

**HEALTH AND WELLBEING BOARD – 14<sup>th</sup> April 2015**

**MAKING A DIFFERENCE TO PEOPLE'S HEALTH & WELLBEING IN BARNSELY  
– THE IMPACT AND CONTRIBUTION OF THE HEALTH AND WELLBEING  
PROVIDER FORUM**

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**Report Sponsor:** Tbc  
**Report Author:** Helen Jaggar  
**Received by SSDG:** 16.03.15  
**Date of Report:** 24.02.15

**1.0 Purpose of Report**

- 1.1 The purpose of this report is to update the Health and Wellbeing Board (H&WB) on the development of the H&WB Provider Forum, consolidate the terms of reference and future priorities.
- 1.2 The report will provide an update on work of the Provider Forum to date inclusive of an outline of proposals to assist in the priority of reducing Accident and Emergency attendance and admissions; as the key driver of the Better Care Fund (BCF).

**2.0 Recommendations**

2.1 HWB are requested to:-

- 1) Confirm the terms of reference remain relevant.
- 2) To identify priorities for 2015 which the HWB require the Provider Forum to focus on.
- 3) For a nominated representative of the H&WB to attend the Provider Forum to feedback on the service offer and examples given in the report.
- 4) Consider that the Chair of the Forum becomes a Board member and acts as the interface between the Forum and the Board.

**3.0 Background**

- 3.1 The Health and Wellbeing Provider Forum was established to inform, consult and engage organisations working within the Borough of the current and future operational, commissioning and strategic plans of the Barnsley H&WB.
- 3.2 The Provider Forum terms of reference, inclusive of membership is attached at appendix one.

- 3.3 Four meetings have been held, during which regular updates have been provided on the activity of the H&WB and commissioners; ranging from the development of the Health and Wellbeing Strategy, Better Care Fund and Stronger Barnsley Together, to commissioning intentions of the CCG, BHNFT developments and Mental Health priorities for Barnsley.
- 3.4 Members confirm that they have been able to positively contribute to the health and wellbeing agenda in Barnsley through attendance at the Provider Forum.
- 3.5 This report summarises activity to date and provides examples of additional work the members feel they can contribute to the health and wellbeing priorities, thereby improving outcomes for and with local people and communities.
- 3.6 In addition, this report requests confirmation from the H&WB via the forum representative that work to date and future priorities of the forum are aligned to the Health and Wellbeing Board agenda over the coming period.

#### **4.0 Value of existing providers in health, wellbeing and prevention**

- 4.1 The Provider Forum has a membership that incorporates a wide range of diverse roles, has a broad geographical reach across Barnsley and will have contact with people who are frequent users of public services. These include:-
- a) Registered Social Landlord (RSL) housing providers with a tenant base in Barnsley of over 20,000, plus households that include people from a range of social backgrounds;
  - b) Providers with a focus on the diverse health and wellbeing needs of people in specific client groups (e.g. older people; disabled people, etc);
  - c) Providers of specialist health and social care, including palliative and end of life care;
  - d) Providers with general and specialist universal free advice and information services that are available for all sections of the community, and who provide support on key issues such as debt and money advice (including support with fuel poverty etc), welfare benefits, housing, employment, relationship, health and community care etc.
  - e) Providers with generic and specialist patient and public engagement competencies, including the development and provision of peer support;
  - f) Providers who recruit, train and support volunteers in delivering their respective services and who help empower people in so doing;

- g) Providers with front line staff who have frequent contact with a wide range of members of the public and who can consequently help cascade information to members of the public.
- 4.2 Many of the above providers support people often categorised by statutory agencies as 'hard to reach'. The providers also often have 'trusted brand status' and as such have successful track records of securing high levels of positive outcomes and public satisfaction with their services. Many of the providers are also members of community networks that can access support such as healthy eating, peer support, food banks etc. and be an extremely valuable conduit to feed information vertically through the system.

## **5.0 Health and Well Being Board Priorities**

- 5.1 The H&WB agreed a shared vision, series of outcomes to 2019 and a series of priorities for 2014/15 in its revised Health and Wellbeing Strategy. These are set out in appendix 2.
- 5.2 More recently the national agenda around the Better Care Fund has placed a sharper focus on addressing the current unsustainable demands on acute services.
- 5.3 The H&WB is fully committed to the following principles, a safe and sustainable health & care system which:-
- co-ordinates around the individual – targeted to their specific needs,
  - maximises independence – by providing more support at home and in the community,
  - better co-ordinates information, advice and sign posting to alternative services to promote self-help and self-care,
  - develops more effective prevention, re-ablement and targeted short term interventions to keep people out of the formal system for as long as possible,
  - supports people to manage their long term conditions and those with the greatest needs.
- 5.4 The Provider Forum has and will continue to structure its collective energy towards the strategic direction set by the H&WB and will pay particular attention to the need to reduce the number of emergency admissions to hospital, in line with the 2015/16 requirements of Better Care Fund.

## **6.0 What are your customers telling us?**

Healthwatch Barnsley has collated 40 comments directly related to Accident & Emergency Services delivered by the hospital between the 1<sup>st</sup> April 2013 and October 2014 through non targeted outreach and emergency activity. Between April to December 2013, 15 comments were received of which 7 were negative about waiting times and the remaining 8 were positive about staff

attitude and clinical treatment. Between January and October 2014 a total of 25 comments were received of which only 3 were negative about waiting time and the remainder were positive relating to waiting time, efficiency of staff, staff attitude and clinical treatment. This data is from a random sample of individual experiences and can be added to the intelligence currently being collected by the hospital and the CCG. Healthwatch Barnsley meets on a quarterly basis with both the hospital and the CCG and to date have not had to escalate any concerns.

## **7.0 THE PROVIDER FORUM COMMITMENT TO SUPPORT THE REDUCTION OF A & E ATTENDANCE AND ADMISSIONS IN 2015/16**

**Listed are illustrative examples of how Forum members could and do assist the preventative agenda**

### **7.1 Universal Information and Advice**

- 7.1.1 As detailed in 4 above, the Forum is inclusive of providers with general and specialist universal free advice and information services that are available for all sections of the community, and who provide support on key issues such as debt and money advice (including support with fuel poverty etc); welfare benefits; housing, employment, relationship; health and community care etc.
- 7.1.2 Universal information and advice plays a key role in improving people's health and wellbeing by dealing with many of the problems people have with daily living. For example, the links between poverty and mental ill-health are well researched and local advice providers play a key role in helping reduce demand for NHS services by alleviating problems people have relating to debt; welfare benefits; housing; etc. that often adversely affect their health.
- 7.1.3 Forum members; Age UK Barnsley; Barnsley Citizens Advice Bureau and DIAL Barnsley have developed the Advice Barnsley Partnership, which brings together the main independent advice providers in the borough to support a wide range of local people across Barnsley. This partnership has developed ways of joint working that lead directly to the improved health and wellbeing of their clients, including proposals for prescribing advice in GP surgeries. The partnership also has the potential to undertake assessments required by the Care Act.
- 7.1.4 The Forum can also utilise existing communication networks to promote key borough wide messages as part of the H&WB's communication strategy. So for example, Berneslai Homes could utilise their website including Facebook and twitter accounts, their annual printed newsletter to all tenants, a monthly e-bulletin that goes to 5,000 tenants, six monthly rent statements distributed to all tenants, a dvd Annual Report to all tenants and a network of community

based Tenant and Resident Associations and Community Centres. Age UK Barnsley have similar access through its website, Facebook and twitter accounts and distribution of its newsletter and a number of networks that engage with older people, for example meal clubs and activity groups. In addition, relevant key messages can be cascaded via staff and volunteers in one to one interactions, such as the 'winter warmth' health messages.

7.1.5 Forum Providers can use their collective networks and facilities to utilise existing communication networks to promote key borough wide messages as part of the Board's communication strategy and this is an area which can be maximised further during 2015/16.

## **7.2 Prevention**

7.2.1 Existing registered social landlords currently assess their properties for trip hazards and recommend improvements. With additional funding existing housing providers could extend their offer of identifying hazards and recommending improvements to owner occupiers.

7.2.2 Forum member SYHA's currently work in partnership with Doncaster CVS to deliver a social prescribing service with 15 GP practices to identify patients at emerging risk of hospital admission. The aim of the project is to provide long term social interventions to medical presentations. Many patients suffer health problems because of the other issues that impact on their lives. These can include debt, money management, paying bills, finding suitable accommodation, access to volunteering activities or facing isolation and loneliness. The impact of loneliness on ill-health is well documented. If patients do not get help to address these underlying problems then they will simply keep coming back to the GP's and A&E. In the four months since the scheme started 202 people have been referred, of which:

- Only three were known to existing health and wellbeing services and their health was at significant risk of deteriorating.
- 181 patients had, on average, visited their GP 3.5 times in the 3 months prior to intervention.
- 8 patients had seen their GP over 10 times.
- The data is showing a reduction in GP attendances and an initial saving of £28,215 in GP appointment reductions. This amount does not factor in the improvements in patients' health and wellbeing

7.2.3 Forum member Alzheimers Society are piloting a support and advice service to people with dementia and their carers who are going into hospital. A Dementia Support Worker will support 30 carers/and or people with dementia over a six month period. This will be short term whilst the person with dementia is in hospital and unable to access their usual support systems, or support on discharge in the form of home visits or referrals to support agencies.

### 7.3 Reablement/Isolation and delayed care - Wellbeing Hubs

7.3.1 BMBC have invested in the development of 'wellbeing hubs' as an alternative to traditional 'day care services' for older people. SYHA have integrated a 'LiveWell Centre' into their established Extra Care scheme in Royston. The LiveWell Centre is themed around the 5 Ways to Wellbeing and takes an asset based approach to older people, recognising their strengths and skills. Customers play an active role in co-producing the activities and events. By reducing loneliness and providing a stimulating environment away from an acute/residential setting people can live healthier for longer.

7.3.2 SYHA recognise the importance of data capture and they utilise the recognised Warwick-Edinburgh wellbeing scale. The data has shown improvements in wellbeing across 10 areas of the scale. The top 3 areas being:

- 30% of customers (on average) felt more optimistic about the future.
- 20% of customers felt improvements in their energy level
- 20% of customers felt better about themselves

7.3.3 The LiveWell Centre plays an important part in the Barnsley health economy by reducing isolation and delaying the transfer to more costly care services. This approach could be explored with the other providers of Extra Care schemes in Barnsley.

7.3.4 Berneslai Homes manage 20 sheltered housing schemes, with 720 properties, all of which have communal facilities and scheme managers who provide a range of wellbeing activities to the residents including healthy eating, keep fit and getting online. In Leeds, the South & South East CCG have obtained funding to deliver training on frailty assessments and are working with a local housing provider to train scheme managers to be trained in recognising the signs of loneliness, frailty and dementia, to undertake assessments and sign post to appropriate agencies and services. Discussions are also taking place on using community centres to offer flu jabs to the frail and elderly using service provider networks. These options could be explored with Registered social landlords.

### 7.4 Intermediate Care – Bed Blocking

7.4.1 Extended hospital admission is detrimental to older people's health and wellbeing for a number of different reasons:-

- On average every ward move adds two days additional stay in hospital<sup>1</sup>
- 10 days of bed rest for someone over 75 leads to 10% less aerobic capacity and 14% loss of muscle strength equivalent to 10 years of life<sup>2</sup>

- 8% of the population is made up of people over 75 but they account for about 30% of emergency admissions <sup>3</sup>
- 80% of those who stay in hospital longer than 14 days are over 65 <sup>4</sup>
- Older people are more likely to stay longer in hospital, be moved while there, experience delayed discharge, be readmitted within one month as an emergency<sup>5</sup> National figures

7.4.2 At SYHA LiveWell step up/down beds are provided as an alternative to residential care placements or extended periods in hospital. For patients leaving hospital they are offered fully-furnished, fully adapted level access accommodation. This service allows patients to move from hospital to an environment more conducive to recovery and reablement. The cost of this provision is significantly lower than hospital care, and the aim is to move customers back to their own home as soon as it is practicable. Customers report back that they love having their own front door, with their own kitchen and bathroom where they can stay safe, keep their dignity and maintain their levels of independence ready to step back home.

**7.5 Frequent Flyers** – To identify who are the top twenty most frequent attendees at A & E and commission the Forum to track back to where they live, identify which agencies they engage with, identify what their issues are which may be impacting on their health and put together a support package – similar to the Troubled Families approach.

**7.6 GP Patient Access Model** – Recent research undertaken by Patient Access, a social enterprise set up by GP's has evidenced an increase in flow through of patients, falls in DNA's and a reduction in A &E use. Under the Patient Access triage model, patients telephone their practice and GP's call them back as soon as possible with an emphasis on dealing with the problem the same day if the patient wishes. The analysis examined data from 40 practices and in one case patients were waiting on average 2 rather than 7 days to see their GP, with waiting times at the surgery dropping from 20 to 17 minutes, and patient flow increasing by 50% and DNA's dropping by 60%. Is this something being trialled by Barnsley?

**7.7 End of Life Services** – A number of models are proposed. Provision of a hospice at home service is currently available in a number of forms across Barnsley and being delivered to a very high and professional level. An extension of this would be the provision of a medic –led service supported by a nursing team delivering hands on care 24/7 in people's homes with the resources to lend beds; syringe drives etc for however long would be required and address systemic issues such as easy access to pharmacy. Coordinated Care planning would include a cross borough end of life register that can be accessed and inputted into by all providers underpinned by a Gold

Standard Framework supported vis specialists in palliative medicine. Finally supporting patients in hospital beds as 55% of all end of life patients die in hospital. The existing in patient team performs a valuable function and should be built on and supported. The capability could be developed into a medic lead team with enough CNS's to offer a 24/7 service. Parallel EOL clinics could run with other departments such as oncology and options for flow of patients between Hospital, Hospice, CAB, care homes and patient's own homes

## **8.0 Feedback requested from the Health and Wellbeing board**

- Consideration of the information submitted within this report.
- Confirmation of priorities the provider forum can support in 2015.
- Views on the examples provided and maximising the roles that providers have within these areas :-
  - A and E admissions
  - Universal information and advice
  - Prevention
  - Reablement
  - Intermediate Care
  - Frequent Flyers
  - GP Access model
  - End of life services.

## **9.0 Recommendations**

### **9.1 HWB are requested to:-**

- 1) Confirm the development to date of the provider forum is in accordance with the expectation of the health and wellbeing board.
- 2) To advise the Provider Forum of the 2015 priorities which the H&WB need the Forum to focus on.
- 3) For a nominated representative of the Board to attend the Provider Forum and feedback views on the commitment of the provider forum to reduce hospital admissions and examples provided.
- 4) Consider that the Chair of the Forum becomes a member of the Board and acts as the interface between the Forum and the Board
- 5) 10.1 All provider forum members have been consulted on the report.

## **10. Appendices**

- Appendix One – Provider Forum Terms of Reference
- Appendix two – Health and Wellbeing Strategy Vision, Outcomes and Priorities.



**11. Background Papers**

**11.1 Research references**

1. Age and ageing (Witham et al 2013)
2. Functional impact of 10 days best rest on older adults Kortebain et al 2008
3. Department of Health
4. Emergency bed use Potlieakoff/Thompson 2011
5. Making our health care system fit for an aging population McMurdo and Witham 2013

**Officer:** Helen Jaggar

**Contact:**

**Date:** 24.02.15

**BARNSELY'S HEALTH AND WELLBEING BOARD**

**Provider Forum**

**TERMS OF REFERENCE**

**September 2013  
Reviewed February 2014**

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The Health and Wellbeing Board vision is:-

***“Barnsley residents, throughout the Borough, lead healthy, safe and fulfilling lives, and are able to identify, access, direct and manage their individual health and wellbeing needs, support their families and communities and live healthy and independent lifestyles.”***

**Purpose of the Group**

The purpose of the provider forum is to enable effective communication and engagement between organisations providing Health and Social Care Services and the Health and Wellbeing Board in Barnsley.

**Objectives of the Group**

The objectives of the Provider Forum are:-

1. To inform organisations working within the Borough of the current and future operational, commissioning and strategic plans of the Barnsley Health and Wellbeing Board.
2. To provide support, information and guidance to enable providers to meet the changing expectations of service delivery on behalf of the Barnsley Health and Wellbeing Board.
3. To support organisations to deliver their business in ways that meet the growing demand for directly purchased services from health and social care users and those that fund their own care, ensuring services are seamless.
4. To improve knowledge of particular areas of interest and promote opportunities for partnership and collaborative working in order to support the development of the local health and social care market.
5. To offer occasions for organisations to network and share their current activities and discuss the challenges they face.
6. To act as a mechanism for consultation.
7. To enable providers to share good practice.
8. To provide an opportunity for commissioners to meet and engage with providers.
9. To identify common themes to report to Health and Wellbeing board, on an annual basis.

## **Membership and Role of Members**

Membership is open to representatives from any voluntary or third sector, independent, private or statutory agencies delivering health, housing or social care services within the locality. In addition, the provider forum will be opened up to representatives from other stakeholder groups such as leisure and the Police.

Work will be undertaken to expand membership to the forum to ensure that all areas of health, housing and social care are represented.

The Chair will be agreed at the first meeting and reviewed annually in September.

## **Role of Members**

To support the development of strategies that reflects service improvement according to locally identified need.

Advise on Commissioner identified local priorities and national initiatives that need to be met and propose solutions to meet them in the most cost effective manner in line with value for money principles.

Support the delivery of the Health and Wellbeing Strategy and raise concerns through the appropriate channels where it feels that the strategy is not being applied.

Contribute to the development of Commissioner proposals for service models and care pathways/networks that could deliver better services.

Work in partnership with stakeholders to ensure that services are developed in line with the H&WB Strategy and the strategic direction of the Health and Wellbeing Board.

Look at new ideas and proposals for developments which are backed by clinical and service user/carer evidence.

## **Frequency and Location of Meetings**

Forum meetings will be held on a quarterly basis and will be held in accessible venues within the Borough. These will be determined by those administering the meetings and the membership of the forum.

In addition to the regular Forums, smaller subgroup meetings may on occasions take place to cover specific subject areas or to bring together providers across the Borough who work in the same field. It is anticipated that these will run on a 'task and finish' basis.

## **Setting the Agenda**

The following standard items will appear on the Provider Forum agenda:-

1. Welcome and Introductions
2. Health and Wellbeing Board news and updates
3. Commissioning updates
4. Provider updates and announcements
5. Agenda items for the next meeting

In addition, there will be slots for guest speakers and these slots will, where practical, be determined by forum members at the end of each meeting. Each agenda item will include time for questions and answers.

A draft agenda template is included in appendix 1.

### **Administration**

Representatives from Health and Wellbeing board will facilitate the forum and this will include:-

- Taking basic minutes and recording actions;
- Circulating minutes, agendas and papers a week prior to each meeting.
- Developing an annual work programme based around the Board's priorities
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### **Review**

The usefulness and direction of the forum will be reviewed on an annual basis by members to ensure it continues to meet the needs of organisations, commissioners and the Health and Wellbeing Board.

These terms of reference will be reviewed on an annual basis or as and when required.

### **Membership**

Health and Wellbeing Provider Forum members will have specialist knowledge/ expertise/ skills/ interest in the subject area.

Membership will comprise of the following representation:-

Health and Wellbeing Board representative x 1

*See Appendix 2*

Meetings will be Chaired by a nominated representative.

In order to maintain continuity of meetings deputies who are briefed would be welcome to attend as a substitute.

The Provider Forum may at times invite individuals or groups of people to speak at meetings, these people will be named as 'attendees' and will be invited to contribute to the meeting under a specific agenda item.

### **Quorum**

Whilst there is no set numbers to the Quorum, it is expected that the provider forum will not make recommendations without ensuring that the appropriate organisations/ representatives are involved in the process.

### **Accountability and Reporting Arrangements**

The provider forum is accountable to the Health and Wellbeing Board and will report issues and progress on an annual basis into the Health and Wellbeing Board.

## HEALTH AND WELLBEING BOARD PROVIDER FORUM

### AGENDA

<Insert date, time and venue>

Time	Item	
15 mins	Arrival, tea & coffee and networking	All
5 mins	Welcome and introductions (with housekeeping)	Chair
	<ul style="list-style-type: none"> <li>○ Action points arising from previous minutes</li> </ul>	
20 mins	Health and Wellbeing board updates:-	
	<ul style="list-style-type: none"> <li>○ Strategy Progress – <i>to include any day to day operational issues.</i></li> <li>○ Commissioning – <i>to include updates on procurement activity, commissioning opportunities and opportunities to influence commissioning intentions</i></li> <li>○ Clinical Commissioning Group</li> </ul>	
20 mins	Provider Updates	
	<ul style="list-style-type: none"> <li>○ <i>To give each provider an opportunity to share their own developments and activities.</i></li> </ul>	
10 mins	Break	
15 mins	Presentation slot with questions and answers	
15 mins	Presentation slot with questions and answers	
15 mins	Agenda planning for the next forum	
10 mins	Any Other Business	

**Date, time and venue of next meeting**

**Proposed Membership**

**Based on overall expenditure in the Barnsley economy relating to Health and Social Care**

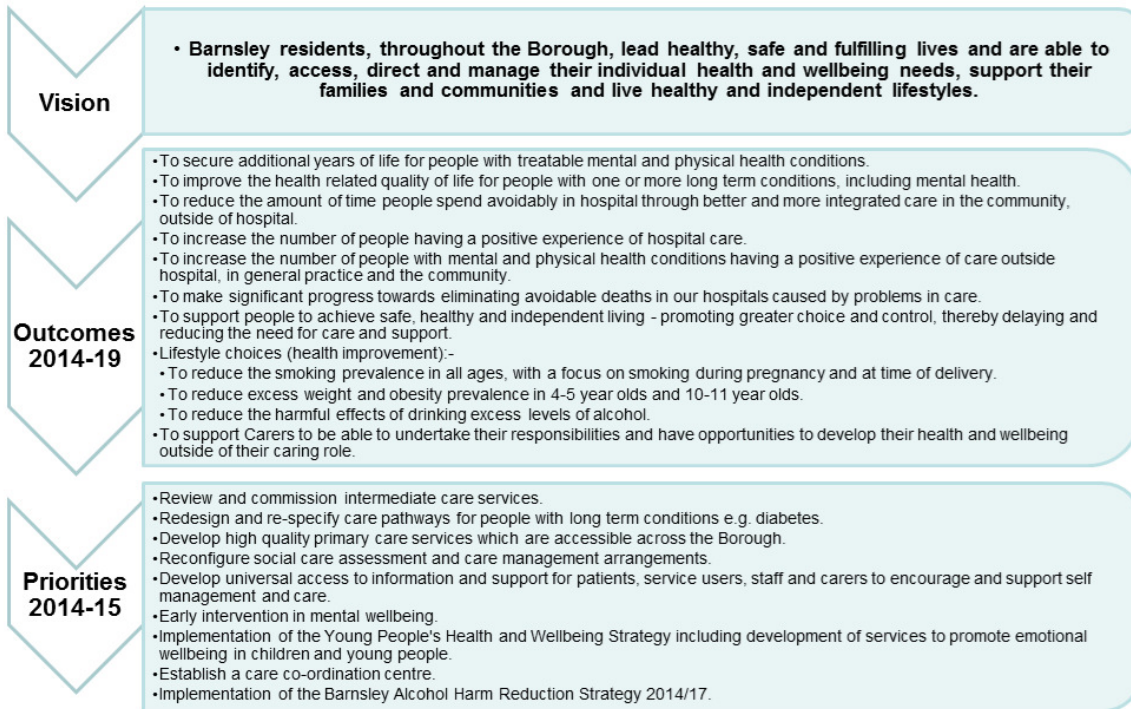
**Not for profit**

SWYFT	(Community Services)
Barnsley Hospital	(Acute and Secondary Care Services)
Berneslai Homes	(Housing)
Barnsley Premier Leisure	(Leisure)
Pheonix Futures	(Drug Alcohol Treatment Services)
Mencap	(Learning Disability)
South Yorkshire Housing Association	(Mental Health / Housing)
Mind ( withdrawn from group )	(Mental Health)
Barnsley Hospice	(Palliative Care)
Voluntary Action Barnsley/Barnsley Healthwatch	(Third Sector)
Age Concern	(Older People)
Barnsley Independent Alzhimers Society	(Older People)
Voiceability	(General)
BMBC	
Yorkshire Ambulance Service (tbc)	
DIAL Barnsley	
Barnados	
CCG	

**Independent Sector**

TLC Homecare
Caremark
Sun HealthCare
Residential Care
Silk Home Care ( withdrawn from group )

## VISION, OUTCOMES AND PRIORITIES – GOLDEN THREAD



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