

MEETING:	Overview and Scrutiny Committee - Healthy Barnsley Workstream
DATE:	Tuesday 29 November 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis OBE (Chair), Bellamy, Bowser, Cain, Clarke, Eastwood, W. Fielding, Lodge, Lowe-Flello, Markham, Osborne, Smith, Williams and Wilson

31 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

32 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Eastwood declared a non-pecuniary interest as she is Cabinet Support Member for Place Health and Adult Social Care.

Councillor Cain declared a non-pecuniary interest as she is Cabinet Support Member for Public Health and Communities.

33 Minutes of the Previous Meeting

The minutes of the meeting held on 1 November 2022 were received.

34 Development of Integrated Care in Barnsley & Access to Primary Care

The following witnesses were welcomed to the meeting:

Wendy Lowder, Executive Director of Place Health and Adult Social Care, NHS South Yorkshire Integrated Care Board and Barnsley Metropolitan Borough Council
Jeremy Budd, Director of Strategic Commissioning and Partnership, NHS South Yorkshire Integrated Care Board (Barnsley Place)

Jamie Wike, Chief Operating Officer, NHS South Yorkshire Integrated Care Board (Barnsley Place)

Dave Ramsay, Deputy Director, South West Yorkshire Partnership NHS Foundation Trust

Bob Kirton, Chief Delivery Officer and Deputy Chief Executive Officer, Barnsley Hospital NHS Foundation Trust

James Barker, Chief Executive, Barnsley Healthcare Federation

Mehrban Ghani, Chair and Accountable Clinical Director, Barnsley Healthcare Federation and Barnsley Primary Care Network

Mark Smith, Vice Chair, Healthwatch Barnsley

Cllr Platts, Cabinet Spokesperson, Adults and Communities, Barnsley Metropolitan Borough Council
Cllr Caroline Makinson, Cabinet Spokesperson, Public Health and Communities, Barnsley Metropolitan Borough Council

Members were invited to consider a report of the Executive Director Core Services (Item 4a), and a report of the Executive Director Core Services and the Integrated Care Partnership (Item 4b).

Councillor Platts introduced the report. Members were informed that they would be updated on the development of Integrated Care in Barnsley, including the establishment of the ICS Board, and updated on access to primary care in Barnsley.

Jeremy Budd took Members through a presentation and updated the Committee on the work undertaken since the last meeting which included the establishment of the NHS ICB and ICP. Many new areas of partnership working had been developed, notable examples included the new out-of-hours Mental Health Crisis Service on Eldon Street and the Glassworks Community Diagnostics Hub. A focus on preventative and innovative work, such as Stride which provided a 12-week nutrition and fitness programme to Barnsley residents, could help relieve operational pressures in the longer term and improve lives in the Borough. Emphasis was placed on adding value and listening to local communities in the shaping of strategies and delivery of services. Members were informed that the Barnsley Place Partnership Board had met three times in public so far and the Integrated Care Strategy would be published in the coming weeks.

James Barker took Members through a presentation regarding accessing Primary Care in Barnsley. It was noted that there are demand challenges across the country, including a GP recruitment shortage. The Primary Care Network, supported by Barnsley Healthcare Federation had undertaken significant work surrounding supporting and supplementing additional staff in practices, moving away from the traditional model towards a model which included roles such as Nursing Associates and Physician Associates. Since the Covid-19 pandemic, partners had worked on offering as many GP appointments as possible. On average, practices in Barnsley delivered approximately 27,000 appointments per week and face-to-face appointments were increasing year on year. 4500 appointments were lost per month due to no shows, this was one of the highest figures in Yorkshire. I-Heart Barnsley provided appointments with GPs and nurses during evenings, weekends and bank holidays for patients registered with a Barnsley-based GP surgery. Barnsley Healthcare Federation continued to work with the local community to improve awareness around extended hours and patients getting the correct service via various communications campaigns.

In the ensuing discussion surrounding the development of Integrated Care in Barnsley, and in response to detailed questioning and challenge the following matters were highlighted:

Tackling health inequalities in the Borough was a key area of work. A multi layered strategy would detail plans to reduce health inequalities and would be featured in the forthcoming Integrated Care Strategy. Data and intelligence were a key component

for understanding health inequalities in Barnsley, and the Place Board's next development session would focus on this issue.

There was a correlation between health inequalities and legacy industries in Barnsley. This could be seen via the impact on respiratory and muscular pathways. There was a life expectancy gap between the East and West of the Borough of eight years, however this had reduced from ten years recently. The partnership had worked to tackle health inequalities by schemes such as opening the Community Diagnostic Centre in an accessible location, it was noted that this had proved successful in reducing the breast screening back log. Healthcare partners were keen to use the newly formed ICS to their advantage to fund schemes that would reduce health inequalities in Barnsley.

Further discussions arose surrounding funding. It was noted that the new arrangements had connected those responsible for finance in Integrated Care such as the Section 151 Officers for each Local Authority in South Yorkshire who could provide clarity around funding. Partners would explore utilising funding not just from the public sector but also from the voluntary and community sector and the private sector to enhance the collective pound and make sure Barnsley received a fair share of funding.

The membership of Boards and Partnerships within Integrated Care would be continually reviewed. The Barnsley Place Partnership Board had only met three times however continually reflected on whether there were gaps in the membership of the Board, for example the representatives from the voluntary and community sector and housing colleagues. It was noted that Healthwatch was well represented on the Place Based Partnerships Boards across South Yorkshire. A pack of information that included information on how the partnerships worked together in the ICS was currently being devised and would be presented to Cabinet in due course.

In response to questioning surrounding potential bureaucracy inhibiting operational delivery, it was noted that governance reviews would be a key area of work to ensure there was no duplication across partnerships and boards and that each was adding value. The governance of health and social care systems could be a challenging area of work therefore it was important to ensure that change could be implemented if needed, to continue to add value to the health and social care system in Barnsley.

In regard to conflicts of interests, it was noted that all Boards would have conflicts of interest due to the nature of working in health and social care. Under the new arrangements there was a move away from traditional models of provider commissioner split towards a model of provider collaboration. There was a need to continue review arrangements to correctly embed them and continue to review conflict of interests that could inhibit ambitions.

The Barnsley Place Partnership Board were now meeting in public and had members of public attend in both person and online. Members of the public did engage effectively online with the Board and there was opportunity for people to send questions in advance.

In the ensuing discussion surrounding the development of access to primary care in Barnsley, and in response to detailed questioning and challenge the following matters were highlighted:

Discussions arose surrounding recent national news stories on the number of hours GPs work in a typical week. However, it was explained this did not detail the intensity and length of GPs working days and therefore many GPs did work more than 37 hours per week. Working in a primary care setting is now particularly different than in previous years, GPs are primary care physicians in their own right and undertake duties that used to be undertaken in hospitals. However, the number of GPs had declined in recent years, and this was a national issue. It was noted that it was important for GPs and patients to build a relationship; it could be the case that patients are less likely to be referred as an urgent case if GPs are familiar with a patient's background in advance.

Further discussion took place surrounding the national issue with GP recruitment. It was noted that in the past some areas had tried to increase GP recruitment via 'golden handshake' welcome payments, however this was not an effective strategy and GPs were more likely to move to an area with strong Primary Care Networks to feel they are supported in their practices. A focus on different types of roles in primary care settings could also help alleviate the issues surrounding GP recruitment. The PCN and Barnsley Healthcare Federation had trained a number of nursing associates and physician associates. Both undertake training alongside working in practice, and once qualified were able to support nurses and doctors in delivering primary care services.

The Covid-19 pandemic had accelerated the use of technology in primary care, for example practices were now able to offer online prescription services. It sometimes made clinical sense for an appointment to happen over the phone, however it was stressed that it is important that patients had the choice between face-to-face appointments and telephone/video appointments. Computer systems in GP practices were funded by NHS Central, and practices were well supported by an IT team based in Sheffield. GP practices in Barnsley had also supplemented the use of technology to alleviate demand with other efficiencies, such as being able to issue sick notes via telephone appointments.

The I-Heart programme provided an important service in Barnsley and is funded via the PCN. Out-of-hours appointments and home visits are both provided by I-Heart, along with the hub at Priory Campus. The services provided by I-Heart contributed to alleviating operational pressures that primary care faced. Special thanks were paid to Barnsley Health Federation and the PCN for setting up this vital service for the people of Barnsley.

Communication was a key area of work, particularly surrounding the 'help us to help you' campaign. Members were informed that some residents are not aware of the availability of out-of-hours GP appointments in Barnsley, and that communication needed to be clear regarding changing the perception of the different type of clinicians in practices. In regard to communication within practices, it was noted that receptionists are not clinicians but undergo patient navigation training provided by Barnsley Healthcare Federation and therefore were able to triage effectively.

In regard to the significant number of DNAs (Did Not Attends) in Barnsley, it was explained that patients were less likely to miss appointments if they were booked on the day. Healthwatch Barnsley conducted a public survey which found that some patients had difficulty getting through on the telephone to cancel appointments, new telephone systems had been installed in GP Practices. This meant patients were able to get through quicker and it was hoped that this would alleviate this issue in the near future. It was noted that this was an important area to look at, and Members would be provided with data that contextualised patterns in DNAs, including a ward-by-ward breakdown and type of patient.

The Covid vaccination winter booster campaign was currently underway, and news regarding the continuation of the vaccination programme was awaited from the Joint Committee on Vaccination and Immunisation. The booster campaign was being advertised by the Barnsley Chronicle and on social media and Members were encouraged to promote the campaign with their constituents.

RESOLVED that:-

- (i) Witnesses be thanked for their attendance and contribution and the report be noted
- (ii) Members be provided with a breakdown of the data on DNAs in Barnsley regarding patient patterns
- (iii) Members be provided with a ward-by-ward breakdown of the data on DNAs in Barnsley
- (iiii) Members continue to promote the Covid vaccination winter booster campaign

Chair