Wednesday 10th September 2014

10.00 a.m. to 12.00 p.m. Committee Room 2 Barnsley Town Hall

NOTES

Attendees:

Helen Jaggar Berneslai Homes

Phil Parkes Live Well

Sam Higgins Phoenix Futures

Carolyn Ellis Voluntary Action Barnsley & Healthwatch Barnsley

Kevan Riggett BPL & Barnsley LGBT

Jamie Wike Barnsley CCG

Scott Matthewman BMBC

Mark McKenning Caremark Barnsley

Dan Carver BMBC
Tracy Watson Voiceability
Pauline Kimantas Age UK Barnsley

Sean Rayner SWYPFT
Ruth Jefferson BMBC
Steve Kirk Mind

Apologies:

Pat Heath Barnsley CAB

Michelle Hall Mencap

Matt Wright Barnsley Hospice

Jennie Pearce BMBC

Chair: Helen Jaggar Note Taker: Aimee Wallace/Sarah

Drury

1 APOLOGIES

Introductions were made and apologies received and noted.

2 ACTION POINTS ARISING FROM PREVIOUS MINUTES

a) Pg 2: SM advised that it is agreed the Provider Forum minutes will be taken to the Health and Wellbeing Board for information/ action. Any pertinent points will be raised. In addition the chair is invited to submit a 6 monthly report to the Health and Wellbeing Board of progress and key discussion points.

Pg 2: 'Action – Formal comment from this Forum to the HWB to request how programme boards intend to communicate with Stakeholders.' Dan Carver is in attendance at the meeting to update on the work of the programme boards.

Pg 3: 'Action – JW to provide breakdown of the priorities for each programme board and other areas of the CCG for development during 2014/15 and 15/16. JW spoke to JP after the previous meeting and provided information in relation to emergency admissions and attendance at A&E to JP, this data is to be circulated to the Forum in anticipation of the next meeting.

Pg 3: 'Action – JW to confirm equality impact assessments have been undertaken on plans identifying any impact on carers and other organisations.' JW confirmed each scheme has an equality impact assessment and the issue with carers has been raised.

3 HEALTH AND WELLBEING BOARD UPDATE

a) Health & Wellbeing Strategy

SM stated that the H&WBS has been formally signed off and clearly sets the strategic direction across the health and care community. The H&WB are in the process of developing a Medium Term Financial Strategy to understand the individual agency pressures and ensure the best use of the Barnsley pound – to ensure a safe and sustainable system.

As part of a broader transformation journey the BCF (covered later) and some activity and financial modelling is taking place to assess the system impact of proposed schemes and intervention, set within the context of strategic planning and systems change required locally.

The Provider Forum is in a unique position, in that it is a different vehicle to the programme boards and thematic groups under the H&WB. It is important the forum maximises this position and a key role over the coming period is its work to contribute to the achievement of BCF ambitions.

b) Better Care Fund

SM and JW gave an update on the BCF. The submission deadline is the 19 September and the H&WB has to sign off the plan. The drive for the BCF is now clearly focused on a reduction in emergency admissions, although there remains a need to maintain focus on other measures as well including reducing permanent admissions to residential care, reducing delayed discharges, reablement and user experience. All schemes have to demonstrate how the will impact upon one of the BCF metrics. Barnsley are setting the BCF in the context of the broader transformation of health and care of which the BCF is one element.

It was felt that a particular focus for the Forum was understanding the current position around emergency admissions, JW agreed to share the current performance, with a view to identifying how providers can support a reduction over the next period.

Action: JW to share the emergency admissions performance position and a significant proportion of the next agenda be dedicated to what role providers can play in a reduction in emergency admissions.



c) Clinical Commissioning Group

JW gave an update on the work of the CCG.

Co-Commissioning of Primary Care

There has been a proposal submitted to NHS England to co-commission primary care – across SY and Bassetlaw which may see the CCG taking a more active role in the commissioning of primary care and enabling the CCG to have more influence of local primary care. This will be important to influence system wide change as primary care form a key component of the health and care system.

Programme Boards

The programme boards continue to deliver the transformation and improvement programmes as described previously however, one key development for note by the forum is the development and introduction from November of Rightcare Barnsley. This will be a care coordination centre which will act as a point of contact for GP's and other healthcare professionals who feel a patient requires hospital admission and will seek to co-ordinate that patients care and where possible find a more appropriate care setting/service to avoid emergency admission to hospital where a more suitable alternative exists. The Rightcare service will also support discharge from hospital by providing support in identifying and accessing services required to enable a well-planned discharge. It is anticipated that this will also lead to a reduction in readmissions as patients will be discharged with appropriate care packages in place.

Operational Resilience

Proposals have been submitted to NHS England to fund additional capacity across the system over the winter period and into next year to ensure operational capacity and resilience. Once approved this will see additional investment of approx. £1.9m to fund activities/schemes within BMBC, BHNFT, SWYPFT, YAS and VAB. The VAB funding will be to provide a pilot in Social Prescribing and pilot around supportive volunteering in recognition that we need to consider alternatives to traditional services and involve the voluntary sector and the community.

4 Stronger Barnsley Together

DC presented a schematic which represented the current programme board structure and associated governance across SBT and broader CCG programme boards.

The forum felt that potentially, providers could play a greater role in the programme structure and add value to the process.

The difference between Stronger Barnsley Together and Pioneer was explained. Pioneer is a national programme with a clear focus on integration and Stronger Barnsley Together is the delivery mechanism for aspects of this locally. Barnsley has a good standard of work around integration.

Three potential options were discussed:

- Stronger Barnsley Together to remain directly aligned with Pioneer
- Keep programme-focus approach to SBT, while recognising that Pioneer needs to focus more explicitly on integration
- Reconsider scope of SBT in the context of the big 'joint' work areas.

As part of a wider review of governance, these and potentially other options will be considered by the Health & Wellbeing Board. This is being supported externally as part of the pioneer programme.

There are recognised challenges around the governance arrangements for the joint programme boards; these are currently being reviewed in the above context, as well as areas such as primary care development. This needs to be set against the backdrop of the minimum infrastructure to deliver the whole system change required.

Pioneer is a national opportunity to showcase progress. Barnsley underwent a robust selection process to achieve Pioneer status. There isn't any specific resource attached to the programme. However, there are advantages when considering available support, opportunities to influence senior national stakeholders and opportunities to engage at the most senior level in the context of prominent national issues across health and social care.

It was noted that, for example, Age UK may add value to the Ageing Well Board.

If providers were to attend programme boards, they are not just representing their organisation, they are there on behalf of the Provider Forum and broader provider base. Appropriate governance would be put in place to facilitate this. DC confirmed that as part of the review of the joint delivery arrangements there are likely to be workshops, which providers will have an opportunity to engage with.

Actions – SK suggested that the Provider Forum to have their own cloud on the schematic DC to action.

Actions – DC agreed to discuss the Forum's interface with the SBT Programme Boards.

5 <u>Update on Low level Mental Health</u>

The chair asked the group whether there was difficulty in the ability to quantify low level mental health. Age UK said that this is not the kind of data they would usually capture.

Actions – Age UK to be added to the template, comments to be added.

Actions – Template to be circulated after the meeting.

6 AGENDA PLANNING FOR THE NEXT FORUM

- HWBB Standard Item
- Public Health Update
- BCF Reducing Emergency Admissions Provider Forum Contribution
- DIAL barriers around being healthy,
- Care Act 2014 K Dodd

Action: SM, JP to formulate agenda.

7 ANY OTHER BUSINESS

National Suicide Prevention day – 10 September 2014.

8 DATE & TIME OF THE NEXT MEETING

Day: Wednesday

Date: 10th December 2014 **Time**: 10.00 - 12.00pm

Venue: Town Hall - Meeting Room 2

Chair: Helen Jaggar

Note Taker: Aimee Wallace