

<b>MEETING:</b>	Health and Wellbeing Board
<b>DATE:</b>	Thursday, 4 February 2021
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Held Virtually

## MINUTES

### Present

Councillor Jim Andrews BEM, Deputy Leader  
Councillor Margaret Bruff, Cabinet Spokesperson - Childrens  
Councillor Jenny Platts, Cabinet Spokesperson - Adults and Communities  
Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group  
Wendy Lowder, Executive Director - Adults and Communities  
Julia Burrows, Director of Public Health  
Mel John-Ross, Executive Director – Children’s Services  
Sue Barton, South and West Yorkshire Partnership NHS Foundation Trust  
Adrian England, Healthwatch Barnsley  
Chris Edwards, NHS Barnsley Clinical Commissioning Group  
Jeremy Budd, NHS Barnsley Clinical Commissioning Group  
Bob Kirton, Barnsley Hospital NHS Foundation Trust  
Amanda Garrard, Berneslai Homes  
Andrew Denniff, Barnsley and Rotherham Chamber of Commerce

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

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

### 2 **Minutes of the Board Meeting held on 8th October, 2020 (HWB.04.02.2021/2)**

The meeting considered the minutes of the previous meeting held on 8<sup>th</sup> October, 2020.

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

### 3 **Key points from the Children and Young People's Trust Executive Group held on 17th September and 17th December (Draft), 2020 (HWB.04.02.2021/3)**

The meeting considered the minutes from the Children and Young People’s Trust Executive Group held on 17<sup>th</sup> September and 17<sup>th</sup> December, 2020.

At the 17<sup>th</sup> December meeting, the Trust welcomed Jeremy Budd to give an overview of the Integrated Care System. Feedback had also been provided on the Emotional Health and Wellbeing Group, their priorities and their workstreams.

**RESOLVED** that the minutes be received.

**4 Key points from the Safer Barnsley Partnership held on 30th November, 2020 (HWB.04.02.2021/4)**

The meeting considered the minutes from the Safer Barnsley Partnership held on 30<sup>th</sup> November, 2020. The meeting had been well attended and had considered a case study regarding a problem area in Barnsley. This which brought to life the approach taken in working with local people to deliver sustainable change.

The meeting had also discussed the performance of the Youth Justice Team, with excellent work taking place to ensure first time entrants to the justice system were diverted from court.

**RESOLVED** that the minutes be received.

**5 Public Questions (HWB.04.02.2021/5)**

The meeting noted that no public questions had been received for consideration at the meeting.

**6 Covid Intelligence Update - Presentation by Andy Snell/ Joe Minton (HWB.04.02.2021/6)**

Dr. Andy Snell, Consultant in Public and Global Health was welcomed to the meeting to provide an overview on Covid-19.

Members heard how variations had been seen throughout the globe, with the US having experienced turbulence, and France previously seeing a significantly high peak. However, the UK rates and deaths per 1 million residents were currently high globally. This was attributed to winter and less tight controls, alongside the UK variant, which had resulted in rises in cases, deaths, and significant pressures on care.

However, it was suggested that the UK was seeing cases drop and was now over the peak. Members also heard that the rates of vaccines per million people was significantly high.

It was noted that in December/January that Barnsley had low case rates compared to other areas nationally. This could be attributed to areas with fewer restrictions and the more transmissible variant leading to high case rates in those areas. However, lockdown had contributed to reducing variations throughout the country.

Members heard that the 7-day case rate for Barnsley was 226/100,000, which was relatively low nationally, but significantly above rates in the summer and September. Though it was expected that the vaccine would have an impact, but Barnsley still had high rates of death, with it ranking 4<sup>th</sup> in the country. Pressure was also still being felt in Primary Care. The reasons behind high death rates, which included a high density of care homes, an older than average population and high rates of social and economic deprivation were discussed. It was suggested that Covid had starkly highlighted health inequalities, with an opportunity to address these in recovery and renewal, building back fairer.

With regards to vaccination, it was noted that the vast majority of over 75s has been vaccinated, with increasing numbers of those aged over 70. In addition, the majority of social care, primary care and related workforces had also been vaccinated.

Members noted the emergence of new variants, but there was evidence that the vaccination did help to reduce the spread of the virus. Also noted was the additional social and economy impacts of the pandemic and the need to work together to address these.

**RESOLVED:-** that thanks be given for the presentation, and that the update be received.

## **7 Report from the Health and Wellbeing Board Development Session (10th December, 2020) and Updated Terms of Reference - Presentation by Diane Lee and Ben Brannan (HWB.04.02.2021/7)**

Ben Brannan, Senior Public Health Officer provided a presentation which gave feedback from the development session held on 10<sup>th</sup> December, 2020.

Identified were clear strengths, which included being good at communicating key messages, having a clear vision, having committed frontline staff and a strong understanding of data. It was noted that whilst Covid had presented significant problem, partnership working to address this had improved. There was civic pride in Barnsley, with a will to improve things. This had been seen in the recent forming of the Mental Health Partnership. Members acknowledged that the forthcoming refresh of the Health and Wellbeing Strategy offered an opportunity to drive improvements and tackle inequalities in health.

Members noted a number of actions emanating from the workshop which included a 'left shift' towards prevention, and strengthening partnership working.

It was suggested that the ultimate aim was to increase healthy life expectancy and narrow gaps in life expectancy across the borough. As this was a longer-term aspiration, a number of measures were suggested in order to consider the impact in the more immediate term, including employment levels, housing conditions and school readiness.

Questions were raised about the length of term the refreshed Health and Wellbeing Strategy would cover and it was noted that this would be defined by Members. It was acknowledged that that many of the issues highlighted by the pandemic were relevant prior and would be subsequently.

The need to ensure the refreshed strategy dovetailed with the Barnsley 2030 work and vice versa was also acknowledged.

With regards to the revised terms of reference it was suggested that discussions take place in order to engage young people in the work of the Board, perhaps inviting Members of the Youth Council.

**RESOLVED:-**

- (i) That the revised Terms of Reference for the Health and Wellbeing Board be endorsed and be recommended to Full Council for approval, subject to the inclusion of further youth participation;
- (ii) That a cross-system (including the Integrated Care System) workshop is held at an appropriate time, which focusses on how we can achieve greater value for money in Barnsley;
- (iii) That Board members actively contribute to the development and delivery of the updated Joint Health and Wellbeing Strategy; that they take ownership for delivering on the strategy and advocate the work of the Board within their own organisation and at partnership meetings (as per the updated Terms of Reference);
- (iv) That the Strategy is translated into clear and measurable outcomes and the Board hold the system to account in achieving these outcomes;
- (v) That a template for the Board is updated and agreed for all reports to the Board which includes questions for the Board, recommendations and SMART actions for the Board, and identifies which outcomes of the refreshed Health and Wellbeing Strategy the reports aligns with.

## **8 Tackling Excess Winter Deaths and cold related illnesses - Jen Macphail and Julie Tolhurst (HWB.04.02.2021/8)**

Julie Tolhurst, Public Health Principal, and Jen McPhail, Senior Health Improvement Officer were welcomed to the meeting.

Work started in 2018 to plan in order to support a reduction in excess winter deaths. Over several years, work has been undertaken with partners to consider what actions can be collectively undertaken.

Members were reminded of the affect of the cold, which was linked to health inequalities and was also related to deprivation and other social economic factors. It was noted that Covid-19 was amplifying risk factors associated with the cold.

The Barnsley 2018-19 excess winter deaths rate was 17.7% which was not statistically different to England, however Barnsley is joint 6<sup>th</sup> highest when compared to neighbours. It was noted that other measures rather than excess winter deaths were being considered in light of Covid-19.

A review of the Excess Winter Deaths Plan had commenced in December 2020, aiming to review actions taken and map support available.

Members noted progress made, including establishing a single point of access for warm homes; Better Homes Barnsley improvements in private sector housing; safe and well checks; and work supported by Area Councils to promote winter warmth and falls prevention. It was also noted that seasonal flu vaccine uptake was higher than average across age groups.

Members were made aware of current support available and were asked to circulate this information through their networks.

A full review of the Excess Winter Deaths plan was planned in Summer 2021 which would also help to understand resource implications going forward.

It was noted that the plan fed into Zero Carbon work, Health and Wellbeing Strategy, and work to alleviate poverty. Questions were raised about where this work would best sit strategically.

Those present discussed the geographical variations in excess winter deaths across the borough, noting the relatively small statistics. Discussions had taken place with Area Council officers to help understand variations, but it was suggested that this was multifactorial. It was acknowledged that a greater understanding would help target resources more effectively.

Members discussed the impact of the behavioural change required in addition to increasing warm homes, especially with the use of new technologies such as air source heat pumps in social housing.

The link between digital exclusion and excess winter deaths was raised, and it was suggested that further work was needed to understand how work in each area could be mutually supportive.

**RESOLVED:-**

- (i) That the review of the 2018-21 and the work done to address excess winter deaths in Barnsley be noted;
- (ii) That Members agree to raise awareness of current guidance and support locally to address excess winter deaths this winter and beyond;
- (iii) That a review of the plan going forward in to 2021, taking account of the evidence from the Covid-19 pandemic and the zero-carbon commitment be supported;
- (iv) That further consideration be given to where Excess Winter Deaths would best strategically fit.

**9 Better Care Fund - Wendy Lowder and Jeremy Budd (HWB.04.02.2021/9)**

Wendy Lowder, Executive Director, Communities, spoke to the item and referred to the delayed publication of the Government's approach to the Better Care Fund (BCF) and it was noted that the intention was for minimal change. There was no obligation to submit the BCF plan for approval but, there were a number of requirements such as reviewing expenditure on social care and having an agreement of the plan in writing

It was noted that there were no plan targets, but this had not hampered partnership work which had helped to prevent delayed discharges despite challenges. Thanks were given to all staff involved.

Members heard that 2021 spending plans were largely a roll forward of previous years, with additional spending commitments. In addition, there were proposals for an uplift amount for 2021 and also commitments to the business cases in relation to developing an Older People Health and Wellbeing Service and Community Reablement Support.

**RESOLVED:-**

- (i) That the content of the report be noted; and
- (ii) That the 2020/1 Better Care Fund planning template including additional spending commitments, be approved.

## **10 Mental Health Partnership - Verbal update from Adrian England (HWB.04.02.2021/10)**

Adrian England, Independent Chair of the Mental Health Partnership, provided an update following the inaugural meeting of the body which was held on 27<sup>th</sup> January, 2021.

An overview was given of the topics discussed, which included the terms of reference and membership. It was noted that these would be reviewed again in a few months to ensure the partnership was fit for purpose.

Members heard that the partnership was originally to meet every quarter, but as part of its establishment would meet every two months in the immediate term.

An exercise had commenced to map all key strategic mental health meetings, which would be shared, and Public Health officers would meet all partners to discuss priorities and governance arrangements prior to the next meeting of the partnership.

A presentation had been received on data and intelligence, and further work was being undertaken to understand suppressed need as a result of the pandemic. It was noted that data and intelligence would be a standing agenda item.

The partnership had considered suicide and information from 'deep dives.' Actions resulting included the development of a multiagency approach to communication in relation to mental health, suicide and young people.

The meeting had also discussed learning disabilities and mental health needs, and this would feature on future agenda.

Members noted that the notes of the meeting would be circulated to the Health and Wellbeing Board once available.

Questions were raised around whether homelessness or substance misuse and mental health had been considered, and it was agreed that these would be discussed in the future.

Noted was the impact of the pandemic on mental health including on the workforce and on children and young people.

Questions were raised about how the Mental Health partnership may arrive at its priorities, and a suggestion was made to engage Steve Bedser through the LGA, as had happened with the board.

Members were reminded that the priorities of the Health and Wellbeing Board included Early Years and Parenting, which had links with mental health, especially when taking into account the impact of the pandemic. It was suggested it may be useful to focus a development session on the priority.

### **RESOLVED:-**

- (i) that the report be noted;

- (ii) that thanks be given for all those involved in the establishment of the partnership;
- (iii) that the notes of the Mental Health Partnership be circulated when available.
- (iv) That a future development session of the Board focuses on Early Years and Parenting.

-----  
Chair