

:00REPORT TO THE HEALTH & WELLBEING BOARD

Tuesday 8th October 2019

Final Review of Health & Wellbeing Board Strategy 2016/20

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1.	Purpose of Report
	To provide the final annual review of the progress made to deliver the Barnsley Health & Wellbeing Board Strategy (HWBS) 2016/20. This report provides the following: <ol style="list-style-type: none">1. Summary of the updated HWB Action Plan2. Performance against the key HWB indicators3. HWB work programme4. Lessons learnt and recommendations for the future5. Planning for 2020 and beyond
2.	Recommendations
	<ol style="list-style-type: none">1. Note the progress made to deliver the current strategy2. Note the change in approach to performance and the adoption of the Barnsley Integrated Care Outcomes Framework (ICOF)3. Reflected on the lessons learnt from the last 3 years and use this to strengthen the approach for 2020 and beyond.
3.	Introduction/ Background
3.1	This report follows on from the Health & Wellbeing Board Strategy Review & Development Report presented and discussed by the HWB on the 4 th June 2019, and includes a summary of the discussions that took place at the HWB Development Session on 30 th July 2019.
3.2	Since the inception of the HWB in April 2013 Sir Steve Houghton, Leader of BMBC has chaired Barnsley's HWB with Nick Balac, Chair of BCCG being the deputy HWB Chair. This summer, Sir Steve Houghton stepped down as HWB Chair to make way for the Deputy Leader Cllr Jim Andrews to take on this role. The HWB agreed that going forward Dr Nick Balac would be co-chair to reflect the significant and instrumental role of the Barnsley CCG.
3.3	Barnsley's HWB has developed a partnership system leadership approach for both the development and delivery of the strategy. It follows that the responsibility for the

	delivery of the HWBS therefore sits with the 'system' to collaborate and work through a network of strategic partnerships, programme boards, delivery groups and task group, to deliver the HWB strategy.
3.4	To date the Senior Strategic Development Group (SSDG), as the executive group to the HWB has been responsible for coordinating and connecting work across the system. The role of SSDG has also included the development of the HWB work programme.
3.5	In spring 2018, the Integrated Care Partnership Group and the Integrated Care Delivery Group was established to focus on the integrated care agenda. Significant progress has been made and discussions are underway to reflect the recent establishment of Primary Care Networks into governance structures.
3.6	The South Yorkshire & Bassetlaw Integrated Care System (SYB ICS) Strategy is expected to be shared with Barnsley Health & Wellbeing Board on the 8 th October 2019. It is anticipated that this document will outline a number of specific priorities for development.
4.	Summary of the updated HWB Action Plan
4.1	A wide range of partners from across the system have provided updates for the HWB Action Plan. The HWB Action Plan has tracked the developments of over 50 different priority work streams, thus providing significant insight into how the systems is evolving. it must be noted that it only captures an element of the work that is taking place across the system.
4.2	Appendix 1 provides the HWB Action Plan highlight report. The report includes the most recent developments, and should be considered alongside the HWB Performance Report in Appendix 2.
4.3	The HWB Action Plan highlight report outlines progress made against all priorities, of particular note are the: <ul style="list-style-type: none"> • Roll out of smoke free public places in Barnsley to make smoking invisible • Beat the Street initiative to get more young people active • Live Well Barnsley Website is recognised as a trusted directory of services • My Best Life, social prescribing service is helping people to tackle root cause of ill health • We have started on the path to develop our approach to Integrated Care with Neighbourhood Networks and integrated teams building the model incrementally. • Establishment of the Population Health Management Unit to guide the system with rich data.
4.4	Lessons Learnt: <ul style="list-style-type: none"> • At the HWB Development Session in January 2019, members agreed that the role of system oversight and scrutiny was not adding value to the system. The value in the HWB is in: <ol style="list-style-type: none"> i) Setting the strategic direction and strategic outcomes for a healthier future in Barnsley. ii) Developing the system leadership role for HWB Members to influence and collaborate with and across organisations, networks, partnerships, boards, groups, as well as with communities and residents. iii) The impact of the Board should be evident at a neighbourhood, borough

	<p>and regional level, and that the interests of Barnsley people remain paramount.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • The HWB to focus on a small number of priorities where the system can galvanise effort and make a positive impact. • Priorities agreed by the HWB will be linked to the ICOF. • Following the HWB Development session on mental health (Feb 2019) a whole systems approach to improve the mental health of young people is being explored with support from Health Foundation and Public Health England. It is recommended that we use the learning from this approach to help inform future practices.
5.	HWB Performance Report
5.1	The latest HWB Performance Report is provided in Appendix 2. The performance indicators in the report are those where reliable data has been available and could be used as 'bell weather' indicators for the system.
5.2	<p>In terms of population health, historically there has been a gap between males and females when compared to the national average, which continues to the present. In the most recently available information for 2015-2017; male life expectancy for Barnsley is 78.1 years. Female Life expectancy is 81.9 years; this is significantly behind the national average of 79.6 and 83.1 respectively.</p> <p>Healthy life expectancy (HLE), an estimate of how many years a person on average can expect to free of illness or injury in their life, has improved for both males and females in the borough. Data published for the period 2015-2017 shows that male HLE is 59.7 years and female HLE is 61 years. We are starting to see improvement in closing the healthy life expectancy gap between Barnsley and national averages for males and females. It is hoped that this trend will continue as we have seen a huge reduction in the number of people who smoke and our levels of childhood obesity are one of the lowest in the region.</p> <p>It is important that we continue to monitor this data at an electoral ward and Area Council level to tackle the challenge of health inequalities within the borough.</p>
5.3	With regards to integrated care, system leaders are collaborating to design effective and efficient approaches and are collectively sighted on the enablers such as workforce, assets and IT that will assist us on our journey.
5.4	Whilst Barnsley still experiences significantly high admissions to hospital, Barnsley is recognised nationally for an outstanding record when it comes to delayed discharges of care, with the hospital working hand in hand with social care to get patients discharge and back to their own homes
5.5	The data indicates that there are challenges around inequality, including excess winter deaths, fuel poverty, the number of low income families, workless households and mental health problems – including self-harm.
5.6	<p>Lesson/s Learnt</p> <ul style="list-style-type: none"> • The HWB performance indicators for 'Building strong & resilient Communities' (child excess weight, Utilisation of outdoor space for exercise, children in low

	<p>income families, proportion of workless households, access to dental services, housing affordability, experience with making GP appointments, excess winter deaths and fuel poverty) are not seen as a good match for the priority remit.</p> <p>Recommendations (agreed):</p> <ul style="list-style-type: none"> • The HWB have agreed to use the Barnsley ICOF as a tool to assess improvements in population health, health inequalities and service integration.
6	HWB Work Programme
6.1	Since October 2016 when the current Health & Wellbeing Board Strategy was launched, there has been 17 HWB meetings, including 4 development sessions and 27 SSDG meetings.
6.2	<p>A breakdown of the HWB work programme is provided in Appendix 3. This report reflects that:</p> <ol style="list-style-type: none"> I. The HWB has spent a significant amount of time on core functions, such as reviewing terms of reference, receiving and responding to public questions, considering support strategies and receiving regular updates on the HWB Action Plan. II. The priority that has dominated the time in meetings is ‘focusing on the areas of greatest need/creating new ways of working’. This priority is concerned with developing the integrated care system regionally and locally. It captures Barnsley journey from Integrated Care Pioneer, through to our approach for the Better Care Fund and the consideration of an Accountable Care Partnership through to Integrated Care Partnership. It also encompasses shared IT and digital development from our local digital road map. This agenda has now been taken up by the Integrated Care Partnership Group. III. A good proportion of time has been spent on the priority of ‘making prevention everybody’s business’ with the HWB receiving the annual Director Public Health Report and being consulted on related public health strategies and plans. The system wide approach taken to making smoking invisible is often commended and viewed as best practice. IV. The themed priorities of joining up services for older people’ (dementia and falls) and ‘improving early help for mental health’ appear to have received the least amount of attention but these priorities have also featured and will benefit from the overall approach to integrated care.
6.3	During the period (Oct 2016 – Oct 2019) there has been no formal requests made to the HWB by other strategic partnerships, nor any matters escalated. This suggests that the system is confident in addressing concerns and challenges that arise, and that oversight by the HWB is not adding value.
6.4	Since 2019 the required time and space has been created through the introduction of ‘HWB Development Sessions’ for the Board to have in-depth conversations and agree collaborative action against stubborn and persistent challenges. These development sessions have sometimes followed a public meeting, and the transition between public meeting and development session has proved difficult.
6.5	<p>Attendance at the meeting/s is usually high with all partners attending on a regular basis. When members are not able to attend the meeting, a deputy is often assigned to represent the organisation.</p> <p>The arrangement for deputising is set out in the HWB terms of reference:</p>

Each member of the Board will nominate a designated deputy to represent his/her organisation at meetings of the Group when the permanent member is unable to attend. This is to ensure continual and unfettered engagement of all partner organisations in developing a healthier future for Barnsley

6.6 Recommendations:

1. The HWB meeting scheduled can sometimes prove problematic for the CCG Chair (HWB Co-Chair) due to clinical commitments. Likewise, changes in the Integrated Care System have recently resulted in our CCG Accountable Officer not being able to make the current HWB meeting schedule. It is therefore proposed that the meeting dates from 2020 onwards are changed to a more suitable day and time. Preliminary checks have been undertaken and the proposed changes are:

Current date/time	Proposed date/time
Tuesday 28th January, 4pm	Thursday 23rd January, 2pm
Tuesday 7th April, 4pm	Thursday 23rd April, 2pm

2. At the HWB Development Session in January it was agreed to reduce the role of SSDG to enable a greater role to be taken by the HWB. SSDG therefore moved from a monthly meeting to a bi-monthly meeting, alternating with the HWB. The development of the Integrated Care Partnership, including the Integrated Care Delivery Group and the Neighbourhood Oversight Group, the role for SSDG is further reduced. It is therefore recommend therefore that the role of SSDG continues to evolve as an informal strategic support function that supports the HWB.
3. As the landscape for integrated care continues to evolve, it will be important to review the connections/relationship with the HWB.
4. HWB Development Sessions are held as separate meeting from HWB public meeting. This will allow HWB Development to have a single focus and greater time for in-depth discussion.
5. The HWB Development be facilitated and extended to provide sufficient time for in-depth discussion regarding the forward plan for the HWB. Meeting frequency and structures will be considered at this session on 26th November and it is recommend that the session run from 2 – 5pm.

7. Evidence of need / Link to Joint Strategic Needs Assessment

7.1 The JSNA is an essential building block of the Health & Wellbeing Board Strategy

No single document that can summarise the JSNA; therefore the JSNA has been developed as an online resource initially as part of the Council's website. The JSNA will be made live on the Council's website following its approval at the 8th October 2019 Health and Wellbeing Board meeting.

The JSNA is structured into the following ICOF key domains:-

- Overarching objectives
- Lifestyle and wider determinants
- Resilience and emotional wellbeing

	<ul style="list-style-type: none"> • High quality coordinated care • Improving quality of life • Other supporting indicators related to population and deprivation <p>The narrative and data is presented in a number of topic based profiles explaining why the issue is important, the Barnsley picture and how we compare, what we are doing, the assets or services and links to resources and supporting documents.</p> <p>Alongside this a summary of the intelligence will be created to establish key facts about people's health and wellbeing in Barnsley.</p>
8.	Link to the Health & Wellbeing Strategy and/or Barnsley Place Based Plan
8.1	The review of the HWBS 2016-20 will help to inform the style and approach for the next HWBS, considering the lesson learnt to date.
9.	Stakeholder engagement/ co-production
9.1	Information contained in this report has been provided by SSDG and wider partners across the system with responsibilities for individual programmes and pieces of work. The information therefore in this report is entirely dependent on the information shared, and therefore may provide a snapshot rather than holistic picture.
10.	Financial Implications
10.1	No financial implications
11.	Conclusion/ Next Steps
11.1	A HWB development Workshop is scheduled to take place on Tuesday 26 th November and will be facilitated by the LGA.
11.2	The future HWB Strategy will need to connect with the Barnsley 2030 Strategy. Work is underway to consult with partners and residents on the Barnsley 2030, with a view to launching the strategy in early autumn 2020.
11.3	The HWB Strategy will therefore need to follow in late 2020.
	HWB Terms of Reference were updated in April 2019 to reflect the above, but they were not finalised. The Terms of Reference will be finalised once the HWB vision and forward plan is agreed.
12.	Appendices / Background Papers
	Appendix 1: Health & Wellbeing Board Action Plan Highlight Report Appendix 2 Health & Wellbeing Board Performance Report Appendix 3:HWB work programme (2016-2019)
13.	Date of Report 19/09/2019