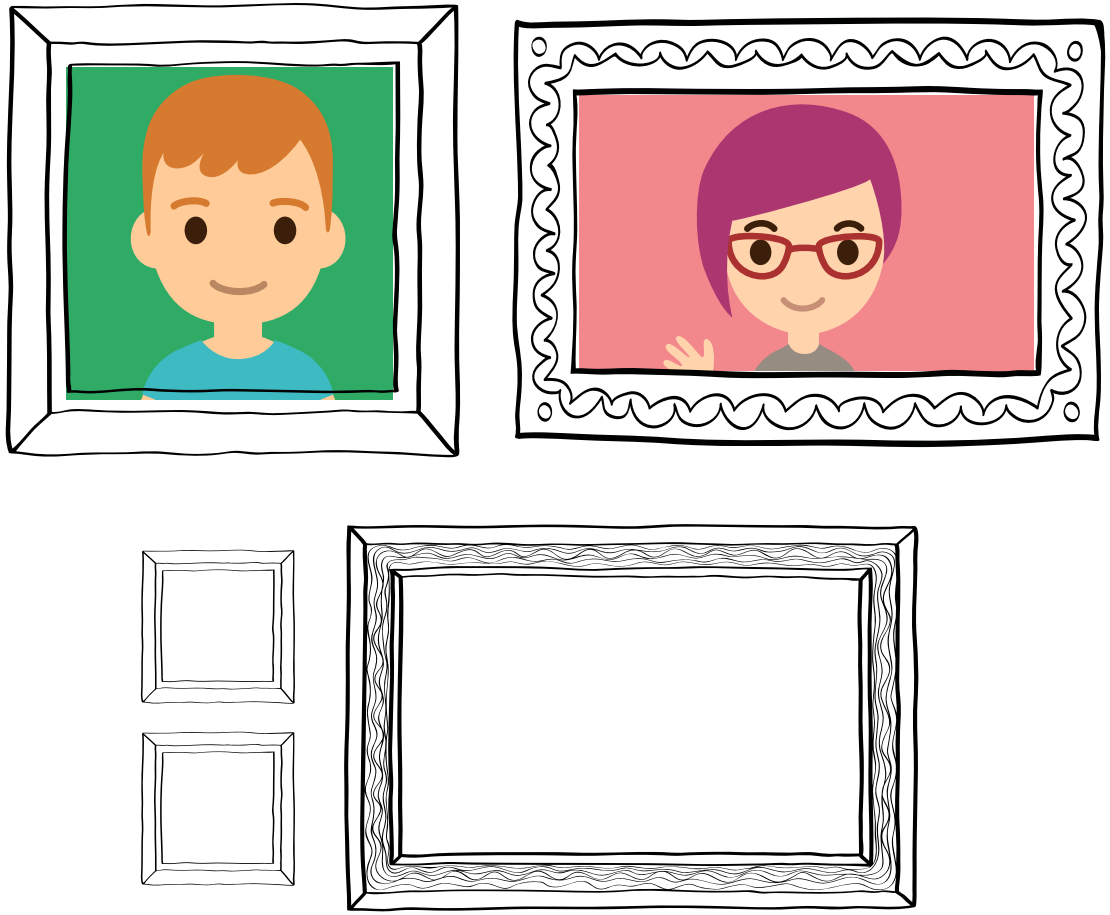
It's 2030

Mrs Brown passed away at the age of 90, at home supported by an integrated end of life plan. Her granddaughter Yasmin was born in 2015 in the same part of Barnsley. Thankfully, partners from the council, NHS, housing and education worked with the local community to develop a range of services that support Jack, Yasmin and other families to be healthy and get involved in lots of community activities – they all understand it's important to stay healthy!

When Yasmin turned 15, she joined a local community group that organises activity clubs, helps people use technology to stay connected and remain independent, and provides support to local carers. Jack has told Yasmin how important these were for her grandmother.

Jack now works in social care and supports people with dementia. In his spare time Jack volunteers as an e-health community champion helping people to make use of assistive technology to support their independence.



APPENDICES

It's 2100

Healthcare now uses predictive analytics to forecast future conditions so that proactive and preventative action can be taken to stay healthy. Thanks to Yasmin being active and having a healthy lifestyle, she has remained free from long-term conditions throughout her life. She rarely goes to the doctor; she uses the pharmacist for support in a lot of things. She has only had to go to hospital once when she broke her arm.

When she reached 85, Yasmin did become frail and needed some support at home. Due to a better balanced system, the local integrated health and care system was able to provide support despite the growth in demand. Yasmin remained supported at home, with people who are close to her, and lives well at home into old age.

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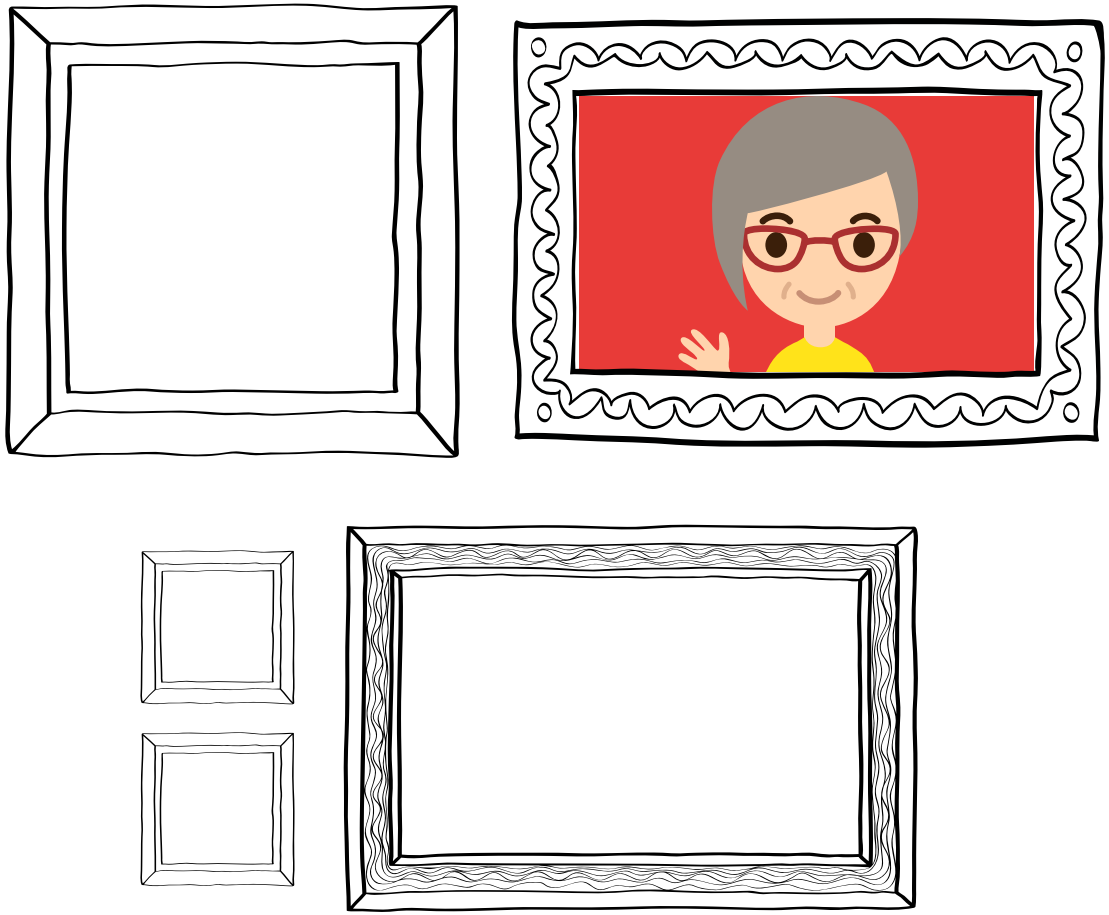


APPENDICES

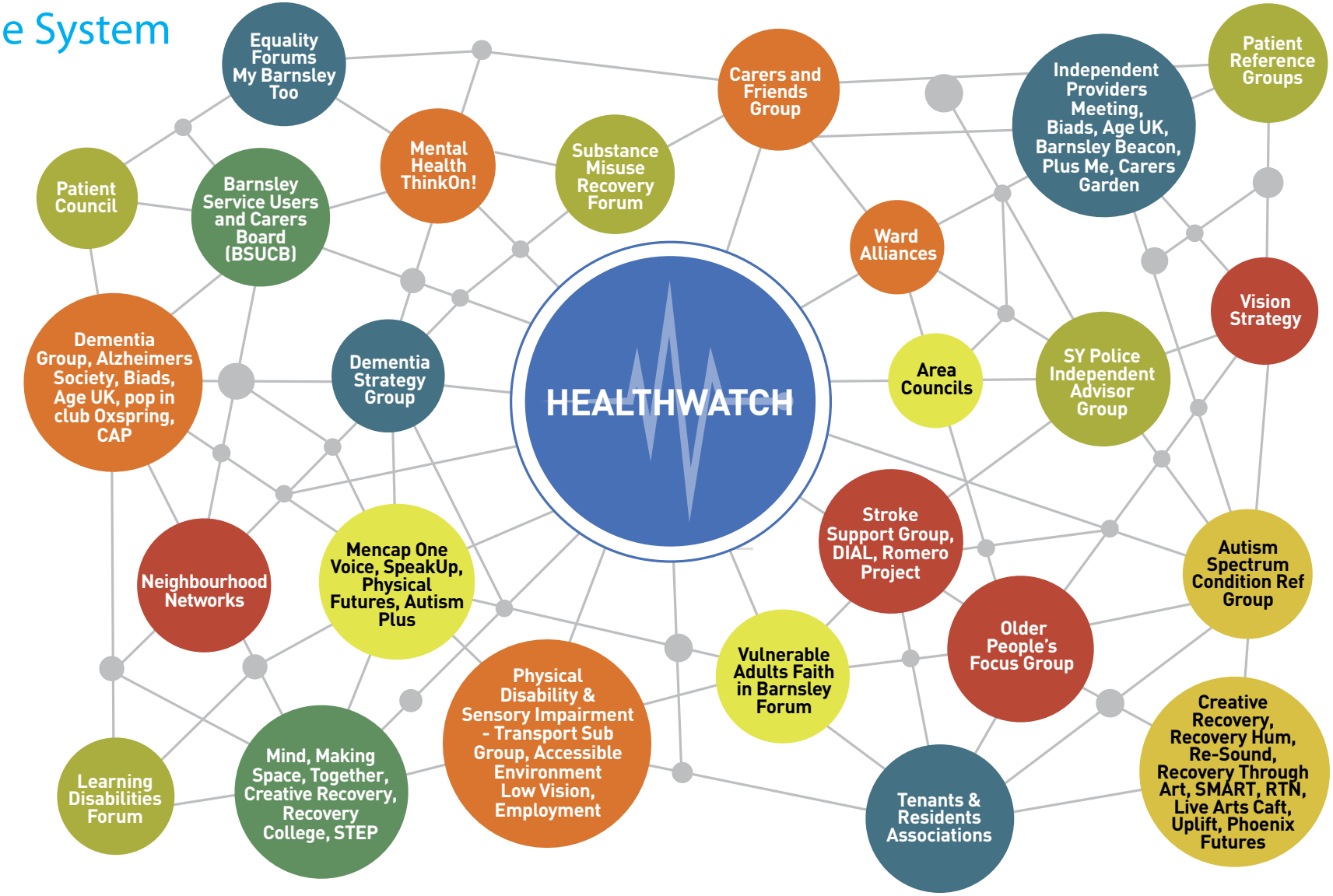
Appendix 2: The System

Networks

The responsibility to improve our health lies with us all – government, local communities and with ourselves as individuals.

PUBLIC HEALTH
OUTCOMES FRAMEWORK

In Barnsley we have many organisations, individuals, community groups and partnerships that make up the 'Health & Wellbeing Network' in Barnsley.



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PARTNERSHIP NETWORK

APPENDICES

Strategies & Plans

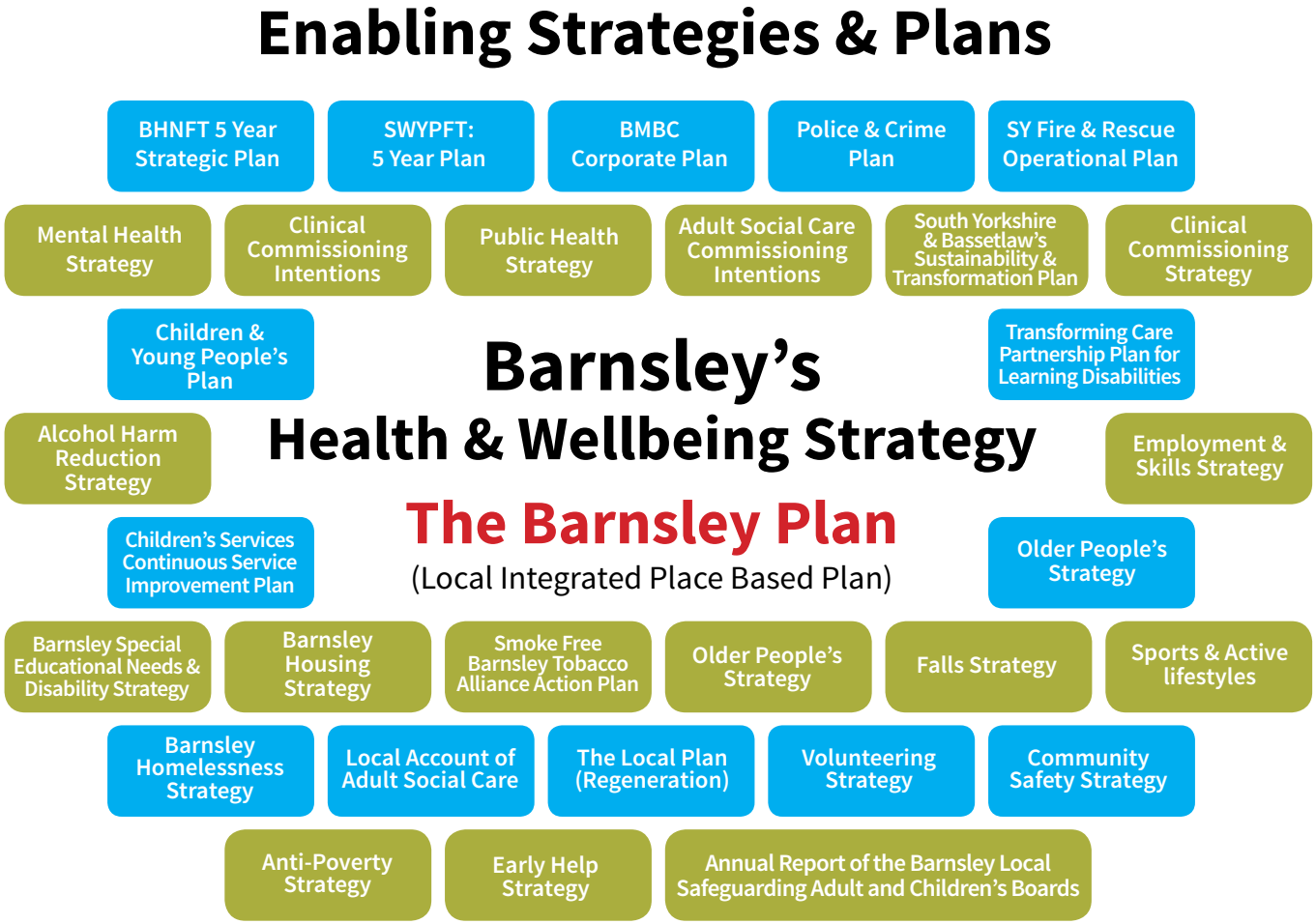
These networks work together to shape and deliver a number of strategies which collectively spell out our approach to improving Health and Wellbeing in Barnsley:

There are many linkages between and across the different boards and groups; strategies and plans and collectively they are responsible for contributing to making this strategy a reality.

For more information on each of these strategies and plans, please click on to the relevant link.

From across all of these plans and strategies, the Health and Wellbeing Board has agreed to focus on a number of priority programmes that will make the biggest impact on health and wellbeing. Details of these priorities may be found in the Barnsley Local Integrated Place Based Plan. This Plan complements and reflects the commitments set out in the Health and Wellbeing Strategy..

The **Barnsley Plan** complements and reflects the commitments set out in this strategy.



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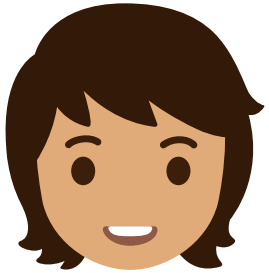
Appendix 3: Progress to Date

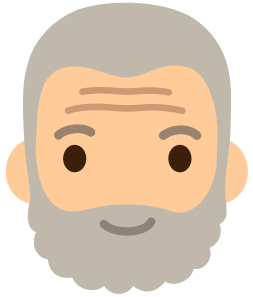
Communities:

ıe Stronger Communities rtnership is now established as a system wide partnership working to develop strong and resilient communities. The partnership is focussed on improving early help and prevention and tackling areas such as poverty. Our Area Councils and Ward Alliances have worked hard at developing community based solutions to wellbeing and create a strong foundation for the future.



Children & Young People:

A Local Transformation Plan (LTP) for children and young people's mental health and wellbeing has been developed and funding received from NHS England for 5 years, ending in March 2020. 'Improving Social and Emotional Mental Health and Resilience in Young People' is part of the work programme where primary school staff are trained in the 'Thrive Approach'. This is an evidence based whole school approach to enhance teachers' awareness of the social and emotional wellbeing among young people.



Adult Social Care:

A new operating model in adult social care services has now been implemented. The model has fundamentally changed how the service responds to its customers and the services it offers. Evidence shows that these changes have had a positive impact with more customers taking control over their care and support and an increased uptake of reablement with sustained outcomes. The service has been recognised nationally as 1 of 8 shortlisted finalists for the Local Government Chronicle Awards, under the business transformation category.

RightCare Barnsley:

A telephone based care coordination centre providing a brokerage service for Healthcare Professionals seeking a care solution. The aim of RightCare Barnsley is to facilitate the provision of the right care, at the right time, in the right setting, for the benefit of the public and patients. This service has been recognised nationally and has recently won a Health Service Journal Award.

Appendix 4 - Our Health and Wellbeing

Demographic Profile

The latest data from the 2011 Census, 97.9% of the Barnsley resident population were from a white ethnic background, 0.7% of mixed group, 0.7% Asian or Asian British, 0.5% were Black/ African/ Caribbean or Black British with 0.2% other

	Age (years)	Barnsley	Yorkshire & Humber	England
2013	0-15	43,491	1,071,422	10,857,103
	16-64	149,405	3,394,714	34,351,400
	65 +	42,861	935,822	9,305,179
	All Ages	235,757	5,337,711	53,865,817
2014	0-15	43,763	1,012,862	10,303,556
	16-64	150,064	3,389,620	34,475,354
	65+	44,016	957,545	9,537,708
	All Ages	237,843	5,360,027	54,316,618

Life Expectancy and Healthy Life Expectancy

Life Expectancy is the average number of years a person would expect to live and Healthy Life Expectancy is the average number of years a person would expect to live in 'very good' or 'good' health, based on how individuals perceive their general health, taking account of the quality as well as the length of life. Both measures are published by the Office r National Statistics (ONS) and are important for)pulation health.

2012 to 2014, life expectancy for a new born baby boy born in Barnsley was 78.4 years and for a new born baby girl, the figure was 81.8 years. However, data for healthy life expectancy shows that a boy born in Barnsley could expect to experience 57.5 years in either 'very good' or 'good' health and a girl born in Barnsley could experience 56.3 years in 'very good' or 'good' health. Of particular concern is the healthy life expectancy data for females in Barnsley which is ranked in the bottom five local authorities in England.

On average, people in our Borough are living for the last 20 years of their life in ill health. Many will have multiple long term conditions and will need help in managing their health.

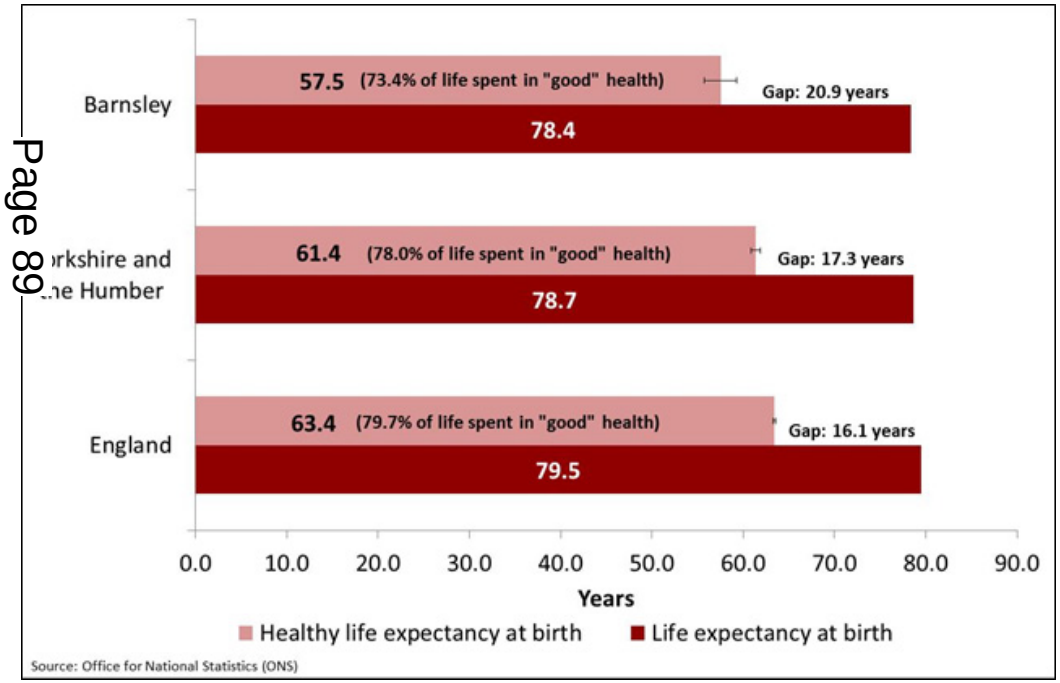
	Gender	Barnsley (%)	Yorkshire & Humber (%)	England (%)
Life expectancy (years)	Male	78.4	78.7	79.5
	Female	81.8	82.4	83.2
Healthy life expectancy (years)	Male	57.5	61.4	63.4
	Female	56.3	61.8	64.0

Source: Public Health Outcomes Framework (Feb 2016)

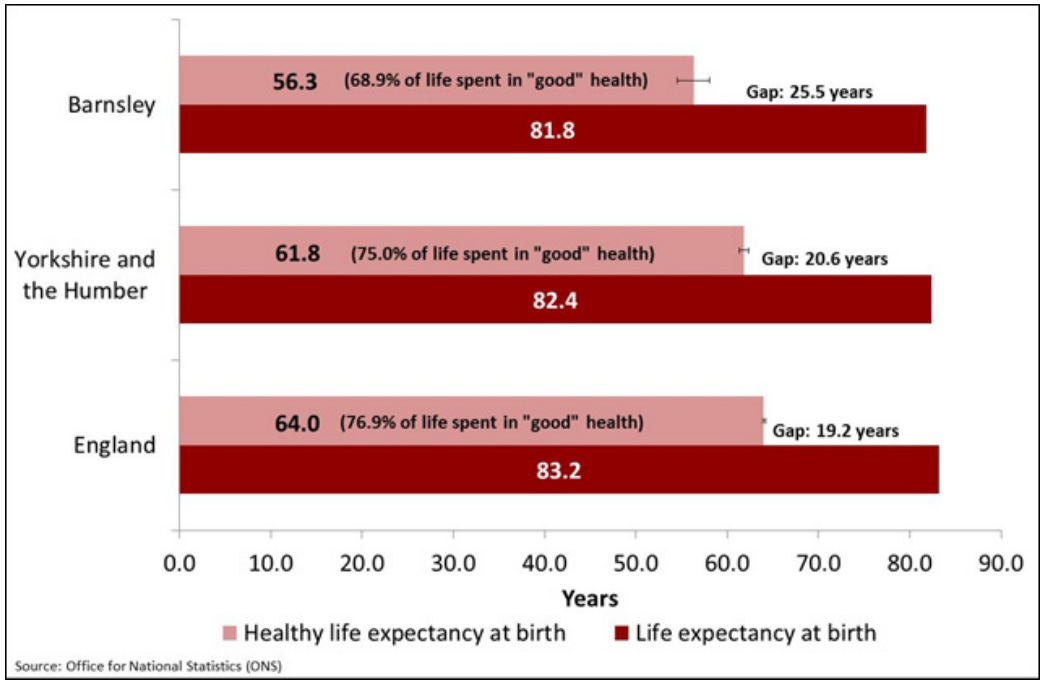
Life expectancy at birth, healthy life expectancy at birth, for males and females in Barnsley compared with Yorkshire and the Humber and England (2012-14)

Life Expectancy and Healthy Life Expectancy

Life expectancy at birth, healthy life expectancy at birth and the proportion of life spent in "good" health for men in Barnsley, compared with Yorkshire and the Humber and England (2012-2014)



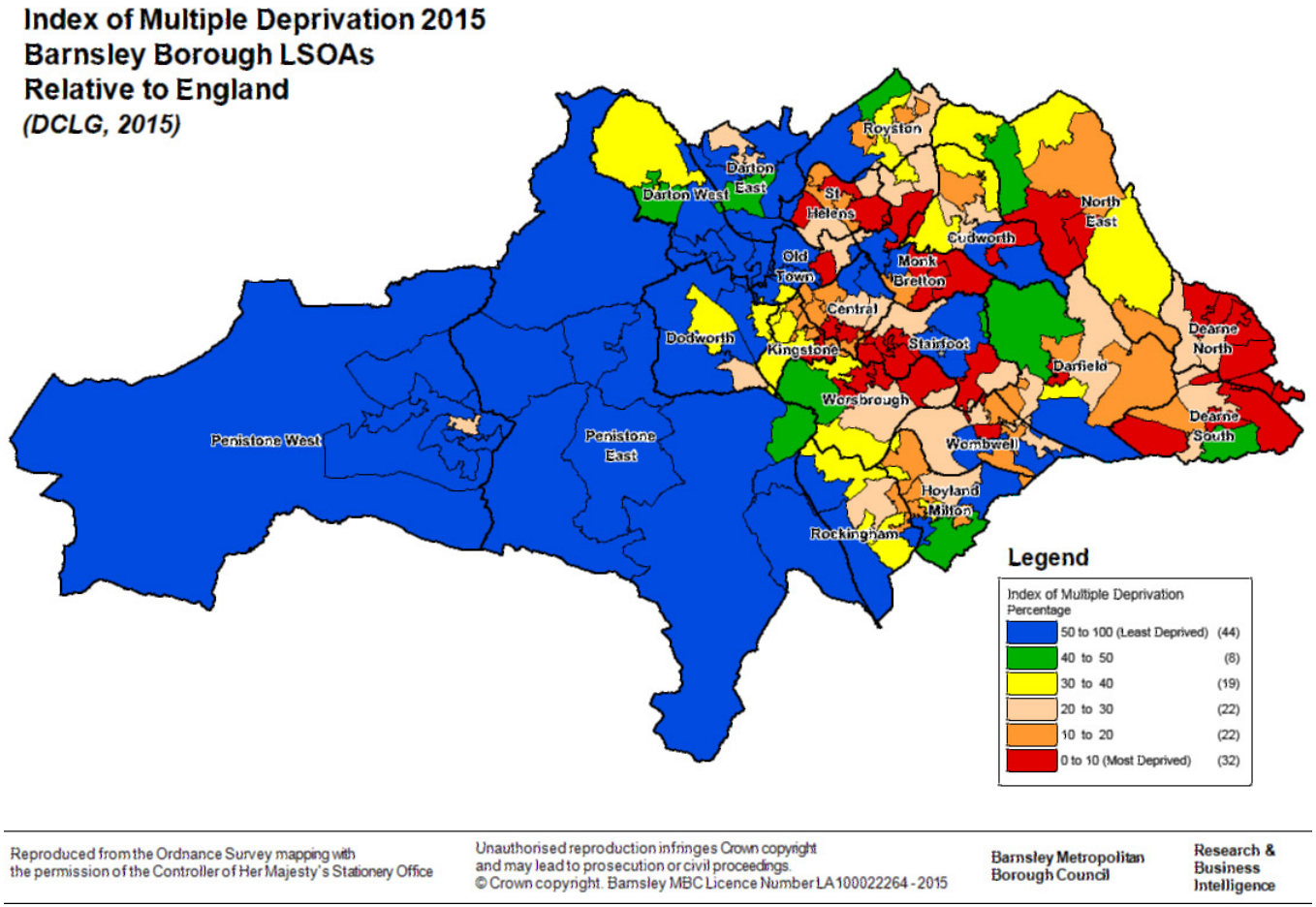
Life expectancy at birth, healthy life expectancy at birth and the proportion of life spent in "good" health for women in Barnsley, compared with Yorkshire and the Humber and England (2012-2014



Health Inequalities

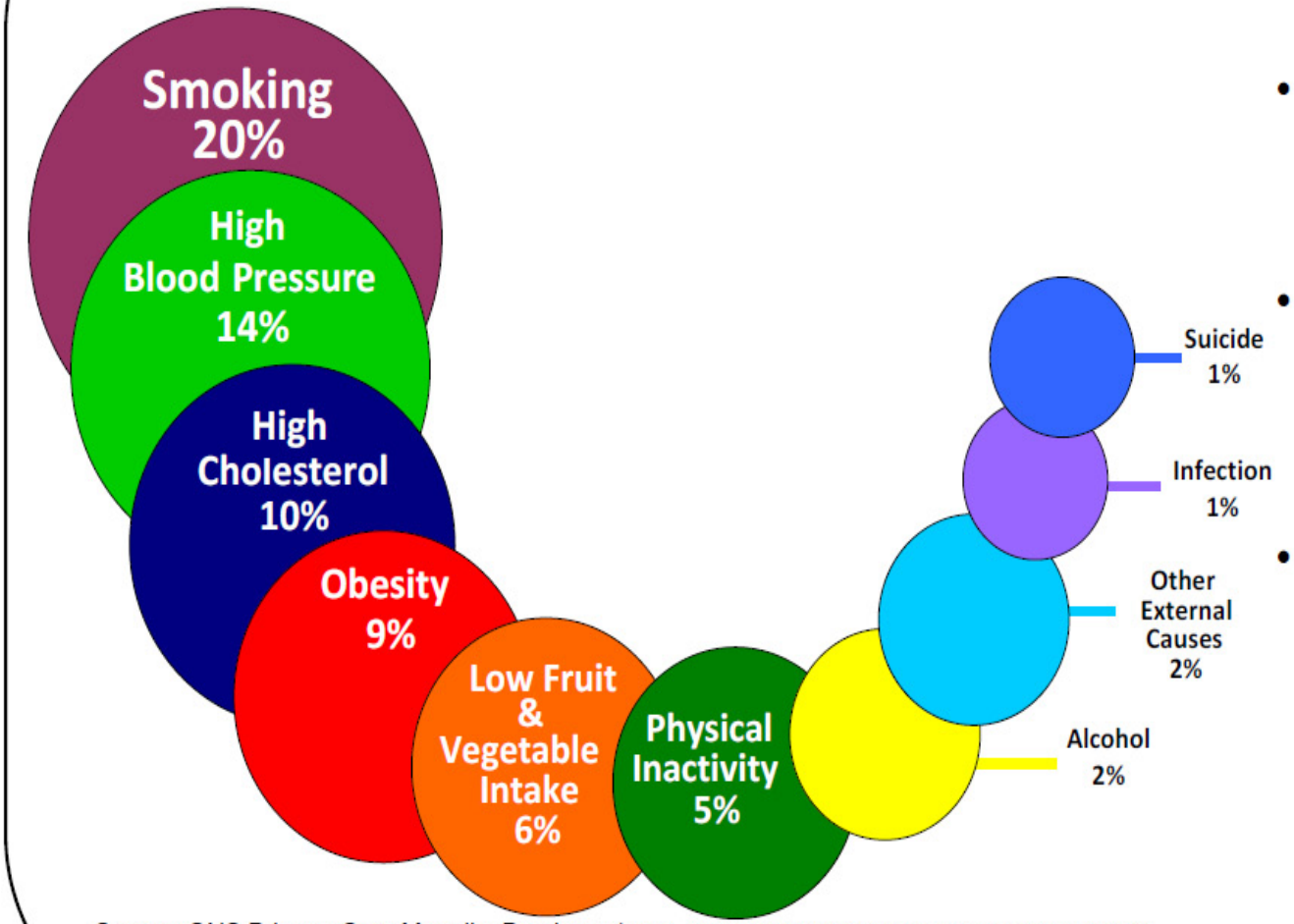
Deprivation is a key factor affecting life expectancy and healthy life expectancy and in 2015 Barnsley was ranked the 39th most deprived Borough out of 326 local authorities. There are great variations in deprivation within Barnsley itself. Good housing, education and employment are strongly associated with better health outcomes including mental health and life expectancy.

People with severe mental health conditions or learning disabilities can expect to live 15 – 20 years less than the average person.



APPENDICES

Risk factors contributing to deaths in Barnsley 2011-2013:



- A large proportion of deaths can be attributed to modifiable lifestyle factors.
- The leading risk factor for death in Barnsley is smoking, which contributed to 1 in 5 deaths in 2011-13.
- After smoking, high blood pressure and high cholesterol together contributed to 24% of deaths in Barnsley in 2011-13.

Source: ONS Primary Care Mortality Database (2011-13); The World Health Report 2002 (WHO: Geneva, 2003); Statistics in Smoking, The Information Centre, 2006.

Please see technical note on page 9.

APPENDICES

Learning Disabilities Within The Population

The tables on this page show the number and percentage of people in Barnsley with a learning disability who currently or are predicted to have a learning disability, categorised by age group:

These predictions are based on prevalence rates which are reflected in a report by the University of Lancaster's Institute for Health Research, entitled 'Estimating Future Need/Demand for Support for Adults With Learning Disabilities in England' (June 2014). The data in the Institute for Health Research's report is based on an estimate of prevalence across the national population. Prediction rates have been applied to Office for National Statistics (ONS) population projections for people aged 65 and over in the years 2011 and 2021 and linear trends projected to give the estimated number of people who are predicted to have a mild, moderate or severe learning disability, up to the year 2020.

Predictions of the number of people with a learning disability, by age

Age Group	2014	2015	2016	2017	2018
People aged 18-24	525	528	519	511	500
People aged 25-34	737	742	754	764	772
People aged 35-44	719	707	691	686	684
People aged 45-54	832	840	848	847	839
People aged 55-64	665	674	686	700	716
People aged 65-74	534	543	553	568	574
People aged 75-84	282	287	291	295	303
People aged 85+	95	99	103	107	111
Total population aged 18-64	**3.479**	**3,492**	**3,499**	**3,509**	**3,511**
Total population aged 65+	**911**	**929**	**947**	**970**	**988**

(Figures may not sum due to rounding. Source: Pansi.org.uk and Poppi.org.uk (September 2016)

Predictions of the number of people with a learning disability, for 2011 and 2021

Age Range	% in 2011	% by 2021
15-19	2.77	2.67
20-24	2.69	2.71
25-29	2.49	2.49
30-34	2.49	2.49
35-39	2.45	2.46
40-44	2.45	2.47
45-49	2.28	2.31
50-54	2.37	2.39
55-59	2.33	2.32
60-64	2.2	2.22
65-69	2.01	2.02
70-74	2.34	2.33
75-79	2.07	2.08
80+	1.89	1.93

(Source: Pansi.org.uk and Poppi.org.uk (September 2016)

Physical Disability Within The Population

The following tables show the number of people, categorised by age group , who currently or are predicted to have a moderate or serious physical disability in Barnsley, during the period 2014-2018.

Moderate Physical Disabilities

Age Group	2014	2015	2016	2017	2018
18-24	795	799	787	775	758
25-34	1,243	1,252	1,273	1,289	1,302
35-44	1,641	1,613	1,574	1,562	1,557
45-54	3,463	3,492	3,521	3,511	3,473
55-64	4,366	4,425	4,500	4,589	4,693
Total population aged 18-64	**11,508**	**11,581**	**11,654**	**11,727**	**11,783**

(Figures may not sum due to rounding. Source: Pansi.org.uk and Poppi.org.uk (September 2016)

Severe Physical Disabilities

Age Group	2014	2015	2016	2017	2018
18-24	155	156	154	151	148
25-34	118	119	121	123	124
35-44	498	490	478	474	473
45-54	964	972	980	977	967
55-64	1,699	1,723	1,752	1,786	1,827
Total population aged 18-64	**3,435**	**3,459**	**3,484**	**3,512**	**3,538**

Source: Pansi.org.uk and Poppi.org.uk (September 2016)

Mental Health Of The Population

Examples of Mental Disorder

Common mental disorders (CMDs) are mental conditions that cause marked emotional distress to the individual and which interfere with daily function, but do not usually affect insight or cognition. Such disorders can comprise different types of depression and anxiety, including obsessive compulsive disorder.

formation gathered by the Health and cial Care Information Centre, in 2009, sed on a national, household survey, ggests that 19.7% of women and 12.5% of men surveyed, met the diagnostic criteria for at least one CMD.

Personality disorders can be long standing, ingrained distortions of personality which interfere with the ability to make and sustain relationships. Antisocial personality disorder (ASPD) and borderline personality disorder (BPD) are two types with particular public and mental health policy relevance.

ASPD can be characterised by a disregard for and violation of the rights of others. People with ASPD can display a pattern of aggressive and irresponsible behaviour which emerges in childhood or early adolescence. BPD is characterised by high levels of personal or emotional instability associated with significant impairment. People with BPD can possess severe difficulties in sustaining relationships, with self harm or suicidal behaviour often being a characteristic.

Psychoses are disorders which produce disturbances in thinking and perception which can be severe enough to distort the perception of reality. The main types of psychoses are schizophrenia and affective psychosis, such as bi-polar disorder.

Research suggests that the main age group affected at national level by such disorders, is the 35-44 years age group.

Psychiatric co-morbidity in which individuals meet the diagnostic criteria for two or more psychiatric disorders, is known to be associated with the increased severity of symptoms, longer duration, greater functional disability and increased use of mental health services. This can include the most common mental disorders, notably anxiety and depressive disorders, as well as psychotic disorder and anti-social and borderline personality disorders, such as eating disorders, post traumatic stress disorder and attention deficit hyperactivity disorder. The above research suggests that there was no significant variation in the number of identified conditions between men and women.

The table, below, is based upon ONS population projections, concerning the percentage of people aged between 18-64, in the Borough, who are predicted to experience and require support for a disorder, up to 2030.

Summary	% Male	% Female
Common mental disorders	12.5	19.7
Borderline personality disorder	0.3	0.6
Anti social personality disorder	0.6	0.1
Psychotic disorder	0.3	0.5
Two or more psychotic disorders	6.9	7.5

Source: Pansi.org.uk and Poppi.org.uk (September 2016)
No projections are currently available concerning child mental health.

APPENDICES

Impact of Poor Health on Educational Attainment and Access to Skills and the Labour Market

Being in work provides purpose, promotes independence and is a factor in preventing physical and mental health conditions. Over a third of adults in Barnsley who are of working age, are affected by worklessness. Of these, 11,500 or 37% have a long term health condition which prevents them from working, compared to 21% at national level (NOMIS 2015). The main health condition which is preventing Employment Support Allowance (ESA) claimants from working in Barnsley, is a mental behavioural disorder. The percentage of such people amounts to 6% of workless people in the Borough and is comparable both to the Regional Average and National Average of 47% and 47.6% respectively.

Impact of Poor Housing on Health and Wellbeing

It is widely felt that poor housing can affect a child's ability to learn at school and study at home. Homeless children are two to three times more likely to be absent from school than other children due to the disruption caused by moving into and between temporary accommodation. Children residing in unfit or overcrowded homes can miss school more frequently as a result of the greater risk of illness and infection.

Overcrowding can be linked to delayed cognitive development whilst homelessness can impact on the development of communication skills. Homeless children are more likely to suffer from behavioural problems, such as aggression, hyperactivity and impulsivity as well as other factors which can compromise academic achievement, together with relationships with both peers and teachers. These factors can detrimentally impact upon the life chances of disadvantaged young people, later in the life course.

APPENDICES

Prevalence of Dementia

Diagnosed Dementia

Current data (2014/15) shows that of the 250,893 people registered with a GP practice in Barnsley, 1,904 have been given a diagnosis of dementia, resulting in a prevalence rate of 0.8%. This is slightly higher than the National Average of 0.7% and slightly lower than area team and commissioning rates of 0.8%.

Undiagnosed Dementia

Based on current data, Barnsley has 1,057 patients with dementia which has been undiagnosed (35.9%). Barnsley's diagnosis rate of 64.1% is higher than the National Average of 60.8%.

The following table sets out the percentage of people in Barnsley with either, mild, moderate or severe dementia, as at March 2015:

Mild		Moderate		Severe	
Nos.	%	Nos.	%	Nos.	%
1,628	55.3	956	32.5	358	12.2

(Source: NHS England Dementia Prevalence Calendar)

Projected Changes in the Prevalence of Dementia

Current predictions estimate that, by 2030, there will be an additional 1,810 people suffering from dementia in Barnsley (850 men and 960 women). The steepest rise, in both genders, is likely to be in the 90+ age group whilst the smallest changes are forecasted to be in the 65-69 age group, for both genders.

There is likely to be minimal change in the percentage of males and females predicted to have dementia in each age band at each five yearly interval between 2015 and 2030. This is due to the anticipated increase in the population in each age band. However, in those aged over 65 the prevalence of dementia is likely to be higher among females.

Early Onset Dementia

Of those, currently predicted to have early onset dementia by 2030, there is likely to be a minimal increase among people aged between 30 and 64. Prevalence is likely to be higher within the 50-64 age band with early onset dementia, higher among males than females in this age band.

APPENDICES

Falls Among Those Aged 65 and Over

The proportion of people aged 65 and over is predicted to increase by 38% by 2030 which equates to the National Average for such an increase. The increase will be higher among the older age groups within this category with the 85-89 age group set to increase by 79% from 3,300, during 2014, to 5,900 in 2030 and the number of people aged over 90 from 1,700 in 2014 to 3,600 in 2030.

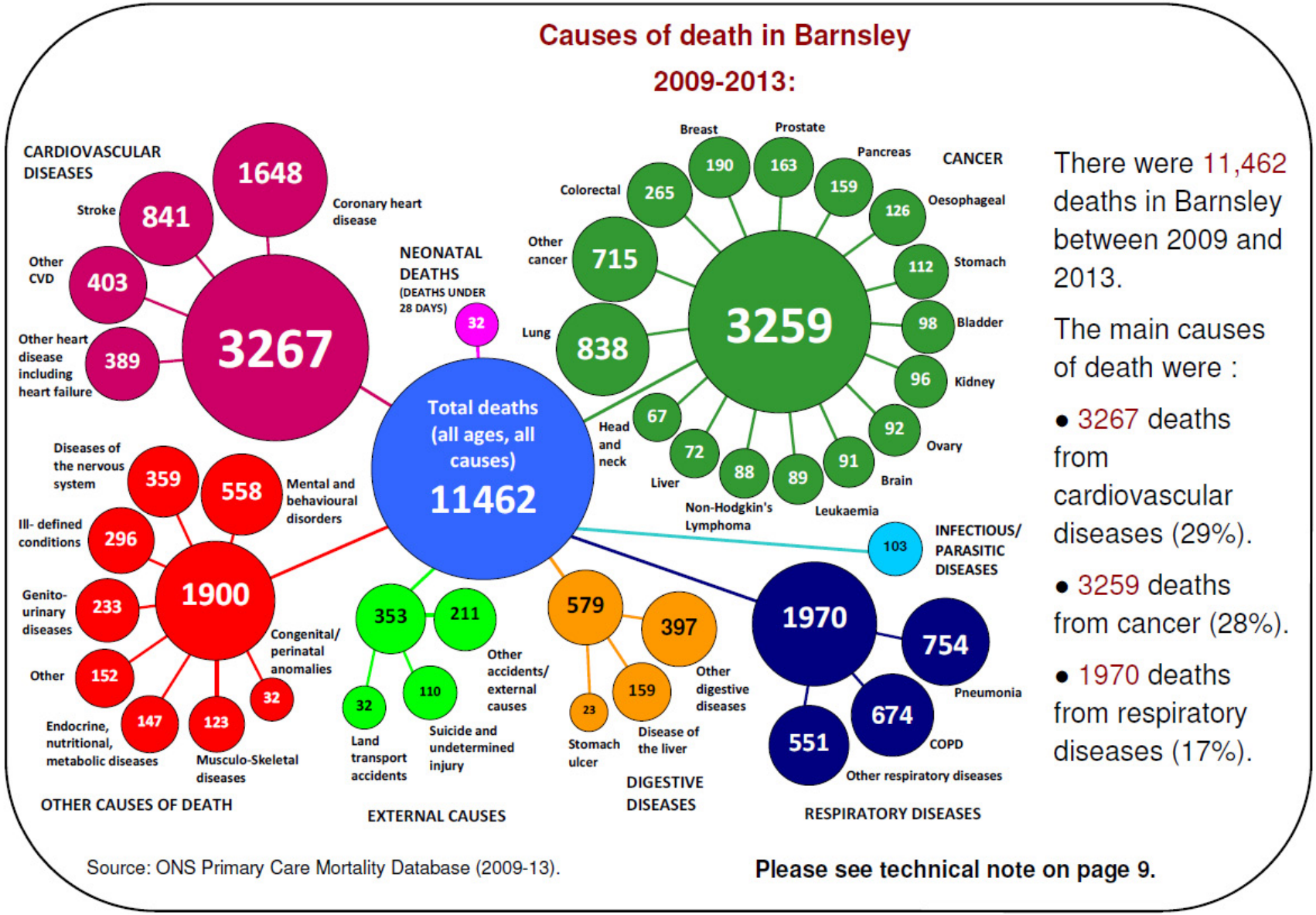
Hip Fractures Among People Aged 65 and Over

In both the 65+ and 80+ age groups the number of falls recorded during 2013/14 was slightly higher than in 2010/11.
Hip fractures are more prevalent among females within both the 65+ and 80+ age groups and whilst incidences within the 65-79 age group are notably lower than the National Average, the number among the 80+ age group is higher than the National Average.

Emergency Hospital Admissions For Falls Among People Aged 65 and Over

In Barnsley, the rate of admission for falls injuries among people aged 65+ is the eighth highest out of 16 statistically comparable neighbours and is significantly higher than the National Average. Whilst the number among those aged 65-79 is the fourth lowest it is also higher than the National Average. Admissions for fall injuries, within the 80 and over age group, is the seventh highest among the 16 statistically comparable neighbours and is also significantly higher than the National Average.
In both the 65+ and 65-79 age groups, the admission rate for falls injuries is significantly higher among females and is a reflection of the admission rate both in this Region and nationally. Whilst the admission rate among men aged 65-79 is lower in Barnsley than the National and Regional Average, it is higher among men aged 80+ in the Borough.

APPENDICES


Causes of death in Barnsley
2009-2013:
Total deaths (all ages, all causes)
11462
CARDIOVASCULAR DISEASES
1648
Coronary heart disease
841
Stroke
403
Other CVD
389
Other heart disease including heart failure
3267
NEONATAL DEATHS (DEATHS UNDER 28 DAYS)
32
CANCER
3259
Breast
190
Prostate
163
Pancreas
159
Oesophageal
126
Stomach
112
Bladder
98
Kidney
96
Ovary
92
Brain
91
Leukaemia
89
Non-Hodgkin's Lymphoma
88
Liver
72
Head and neck
67
Lung
838
Other cancer
715
Colorectal
265
INFECTIOUS/ PARASITIC DISEASES
103
RESPIRATORY DISEASES
1970
754
Pneumonia
674
COPD
551
Other respiratory diseases
DIGESTIVE DISEASES
579
Stomach ulcer
23
Disease of the liver
159
Other digestive diseases
397
EXTERNAL CAUSES
353
Land transport accidents
32
Suicide and undetermined injury
110
Other accidents/ external causes
211
OTHER CAUSES OF DEATH
1900
Congenital/ perinatal anomalies
32
Musculo-Skeletal diseases
123
Endocrine, nutritional, metabolic diseases
147
Other
152
Genito-urinary diseases
233
Ill- defined conditions
296
Diseases of the nervous system
359
Mental and behavioural disorders
558
There were 11,462 deaths in Barnsley between 2009 and 2013.
The main causes of death were :
• 3267 deaths from cardiovascular diseases (29%).
• 3259 deaths from cancer (28%).
• 1970 deaths from respiratory diseases (17%).
Source: ONS Primary Care Mortality Database (2009-13).
Please see technical note on page 9.

Equality Impact Assessment

BARNSLEY Metropolitan Borough Council

TEMPLATE

The Service	Describe the service responsible for the activity you are equality impact assessing	
Name of service responsible for activity	Directorate	Lead Officer
Commissioning, Governance & Partnerships Service (Business Unit 1)	**People Directorate, Barnsley MBC**	**Richard Lynch (Head of Commissioning, Governance & Partnerships)**

The Activity	Describe the activity you are equality impact assessing		
Name of activity	Type of activity	Period of activity	Date of next review
Barnsley Health & Wellbeing Strategy (2016-20)	Please see below	2016-2020	1st November 2017
Purpose/objectives of activity:		How is the activity / service evaluated against these objectives or purpose?	
Refreshed Borough Strategy for improving the health & wellbeing of local individuals & communities & to reduce any inequalities in health between (a) people & communities living in different parts of the Borough & (b) people & communities in Barnsley compared to other areas in the country.		Performance against local targets & indicators will be monitored on a regular basis & any remedial action instigated by the Strategic Services Leadership Group of the Barnsley Health & Wellbeing Board	

Process Checklist	How will the EIA be carried out?		
Stage 0 - Planning and accountability		How will this be done / was this done?	When completed
✓	EIA identified in service plan / work plan	The EIA forms part of the formulation of the refreshed Strategy as indicated in the current Busines Plan for the Education, Early Start & Prevention Service (Business Unit 1)	July 2016
Stage 1 - Process and Prioritising		How will this be done / was this done?	When completed
✓	Identify stakeholders / partners	Identified, during the consultation phase on the draft, refreshed Strategy	By 31st October 2016
✓	Identify and gather evidence / data	Such evidence has included needs assessments, notably the Borough Joint Strategic Needs Assessment (JSNA)	Period of current JSNA is 2013-16. Updated JSNA nearing completion & to be reported to SMT, Cabinet & Health & Wellbeing Board by Dec 2016.
✓	Agree process for completing EIA	Agreed	5th September 2016
✓	Assess extent to which meets Public Sector Equality Duty	Draft Strategy formulated having due regard to the need to promote equality & prevent unlawful discrimination. Relevant evidence, including needs assessments help identify the specific health & wellbeing needs or life expectancy of protected groups & where required, resources will be targeted & early help provided to close any gap in the inequality in health.	2016-20
✓	Prioritise EIA - review process.	Prioritised as a key element in the review & development of the Strategy during 2016-20.	5th September 2016

Stage 2 - Assessment		How will this be done / was this done?	When completed
✓	Look at evidence / data	Both the current & forthcoming JSNA, together with the Director of Public Health's Annual Report are among the evidence & data to be used in analysing needs & service commissioning/planning.	Ongoing
✓	Consult with stakeholders	Consultations have taken place with partner organisations on the Health & Wellbeing Board, including Barnsley Healthwatch, together with community representatives. This included a consultation event to consider the Barnsley Plan & draft refreshed Health & Wellbeing Strategy, on 21st June 2016.	Ongoing
✓	Consult with equality target groups	The Borough's 4 Equality Forums are to be consulted at the Barnsley 'Reach' Health & Equality event, being held on 15th October 2016.	Ongoing
✓	Assess impact	The experience & concerns of stakeholders will be addressed via the assessment & any specific needs will be met via a combination of focusing on prevention, early help & where required, targeted support & provision.	Ongoing
Stage 3 - Action Planning		How will this be done / was this done?	When completed
✓	Identify and plan improvements to policy or service	This will form part of the monitoring & review of the Strategy & its impact in (a) improving the health & wellbeing of diverse groups & communities & (b) closing the gap in health inequality	Ongoing
✓	Plan collection of better evidence / data	To be achieved through the JSNA. This is to be updated, thereby improving data quality.	Ongoing
✓	Identify review date for EIA	EIA to be reviewed in 2017.	By 1st November 2017.
✓	Summarise key outcomes	The key outcomes of the Strategy will be to strengthen integrated place based partnership working towards ensuring the following:	

		• Children get off to a healthy start & remain healthy. • People live healthier, happier & longer lives. • People enjoy improved mental health & wellbeing. • More people are able to be included in the economic & social prosperity of the Borough. • People live in strong, resilient families & communities	
✓	Publish key outcomes - to stakeholders and on internet	To be published as part of the Strategy later this year. To outline progress in delivery, the Health & Wellbeing Board will invite all partners to contribute to a joint annual report. This report will, also, be made publicly available.	November 2016
✓	Feed key outcomes into service delivery planning / workplanning	Formulation, development & review of the Strategy noted in the Business Plan, Risk Register & 6 monthly review of the Health & Wellbeing Board's Performance 'Dashboard'.	Ongoing

Stage 1 : Process and Prioritising

The Stakeholders	Who needs to be involved in assessing the impact?		
Internal stakeholders (staff, services, project groups)	Customers or service users	Wider public or community groups	Partners and providers (public, voluntary, others)
Barnsley Health & Wellbeing Board; Strategic Services Leadership Group of the Board; Council Senior Management Team & Cabinet	Via Barnsley Healthwatch, Barnsley Service Users & Carers Board; Patients Council	Via Area Councils, Ward Alliances & Neighbourhood Networks	Via Voluntary Action Barnsley & Provider Forum

EIA History	Previous EIA's associated with the service area.
Has there been a previous EIA relating to the service area?	If yes - what were the main findings / outcomes of the EIA?
No. This is the first EIA to be undertaken of the Borough's Health & Wellbeing Strategy.	-

Evidence and Data	What evidence and data do you have that could help you in your assessment?		
Service/performance data (service take-up, customer feedback, surveys, etc)	**Research** (demographics, assessments of needs, research reports etc)	**Engagement** (customer / service users, staff, partners, stakeholders)	**Other** (benchmarking with other LA's, staff knowledge/experience)
Notable examples include the Barnsley Joint Strategic Needs Assessment (2013) (NB: JSNA (2016) is to be published soon) & the Director of Public Health's Annual Report, incorporating the outcomes of observatory related work.	Barnsley JSNA	Outcomes of consultations & direct feedback on their experience from service users & groups, including Barnsley 'Reach' & the other equality forums.	To be considered as part of the further review & development of the Strategy.

Equality Act 2010	Assess the extent to which you consider the service area / contract meets the three aims of the public sector equality duty.	
Does the service unlawfully discriminate, harass or victimise on grounds of the protected characteristics?	Does the service advance equality of opportunity?	Does the service help to foster good relations?
✓ No ☐ More investigation needed ☐ Specific concern identified	☐ Not relevant ☐ Yes - but could do more ✓ Yes - fully	☐ Not relevant ☐ Yes - but could do more ✓ Yes - fully
If in doubt about the extent to which the policy meets the aims of the Act seek advice from the Equality and Diversity Manager.		

Prioritising	To determine the priority of the activity score it against the following five factors.			
Number of customers affected	Degree of impact on customers' health and well-being	Type of customers affected	Impact on wider community	Employees affected
☐ High	☐ High	☐ High	☐ High	☐ High
☐ Medium	✓Medium	☐ Medium	✓Medium	☐ Medium
✓Low	☐ Low	✓Low	☐ Low	✓Low
☐ None	☐ None	☐ None	☐ None	☐ None
Overall Priority	☐ **High**	✓**Medium**	☐ **Low**	☐ **None**

Stage 2 : Assessment

Service Need and Take-up		
Service Need		
Do all equality groups have equal need for the service or are some groups less in need?	What information/evidence do you have about needs for the service?	What action could you take to improve your knowledge about the needs of different sections of the community?
The Strategy aims to encourage & motivate everyone in Barnsley to consider & take at least one step towards improving their overall health & wellbeing	**The Strategy has been developed based primarily on the Borough JSNA (2013) which is currently being updated & which, as a result, will improve the quality of data informing the Strategy.**	**The JSNA will include data & insight into the health & wellbeing needs of all categories of people living & working in Barnsley.**
Service Take-Up		
Do all equality groups who use the service do so in fair proportion to their need?	What information do you have service take-up?	What action could you take to improve your knowledge about the take-up of the service by different groups?
Currently, feedback suggests this to be the case. However, information will need to be refined to assess the impact of newly arrived asylum seekers, together with accompanied & unaccompanied asylum seeking children on tolerance levels concerning health, social care & wellbeing services.	Barnsley JSNA	To be considered as part of the monitoring of the impact of the Strategy & review.

Please indicate if any people with the following protected characteristics may not be using the service in the numbers you would expect if all groups were being served equally?

Age	Sex	Disability	Gender re-assignment	Pregnancy / Maternity	Race	Religion / belief	Sexual Orientation	Other
☐	☐	☐	☐	☐	☐	☐	☐	

None, anticipated.

What action could you take to improve the equal take-up of the service?
None, anticipated.

Service Effect and Quality

How do you measure the quality / effect of the service or policy?

For example: Waiting times; Application success rates; Quantity of service provided; Complaints and compliments; Those who benefit directly / indirectly

Progress against the key objectives & strategic priorities of the refreshed Strategy will be evaluated through regular review of the Health & Wellbeing Board's Performance 'Dashboard'. This will include consideration, for example, of the number of children & adults who are able to access services, such as mental health, together with the number of people admitted to hospital for falls, as part of seeing if the promotion of prevention, personalisation and the introduction of new technology is reducing dependence on services, that are facing serious financial challenges.

Service Effect or Quality

Do all equality groups who are affected by the service experience an equal quality or effect?	What information do you have about the quality or effect of the service on people from different groups?	What action could you take to improve your knowledge about the needs of different sections of the community?
It is the intention of the Strategy to ensure that the benefits of improved, integrated health & social care provision in Barnsley will apply to all groups	Feedback yielded through recent consultation activity. Director of Public Health's Annual Report. Analysis of complaints, compliments & suggestions.	To be considered as part of monitoring & review activity.

Please indicate if any people with the following protected characteristics may not be receiving an equal effect or quality?

Age	Sex	Disability	Gender re-assignment	Pregnancy / Maternity	Race	Religion / belief	Sexual Orientation	Other
☐	☐	☐	☐	☐	☐	☐	☐	

None anticipated.

What action could you take to improve the equal quality /effect of the service?
We are awaiting details of the recently announced Equality Audit of Public Services, announced by the Prime Minister's Office following the inaugural meeting of the Social Reform Cabinet to see how this is to be managed, locally.

Customer Satisfaction

How do you monitor or measure customer satisfaction?

This includes analysis of complaints, compliments & suggestions, together with customer satisfaction activity undertaken by individual partner organisations & services forming part of the Health & Wellbeing Board.

Customer satisfaction

Are customers from all equality groups equally satisfied?	What information do you have about the satisfaction of customers from different groups?	What action could you take to improve your knowledge about satisfaction of customers from different groups?
This will be the subject of ongoing monitoring & review of the impact of the Strategy.	Complaints, compliments & suggestions, together with customer satisfaction activity & response to consultations, including, for example, early years services & home to school transport.	To be considered as part of the regular monitoring & review of the impact of the Strategy.

Please indicate if any customers with the following protected characteristics may not be equally satisfied?

Age	Sex	Disability	Gender re-assignment	Pregnancy / Maternity	Race	Religion / belief	Sexual Orientation	Other
☐	☐	☐	☐	☐	☐	☐	☐	

What action could you take to improve the equality of customer satisfaction?

We are awaiting details of the recently announced Equality Audit of Public Services, announced by the Prime Minister's Office following the inaugural meeting of the Social Reform Cabinet to see how this is to be managed, locally.

Customer Access			
Are all potential customers equally aware that the service exists and how to enquire about it further?			
What information do you have about this?	Are some groups less likely to be aware?	How could service awareness be improved?	What could you do to improve your knowledge?
Recent consultations with stakeholders, including Barnsley Healthwatch & the Borough's equality groups will have raised awareness of the purpose of this Strategy & the benefits to be accrued	Possibly, new arrivals, in particular asylum seeking families or individuals	To be considered in the JSNA process & as part of the ongoing monitoring & review of the impact of the Strategy.	To be considered in the JSNA process & as part of the ongoing monitoring & review of the impact of the Strategy.
Are all customers able to find out about the service and apply equally?			
What information do you have about this?	Do some groups face barriers?	How could this be improved?	What could you do to improve your knowledge about this?
Recent consultations with stakeholders, including Barnsley Healthwatch & the Borough's equality groups will have raised awareness of the purpose of this Strategy & the benefits to be accrued	Possibly, new arrivals, in particular asylum seeking families or individuals	To be considered in the JSNA process & as part of the ongoing monitoring & review of the impact of the Strategy.	To be considered in the JSNA process & as part of the ongoing monitoring & review of the impact of the Strategy.
Are all customers able to use the service equally and fairly?			
What information do you have about this?	Do some groups face barriers?	How could this be improved?	What could you do to improve your knowledge about this?
Published equality priorities of partner organisations & services & monitoring of compliance.	Typically, this should not be the case, but the emergence of any barriers such as those affecting access to services will be considered & remedial action taken	To be considered in the JSNA process as part of the ongoing monitoring & review of the impact of the Strategy.	To be considered in the JSNA process & as part of the ongoing monitoring & review of the impact of the Strategy.

Please indicate if any customers with the following protected characteristics may not be able to access the service equally?								
Age	Sex	Disability	Gender re-assignment	Pregnancy / Maternity	Race	Religion / belief	Sexual Orientation	Other
☐	☐	☐	☐	☐	☐	☐	☐	
None, anticipated								

Stage 3 : Action Planning

To improve our **knowledge** about the impact of the service we **have**:				
Action	Lead	Completion date	Review date	Priority (H/M/L)
Undertaken consultation activity with stakeholders, including equality forums, on how the health & wellbeing needs of those people they represent, can be met	Karen Sadler (Health & Wellbeing Board Manager)	31st October 2016	1st November 2017	High
Considered evidence based best practice, based upon the health & wellbeing strategies of areas with similar demographics & metrics.	Karen Sadler (Health & Wellbeing Board Manager)	31st August 2016	1st Noember 2017	Medium
Developed the Health & Wellbeing Strategy in cognisance of other Borough wide policies, plans & strategies of relevance to tackling the wider determinants of poor health & wellbeing, including community safety, housing, welfare reform & child poverty.	Karen Sadler (Health & Wellbeing Board Manager)	31st August 2016	1st November 2017	Medium
To improve our **knowledge** about the impact of the service we **will**:				
Action	Lead	Completion date	Review date	Priority (H/M/L)

Continue to maintain a dialogue with stakeholders on how the Strategy can ensure integrated health & social care services can best meet the health & wellbeing needs of all our communities.	Karen Sadler (Health & Wellbeing Board Manager)		1st November 2017	Medium
Monitor & review the impact of the Strategy & benchmark progress with evidence based best practice, elsewhere.	Karen Sadler (Health & Wellbeing Board Manager)		1st November 2017	Medium
To improve the equality **impact** of the service we **have**:				
Action	Lead	Completion date	Review date	Priority (H/M/L)
Undertaken consultation activity with stakeholders, including equality forums, on how the health & wellbeing needs of communities they represent, can be met	Karen Sadler (Health & Wellbeing Board Manager)	31st October 2016	1st November 2017	Medium
Considered evidence based best practice, based upon the health & wellbeing strategies of areas with similar demographics & metrics.	Karen Sadler (Health & Wellbeing Board Manager)	31st August 2016	1st November 2017	Medium
Developed the Health & Wellbeing Strategy in cognisance of other Borough wide policies, plans & strategies of relevance to tackling the wider determinants of poor health & wellbeing, including community safety, housing, welfare reform & child poverty.	Karen Sadler (Health & Wellbeing Board Manager)	31st August 2016	1st November 2017	Medium
To improve the equality **impact** of the service we **will**:				
Action	Lead	Completion date	Review date	Priority (H/M/L)
Continue to maintain a dialogue with stakeholders on how the Strategy can ensure integrated health & social care services can best meet the health & wellbeing needs of all our communities.	Karen Sadler (Health & Wellbeing Board Manager)		1st November 2017	Medium
Monitor & review the impact of the Strategy & benchmark progress with evidence based best practice, elsewhere	Karen Sadler (Health & Wellbeing Board Manager)		1st November 2017	Medium

To **publish and report** on the outcomes of the impact assessment we **have**:				
Action	Lead	Completion date	Review date	Priority (H/M/L)
Arranged for the draft, refreshed Health & Wellbeing Strategy, including this EIA, to be considered by the Health & Wellbeing Board, SMT & the executive boards of all partner organisations on the Board (including Cabinet)	Richard Lynch	30th November 2016	1st November 2017	Medium
To **publish and report** on the outcomes of the impact assessment we **will**:				
Action	Lead	Completion date	Review date	Priority (H/M/L)
Following approval & adoption, an interactive version of the Strategy (including its EIA) will be published on the Web sites of partner organisations & signposted to stakeholders via schools & GP practices.	Richard Lynch	30th November 2016	1st November 2017	Medium

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