

Health and Well Being Provider Forum

Minutes of the meeting held on Wednesday 9th December 2015

Present:-

Helen Jaggar	Berneslai Homes (Chair)
Sean Rayner	SWYPFT
Kevan Riggett	BPL
Sharon Clarke	BMBC
Sam Higgins	Phoenix Futures
Andrew Peace	Caremark
Sharon Brown	DIAL
Carolyn Ellis	Healthwatch
Teresa Gibson	VAB (Social Prescribing Service)
Nigel Middlehurst	VAB
Phil Parkes	SYHA
Anne Simmons	Alzheimer's Society
Richard Walker	TLC
Pauline Kimentas	Age UK
Jamie Wike	CCG
Jayne Hellowell	Healthy Communities BMBC

<u>Item 1 – Apologies</u>	<u>ACTION</u>
Apologies were received from Jo Clark, CAB and Matt Wright, Barnsley Hospice.	
<u>Item 2 – Minutes of the meeting held 9 September, 2015</u>	
The minutes were agreed as a true and accurate record.	
<u>Item 3 – Matters Arising</u>	
<u>Item 3 Health and Wellbeing Board 12/8/15</u> - With regard to Pioneering Status HJ stated she feels further information is not required, as the information being provided today on the Stronger Communities Partnership Governance Framework would cover this item.	
<u>Item 4.2 – Frequent Flyers</u> - HJ advised the Safeguarding Policy would be a future agenda item once finalised.	
<u>Item 5 – Sport and Active Lifestyle Strategy</u> – SB advised the information she shared with Adam Norris was the intelligence gathered on people getting active. PK advised she had also shared the evaluation programme they carried out on designing physical activities for older people.	

<p><u>Item 6 – Forum Value Set</u> – SR advised he had circulated the value set. The meeting confirmed their agreement to these.</p> <p><u>Item 7 – Future Agenda items</u> – HJ referred to the comment made at the last meeting of the importance of CCG and the Council attending future meetings. HJ advised CCG and the Council do not have the capacity to attend and the link is via the Senior Strategic Development Group which HJ and SR attend.</p>	
<p><u>Item 3 – Health and Wellbeing Board</u></p> <p>Since the last meeting of the Forum, 2 Board meetings have taken place:-</p> <p><u>13/10 Meeting</u> HJ reported that the main items presented were:</p> <ul style="list-style-type: none"> - Annual Report from the Safeguarding Children’s Board - Report for providers on female genital mutilation in Barnsley - Better Care funding budget - Detailed report of winter deaths - Action plan focussing on elderly people keeping warm, vaccinations, trips and falls <p>The reports discussed are on the Council website to view.</p> <p><u>8/12 Meeting</u> SR reported on the areas of discussion:-</p> <ul style="list-style-type: none"> - The main item was the Public Health Strategy for Barnsley. J. Burrows provided a presentation. This covered 3 key areas – improving oral health, creating a smoke free generation, increasing the levels of physical activity (report on Council website). A support action plan will be developed for each of these priority areas. He said he would like to pursue how providers get involved and what is the expectation. It was agreed to invite Julia Burrows to the next meeting. - Hospital patient flow. - Better Care Fund Budget - Feedback was presented from the Board Development Session. - Update given on the Sheffield City Region devolution deal. 	<p>HJ</p> <p>HJ</p>
<p><u>Item 4 – Strong Communities Governance Framework</u></p> <p>Jayne Hellowell updated the Forum on the governance framework (slides attached).</p> <p>The main focus of discussion was on the 3 new delivery groups - Resilient and Healthy Communities, Anti Poverty and Early Help (2 Steering Groups, one for adults and one for Children and Families).</p>	

JH gave a brief summary of each of the groups, all which are at different stages. Partners across Barnsley will be involved.

Resilient and Healthy Communities – Volunteering Barnsley, Love where you live are involved. Important to capture what is good and what improvements can be made. Will be working on solutions to enable transformation in Barnsley.

Lead Officer – Phil Hollingsworth

Anti Poverty – This is a well functioning group with an action plan already in place. Targets/outcomes still to be developed. Good multi-agency working taking place.

Lead officer is Anne Hoyland. Chair – Councillor Platts

Early Help Adults – This originates from the Think Family work flow. Focus is on early interventions, preventing homelessness, sexual violence etc and dealing with issues at a lower level. This group has not yet met.

Lead Officer – Tony Dailide

Early Help Children and Families - Key priority is around identifying at an early stage where things are going wrong so that solutions can be put in place. This group has its first meeting in December. Sure Start will be in attendance. To note is that the de-commissioning of the Think Family Board will not be occurring imminently.

Lead Officer – Nina Slater

Some members of the Forum expressed an interest in being involved on the groups. HJ requested expressions of interest be directed to JH.

HJ requested JH to ask each group how they intend engaging with providers and If discussing specific issues who are they going to consult with?

Assistive technology was discussed. It was felt there could be a lack of knowledge in this area as many advancements have been made. Felt this needs to be embedded, suggestion made to include in assessment criteria and tendering documents.

As the partnerships members are mainly health and BMBC it was also suggested that different groups need to be involved who could provide a different view. SR to take through 7 day service task group and involve a care provider.

SR

<p>The Forum requested an action plan for each task group be presented to future meetings. HJ to liaise with JH</p>	<p>HJ/JH</p>
<p><u>Item 5 – Better Care Fund Presentation</u></p> <p>JW presented the information which had been circulated. This shows performance in Quarter 1, April to June 2015. September’s information is now known, showing a worse position in respect of emergency admissions.</p> <p>The key points were summarised.</p> <p>The performance payment elements with regard to reducing emergency admissions and reducing the number of emergency (none elective) admissions have not been met, therefore no performance payments have been received. There has been a significant increase in non-elective admissions than in 2014/15</p> <p>With regard to how the fund was allocated, the £439K shown against supportive technology development was utilised to purchase beds in care homes.</p> <p>He advised that £18M of health funding is pooled, including money top sliced from the NHS. This is transferred to local authorities to deliver services for vulnerable people, with better outcomes . A significant proportion of services are commissioned by BMBC.</p> <p>BCF will continue into 2016/17, but guidance is awaited. He referred to the Spending Review which identified £1.5bn of extra funding being made available, some of which will be new money. It is not yet known when this will come into the system and it could be 2017/18.</p> <p>RW expressed concern with regard to the lack of communication of the Better Care Fund to providers. The Forum acknowledged that Care Homes play a significant role in reducing attendance and admissions, and it is important that conversations on how they can get involved commences. HJ advised that questions had been raised at the SSDG on Care Home involvement. CCG has funded additional social works to support discharge, however this may not be successful if Care Homes do not have their processes in place, through lack of communication.</p> <p>HJ /SR recommended that SSDG be made aware that there are people of the Forum who have solutions/ideas and need to be involved.</p>	<p>HJ/SR</p>

<p>PP made reference to patient flow data. SR agreed that data needs to be circulated wider so that work is not taking place in isolation and link into 7 day service task group.</p>	<p>SR</p>
<p><u>Item 6 Health Watch Barnsley Annual Report</u></p> <p>CE Circulated the Annual Report and gave an overview of the service.</p> <p>Barnsley Healthwatch has 2300 members of these 700 are children and young people. There are 32 active volunteers. The Strategic Officer is responsible for directing the work. DIAL carry out the independent complaints and advocacy service.</p> <p>Priorities for 2015/16 include:-</p> <ul style="list-style-type: none"> • expanding the programme, • developing health watch champions, • looking at opportunities to create funding, • working in partnership with the Social Prescriptive Service, • GP access, • asylum seekers – working with 360 Engagement to hold an event to look at issues, • children/adolescent mental health services <p>With regard to the data collected. This is passed on to relevant providers. If anyone requires data this can be requested from anyone in the Healthwatch Team.</p>	
<p><u>Item 7 – Social Prescribing Project Update</u></p> <p>TG provided an update on the work this pilot service has been carrying out.</p> <p>3 surgeries are involved, Walderslade, Hoyland which is also the flagship, Royston and Woodland Drive, Barnsley.</p> <p>Walderslade is working well, with 5 GP's and community nurses making referrals. Key to the success is a good contact communications worker. Royston and Woodland Drive are just starting to make their referrals. Barnsley Hospice have expressed an interest in being involved.</p> <p>There have been 26 cases, 11 of which are ongoing. Some cases have also been closed.</p> <p>The process was outlined on what occurs once a referral has been made i.e. visiting the client, follow up, research, regularity of visits etc.</p>	

<p>A meeting has taken place with BMBC Area teams which has proved beneficial as they are more aware of what is taking place in the communities and a good working relationship exists</p> <p>AS said the Alzheimer's Society would be interested in using the service. TG agreed to attend the Dementia Strategy Meeting.</p> <p>The service was a 12 month pilot to January 2016, funded by CCG. There is a will to continue and expand and this is being looked into, together with the most appropriate model for Barnsley. PP advised he had experience of the Doncaster Social Prescribing Service and could provide thoughts and ideas if required.</p>	<p>TG</p>
<p><u>Item 8 – Task Group Updates</u></p> <p><u>8.1 Health and Housing</u></p> <p>HJ advised this group has been recently formed. One meeting has taken place, where they discussed the inequalities in health and housing, predominantly in the private rented and owner occupied sector. Attendees are PP, HJ and representatives from Housing Support, Energy and Public Health. They will be focussing on fuel poverty and hope to take a report to the Health and Wellbeing Board and Strategy Housing Partnership Board.</p> <p><u>8.2 7 Day Service</u></p> <p>JW reported that an initial meeting had taken place. They have mapped out where there are 7 day services in place in relation to emergency/urgent care. Different services have been identified, some very limited in capacity. Information to be fed back to SSDG. They have also done work around of how effective those are that do not have a 7 day service and an update will be provided at the next meeting. JW/SR to discuss how links can be made with area providers (see item 4 and 5).</p> <p><u>8.3 Frequent Flyers</u></p> <p>PP attended the meeting which was mainly focussed on enforcement. Does not feel it necessary to attend every meeting. Information may come through via patient flow. PP to liaise with Darren Taylor on the VAB Social Prescribing service. I</p>	<p>JW/SR</p> <p>PP</p>

Item 9 – Future Agenda Items

1. Safeguarding Policy
2. Stronger Communities Partnership Task Groups
 - Anti Poverty (March)
 - Early Help Children and Families
 - Early Help Adults
 - Resilient and Healthy Communities
3. Public Health Strategy Presentation (Julia Burrows)

2016 Dates:-

9th March 10 a.m. Meeting Room 1 Town Hall
15th June 10 a.m. “ “ “
14th Sept 10 a.m. “ “ “
7th Dec 10 a.m. “ “ “