Health and Well Being Provider Forum

Minutes of the meeting held on Wednesday 9 March 2016

Present:-

Helen Jaggar Berneslai Homes (Chair)

Sean Rayner SWYPFT

Sam Smith Millenium Care Rachel Blackburn Millenium Care

Andrew Peace Caremark
Carolyn Ellis Healthwatch

Jo Clark CAB Rebecca Clark BMBC

Andrea Hoyland BMBC (attended for Item 4)

<u>Item 1 – Apologies</u>	ACTION
Apologies were received from P. Parkes, SYHA, R. Walker, TLC, P. Kimantas, Age UK, J. Ferry, Barnsley Hospice, K. Kelly, Barnsley Hospital, A. Simmons, Alzheimer's Society, S. Clarke, BMBC, K. Riggett, BPL.	
Due to the low turnout it was agreed that HJ e mail members of the forum to encourage attendance at future meetings.	HJ
<u>Item 2 – Minutes of the meeting held 9 December, 2015</u>	
The minutes were agreed as a true and accurate record.	
<u>Item 3 – Matters Arising</u>	
<u>Item 4 – Strong Communities Governance Framework</u> – the action plan from each new task group under this framework to be scheduled for presentation to future meetings of the forum. HJ to co-ordinate.	нЈ
Item 5 - Better Care Fund Presentation – HJ/SR had raised at SSDG that there was an opportunity for the Better Care Fund to engage with providers and that members of the forum were keen to be part of any debate.	
Item 7 - Social Prescribing Project Update – HJ reported that CCG are to commission a borough wide scheme. The contract is due to commence in September 2016. Agreed therefore HJ invite Lisa Watkins, lead officer, to the June meeting of the Forum to share the final model and consider how the forum can act as a sounding board in terms of its implementation.	НЈ

It was not known whether TG (VAB – Social Prescribing Service) had attended the Dementia Strategy meeting however CE reported that TG was leaving her post at the end of this month and agreed therefore to follow this up.

CE

<u>Item 8.3 Frequent Flyers</u> – as PP had given apologies it was unclear whether he had followed through on what SYHA were undertaking with Doncaster Council on social prescribing however it was reported that he had attended a social prescribing workshop.

Item 3 – Health and Wellbeing Board

HJ reported on the main agenda items/key points from 2nd February Board meeting:

Better Care Fund – plan for 2016/17. Funding has been agreed. The difference for this year being there are no performance penalties involved.

Anti Poverty Action Plan – presentation given similar to that being presented to the forum today

Sport and Active Lifestyle Strategy – Strategy presented with focus of this around improving physical activity. Identified for Barnsley that 38% of adults classed as inactive. Focus of Action Plan arising from Strategy is to ensure:

- that there is the right physical environment for activity to take place
- looking at how volunteers can get involved
- large employers encouraging their workforce to be fit and active
- raising awareness of activities in communities
- raising awareness that physical activity can improve mental health

Debate took place around the Health and Wellbeing Strategy which is being refreshed. The Strategy to be tabled at the Health and Wellbeing Board when finalised.

Some financial modelling has been undertaken to forecast the future financial gap across all partners. It had been established that by 2021 the funding gap will be £235 m. The significant demands on the system are already known therefore a lot of work has been undertaken by re-visiting systems and pathways. Focus will be on reducing demand on pressure points at GPs/hospital, looking at prevention and trying to get people to have a healthier lifestyle.

<u>Item 4 – Stronger Communities Partnership Task Group – Anti Poverty (presentation by Andrea Hoyland, BMBC)</u>

AH shared the work undertaken by the Anti Poverty Group and outlined the high level drivers within the Anti Poverty Strategy together with the Anti Poverty Action Plan and how this will be progressed. Key to the Strategy is how partners will co-operate and co-ordinate activity to tackle poverty and its impact on Barnsley residents. Issues that influence poverty were highlighted, in particular the connection between poverty and poor mental health and the difficulty people with such conditions experienced in obtaining/sustaining employment. HJ stated that Berneslai Homes were experiencing people leading more chaotic lifestyles with mental health conditions contributing towards this.

Barnsley's ranking of 49th position out of 326 in the revised Index of Mutliple Deprivation was also noted. AH highlighted how poverty is widely recognised as a contributory factor which negatively affects the health and wellbeing, educational outcomes and social opportunities of those affected, in particular the effect it has upon children who grow up in poverty. In order to better understand what living and growing up in poverty in Barnsley is like today for our residents, the Anti Poverty Needs Evidence Base and Key Findings reports were compiled. Together with local insights these have helped to identify local needs associated with poverty. These documents are available at: https://www2.barnsley.gov.uk/media/3774175/pnakey_findings.pdf

Outcomes from the evidence/data gathered and the next steps were discussed by the forum and how providers/partners can contribute into this. The Anti Poverty Action Plan currently being developed, with partner contributions is a practical, task oriented plan which sets out the future joint council and partner activity to combat and tackle poverty in Barnsley. This is a live document detailing activity for the first of the next three years under 4 key challenge areas and will be updated regularly to reflect progress. Additionally an undertaking has been given to evaluate the joint impact on the challenges to understand if the results expected are being met.

The forum asked how the joint impact will be evaluated and if there were any quick wins that could be achieved. AH stated that work was currently at an early stage due to the plan being recently approved. Performance measures have been streamlined and a quarterly review will be undertaken. Activity has taken place under the auspices of the Anti Poverty Board and task group activity is taking place. Positive feedback has also been received from residents on communication. Work is commencing on contract and procurement to ensure that where people procure/issue contracts they are targeted in the right

area and impact positively on poverty.

The forum raised which KPIs will be monitored and how this will be done to ensure that a difference is being made. AH said her personal view was that these would be: skills and employment, access to information around money management and health and child poverty however these were not short term easy wins and required a longer term approach.

The forum raised how the cycle of poverty for areas like Barnsley could be broken e.g. by having the ability to invest/support schools to attract the best teaching staff with required skills. It was felt this also appeared to be the same issue in respect of GPs. The difficulty being in trying to establish the reasons why they would not choose to work in Barnsley. It was felt this issue had been recognised previously and a more radical approach was required to change outcomes. AH said she felt positive things were taking place e.g. there had been significant investment in the education sector. The current plan also differs in that it is a contribution based approach which includes resident engagement with partnership activity underpinning this and a commitment to ensure that the aims and objectives are met. An update will be reported to the Health and Wellbeing Board which will show whether a significant shift is taking place.

<u>Item 5 – CCG Transformation Journey – (Jayne Sivikuma, CCG) -</u> verbal

Item deferred as Jayne Sivikuma, CCG did not attend.

<u>Item 6 – Public Health Strategy</u> (presentation by Rebecca Clark, BMBC)

RC presented the vision set out in the Public Health Strategy the key aims being to improve the health of people living in Barnsley. The Strategy was approved in December and is available on the Council's website. This is the first health strategy for BMBC which details how the Council will address the public health challenges. RC reported that the Council is committed to working with partners to tackle poor health and inequality to ensure that children in Barnsley have the best start in life.

The presentation summarised the key points of the Strategy which identified 4 long term public health outcomes in relation to longer, healthier lives and adopting a more preventative agenda.

In the short term focus will be on: improving the overall health of children' creating a smoke free generation and increasing levels of physical activity. To tackle the issues identified it is intended to focus resources in areas where a significant result can be achieved.

Some progress has been made since the Strategy was approved in that detailed action plans have been produced to document how changes will be implemented within the borough. These are being progressed by BMBC lead public health officers supported by various strategic partnership groups. AH reported that creating a smoke free generation is being supported by the Barnsley Tobacco Alliance Group with a presentation scheduled to the Health and Wellbeing Board in June. RC felt this may be an issue that the provider forum may wish to consider in further detail. Oral health being progressed by the Oral Health Advisory Group to be tabled at the Health and Wellbeing Board in April. The Sport and Active Lifestyle Strategy had been tabled at the Health and Wellbeing Board on the 2nd February 2016.

In respect of next steps the Council are looking to engage with partners to maximise any opportunities to support the initiatives being undertaken. The Council are also looking to maximise links between the Strategy and any other plans/workstreams that are underway. A number of KPIs are to be introduced to monitor the impact, measure performance and demonstrate where a difference has been made.

It was agreed that members of the forum would look to support this and share relevant information with their workforce. Where providers have no direct intervention on particular issues assistance could be given by disseminating information and signposting. HJ requested RC therefore to share with providers any particular campaigns that take place. Providers on the forum, in their capacity as employers, were also committed to ensuring a healthier and more active workforce through the various mechanisms that are underway.

Item 7 - Community Nursing Service Delivery Model (SR) - verbal

SR highlighted the work that had been ongoing in the development of a new service specification for the community nursing service in Barnsley. The service is commissioned by Barnsley CCG and provided by SWYPFT. Delivery of the service against the specification will be on a phased basis from 1st April 2016. SR wished to obtain the view of stakeholders on the shaping of the delivery model therefore it was agreed that this be circulated together with required timescales for comments. SR asked that this also be made available to care providers.

AP asked if any discussions had taken place regarding the medication policy in terms of what medication home care providers can administer. SR said that this was not explicitly covered but needed to be considered and was a good example of issues that partners could highlight where the specification may need revision.

RC

SR

Item 8 - Task Group Updates 8.1 Health and Housing HJ reported that a decision had been taken to focus on fuel poverty. A number of recommendations had been made which could be piloted within localities. GP practices or linked to schemes where people signpost individuals for help and advice eg social prescribing online, Be Well Barnsley. In respect of housing the main issue around fuel poverty was in the private rented sector and home ownership as opposed to social housing therefore looking o identify at the point of assessment the tenure of housing. The task group will pull together a practical report on the ways in which the service could be commissioned differently. It is intended to table this at the Health and Wellbeing Board and the Stronger Communities Partnership to promote the message that housing can make a difference and the need to understand tenure. 8.2 7 Day Service SR/JW reported on the need to ensure that care providers were part of this discussion. SR felt this was progressing with the hospital agenda but not on wider agendas and welcomed any support in this respect. It was felt the forum could write to the CCG Chief Executive to state that the forum had offered to provide views/ideas where a difference could be made. AP agreed to progress this. **AP** Item 9 – Membership It was agreed that Sam Smith and Rachel Blackburn from Millenium Care who had just commenced work in Barnsley join the forum Item 10 - Future Agenda Items 1. Safeguarding Policy 2. Stronger Communities Partnership Task Groups -Anti Poverty (March) - Early Help Children and Families (June) - Early Help Adults (September) - Resilient and Healthy Communities (December <u>Item 11 – Any Other Business</u> i. Stronger Communities Partnership – HJ raised whether the forum wished to have representation at this partnership in their own right. HJ/SR attend representing Berneslai Homes and SWYFT. Agreed it would be beneficial to have a representative and deputy therefore HJ HJ to progress with Chair and Lead Officer of the partnership to advise of

2016 Dates:- 15th June - 10.00, Meeting Room 1, Town Hall, Barnsley 14th Sept - " " " "

the forum's request.