

MEETING:	Overview and Scrutiny Committee - Full Committee
DATE:	Tuesday, 27 April 2021
TIME:	2.00 pm
VENUE:	Held Virtually

MINUTES

Present

Councillors Ennis OBE (Chair), Bowler, Carr, Clarke, Fielding, Frost, Gillis, Gollick, Green, Hayward, Hunt, W. Johnson, Leech, Lofts, Newing, Noble, Richardson, Smith, Tattersall, Williams, Wilson and Wraith MBE together with co-opted members and Ms. G Carter

10 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.

11 Declarations of Pecuniary and Non-Pecuniary Interest

Cllr Ennis declared a non-pecuniary interest in Minute No. 13 as he is a Non-Executive Director of Barnsley Healthcare Federation. Cllr Ennis vacated the Chair for discussion of this item.

Cllr Newing declared a non-pecuniary interest in Minute No. 13 as she is employed by the NHS.

Cllr Tattersall declared a non-pecuniary interest in Minute Nos. 13, 14 and 16 due to her membership of the Corporate Parenting Panel, the BPL Board and Berneslai Homes Board.

12 Minutes of the Previous Meetings

The minutes of the following meetings were received and approved by Members as a true and accurate record:

Full Committee held on 12th January, 2021; Thriving and Vibrant Economy Workstream held on 9th February, 2021; People Achieving Their Potential Workstream held on 9th March, 2021; Strong and Resilient Communities Workstream held on 23rd March, 2021.

13 The Development of Integrated Care in Barnsley

Cllr Tattersall took the position of Chair for discussion of this item. Members were invited to consider a report of the Executive Director Core Services and the Integrated Care Partnership in respect of the development of Integrated Care in Barnsley. The report provided an overview and update in relation to the development

of Integrated Care in Barnsley and included the impact of the COVID pandemic on partnership arrangements, and the opportunities presented by the Government's recent white paper "Integration and Innovation: Working Together to Improve Health and Social Care for All".

Cllr Platts introduced the item and extended thanks and appreciation to health and care colleagues who had been providing compassionate care, collaboration, dedication and had demonstrated great courage during the challenges faced by Barnsley people during the ongoing pandemic.

The following witnesses were welcomed to the meeting:

Adrian England, Chair, Healthwatch Barnsley

Jeremy Budd, Director of Strategic Commissioning and Partnership, Barnsley Clinical Commissioning Group (CCG)

Julia Burrows, Director of Public Health, Barnsley Metropolitan Borough Council

Dr Mehrban Ghani, Chair, Barnsley Healthcare Federation, Accountable Clinical Director, Barnsley Primary Care Network, and GP Partner at the White Rose Medical Practice

Dr Richard Jenkins, Chief Executive Officer, Barnsley Hospital NHS Foundation Trust
James Barker, Chief Executive, Barnsley Healthcare Federation.

Gill Stansfield, Deputy District Director and Clinical Transformation Lead, Barnsley General Community, South West Yorkshire Partnerships NHS Foundation Trust

Wendy Lowder, Executive Director Adults and Communities, Barnsley Metropolitan Borough Council

Cllr Platts, Cabinet Spokesperson - Adults & Communities, Barnsley Metropolitan Borough Council

Jeremy Budd introduced the report, outlining the development of Integrated Care in Barnsley; the experience of working in a pandemic and lessons learned; the implications of recovery in terms of services to local communities and the development of a place-based plan for 2021/22. It was highlighted that involving communities in the principles of integrated care is key and considerable community conversations have taken place. Formal partnership structures were outlined along with the proposed legislation route map with legislation planned to be in force by April 2022.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

Dr Mehrban Ghani reassured Members that GPs had been providing an ongoing service throughout the pandemic. Demand had increased exponentially, particularly in terms of Mental Health and chronic physical health conditions, with a 25 to 30% increase in demand for Mental Health. Physical access to services has changed due to Covid and the need to keep both staff and patients safe. A telephone triage consultation service is being used for patients, with face to face consultations available where this is needed. Vaccinations and smears paused temporarily for a couple of months but now smears, chronic disease management, childhood immunisations are continuing as normal. The only work which ceased but is now restarting is preparation of insurance reports. GPs are working with hospital colleagues around reinstatement of outpatient services, planned care and operations

and how GPs can help with this while patients are still waiting. Dr Ghani himself has only taken 5 days annual leave in the last 14 months.

Good progress has been made in removing obstacles which prevent Health and social care integrating still further and this has been helped by the close collaborative working during the pandemic, using a team approach to deliver targets and improved outcomes despite subtle organisational differences.

Effective staff and public engagement has taken place to shape Integrated Care. Staff and the public were engaged using a neighbourhood teams approach focussed on 6 localities and very productive consultation took place. Lots of work was done in the Dearne with health and care professional staff to establish the needs of people in the Dearne which then fed into the work being done by the Integrated Wellbeing Team and supported by community researchers to ensure 'bottom-up' engagement continues to take place. This will be replicated across the Borough as Barnsley moves forward and into recovery.

Healthwatch has a statutory duty to consult with the public and to use those views to drive forward change where necessary. Wide consultation with local people has taken place around the Integrated Care process despite being unable to do normal face to face consultation. Social media and other digital communication has been used, albeit with some technical problems, and views fed into the Integrated Care Development Group.

There is a slight misalignment in terms of Local Authority Ward and health boundaries. It was explained that efforts had been made to match the areas of the 6 neighbourhood teams with the boundaries of the Area Councils, with some success. Problems have arisen due to the growth in health services over the last 50 years in Barnsley and the need to revert to area catchment lists, which don't align to Area Councils at all. However, teams in localities know each other and work closely and collaboratively with each other across the perceived boundaries.

Members expressed concerns that not all sectors within the community can access health services digitally. It was acknowledged that there is a lot of work to be done around digital inclusion and developing people's digital skills and the Council is developing its Digital Strategy, with a focus on digital inclusion. The NHS England digital platform will be expanded, with plans for development of a shared care record across health and social care. NHS England stipulates that patients must be able to access their records online, book appointments etc., and this is what GPs must provide. However, GPs must still provide a telephone service for those who cannot use digital services, and physical face to face access for some individuals. Lessons have been learned throughout the pandemic in terms of individual needs but the Department of Health needs to be made aware of the difficulties faced by some individuals.

In terms of hospital treatment backlogs, Dr Jenkins explained that because of the pandemic it had become necessary to focus on sick Covid patients, highlighting that in November, Barnsley was the most severely affected hospital in the country in terms of Covid. Prior to Covid, Barnsley had some of the lowest waiting times in the country. However, waiting times have increased and at the end of March there were 267 patients waiting over 52 weeks for operations. This is still a better performance than the other South Yorkshire Trusts due to being in a good position before Covid.

It is a national and local priority to get up to 70% of baseline activity this month and up to 85% over the next few months. At this stage, 100% performance is not possible due to working practices associated with Covid (social distancing, PPE etc). There is an elective 'hub' across South Yorkshire, with Trusts supporting each other to get waiting times down across the whole system.

Purpose of integrated care is to deliver better outcomes for the people of Barnsley. One of the many improvements which is in development with a wide range of partners is around patients being discharged back to their own homes with community and friends around them. This is being achieved more and more. There are many ways to measure performance and deliver improved outcomes as a single health partnership for the people of Barnsley. An integrated outcomes framework was developed in 2019 with associated measures and targets. One of the key pieces of work to be done collectively over the next couple of years will be to look at reducing health inequalities as a partnership.

There has been a large increase in demand for primary care services throughout the pandemic, particularly in terms of mental health. The 'daily life' consultation which took place in November demonstrated that although the community is resilient and has shown a real depth of community spirit, people are anxious about the pandemic, the isolation and other worries which have impacted negatively on their mental health at this time. Lessons learned from this will be taken forward within the Integrated Care Partnership.

The Long Covid Clinic has been set up in Barnsley and is run by the Federation. This service has had to be developed quickly and not much is known about the illness and long-term implications as yet. The clinic is staffed by a GP and further tests with input from specialists will be undertaken as the service evolves. The illness appears to affect individuals in many different ways and guidance as to how best to manage it will need to be developed. At the moment, social and mental health and pain relief is provided but there are large numbers of people who may not as yet be in contact with the Clinic or with Primary Care.

It has been a very challenging time for all organisations involved in the partnership and time is needed to rest and recover. Nonetheless, the Health and Care Plan is being developed and this will be brought to Cabinet in due course. Capacity to deliver some of the planned changes will be assessed, at the same time as ensuring that patients continue to be seen and treated as quickly as possible whilst still in a pandemic. Energies are currently being focussed on transformation and developing the partnership over the coming months. Barnsley is working hard to get a fair share of the Elective Recovery Fund and is working with partners across the ICS to get the right level of resources. One of the challenges is around thinking about what staff have been through over the last year and their capacity to continue working at this level while developing the partnership and the associated challenges.

RESOLVED that:

- (i) Witnesses be thanked for their attendance and contribution and for giving up their valuable time during this challenging time;
- (ii) Thanks be expressed to all NHS and Council staff for doing an incredible job during these unprecedented times;

- (iii) Data relating to the rise in demand for Mental Health services be provided to the Committee;
- (iv) Data relating to Long Covid be provided to the Committee
- (v) If Members have further questions these should be forwarded on to Wendy Lowder and a written response will be provided in due course.

14 Children's Social Care Performance

Members were provided with a redacted version of the Children's Social Care Performance Report, for information only.

RESOLVED that the report be noted.

15 Exclusion of the Public and Press

RESOLVED that the public and press be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

16 Children's Social Care Performance

Members were invited to consider a cover report relating to Children's Social Care Performance in relation to the Data Report and the Explanatory Document.

Debbie Mercer, Service Director Children's Social Care & Safeguarding, BMBC, was welcomed to the meeting. It was highlighted that this is a very positive report and good performance has been maintained in the majority of areas throughout the report.

Discussions took place around a number of areas including:

The number of children 'Missing from Care' has increased. Members were reassured that when this happens the children are always interviewed to try and find out why this has happened and what support can be put in place to prevent reoccurrence.

Dental appointments are prioritised for Children in Care and any child requiring treatment has received it.

Out of Authority Placements, rising caseloads for the Disabled Children's Team, recruitment of foster carers, Section 47 cases, the voice of children in care, accommodation for care leavers and translation services were also discussed.

RESOLVED that Debbie be thanked for her attendance and contribution and the report be noted.

Chair