

Public Document Pack



MEETING:	Health and Wellbeing Board
DATE:	Thursday 2 February 2023
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

- 1 Declarations of Pecuniary and Non-Pecuniary Interests
- 2 Minutes of the Board Meeting held on 6 October 2022 (HWBB.02.02.2023/2)
(Pages 3 - 12)
- 3 Barnsley Health and Wellbeing Board Draft Terms of Reference
(HWBB.02.02.2023/3) (Pages 13 - 18)
- 4 South Yorkshire Integrated Care Strategy (HWBB.02.02.2023/4) (Pages 19 - 30)
- 5 Barnsley 2030 - Healthy Barnsley Thematic Update (HWBB.02.02.2023/5)
(Pages 31 - 34)
- 6 Creativity and Wellbeing Update & planning for Creativity and Wellbeing week
2023 (HWBB.02.02.2023/6) (Pages 35 - 40)
- 7 Better Care Fund Report (HWBB.02.02.2023/7) (Pages 41 - 46)

To: Chair and Members of Health and Wellbeing Board

Please contact Andrew Shirt on email governance@barnsley.gov.uk

Wednesday 25 January 2023

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MEETING:	Health and Wellbeing Board
DATE:	Thursday 6 October 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillor Trevor Cave, Cabinet Spokesperson - Childrens Services
 Councillor Caroline Makinson, Cabinet Spokesperson - Public Health and Communities
 Councillor Jenny Platts, Cabinet Spokesperson - Place Health and Adult Social Care
 Wendy Lowder, Executive Director Place Health and Adult Social Care for Barnsley
 Julia Burrows, Executive Director Public Health
 Jeremy Budd, Director of Commissioning and Partnerships, NHS South Yorkshire Integrated Care Board (joined virtually)
 Emma Wheatcroft, Superintendent, South Yorkshire Police, deputising for Chief Superintendent Simon Wanless (joined virtually)
 Adrian England, Health Watch Barnsley
 Jo Bearden, Barnsley Hospital NHS Foundation Trust, deputising for Dr Richard Jenkins, Chief Executive, Barnsley Hospital NHS Foundation Trust
 Sarah Bedford, NHS Barnsley (joined virtually)
 Salma Yasmeen, SWYPFT (joined virtually)

In attendance

Kathy McArdle, Service Director, Place (attending after 3pm)
 Jon Finch, Head of Culture and Visitor Economy
 Jayne Hellowell, Head of Commissioning & Healthier Communities
 Diane Lee, Head of Public Health
 Ben Brannan, Senior Public Health Officer
 Phil Ainsworth, Senior Public Health Practitioner
 Claire Hogley, Minute Taker, Business Support

1 Election of Chair

Councillor Caroline Makinson was been appointed as Chair.

2 Welcome and Introductions

The Chair welcomed all to the meeting and introductions were made.

3 Declarations of Pecuniary and Non-Pecuniary Interests

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

4 Minutes of the Board Meeting held on 9th June, 2022 (HWBB.2022.10.6/3)

The meeting considered the minutes of the previous meeting held on 9th June, 2022.

The Chair drew attention to the Child of the North Report. Councillor Cave responded that the report given a couple of meetings ago was a general description of the child of the north and directorates would be expected to pick up relevant points in their own strategies such as the Early Help Strategy for Children Young People and Families and the Education Improvement Strategy.

Councillor Cave agreed to discuss with the new Executive Director for Children's Services to ensure relevant papers were brought to HWB in a timely manner.

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

5 Cost of Living Crisis - More Money in Your Pocket (HWBB 2022.10.6/4)

Jayne Hellowell, Head of Commissioning Healthier Communities, was welcomed to provide an overview of More Money In Your Pocket (MMIYP), website which was one part of the Council's response to the cost-of-living crisis.

It was noted that attendance at team meetings could be offered to provide further information on MMIYP website to staff. Also noted was that officers were are working with a wide range of partners to share the message as widely as possible.

A QR code was provided to link directly to the website when phone camera is hovered over it and MMIYP would be widely promoted including on Council bin lorries and on Berneslai Homes vehicles.

The website includes information such as:

- Information on free and discounted support. Provides an information hub and links to other support websites.
- Welcoming spaces:
 - E.g. warm hubs – places that welcome people to come in out of the cold without obligation to buy anything.
- Promotion of benefits so that people that access where eligible, as there is low uptake of benefits in the borough
- Information on schemes from government to support people with paying gas, electricity, water and broadband bills. Schemes for free SIM cards available.
- Free school meals, access to foodbanks, linking to initiatives such as Storehouse and Field where for £6 a week membership, members can get up to £30 worth of food. There was also close working with the Good Food Partnership.
- Healthy, nutritious meals on a budget including recipe ideas.

- Information on the Household Support Grant, which supports those who are low-income households and community groups.
- Freebies and money saving ideas:
 - Signing up to the library for free digital magazines
 - Holiday clubs for children and family friendly activities
- Broader issues around cost-of-living crisis:
 - Budgeting support – linking to support services such as DIAL, Age UK, Citizens Advice
 - Wellbeing support and low-level mental health support
 - Upskilling and job searches

It was noted that the site was owned by Barnsley Council and limited to corporate guidelines, and there was a challenge to keep information up to date, but the website provided a really good tool.

A walkthrough of the website was provided, demonstrating how easy it was to navigate and find relevant information.

Questions were invited and it was noted that the analytics that sit behind the website could be into Public Health.

It was noted that cost-of-living events were being held in various venues around the borough to offer help and support, and at one DIAL were providing free slow cookers to people who attended.

It was noted that much promotion was underway, and that leaflets and posters could be provided for partners to help share the message. shared further.

When queried how information would be shared non-digitally, it was noted that training was being cascaded amongst staff and teams, which was intended to provide more information and enable teams to spread the word amongst the communities they supported.

With regards to those with learning difficulties, it was suggested that services such as Mencap could support.

It was confirmed that officers were reaching out to a wide range of partners. Including work with Cloverleaf to provide information in other languages. and suggestions to link to other services were welcomed.

Thanks were given for the excellent resources provided on the site for people in Barnsley. It was seen as important to support those people who may be struggling but who usually miss out on support.

RESOLVED that the Board support the MMIYP website and agree to share this information further.

6 Health and Wellbeing Board/ICS Leads meeting (HWBB 2022.10.6/5)

Feedback from the meeting was provided, and Members noted the representation on the Integrated Care Partnership (ICP): Councillor Makinson, Carly Speechley, Adrian England, Sheena McDonnell and Kathy McArdle. Also noted was the chair of the Integrated Care Partnership – Oliver Coppard.

Members heard that Health and Wellbeing leads would meet at least a week before the ICP meeting to agree any items they wish to take forward.

The meeting offered an opportunity to provide feedback from Health and Wellbeing Boards in Barnsley, Doncaster, Sheffield and Rotherham.

Feedback from Barnsley had covered such items including the JSNA, figures for male healthy life expectancy, Mental Health Partnership annual report, and suicide rates.

It was acknowledged that it was useful to see the priorities of the other Boards in South Yorkshire and that there would be excellent opportunities to do cross-working.

Members heard of a South Yorkshire event focussed on tackling health inequalities, which would be held in the new year and all members of the Health and Wellbeing Board would be invited.

Members heard how the first meeting of the Integrated Care Partnership built on foundations and principles already in place including the Integrated Care strategy for South Yorkshire and a focus on what really matters at a South Yorkshire level.

It was noted that the Integrated Care working group would begin on 28th October.

RESOLVED that the Board notes the feedback from the ICS Leads meeting and supports the ICP going forward.

7 Creativity and Wellbeing Update and Cultural Strategy (presentation on Barnsley's Cultural Strategy) (HWBB 2022.10.6)

Jon Finch, Head of Culture and Visitor Economy provided an update on Cultural Strategy for Barnsley. Members heard of the challenges in Barnsley of low levels of engagement and participation in culture and community life. Noted was the democratic and co-created approach to activity across the borough more widely including Principal Towns.

It was acknowledged that a strategic framework for culture was needed for the borough. This would:-

- Gather together representative community groups to understand the needs and requirements for people in Barnsley.
- Note that the process of talking to communities is key, and would embed engagement processes.

- Understand the influence and role of arts and culture.
- Map activity to understand what's important to each area of Barnsley.
- Identify funding resources for community work.

Kathy McArdle, Service Director Regeneration and Culture then provided an update on Creativity and Wellbeing Week. The week was successful back in May with the opening event sharing how culture was important for wellbeing and mental health, and the week being closed by considering how to take culture forward.

The positive impact on health, wellbeing, and broader engagement were noted. New networks and new partnerships had been formed, and the week had received great press and social media coverage.

Feedback had stressed the health and social benefits such as introducing reading as early as possible; the worthwhile experience getting close to nature the calming and enjoyment of surroundings. living in the present and reducing anxiety.

Noted was the vision to improve health and wellbeing of all residents through culture change within organisations; co-production between residents and services; a communities led approach to reduce inequalities and knowledge sharing forums for health professionals to engage with culture professionals and share learning.

Action plan for the next 6 months and beyond had been developed, with a three-year trajectory, building on the success of Creativity and Wellbeing Week and taking this forward.

The importance of ensuring the work of the Health and Wellbeing Board and the Cultural Strategy was aligned was noted.

Positive comments were received including the reframing of how people talk about culture and the availability of activity to engage in. It was also felt positive to see culture, creativity and wellbeing being shared in this way.

Reference was made to the mental health and wellbeing of young people. Members heard how good practice had been shared in commissioning to ensure culture was embedded into healthy holidays. The importance of people of all ages seeing themselves not as a spectator, but as a player, with control and influence over the positive things in their life and able to mitigate the negative things that happen.

It was noted that young people create photographs and music on their phones and devices, utilising technology, and that this culture and content was just as important as anything in a gallery.

It was suggested that culture was about each person being an expert on their own experience, with people producing their own culture and actively changing culture. This provides a sense of purpose in all arenas in their life.

Thanks were given for providing channels for interaction and tools for people to utilise which will make a huge difference to people's health and wellbeing.

Members heard that some funds were available in Barnsley for conservation, culture, and materials to work with schools for an art competition, providing children to craft materials for every school in Barnsley.

It was agreed that was exciting to see how the concept has expanded and grown through communities, and would be interesting to see how the aims of the strategy would be delivered.

A huge thanks was provided for the investment from the Public Health team and the Culture team into this initiative.

RESOLVED that the feedback be received, and that the Board supports the Cultural Strategy.

8 Survivors of Bereavement by Suicide Report (HWBB 2022.10.6/7)

Phil Ainsworth, Public Health Specialist Practitioner provided an update and insight into the experiences of people who have been bereaved by suicide.

Members heard that Survivors of Bereavement by Suicide (SoBS) was a charity that provides face to face support. The Barnsley group was established 12 months ago and excellent feedback had been received from group members. It was recognised that this was a unique form of grief and people valued the time and space with people who understand what they're going through. A huge thanks was provided to volunteers who give up their time to run the group every month.

A number of issues which required consideration at a wider system level were noted which included issues surrounding and media organisations reporting insensitively. This was being discussed with the local press. In addition, suicide specialise bereavement providers could support on what inquest entails and support the family through the process.

Also discussed was the support for children which included with emotional health and wellbeing, support at school with trauma. A service to support children and young with bereavement had been commissioned and 60 children were on waiting list. However, the service was only commissioned until end of July next year. Supporting bereavement work with more urgency towards children's support was required, ensuring highly skilled counsellors are retained and providing longevity to much needed services.

It was acknowledged that there was a lack of understanding around mental health services and this was often referred to as an umbrella term, with the need for services to be tailored to the individual. There was also a need to manage expectations to understand what the offer was and what people could expect from the service.

It was noted that real-time surveillance data from South Yorkshire Police shows trends of people who have chronic pain taking their own life.

Mental health services could also be better promoted and residents made aware of support available; ensuring pathways enable full access to people, and increasing opportunities for referrals..

The recommendations for improvement were supported and thanks were provided for the report.

The people-powered approach to health and wellbeing and the invaluable insight from peer support was noted, as was the need for consistency and long-term arrangements.

It was felt that the case study and storytelling in the report was key, and the effects of online platforms were noted. Members heard how Chili had Pep commissioned a toolkit to assist with this. Members were made aware that numbers of suicides appeared to have reduced which is testament to the work taking place. There had been a significant decrease for Barnsley but also a need to keep providing the current services and more.

Peer support was thought clearly invaluable to the group members and prevention was seen as key, and the mental health effects on close family and friends as a result of a suicide were acknowledged.

It was acknowledged that this needed to be a key focus for Barnsley and partners to be committed to tackling suicide as one suicide death is too many.

RESOLVED that the Board notes and supports the report.

9 Place-Based Partnership Dashboard (HWBB 2022.10.6/8)

An update was provided by Jeremy Budd, Director of Strategic Commissioning and Partnerships. Members heard how the dashboard considered key issues and trends across social care, with the work led by the Health Intelligence Unit.

Weekly Covid reports had shared data more widely and consideration was being given whether this could be replicated for more general data.

Members were asked whether there was appetite to consider this in more detail at a development session in the future. It was suggested that the dashboard could focus on prevention, health inequalities and the wider determinants of health.

In the discussion it was suggested that the dashboard needs to be fit for purpose for the Healthcare Partnership and the board, and also linked with the Joint Strategic Needs Assessment

The South Yorkshire Direct Care Strategy – Care Plan and Delivery Plan was mentioned, and the boards place to discuss what qualitative and quantitative insights were relevant to our strategic objectives. It was noted that the dashboard would demonstrate the distance travelled, ensure transparency and collective responsibility.

RESOLVED:-

- i) That thanks be given for the update; and
- ii) That the dashboard be supported and regularly brought to the Health and Wellbeing Board.

10 Better Care Fund Plan 2022/23 (HWBB 2022.10.6/9)

Wendy Lowder, Executive Director Place Health and Care, provided an update, noting that the fund had been in place since 2014-15 to help support day to day business operations of adult social care and health financially, with government guidelines providing a focus.

Feedback from NHS England had been sought, with a final report then pulled together as part of the annual process

RESOLVED:-

- i) That the contents of the report be noted; and
- ii) That the Better Care Fund Plan 2022/23 be approved.

11 Integrated Care Partnership (HWBB 2022.10.6/10)

It was agreed that this item had been appropriately discussed early in the agenda when considering the Health and Wellbeing Board/ICS Leads meeting.

12 Minutes from Safeguarding Adults, Safer Barnsley Partnership and Stronger Communities Partnership (HWBB 2022.10.6/11)

Due to timing of meetings, it had not been possible to include copies of minutes.

RESOLVED that the minutes will be shared at future Board meetings where possible.

13 Barnsley Mental Health Partnership Annual Report 2021/22 (HWBB 2022.10.6/12)

The report was received, and comments sought. The Chair expressed that the report was interesting and encouraging. The comment in the report around mental health and wellbeing activities being linked to healthy peer relationships was noted, which related to tackling bullying and the corresponding impact in schools. The negative outcomes a result of bullying were acknowledged. Board Members commented on the inclusion of case studies to bring the report to life. It was also noted that the Government were developing a mental health strategy.

Thanks were given to the Mental Health Partnership and its members for the rich conversations, actions and change to make a difference to people's lives. It was noted that the that partnership had a working group to listen to people and share those views.

RESOLVED that the report be noted and endorsed.

14 Barnsley Pharmaceutical Needs Assessment (HWBB 2022.10.6/13)

The Barnsley Pharmaceutical Needs Assessment (PNA) was board for comments and approval was sought for publication.

RESOLVED that the Board supports the Barnsley PNA 2022-25 and approves its publication.

Chair

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BARNSELY HEALTH AND WELLBEING BOARD**TERMS OF REFERENCE****FEBRUARY 2023****1. Purpose and Background**

- 1.1 Barnsley's Health and Wellbeing Board (the Board) is established under the Health and Social Care Act 2012 as a statutory committee of Barnsley Metropolitan Borough Council (the Council) and has been in place since April 2013.
- 1.2 Whilst the Board is formally a committee of Barnsley Council, it operates as a multi-agency board of equal partners and includes both Elected Members and senior officer representation from a range of partner organisations.
- 1.3 The Health and Wellbeing Board is a key contributor to the Barnsley 2030 vision – with a focus primarily on delivering the ambitions within the 'Healthy Barnsley' theme.
- 1.4 Collectively, the Health and Wellbeing Board will develop and maintain a vision for a healthier Barnsley, which is free from inequalities taking action across the life course, from pre-birth to end of life.

2. Function of the Health and Wellbeing Board

- 2.1 The Board is statutorily required to carry out the following functions:
 - a) To undertake and publish a Joint-Strategic Needs Assessment (JSNA);¹
 - b) To undertake a Pharmaceutical Needs Assessment (PNA);²
 - c) To develop and publish a Joint Local Health and Wellbeing Strategy (JLHWS) for Barnsley, and ensure this strategy is complimentary of, and aligns with, the South Yorkshire Integrated Care Partnership strategy³
 - d) To provide an opinion on whether the Council is discharging its duty to have regard to the JSNA, and the JLHWS, in the exercise of its functions;⁴
 - e) To review the extent to which NHS South Yorkshire ICB (the ICB) has contributed to the delivery of the JLHWS;⁵ to provide an opinion to the ICB on whether their draft five-year plan takes proper account of the JLHWS;⁶ and, to provide an opinion to NHS England on whether the five-year plan published by the ICB takes proper account of the JLHWS;⁷
 - f) Be consulted by NHS South Yorkshire ICB on the production of their annual report;
 - g) Receive NHS South Yorkshire ICB's Joint Capital Resource Plan

¹ Section 116 Local Government and Public Involvement in Health Act 2007 (the LGPIHA 2007)

² Section 128A National Health Service Act 2006 (the NHA 2006).

³ Under Section 116A LGPIHA 2007

⁴ Under Section 116B LGPIHA 2007

⁵ Under Section 14Z15(3) and Section 14Z16 NHA 2006

⁶ Section 14Z13(5) NHA 2006

⁷ Section 14Z14 NHA 2006

- h) To support joint commissioning and encourage integrated working and pooled budget arrangements⁸ in relation to arrangements for providing health, health-related or social care services;
 - i) To discharge all functions relating to the Better Care Fund that are required or permitted by law to be exercised by the Board;
 - j) To receive and approve any other plans or strategies that are required either as a matter of law or policy to be approved by the Board.
 - k) To carry out any new functions as requested by the Secretary of State and as advised in issued guidance.
- 2.2 In addition to these statutory responsibilities, the Board will also oversee how all organisations across the Borough function together in order to deliver the Joint Health and Wellbeing Strategy.
- 2.3 The Board will agree, own and oversee the strategic vision for health and wellbeing in Barnsley and it will hold all partners and organisations to account for delivering against this vision, by taking an interest in all associated strategies and plans and when appropriate requesting details on how specific policies or strategies help to achieve the aims of the Joint Local Health and Wellbeing Strategy.
- 2.4 The Health and Wellbeing Board will work collaboratively to improve health and wellbeing outcomes with key forums both in Barnsley and across South Yorkshire, including but not limited to:
- Barnsley 2030 Board
 - Barnsley Place Partnership Board
 - Barnsley ICB Place Committee
 - Barnsley Place Partnership Delivery Group
 - Inclusive Economy Board
 - NHS South Yorkshire Integrated Care Board
 - South Yorkshire Integrated Care Partnership.
- 2.5 The Health and Wellbeing Board will be active participants in the development of the South Yorkshire Integrated Care Partnership Strategy, which will tackle challenges that are best dealt with at system level.

3. Membership

- 3.1 The Barnsley Health and Wellbeing Board brings together political, professional and community leaders from across the health and care system in Barnsley, with a view to improving health and wellbeing and reducing health inequalities in the borough. The membership consists of a mixture of mandatory members, who are required under statute to be members of the Health and Wellbeing Board, and some additional members who have been invited to join the Board. The membership is as follows:
- Council Cabinet Spokesperson, Public Health and Communities
 - Council Cabinet Spokesperson – Place Health and Adult Social Care
 - Council Cabinet Spokesperson – Children’s Services
 - Barnsley Council Executive Director – Public Health and Communities

⁸ In accordance with Section 195 Health and Social Care Act 2012. This includes encouraging arrangements under Section 75 NHA 2006.

- Barnsley Council, Executive Director – Place Health and Adult Social Care
- Barnsley Council, Executive Director – Children’s Services
- Barnsley Council, Service Director – Regeneration and Culture
- NHS South Yorkshire, Executive Place Director (Barnsley)
- NHS South Yorkshire, Deputy Place Director (Barnsley)
- Berneslai Homes, Chief Executive
- Barnsley Hospital NHS Foundation Trust, Chief Delivery Officer and Deputy Chief Executive
- South & West Yorkshire Partnership NHS Foundation Trust, Deputy Chief Executive and Executive Director of Strategy and Change
- Chair of Healthwatch Barnsley
- Independent Chair of the Barnsley Mental Health, Learning Disabilities and Autism Partnership
- South Yorkshire Police, Chief Superintendent (Barnsley District)
- Barnsley CVS, Chief Executive
- Barnsley and Rotherham Chamber of Commerce, Chief Executive
- Other representatives from the wider health and wellbeing community across Barnsley may be invited to attend the Board from time to time to contribute to discussion specific issues; including officers from partnership organisations to present reports to the Board.

3.2 A senior representative from NHS England will be invited to input into the Joint Strategic Needs Assessment (JSNA) and the Joint Local Health and Wellbeing Strategy (JLHWS) when requested by the Board.

3.3 In addition, the Health and Wellbeing Board will be supported by Barnsley Council’s Governance department and by Barnsley Council’s core Public Health team.

4. Role and Responsibilities of Health and Wellbeing Board Members

4.1 All members of the Board, as a statutory committee of the Council, must observe the Council’s code of conduct for members and co-opted members.

4.2 Board members are expected to attend all board meetings whenever possible and fully and constructively contribute to discussions, reading and digesting any documents and information provided prior to meetings.

4.3 Where Board members cannot attend, they should endeavour to send a deputy to represent their organisation at Board meetings. This is to ensure unfettered engagement of all partner organisations in achieving the Board’s vision.

4.4 The membership of the Board is constructed to provide a broad range of perspectives on the development of strategy and tackling health inequalities in Barnsley. With this in mind, members are asked to bring the insight, knowledge, perspective and strategic capacity they have as a consequence of their everyday role, and not simply act as a representative of their organisation, but with the interests of the whole borough and its residents at heart.

4.5 Member of the Board are expected to fully and effectively communicate outcomes and key decisions of the Board to their own organisations, acting as ambassadors for the work of the Board, and participating where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the Board.

- 4.6 Contributing to the ongoing development of the Board, including ensuring that appropriate items are brought to the Board's attention and added to the Board's forward plan, where relevant.
- 4.7 To act as system leaders and inspire others, including within their own organisations, networks of associates, other partnership groups, and service users to contribute to the delivery of the vision/ strategy for a healthier future for Barnsley.
- 4.8 Contribute to the development and delivery of the Joint Health and Wellbeing Strategy; holding the system to account, highlighting and celebrating our achievements and challenging performance against the strategy where necessary.
- 4.9 Seek and consider diverse opinions as a process for driving innovation, maximising assets and making best use of available resources.
- 4.10 Act in a respectful, inclusive and open manner with all colleagues to encourage constructive debate and challenge.

5. Governance and Accountability

5.1 Chair: The Board will be chaired by the Cabinet Spokesperson for Public Health and Communities. The Health and Wellbeing Board will seek to formally appoint a co-chair and the terms of reference will be updated to reflect this.

5.2 Attendance and deputies: In order to maintain consistency, it is assumed that Board members will attend all Board meetings. Where a Board member cannot attend a meeting, they should endeavour to send a deputy in their place, as mentioned above.

5.3 Quorum:

The quorum or minimum attendance for meetings will be one quarter of its membership and should include at least one Council Cabinet Spokesperson and one representative from NHS South Yorkshire ICB.

Where meetings utilise hybrid technology, only members that are physically present at the meetings will count towards the quorum.

5.4 Decision making and voting:

The Board will operate on a consensus basis. Where consensus cannot be achieved the matter will be put to a vote. Decisions will be made by simple majority: the Chair for the will have the casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chair. Only those physically present at the meeting, and listed within the membership (under para 3.1) will be entitled to vote.

5.5 Relationship to other multi-agency partnerships:

The Board will work collaboratively with other strategic partnerships and working groups within the system to harness collective action for a healthier future for Barnsley. This includes working closely with the Barnsley Place Partnership and the Place Partnership Delivery Group.

5.6 Accountability and Scrutiny:

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. As a Council committee, the Board will be formally accountable to the Council. Its work may be subject to scrutiny by any of the Council's relevant overview and scrutiny committees.

5.7 Engagement:

The Board is committed to ensuring that the voice of all Barnsley residents, including that of children and young people, is heard and represented on issues affecting health and wellbeing in Barnsley.

6. Sub-Groups and Accountability

6.1 The following groups will report into the Barnsley Health and Wellbeing Board:

- Active in Barnsley Partnership
- Alcohol Alliance
- Health Protection Board
- Heart Health Alliance
- Stronger Communities Partnership
- Tobacco Control Alliance

6.2 Each of these partnerships will be expected to bring a minimum of one report per year to a Health and Wellbeing Board, to update the Board on progress made at their partnership.

7. Meeting Arrangements

7.1 The Health and Wellbeing Board will meet in public every six months, interspersed with private strategy and Board development sessions. There will be no fewer than two public meetings per financial year.

7.2 Agendas and papers will be circulated to all members and be available on the Council's website 5 clear days in advance of any public meeting.

7.3 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.

8. Probity and Transparency

8.1 A member of the public may ask a question at a meeting of the Health and Wellbeing Board that, in the opinion of the Council's Executive Director, Core Services, is relevant to the business of the Board and has been notified to the Council Governance Unit in writing or by email no less than 10 clear days in advance of the meeting in question.

8.2 Questions relating to items on the agenda for a specific meeting of the Board may be submitted by 7.00 pm on the day after the agenda's publication. Questions shall be no longer than 100 words.

8.3 If required, support will be made available by the Council Governance Unit for members of the public who have literacy difficulties to formulate their question for the consideration by the Health and Wellbeing Board.

8.4 All questions shall be answered by the relevant Board member, who may reserve the right to indicate that the answer is given within a specific paper on the Board's agenda or reply in writing after the meeting.

8.5 The Executive Director, Core Services reserves the right to reject questions that are libellous or vexatious, or simply repeat questions answered at previous meetings.

8.6 Each member of the Barnsley Health and Wellbeing Board is subject to the Ethical Standards requirements of Chapter 7 of the Localism Act 2011. Members will ensure the registration of any personal, professional or pecuniary interests with the Monitoring Officer and declare at meetings any relevant interests in any matter being considered by the Board. Members are required to complete a declaration of interests form which will be published on the Council's website.

9. Review

9.1 The Board will review these Terms of Reference annually.

DRAFT

2nd February 2023

REPORT TO THE HEALTH AND WELLBEING BOARD
South Yorkshire Integrated Care Strategy

Report Sponsor: Kathy McArdle / Wendy Lowder
Report Author: Ben Brannan / Marianna Hargreaves

1. Purpose of Report

- 1.1 This report acts as a cover report for the South Yorkshire Integrated Care Strategy (Executive Summary included at Appendix 1), which has been produced by the South Yorkshire Integrated Care Partnership.
- 1.2 The paper provides an update to the Health and Wellbeing Board on the development of the initial Integrated Care Strategy for South Yorkshire and summarises next steps in terms of the strategy's approval.

2. Recommendations

- 2.1 Health and Wellbeing Board members are asked to:
- Consider and approve the contents of the attached Integrated Care Strategy for South Yorkshire.
 - Note the next steps in terms of the development of the Integrated Care Strategy.

3. Delivering the [Health & Wellbeing Strategy](#)

- 3.1 In developing the Integrated Care Strategy for South Yorkshire, the Integrated Care Partnership has had due regard to each of the four health and wellbeing strategies across South Yorkshire, to ensure alignment between them. Five members of Barnsley's Health and Wellbeing Board sit on the ICP and ensure broad alignment between the ambitions with the IC Strategy and our local health and wellbeing strategy. Nevertheless, once the Integrated Care Strategy is published, the Barnsley Health and Wellbeing Board will be expected to review our own Health and Wellbeing Strategy, to ensure the two documents are complimentary.
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4. Introduction/ Background

- 4.1 The South Yorkshire Integrated Care Partnership was established in September 2022. There is a legal requirement for all Integrated Care Partnerships to develop an initial Integrated Care Strategy by the end of December 2022. There is an acknowledgement nationally of the challenging timeline and as such initial strategies are expected to be a starting point and to evolve over time.
- 4.2 The initial Integrated Care Strategy for South Yorkshire was therefore developed at pace between September and December 2022 and informed by the following:
- A refresh of the South Yorkshire health needs assessment
 - Insights from what the public and patients have told us are important to them, including
 - Gathering insights from existing engagement and involvement work undertaken by ICP partners in the last few years and
 - A campaign by way of survey aimed at seeking views from as many of our 1.4 million population across South Yorkshire as possible asking a simple question – ‘What matters to you about your health and wellbeing?’
 - Building on all our existing strategies and plans, including our Health and Wellbeing Strategies, Place Health and Care Plans and our South Yorkshire Strategic Plan
 - The work of the Integrated Care Partnership since September 2022
- 4.3 The strategy covers the years up to 2030 and is the beginning of a journey with the people and communities of South Yorkshire. It sets out a commitment to work together, taking action to address health inequalities and improve healthy life expectancy in South Yorkshire. It is best described as a staging post and is in line with the Mayor’s manifesto pledge for South Yorkshire to become the healthiest region in the UK. The executive summary of the strategy is included as an appendix to this report.

5. Engagement and Consultation

- 5.1 An initial version of the integrated care strategy was discussed at a Barnsley Health and Wellbeing workshop on 8th December 2022. The full version of the engagement draft was then circulated with Health and Wellbeing Board members via email on 15th December 2022.
- 5.2 Feedback has been received from a broad range of system partners across South Yorkshire including Health and Wellbeing Boards, Place Partnerships and NHS Provider Collaboratives and Alliances. Nevertheless, the Barnsley Health and Wellbeing Board are invited to provide constructive comments or feedback on the version included at appendix 1.
- 5.3 Almost all the feedback acknowledges the effort made to engage broadly with a wide range of stakeholders, patients and the public within the challenging

timeline set nationally. There is an understanding that the strategy was being developed simultaneously working with live feedback. There is strong support for continued engagement and the need to understand who we have not heard from and how best to work together to reach out to them.

- 5.4 Overall the feedback is generally in support of the direction of travel set out in the engagement draft of our initial Integrated Care Strategy, particularly the shared outcomes, bold ambitions and joint commitments set out on the plan on a page.
- 5.5 In addition, an online survey was circulated widely to reach as many South Yorkshire residents as possible. The survey invited people to tell the Integrated Care Partnership ‘What matters to you about your health and wellbeing?’
- 5.6 Over 500 people gave feedback, including 466 responses from individuals and responses from community groups and events across South Yorkshire. In response to the question ‘What matters to you about your health and wellbeing’ there are some frequently mentioned themes. These can be categorised as:
- Access to care
 - Quality of care
 - Improving mental health and wellbeing
 - Support to live well
 - Affordability and other wider determinants of health
 - Accountability
- 5.7 A full engagement report, which analyses the methodology and the response to the survey in more depth is available upon request.

6. Conclusion/ Next Steps

- 6.1 Work continues to consider the feedback and address the areas identified, whilst the engagement draft is taken through each of the four Health and Wellbeing Boards.
- 6.2 The aim is to work towards finalising the initial Strategy during February, acknowledging that it is a staging post and will evolve over time. To work towards sharing it with our communities in an inclusive and engaging way through a launch in late February.
- 6.3 Simultaneously, the Integrated Care Strategy will begin making its way through Barnsley Council governance routes. It is expected for the strategy to be considered at Cabinet on 8th March 2023.
- 6.4 Whilst the ICP continue work to finalise the initial strategy, they are keen to simultaneously start to progress planning to translate it into delivery. To harness the high level of commitment and support from across the partnership in the development of our strategy and channel it into focusing on how we work together differently to realise the joint commitments and enable delivery.

6.5 There is an agenda item at the South Yorkshire Health Inequalities event on Friday 3rd February, to enable further discussions in relation to each of the ambitions within the Strategy. The aim is to use the experience and expertise of participants to take some time together to understand the challenges and issues (and work through the causes of the causes) that surround each ambition.

Officer: Ben Brannan

Date: 2nd February 2023

SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire
Summary: Integrated Care Strategy

January 2023



Introduction

South Yorkshire has much to be proud of with our strong and vibrant communities, proactive voluntary sector and a broad range of health and care services providing a strong foundation for improvement.

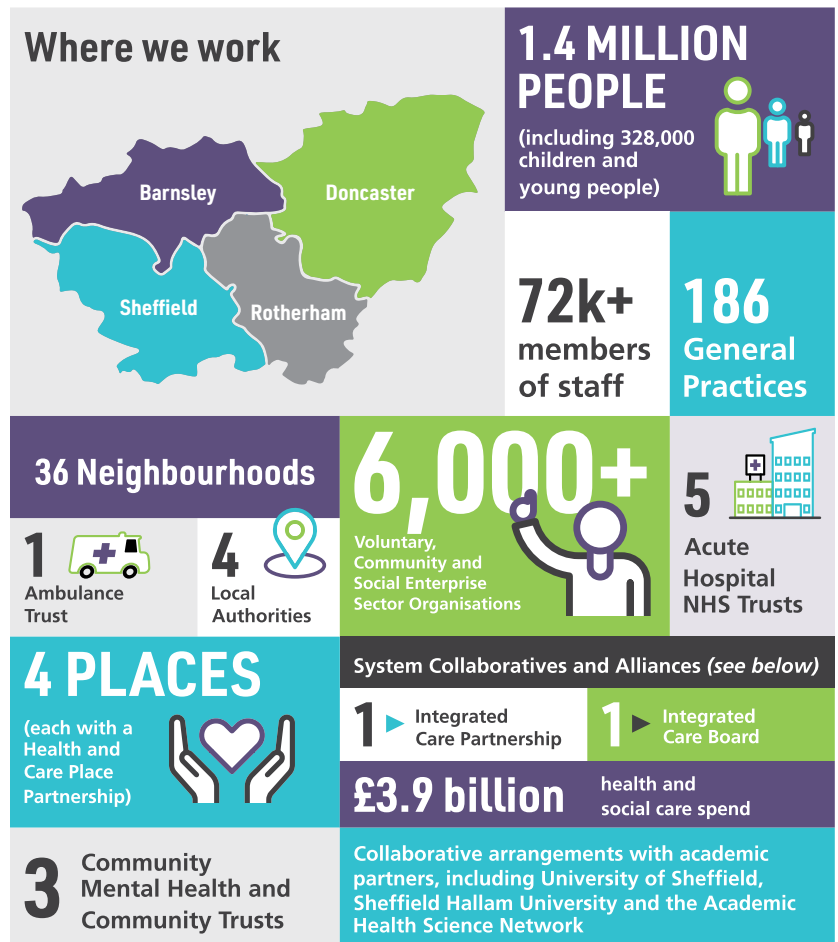
South Yorkshire developed around the industries of mining and steel and this industrial heritage means our close communities have a deep sense of place and identity. These have developed into a diverse and vibrant economy with health and care, advanced manufacturing, research and education being significant industry sectors across South Yorkshire. We are a diverse and welcoming county with outstanding natural, heritage, cultural and artistic assets. We are geographically compact and fortunate in our location, in that we have good access to open green spaces, including the western edge of Sheffield and Barnsley bordering the Peak District National Park. All this contributes to South Yorkshire being a great place to be born, live and work.

In South Yorkshire we want everyone to live happy and healthier lives for longer. We are living in difficult times, managing the lasting impact of covid 19 and the increasing cost of living challenges.

Our engagement work found that good access to high quality care and support is really important to people in South Yorkshire and as a Partnership we are making joint commitments to improve this. We will continue to work with you, listen to you, involve you and respond actively to what you tell us.

This Strategy was developed between September and December 2022 by our newly formed Integrated Care Partnership and covers the years up to 2030. It is a legal requirement and we see it as a beginning of a journey with the people and communities of South Yorkshire. We will work with communities and our voluntary, community and social enterprise sector.

This strategy and the plans that support delivery will change and improve through your involvement. The health and wellbeing of everyone matters to us all. We look forward to working with each of you for a happy, healthier South Yorkshire.



Foreword

This strategy is a test; a test we are setting ourselves. Included in that test are questions we have asked ourselves before. And if we do not rise to the challenge this time, we will be back here again in a few years' time to ask ourselves those questions again. And within those intervening years yet more people – our friends, colleagues and neighbours – will have had their lives blighted, their careers cut short, and their happiness undermined by ill health.

So I am determined we will make a positive difference to the health of our communities across South Yorkshire, and this strategy is where we start. We have to challenge ourselves to think radically about what we do and how we do it.

That's why this strategy is so important as we look ahead over the next decade to 2030. If we achieve the goals in this strategy we will improve the health of our communities across Barnsley, Rotherham, Doncaster and Sheffield, tackle deep seated inequalities in health outcomes and access, make the most of the resources we have, and make sure our health and care services support our wider objectives as a region; making South Yorkshire a healthier, wealthier and happier place.

If we're going to achieve those goals, we will need to use not just the £3.8bn spent on health and care but also the wider £16bn of public services spent in South Yorkshire each year to help those who need it most. We will need our 72,000 strong health and care staff to have the skills and resources they need to support our communities. We need all our public services, such as employment support, transport and housing, to promote good health. We will need to listen to and strengthen our voluntary and community sector and recognise them as the equal partner they are. And we will need to put the lived experiences of our diverse communities at the heart of the way in which we work.

There are no shortage of great assets and examples of good practice across South Yorkshire upon which we can build however, there is no denying the scale of the challenge we face; those challenges are longstanding and complex. Some people in our communities will live shorter lives than others, by as much as nearly a decade in some cases. Life expectancy in South Yorkshire is no longer going up, something that has not happened in the last 40 years. There is healthy life expectancy gap of 20 years between some of our communities. And around a third of people across our region are living in some of the most deprived parts of our country.

So the challenges are undeniable. But there is nothing inevitable or insurmountable about them. If we are going to overcome those challenges, together, we must do things differently.

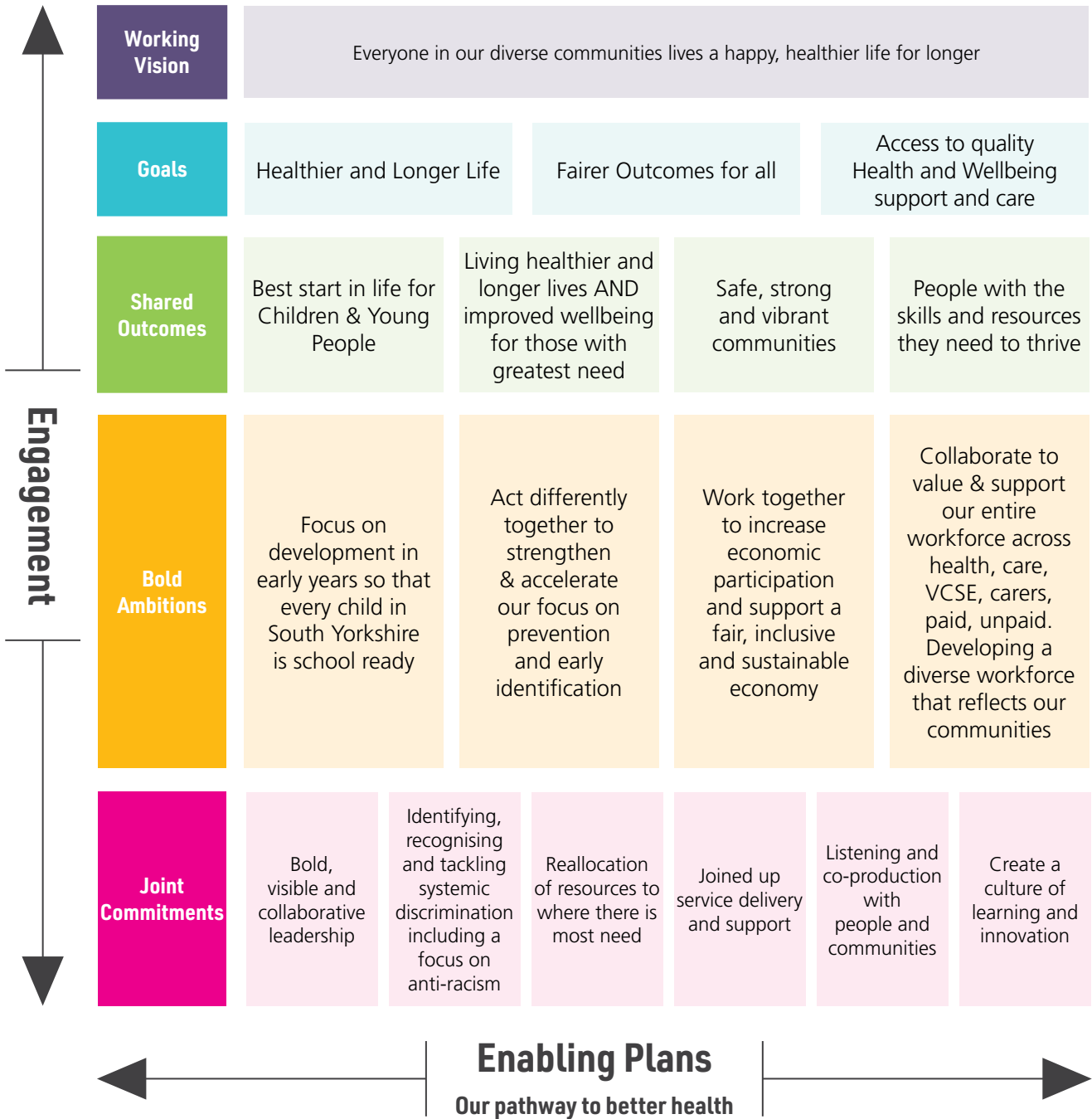
Our commitment to you, our 1.4 million strong community across South Yorkshire, is to work in partnership together, to do things differently, to focus our people and our resources on those that need them the most, and to accelerate our focus on prevention and early identification. And through all of this we will continue to put our community's voices and needs first. This is our plan for a healthier, happier South Yorkshire.

Oliver Coppard
Mayor of South Yorkshire



Summary Plan on a Page

Our Shared Outcomes, Bold Ambitions and Joint Commitments



Bold Ambitions

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

1 Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

2 Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

3 Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024.

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

4 Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism.

Our vision, strategic goals and shared outcomes for South Yorkshire

To achieve our vision of 'Everyone in our diverse communities lives a happy, healthier life for longer', there are some serious challenges to overcome. South Yorkshire has a significant proportion (37%) of people living in the most 20% deprived areas nationally. Life expectancy in South Yorkshire is no longer increasing. Not only are people in South Yorkshire dying younger, they are living fewer years in good health. There is also a significant difference in the number of years people can expect to live in good health, with those living in the most deprived areas dying up to nine years earlier compared to people living in more affluent areas across South Yorkshire communities.

The gap in life expectancy between the most and least deprived areas is also widening. Our commitment in this strategy is to change this. The Covid pandemic has further exposed these deep inequalities and it is evident that the current cost of living crisis has further exacerbated these disparities. South Yorkshire with its relatively lower level of earnings and employment is particularly vulnerable. Health inequalities are not inevitable and by definition are preventable. It is within this challenging context that we have come together to develop our South Yorkshire Integrated Care Partnership with refreshed energy and renewed commitment to collaborate as partners and work with our local communities of Barnsley, Doncaster, Rotherham and Sheffield to work differently together to address health inequalities and improve the health and wellbeing of all people living in South Yorkshire.



Our aim is to:

- Halt the stall in Life Expectancy (LE) in South Yorkshire and improve it by 3 years by 2028/30
- Halt the stall in Healthy Life Expectancy (HLE) and close the gap between South Yorkshire and England by 2028/30
- Close the gap in Health Life Expectancy between the most and least deprived groups in South Yorkshire by 25% by 2028/30

Our vision and goals are supported by four shared outcomes which are reflected in all our current Health and Wellbeing Board Strategies in each of our places. These shared outcomes align well to the life courses of Starting Well, Living Well and Aging well and act as an enabler in this strategy for current plans. These are:

- Children and young people have the best start in life
- People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- People are supported to live in safe, strong and vibrant communities
- People are equipped with the skills and resources they need to thrive

In this strategy we will set out a focussed number of bold ambitions to support achievement of our shared outcomes which can only be achieved by all partners working together.

Listening to our communities in creating this Strategy

As an Integrated Care Partnership we have a clear commitment to ongoing engagement with our communities. When developing this strategy we started by understanding what matters to people living in South Yorkshire by gathering insight from a wide range of engagement and involvement activities undertaken in South Yorkshire in the last two years by our ICP partners, from 284 different sources (for more details see the full strategy on the Integrated Care System website). We then asked our communities as simple question to build on this: 'What Matters to You'?

This campaign took place over November and December 2022. Working with our local Healthwatches and VCSE, we reached out to as many people as possible in South Yorkshire, including our health and care workforce, children and young people, under-represented and socially excluded groups, and asked 'What matters to you about your health and wellbeing?'. More than 500 individuals and groups responded.

The feedback from the insight work and the campaign has been actively used to shape and inform our Strategy. The insight work identified that there was a need for more information about health prevention and availability of different health and social care services, to make it easy for people to access health and social care services and removing barriers and to provide people with the information, tools and capacity to manage their own care.

These themes of awareness, access and agency were replicated in the responses to the 'What matters to you about your health and wellbeing?' question.



What matters to my health and wellbeing is having care systems that work for the patient. I have complex health needs so I need a health system that connects services together. In theory this happens but in reality it does not. I spend a lot of my time connecting the missing dots, sharing missed letters between professionals so we can have wider conversations about my health as one condition can affect another.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Individuals and groups said their highest priorities were access to and quality of care, improving mental health and wellbeing, support to live well, the wider determinants of health, and affordability, given the pressure on the cost of living. All of these themes have been used to shape our strategy.

We will continue to engage with our communities over the coming months and years. If you want to know more about the Integrated Care Partnership strategy or read the full strategy and engagement report, please visit

<https://southyorkshire.icb.nhs.uk/get-involved>

SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire
Summary: Integrated Care Strategy

January 2023

Email

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Address

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Telephone

0114 305 4487

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2nd February 2023

REPORT TO THE HEALTH AND WELLBEING BOARD Barnsley 2030 Update

Report Sponsor: Amanda Garrard and Bob Kirton
Report Author: Ben Brannan and Mark
Hempshall

1. Purpose of Report

- 1.1 This report describes the work of the Barnsley 2030 Board to date, particularly in relation to the Healthy Barnsley theme; it explores the interconnectivity between the Barnsley 2030 Board and provides a discussion around the strategic links between the two forums.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:

- Consider the future reporting mechanisms between the Barnsley 2030 Board (particularly the Healthy Barnsley theme) and the Health and Wellbeing Board.
- Note the contents of this report and discuss how the Health and Wellbeing Board can continue to play a role in terms of discharging some of the key actions arising from the Barnsley 2030 board.
- Discuss how, by working collectively, the Barnsley 2030 board and the Health and Wellbeing Board can continue to add value to the system.
- Agree to having a Barnsley 2030 item as a standing agenda item at future Health and Wellbeing Boards.

3. Delivering the [Health & Wellbeing Strategy](#)

- 3.1 Ensuring effective partnership working is essential to delivering all the priorities within the Health and Wellbeing Strategy.
-

4. Introduction/ Background

- 4.1 The Barnsley 2030 Board is a strategic leadership group of decision-makers, local influencers, key organisations and business leaders committed to achieving the ambitions set out within both the Barnsley 2030 strategy and the associated delivery plans. Barnsley 2030 is all about joining up the expertise and influence of key partners borough-wide, bringing a broader perspective and turning influence into tangible action using the correct and proper channels.
- 4.2 Barnsley 2030 is underpinned by a series of bold ambitions, which the board are aiming to achieve by 2030. For the 'Healthy Barnsley' theme, these ambitions are closely aligned with our health and wellbeing strategy. The ambitions are to ensure:
- Everyone is able to enjoy a life in good physical and mental health.
 - Fewer people live in poverty, and everyone has the resources they need to look after themselves and their families.
 - People can access the right support, at the right time and place, and are able to tackle problems early.
 - Our diverse communities are welcoming, supportive and resilient.
- 4.3 Sitting beneath the B2030 Board are a series of oversight and key delivery groups, ensuring coverage across all four themes. The Health and Wellbeing Board plays an important role in the Healthy Barnsley governance with a particular remit around the wider determinants of health. In addition, the health and wellbeing board has the following sub-groups, all of which contribute to realising the ambitions set out above and those outlined within the health and wellbeing strategy:
- Active in Barnsley Partnership
 - Alcohol Alliance
 - Health Protection Board
 - Heart Health Alliance
 - Stronger Communities Partnership
 - Tobacco Control Alliance
- 4.4 Each of these sub-groups will bring regular reports to the health and wellbeing board, to update on progress against their agreed plans.

5. Work to date – Healthy Barnsley

- 5.1 Healthy Barnsley have held two spotlight sessions at the Barnsley 2030 Board – including a session focussing on reducing health and socioeconomic inequalities across the borough. These sessions have resulted in a significant amount of tangible work being undertaken to progress the healthy Barnsley theme. For example, a key piece of work has emanated from discussions held at Barnsley 2030 board is around the 'Every Child Active' project. This has seen the development of a local active travel team, that will work with the majority of primary schools across the borough to create the opportunities for

children and young people to enjoy physical activity (particularly cycling) in a fun, engaging and safe way. This will then feed into a community BMX and Scooter ramps programme called Ramp it Up delivered around the Borough for children and young people to attend that will ultimately improve their physical and mental wellbeing. This project has been overseen by the Active in Barnsley Partnership, which is formally a sub-group of the health and wellbeing board.

6. Discussion Points

The majority of the work to date has been undertaken outside of formal governance arrangements. The health and wellbeing board are asked to consider how we can continue to effectively add value to the system by:

- Shaping and influencing future asks to the B2030 Board, including suggesting particular topic areas or 'wicked issues' for discussion at Barnsley 2030 Board, that may need 'unlocking' by the partners on the B2030 Board.
- Ensuring clear and tangible actions will be reported from the Barnsley 2030 Board to the Health and Wellbeing Board, and the Health and Wellbeing Board will hold delivery of these actions to account. Members are therefore asked to consider future reporting arrangements both from and to Barnsley 2030.
- Ensure the health and wellbeing board and Barnsley 2030 are working effectively alongside the Barnsley Place Partnership and the Integrated Care Partnership. For example, by

It is suggested Barnsley 2030 should be a standing agenda item on Health and Wellbeing Board agendas, so the link members (i.e. members who sit on both B2030 Board and HWB) can update on progress and ensure the HWB are cited on any actions. Actions from B2030 will be noted in the HWB action log, to provide assurance on who is leading on each action. This is the current arrangement with both the Inclusive Economy Board and Positive Climate Partnership, who play a key role in terms of the Growing and Sustainable Barnsley themes respectively.

7. Conclusion/ Next Steps

- 7.1 The next Healthy Barnsley session at the Barnsley 2030 Board will take place in March 2023. This session will focus on people who are economically inactive within the borough, with a particular focus those who are not working due to long term ill health.

Officer: Ben Brannan

Date: 2nd February 2023

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2nd February 2023**REPORT TO THE HEALTH AND WELLBEING BOARD****Creativity & Wellbeing update**

Report Sponsor: Kathy McArdle (SD Regeneration & Culture)
Report Author: Julie Tolhurst (Public Health Principal- Growth & Sustainability)

1. Purpose of Report

- 1.1 To provide a progress report for developing a Creativity & Wellbeing programme for Barnsley.
- 1.2 To seek Health & Wellbeing Board endorsement for the next phase of delivery

2. Recommendations

- 2.1 Health and Wellbeing Board members are asked to:-
 - Note the contents of the accompanying presentation
 - Promote key messages via existing channels
 - Endorse the next phase of delivery for Barnsley's Creativity & Wellbeing programme

3. Delivering the [Health & Wellbeing Strategy](#)

- 3.1 Creativity is key to our health & wellbeing at every stage of the life course from birth through to older age.
- 3.2 The All Party Parliamentary Group on Arts, Health and Wellbeing published The Arts for Health and Wellbeing report in 2017(ref), which provided strong evidence of creativity and arts addressing many of the challenges facing health and social care around ageing, long-term conditions, poor mental health and loneliness. The APPG recommended that health and social care organisations should have a dedicated resources to leverage the benefits from creativity & arts. For instance, social prescribing workers linked to creativity & arts interventions to showcase the benefits to health.
- 3.3 Providing opportunities to be involved in creative activity offers a huge contribution to our Health & Wellbeing strategy vision. Creativity enables Barnsley residents to improve their health & wellbeing, be meaningfully engaged in their communities and develop the skills and resources they need to thrive.

3.4 The vision is to embed creativity and creative leadership throughout health and care transformation programmes. This includes shaping key strategic drivers cutting across several sectors, including the ICS strategy, Mental Health, Learning Disability & Autism Strategy, More & Better Jobs strategy and Culture Strategy.

4. Reducing Inequalities

4.1 Embedding creativity into all health and social care related interventions helps to address health & social inequalities. Creativity & arts funding is directed specifically to work alongside groups that have most to benefit, including people living with mental health conditions, Learning Disabilities, Autism, Dementia, and those who are socially isolated.

5. Appendices

Creativity & Wellbeing presentation.

Officer: Julie Tolhurst

Date: 23/01/22

Creativity & wellbeing - key actions 2022

- Creativity & wellbeing week May 2022
- Delivered strategic workshops
- Formed Creativity & wellbeing task group
- Co-produced a Plan on page and action plan
- Focused workshop end Jan - organisational and skills development

Creative Health Plan on a Page

Our Vision: Living a fuller, healthier life through creativity.

Culture change

Connection

Learning

Co-production

Objectives

Community led approach to culture and creativity focused on addressing inequalities.

Commission sustainable, creative programmes to improve health and wellbeing.

Ensure frontline services can access creativity and wellbeing skills training and development.

Establish connections between culture & creative activities and health and wellbeing.

Outcomes

Balanced offer to help reduce inequalities in Creative and Wellbeing experience.

More equitable funding for commissioning targeted services and programmes.

More engagement and increased uptake in creative activity.

Better physical and mental wellbeing among residents engaged in creative activity.

Stronger links between creative activity and health pathways.

Next steps

- Creativity & wellbeing week 2023 (provisional date 15 -20th May)
- Planning a series of workshops - life course / lived experience
- Cultural Strategy – gain approvals for the citizen led approach
- CHWA - recruit Creative Health connector (part-time Barnsley)
- CHWA National conference hosted in Barnsley – Autumn 23

Recommendations for HWBB

- Note the contents of the update
- Promote key messages via existing organisation channels
- Endorse the next phase of delivery for Barnsley's Creativity & Wellbeing programme



Meeting:	Health & Well-Being Board: BETTER CARE FUND
Date:	2nd February 2023
Title:	Adult Social Care Discharge Fund 2022/23

1. Summary

The purpose of this report is to confirm that South Yorkshire Integrated Care Board (Barnsley Place) and Barnsley Metropolitan Council (BMC) have jointly agreed to spending plans on the funding allocation from the Adult Social Care Discharge Fund for 2022/23, which reflects local need and priorities

2. Recommendations

That the Health & Well-Being Board:

- (1) Note the requirement for the Section 75 to include the ASC discharge funding in addition to schemes already agreed by the Board as part of the 2022/23 Better Care Fund Plan. This has been drafted to include all the schemes included in this paper and will be signed off through the usual ICB and BMC governance processes.

3. Introduction/Background

In September 2022, the Government announced a commitment of £500 million to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care over the winter period. The main focus is on, although not limited to, a 'home first' approach and discharge to assess (D2A).

On 18th November 2022, the Government confirmed that a total allocation of £8.346 million has been provided to NHS South Yorkshire ICB and Barnsley Place will receive £1.520 million.

Barnsley Council has also been allocated £1.032 million of the fund. Therefore, this amounts to a total of £2.552 million of funding for Barnsley Place partners for the remainder of 2022/23.

In line with usual BCF requirements, the use of both elements of this funding needs to be agreed between local ICBs and Local Authorities. This funding can be used once both partner organisations have fully agreed to spending plans and needs to be spent by 31st March 2023.

The funding will be released in two tranches, the first in early December 2022 and the second in January 2023.

The fund will be pooled into local Better Care Fund (BCF) plans and Section 75 agreements for 2022/23. The deadline for S75 agreements to be agreed and signed by both partner organisations has been extended until 31st January 2023.

Local areas may use up to 1% of their total allocation (LA and ICB) for reasonable administrative costs associated with distributing and reporting on this funding with regular reporting required on the impact.

4. Funding Conditions

On 18th November 2022, an Addendum to the BCF Policy Framework and Planning Requirements has also been published which sets out conditions, monitoring and reporting arrangements.

The funding conditions of the discharge fund include:

- Local Authorities and ICB funding allocation should be pooled into local HWB BCF Section 75 agreements with plans for spend agreed by both the LA and ICB under National Condition of the Better Care Fund
- Funding should only be used on permitted activities that reduce flow pressure on hospitals, including in mental health inpatient settings, by enabling more people to be discharged to an appropriate setting, with adequate and timely health and social care support as required
- Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing the bed days lost within the funding available, to the most appropriate setting from hospital, including from mental health inpatient settings.
- ICBs should ensure that support from the NHS for discharges into social care is available throughout the week, including at weekends.
- A completed spending template confirming planned use of the additional funding must be completed and submitted to NHS England by 16th December 2022. This enables the second tranche of funding to be released.

5. Use of the Fund

The fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care. The main focus will be on:

- Discharge to Assess (D2A) and provision of home care which is recognised as an effective option for discharging more people in a safe and timely manner.
- Boost general adult social care workforce capacity, through staff recruitment and retention, where that will help reduce delayed discharges. This could include, but is not limited to, measures such as retention bonuses or bringing forward pay rises ahead of the new financial year.
- Where there are particular delays to discharge of patients with long hospital stays, for instance those with particularly complex care health and care needs, short-term residential care is an option to free up hospital capacity (where appropriate).

6. Expenditure

It is proposed to use the grant in the following areas:

Name / Title		Description	Funding
Support payments to homecare providers / In-house Reablement team to create additional capacity	BMBC	To enable contracted care providers and in-house Reablement team to increase existing capacity and hours of care / support	£428,463
Short Stay placements	BMBC	short stay or term placements in care homes for people discharged from hospital but awaiting community package of support;	£150,000

Additional Bridging Support Hours (Reablement)	BMBC	Additional 50 Hours from Elder Care for additional capacity to support NRS flow	£15,000
Rapid response homecare support	BMBC	additional 150 hours to be provided via x3 providers aimed at providing rapid response to discharge cases	£50,000
transport support of non-driving care workers	BMBC	Support funding for homecare providers to provide transport schemes for non-driving care workers, thereby boosting the capacity to deliver more care hours	£20,000
Digital - Assistive technology	BMBC	support hospital discharges through provision of assistive technology / equipment at home to address risk associated with discharges e.g. falls, etc	£10,000
Mental Health step down bed	BMBC	Provision of a bed / staff to support to provide mental health step down	£10,000
Shared Lives Service to explore additional step-down and respite capacity	BMBC	support for individuals in a home setting for more challenging and very complex discharges	£50,000
Little help to home hospital discharge service	BMBC	Short to medium term support that reduce flow pressure on hospitals by enabling more people to be discharged to an appropriate setting	£258,538
Support to facilitate s17 discharges (of s37/41 patients)	BMBC	To facilitate s17 leave, by paying rent and allowances to test suitability of supported living placements for those in Locked rehab/low secure.	£20,000
Agency Nursing (To support independent sector nursing providers)	BMBC	To support independent sector care providers to increase nursing capacity on a short term basis to enable discharge of patients	£10,000
Activity Train	ICB	physical activity/Otago type activity on hospital wards preventing deconditioning and speeding up discharge.	£10,000
Mental health support for hospital discharge and for high intensity service users.	ICB	A proposal for non-recurrent funding to support the peer support worker model in collaboration with Family lives (£35k)	£35,000
NRS and Equipment service uplift	ICB	A proposal for non-recurrent funding for additional agency staff and equipment within BICES.	£211,235
Additional Discharge Transport	ICB	Additional transport to support	£30,000
Hospice - Increased community support and out of hours	ICB	Collaboration with community services to provide specialist and general palliative care in the community and extension of out of hours capacity including telephone advice and guidance	£100,000

Step Down (spot purchase beds)	ICB	Additional step down spot purchase capacity to allow discharge into residential/nursing care when not meeting the criteria to reside	£180,000
Intermediate Care medical support and oversight	ICB	Medical cover to the intermediate care acorn unit	£75,000
CHC/Complex Cases - funded beds and complex care packages with 1:1/2:1 support	ICB	Capacity to support complex patients with high levels of care needs to expediate discharge	£850,226
Clinical Educator - Criteria to reside	ICB	Support embedding the criteria to reside approach across the Hospital as part of regular discharge planning and board rounds	£38,940
			£2,552,402

7. Underspends

If any underspend is identified within the Local Authority and Integrated Care Board (Barnsley Place) grants the following approach will be taken:

- Divert these to support the market with workforce retention – financial incentives / rewards
- Areas where spend is demonstrating a positive impact and can be further expanded

8. Reporting Requirements

ICBs and Councils need to confirm the agreed distribution of their allocations with the Health and Wellbeing Board in their area when plans are submitted to NHS England by 16th December 2022.

Reporting of additional activity, as a result of this funding, will be on a fortnightly basis for each local authority footprint which will include what activities have been delivered in line with commitments in the spending plan.

NHS England has published two templates (Appendices 1 and 2) which are designed for systems to confirm their spending plans for this funding by 16th December 2022. This funding should complement plans for improving discharge outcomes under National Condition 4 of the main BCF plan.

9. Metrics and Monitoring

The Addendum to the BCF Policy Framework and Planning Requirements also sets out conditions, monitoring and reporting arrangements.

The impact of the additional funding will be measured by the following metrics:

- the number of people discharged to their usual place of residence (existing BCF metric)
- the absolute number of people 'not meeting criteria to reside' (and who have not been discharged)

- the number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep)
- the proportion (%) of the bed based occupied by patients who do not meet the criteria to reside, by trust
- the number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected through a new template which will be published at a later date)
- In addition, the data on length of stay will be monitored regionally and nationally and this data will continue to be available on the Better Care Exchange.

10. Key Actions and Timelines

- Submit the Barnsley HWB and South Yorkshire ICB Discharge funding templates (Appendix 1 and 2) to NHS England by 16th December 2022
- Complete fortnightly templates which will focus mainly on activity rather than spend. The first submission date is planned on 30th December 2022.
- Health and Wellbeing Board to note the requirement for the Section 75 to include the ASC discharge funding in addition to schemes already agreed by the Board as part of the 2022/23 Better Care Fund Plan. This has been drafted to include all the schemes included in this paper and will be signed off through the usual ICB and BMBC governance processes.
- Complete end of year report by 2nd May 2023

11. Background Papers

Appendix 1 – Barnsley HWB Adult Social Care Discharge Funding Template

Appendix 2 – NHS South Yorkshire ICB Discharge Funding Template

These papers can be provided upon request.

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