

**BARNSELY HEALTH AND WELLBEING BOARD  
PROVIDER FORUM**

**Wednesday 12th March 2014**  
10.00 a.m. to 12.00 p.m. Committee Room 2  
Barnsley Town Hall

**NOTES**

**Attendees:**

Andrew Peace	Caremark
Steve Kirk	Rotherham/Barnsley MIND
Gwenne Coltman	Sun Healthcare Ltd
Matt Wright	Barnsley Hospice
Helen Jaggar	Berneslai Homes
Sean Rayner	SWYPFT
Michelle Manners	Mencap
David Peverelle	Barnsley Hospital NHS Foundation Trust
Carolyn Ellis	Voluntary Action Barnsley - Healthwatch
Richard Walker	Barnsley CCG
Christine Walters	Silk Home Care
Scott Matthewman	BMBC
Jennie Pearce	BMBC

**Apologies:**

Ruth Jefferson	BMBC Disability and Provider Services
Jamie Wike	Barnsley CCG
Linda Pattison	Biads
David Whiting	Yorkshire Ambulance Service
Nick Burton	Mencap
Steve Rendi	South Yorkshire Ambulance Service
Karen Biggs	Phoenix Futures
Sharon Clarke	BMBC Disability and Provider Services

**Chair:** Helen Jaggar

**Note Taker:** Linda Hutchinson  
Aimee Wallace

**1 APOLOGIES**

Introductions were made and apologies received and noted.

**2 ACTION POINTS ARISING FROM PREVIOUS MINUTES**

- a) Pg 2: Structure: Scott gave update about the H&WB section of the Council website, work is currently ongoing to make the webpages more interactive in line with other H&WB's. This links to the Communication work which is being led by Sharon Stoltz as H&WB Communications Champion.

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- b) Pg 2: Draft ToR - Scott confirmed the H&WB would receive the minutes of the meetings, along with an annual report from the provider forum - as a minimum. Representatives from the Provider Forum in attendance at the H&WB (Acute and Community Trust) will represent the forum as required at the H&WB. The draft ToR were agreed for the Provider Forum.
- c) Pg 4: Commissioning Intentions: Richard Walker attended on behalf of the CCG, Richard agreed to circulate Jamie Wike's contact details.
- d) Richard agreed to request Jamie provides confirmation of CCG spending and NHS England spending and how this links into joint financial planning under the H&WB.
- e) Pg 4: Market Position Statement: Jennie confirmed following an engagement event with providers and commissioners final amendments had been made to the document. The final draft is currently awaiting approval.

### 3 HEALTH AND WELLBEING BOARD UPDATE

a) **Health and Wellbeing Strategy Refresh and CCG Commissioning Strategy 2014/19**

Scott presented the current working draft of the revised H&WB Strategy and integrated CCG Commissioning Strategy. The draft has been led by the Chief Officer of the CCG and is being refined following engagement with the H&WB. The intention is for the strategy to go the April H&WB and to be signed off as a draft for consultation. At which point the Providers will have the opportunity to comment further.

**Action:** *Scott will ensure that a copy of the draft strategy will be made available at the earliest opportunity.*

b) **Better Care Fund**

Scott informed members that the Government had released details of a £3.8bn national funding pot to integrate Health and Social Care. This was not additional/ new funding therefore discussions were taking place locally to assess what current commitments were and how they would be changed to achieve the ambitions of the Better Care Fund.

The first draft was submitted on the 14 February 2014 with the deadline of the 4 April for a final submission. The H&WB will sign off the plan and oversee governance of the Better Care Fund locally.

**BARNSELY HEALTH AND WELLBEING BOARD  
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Carolyn informed the group, from information gathered it is becoming obvious that people with long term health problems are feeling stranded if they have low level needs as they do not meet certain criteria for support. They feel pressured from all sides around the process of accessing support, and if they could access this support it may stop them getting to crisis point. Low level mental wellbeing was seen as a significant priority.

**b) Caremark:**

Andrew informed the group he felt the eligibility for Social Care support often meant individual received packages of care that were too small, he felt there was additional support carers could provide that would reduce A&E admissions, without this support the person is potentially ending up in A&E. There seems to be more hospital admissions that could potentially be avoided if some support was provided to those individuals with low level needs. Prevention and early intervention is the key.

**c) Barnsley Hospice:**

Matt informed the group that the Hospice is working on two primary leads at the moment, integration and public health. The end of life register needs to ensure good levels of communication and that the standard of care provided is consistent for all patients. The Hospice is working on a volunteering programme that gives a strong public health message through art. This encourages people to think about their responsibilities and life.

**d) Sun Healthcare Ltd - Learning Disability:**

Gwen stated that she works with clients that have a learning disability. Early intervention and individual responsibility are critical for the successful management of clients. Improving knowledge, awareness, ensuring clear understanding and close partnership working across the pathway is essential.

**e) Mencap:**

Michelle informed the group the clients with learning disabilities they support often have mental health issues. They are supported by an LD liaison nurse.

**f) Silk Homecare:**

Christine informed the group they have built a Care Home, which is doing well and also have Day Care Services. The demand for daycare has not been as significant as was anticipated.

**g) Mind:**

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Steve report that Mind have opened a new service 197 Sheffield Road, which is single occupancy accommodation predominantly for people with mental health issues, however demand has not been as high as was anticipated. They have had many enquiries from Learning Disabilities and Substance Misuse, but not from Mental Health Services.

Steve reported they are facing challenges with clients that have a dual diagnosis, i.e. Learning disability and substance misuse. Steve reported significant benefits of joint working.

### h) **Berneslai Homes:**

Helen stated that there seems to be an emerging trend of low level mental health needs, this is raising issues for clients as circumstances start to breakdown.

#### **Key Messages:**

- Early Intervention / Prevention
- Pathway and Dual Diagnosis
- Emerging demand for low level Mental Wellbeing Support.
- Community Support to reduce hospital admissions
- Data Intelligence/ gathering data - sharing data and accessing information, care agencies could signal deterioration quicker to prevent hospital admissions.

Sean requested that agencies share details about numbers, to quantify the information.

## 5 **SOUTH WEST YORKSHIRE PARTNERSHIP FOUNDATION TRUST UPDATE**

- a) Sean informed the group that SWYPFT have an overall budget of £220million, they employ 4.5 thousand staff, as a member organisation they have 16.5 thousand members. £87 million of overall funding is for Barnsley, received from 11 difference commissioners. They provide Community Health, Mental Health, Primary prevention services and transformation. They are facing challenging times as they are required to achieve a 5% reduction each year, whilst continuing to deliver and improve on current services.

To identify and deliver change, services have been working with partners and undertaking a range of public engagement events.

Autumn events gave clear feedback, focusing on these themes:

- Services keep individuals at the centre, ensuring people take charge of their care.
- Increase use of technology - online information.
- Working together better.
- Support should be available asap, to prevent ongoing referrals through agencies and to improve awareness of access to services.
- Choice should be clear to professional staff and service users.
- Support should be available for families and carers.

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Partners need to work effectively together, ensuring consistency in service and information.

To support individuals to be more aware of what is going on and who can support them.

**Action:** Jennie to ensure all agencies are aware of 'Connect to Support' the BMBC online directory of services.

**Action:** Mapping of SWYPFT provision to be considered on the directory of groups and activities.

### 6 BARNSELY HOSPITAL NHS FOUNDATION TRUST UPDATE

- a) David reported that the Acute Trust is the 2nd largest employer in Barnsley with 3000 employees and a £150M budget. They are regulated by Monitor. The Trust is currently producing a 2 year operational plan and 5 year strategic plan and are active members of the H&WB.

David reported a series of challenges:-

- Managing the Transition
- Pace of change and rising demand
- Service specifications - national requirements
- Technology and systems
- A&E attendance - 160 previously to an average of 260.

A general discussion ensued on the reporting in to and out of the H&WB it was agreed that Sean and David would report progress into the H&WB and be the conduit between the two groups. Helen, as Chair would present the Annual Report to the H&WB.

### 7 AGENDA PLANNING FOR THE NEXT FORUM

- CCG Budget - Request Jamie Wike provide details of expenditure (June)
- Changes with CQC Standards- (September)
- Market position statement (Jennie to present completed document) (June)
- H&WB Strategy. (Standard item)
- Stronger Barnsley Together.
- Pressures around Care Bill.
- Public Health Agenda
- Provider Update – it was agreed providers would be requested to send a short update by email in advance of the meeting plus a request for any agenda items.

**Action:** All to note.

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**8 ANY OTHER BUSINESS**

- a) Gwen asked about the changes to CQC Standards and what the impact will be for providers. It will be decided if this is to be on the September Agenda.

**Action:** All to note

**9 DATE & TIME OF THE NEXT MEETING**

**Day:** Wednesday  
**Date:** 11th June 2014  
**Time:** 10.00 - 12.00pm  
**Venue:** Town Hall - Meeting Room 2

**Chair:** Helen Jaggard  
**Note Taker:** Aimee Wallace

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