Wednesday 11th June 2014 10.00 a.m. to 12.00 p.m. Committee Room 2 Barnsley Town Hall

<u>NOTES</u>

Attendees:

Sharon Clarke	BMBC
Phil Parkes	Live well
Sam Higgins	Phoenix Futures
Pat Heath	Barnsley CAB
Carolyn Ellis	Voluntary Action Barnsley & Healthwatch Barnsley
Kevan Riggett	BPL & Barnsley LGBT
Steve Rendi	YAS (NHS Trust)
Jamie Wike	Barnsley CCG
Sharon Brown	DIAL Barnsley
Scott Matthewman	BMBC
Helen Jaggar	Berneslai Homes
Michelle Hall	Mencap
Alison Rumbol	BMBC/CCG
Mark McKenning	Caremark Barnsley

Apologies:

David Peverelle	Barnsley Hospital NHS Foundation Trust
Matt Wright	Barnsley Hospice
Diana Gibson	Barnsley Hospice
Pauline Kimantas	Age UK
Michelle Manners	Mencap
Rowena Marshall	Voiceability
Sean Rayner	SWYPFT
Ruth Jefferson	BMBC
Dave White	Caremark Barnsley
Steve Kirk	Mind
Steve Kirk	Mind
Jennie Pearce	BMBC

Chair: Helen Jaggar

Note Taker:

Aimee Wallace

1 APOLOGIES

Introductions were made and apologies received and noted.

2 ACTION POINTS ARISING FROM PREVIOUS MINUTES

a) Pg 5: 'Action - Jennie to ensure all agencies are aware of 'Connect to Support' the BMBC online directory of services.' Details have been distributed with minutes from previous meeting.

3 HEALTH AND WELLBEING BOARD UPDATE

a) <u>Health and Wellbeing Strategy Refresh and CCG Commissioning</u> <u>Strategy 2014/19</u>

Scott confirmed the H&WB Strategy refresh was signed off at the Health and Wellbeing board in June.

The strategy was circulated to attendees before the meeting. Scott provided an overview to the group of amendments from the previous draft. The strategy confirms the direction services are moving in and the key challenges. The key elements of the strategy will be delivered through a number of programme boards. 'Ageing Well' is led by the CCG, 'Promoting Independence' is led by BMBC, mainly Adult Social Services, 'Think Family' is led by Children's Services.

It is acknowledged the language and presentation of this document is for professionals. The intention is for an easy read version to be made available for the general public.

It was noted a number of forums currently operate successfully and can provide a conduit to successful engagement for the Health and Wellbeing board.

Members of the provider forum felt existing groups could be better engaged in establishing priorities, whilst acknowledging this could be difficult as priorities are focus driven.

There is a new Housing Strategy set up for the next 20 years that should be referenced in the Health and Wellbeing Strategy.

Action: Formal comment from this forum to the HWB to request how programme boards intend to communicate with Stakeholders

Action: Agreed to invite set portfolio manager to the next Forum to outline how priorities have been developed and discuss how service providers can help deliver and contribute.

b) <u>Commissioning - Procurement updates</u>

Day opportunity services available to individuals with physical, mental or learning disabilities will require assessed list status in future if funded by BMBC. There is an opportunity open for providers to apply for assessed list status through Yortender. The assessed list will be made available to care managers and service users from 11th August 2014.

c) <u>Clinical Commissioning Group - Planning Process</u>

Jamie updated the group on the budget position for the CCG, over a three year period, there is expected to be a significant gap across the health and care economy.

The CCG budget is currently £360m, the majority of this funding is spent in secondary care, NHS England's budget was £40m for primary care last year. £35m was budgeted for specialised hospital care. NHS England has been asked to provide a more detailed break down of costs.

The CCG's priorities reflect those of the Health and Wellbeing Strategy. Delivering the priorities is achieved through the programme boards. £10m has been set aside for non recurring funds. Ageing well has a budget of £5 per head for people over 75, this equates to around £1.9m. Planned care, unplanned care, cancer and Think Family have a budget of £1m each. Promoting independence has a budget of £500,000. (Urgent care (which sees a surge in winter) has a budget of £2.7m.) The Better Care Fund has a budget of £3.4m, non – recurrent.

Care is to be shifted closer for primary care to develop. The strategy for this is being developed with GP's and there are 3 areas - Workforce, Estates (infrastructure) and IT (better linking).

The next version of the CCG strategy will be complete by 20th June. Over the summer the CCG will be working with providers on mapping and shifting services. The CCG is to make sure that as well as focusing on cost, they are also focusing on quality of care. There is a risk of this shift being felt on carers' or other organisations.

Actions: Jamie to provide a breakdown of services to be commissioned by the programme boards and any opportunities for providers.

Actions: Jamie to confirm equality impact assessments have been undertaken on plans identifying any impact on carers and other organisations.

4 <u>Provider Updates</u>

Discussion took place on low level mental health activity across providers. It was discussed that there is a high percentage of people with disabilities that will also suffer from mental health issues, this is supported by research.

It is a concern that that people could be dropping through the net. Third sector organisations have been affected by the Councils' KLOE's. There has been a minimum of 15% lost on each contract between the Council and third sector organisations. Providers expressed concerns that service users with low level mental health issues have a limited range of services available to them.

Providers have been asked to complete a template document identifying the nature of cases they deal with and the numbers of cases in order to provide evidence of how preventative services could minimise calls on GP and hospital services.

Item 5 Mental Health Commissioning Alison Rumbol – Senior Commissioning Manager for Mental Health services attended the provider forum to update providers on current initiatives.

GP's are concerned that they are treating patients for medical symptoms rather than identifying underlying social issues. The CCG has commissioned a pilot called Wellbeing Navigator Services, Together provide the service in the North, the coordinator is Ella Wilkinson. Mind provide the service in the South, the coordinator is Dawn Roley. The Wellbeing Navigator Services will provide support to GP's to enable patients improved access to Mental Health Services.

SWYPFT are trying to implement a SPA (Single Point Access) to improve access to Mental Health services. This should be available from the 1st April 2015.

Recovery College is a service available to help people with mental health issues to live a normal life, which for some can still mean a life with symptoms.

Third sector organisations are working together on, there is a 'no wrong door approach'. CAB, DIAL, Howells and Age UK, have funding for 2 years to improve access for all.

Action: The low level mental health template is to be resent to all providers to fill in by 10th September 2014.

Action: Alison to send the Mental Health Spectrum to Aimee for circulation

Action: Mental Health Budget - to be confirmed by Alison Rumbol

Action: Dan Carver to be invited to the next meeting

6 Better Care Fund

The national budget for this is £3.8bn. This is not new funding it is already committed and requires a change in current service delivery to achieve savings in acute settings to provide funding for non acute services.

Plans were submitted on 4th April 2014 further work is anticipated over the summer.

Discussion took place around how providers can assist, should they remodel their service offer to try and reduce acute activity? Providers asked what analysis is available from the CCG around repeat patients or treatment areas which would allow providers to understand the key areas to be considered for service remodelling. For example – would commissioning home assessment visits help reduce trips and falls, would commissioning healthy eating and support prevent obesity, would GP social prescribing a community activity help prevent loneliness and depression.

Action: An update to be brought to the next meeting.

7 AGENDA PLANNING FOR THE NEXT FORUM

- Dan Carver Stronger Barnsley Together
- DIAL Barriers around being healthy

Action: All to note and action as required.

8 ANY OTHER BUSINESS

9 DATE & TIME OF THE NEXT MEETING

Day:	Wednesday
Date:	10th September 2014
Time:	10.00 - 12.00pm
Venue:	Town Hall - Meeting Room 2

Chair: Helen Jaggar Note Taker: Aimee Wallace