

BARNSELY HEALTH AND WELLBEING BOARD PROVIDER FORUM

**Minutes of the meeting held on
Wednesday 10 June 2015
10.00 to 12.00 pm Room 1, Barnsley Town Hall**

Attendees:

Helen Jaggar	Berneslai Homes
Sean Rayner	SWYPFT
Darren Taylor	SY Police
Sharon Clarke	BMBC
Sharon Brown	Dial Barnsley
Kevan Riggett	BPL
Matt Wright	Barnsley Hospice
Phil Parkes	SYHA Live well
Julia Burrows	BMBC
Pat Heath	Barnsley CAB
Cheryl Greenwood	BHNFT
Anne Simmons	Alzheimer's Society
Richard Walker	TLC Homecare Ltd
Andrew Peace	Caremark
Jamie Wike	Barnsley CCG
Dan Carver	NHS Barnsley CCG

Chair: Helen Jaggar

Minute taker: Janet Turner

Item 1 – Apologies Pauline Kimantas - Age UK Michelle Hall - Mencap Karen Kelly - NHS Carolyn Ellis & Carianne Stones - Healthwatch	ACTION
Item 2 – Introductions Introductions were made and noted.	
Item 3 – Minutes of the meeting 9 March 2015 These were agreed as an accurate record.	
Item 3a – matters arising NHS 5 year forward review still requires circulation.	JW
.Item 4 – Health and Well Being Board 4a) General Update (Helen Jaggar/Sean Rayner) HJ provided feedback on the key issues discussed. <ul style="list-style-type: none"> Be Well Barnsley recommissioning integrated health and wellbeing service, focus on overweight (obess adults), smoking cessation, mental health wellbeing and emotional resilience and alcohol management. The services are currently out to tender with 	

<p>contracts to commence November 2015.</p> <ul style="list-style-type: none"> • Joint Strategic Intelligence Assessment is looking to inform Community Safety Partnership priorities. The priorities being asb, alcohol, drugs, vulnerable people and re-offending. The document will integrate with the Joint Strategic Needs Assessment. • Anti Poverty Board - increase being reported generally in households experiencing poverty particularly where there are children but some stakeholders also reported that this is also being experienced by older people. Slides tabled at the meeting can be viewed on the Council's website within the Health and Wellbeing Board papers. • Primary Care Improved Access Hubs - looking to create access to GP's for the residents of Barnsley Monday to Friday 5.00 - 10.00 pm, Saturdays 9.00 – 1.00 pm and aim to also include some Sunday opening times. This has been badged and branded as I HEART Barnsley. Aimed at people who are struggling to get access to a GP and there is no requirement to be registered. <p>SC reported that in recent months the Executive Group had discussed its role and focus. The Group also considered how it informs the agenda of the Health and Wellbeing Board and this work is still in progress. The Executive Group had recognised however that the wellbeing element needed to be strengthened and that focus on this was required in future discussions.</p> <p>The Health and Wellbeing Board held on the 9 June 2015 had discussed Support 20 and R. Dickinson had provided an update on the family centre programme consultation.</p> <p>4b) Provider Forum Report Feedback (Helen Jaggar) HJ reported that the report had been well received and it was felt that the terms of reference for the forum were correct. The priorities and areas of work identified will be discussed at the next meeting of the Executive Group. The Health and Wellbeing Board will continue to determine overarching priorities however if the Forum wished to collectively highlight a specific issue a report can be compiled and tabled at the Executive Group for their consideration. HJ therefore requested members of the Forum to consider any issues they would like to take forward with emphasis being on raising the wellbeing profile. By the September meeting of this forum there may be an indication from the Executive Group on what they would wish the forum to consider or be consulted on.</p> <p>It had also been agreed that HJ as Chair of this Forum would become a member of the Health and Wellbeing Board and this decision will be ratified through the Council's decision making process in the near future.</p> <p>PP expressed thanks to HJ on behalf of the Forum for compiling the report and taking this forward.</p>	<p>All</p>
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4c) Pioneer Update

DC reported that at the last meeting of the Executive Group he had provided an update on Pioneer which included a list of potentially relevant work areas (circulated to the forum in advance). Since its inception Pioneer and SBT have been viewed as largely synonymous with each other, although there is now recognition that this may not be the best approach. DC stated that although there is only limited finance attached to Pioneer, there are opportunities to engage with specialist support and learning. As the scope of Pioneer is reviewed it is anticipated that integration orientated projects from across the system will become increasingly relevant and important. Going forward this could provide opportunities for forum members, and providers in general who are progressing relevant activity.

DC discussed the 3 joint programme boards which make up the SBT portfolio; pointing out that their respective autonomy and current status had forced a rethink of the role in the context of Pioneer:

- Ageing Well – now ceased and subsumed into the Clinical Commissioning Board
- Think Family – currently remains unchanged.
- Promoting Independence – this Board will be revised with more service user input and this may therefore be of particular interest to members of the Forum. DC said that representation from the Forum may be requested when membership is being looked at. Further updates will be provided as this progresses. It is likely that the central themes from promoting independence will be continued under the auspices of the developing 'Communities' arrangements within BMBC.

It was noted that HJ represents the forum at SSDG. DC also attends and supports the broader interests of providers at this Group.

Item 5 – Frequent Flyers presentation

AS gave presentation on this scheme which aims to address issues in relation to the small minority of the public that make frequent calls to emergency services which consume a disproportionate use of resources. This is not only in relation to emergency service but also the wider health and social care economy. The presentation outlined the criteria for identifying patients and how assistance is given to this group and the benefits realised as a result of this.

The purpose of the Barnsley High Intensity Users Group (HIUG) was outlined. The Group meet on a monthly basis and work collaboratively to demonstrate a joint working approach. It was felt if the Forum had representation on the Group this would give an opportunity to engage with providers and any relevant signposting/referrals could be highlighted. Agreed therefore that AS and PP would alternate attendance and feedback to the Forum. Copy of the the Forum's circulation list to be provided to HIUG. The Forum felt it may also be beneficial to look in further detail at one or two cases that have been through this process see

AS/PP

<p>if further assistance could have been given by providers in terms of prevention or support. It was agreed that the Forum's end of year report would be shared with AS.</p>	
<p>Item 6 – Social Prescribing Project VAB (Teresa Gibson) TG outlined the purpose and aims of the project. This is a pilot service taking place in Barnsley that commenced in February 2015 and funded by CCG for one year and is based in Voluntary Action Barnsley. The project is aimed at patients who regularly visit their GP and cannot be given further medication but continue to return to the surgery. TG outlined the referral process which is by GPs (or patients can self refer) and the work that has commenced. On receipt of a referral VAB visit the patient at the surgery to establish any underlying issues and identify any relevant signposting/referrals that could be made to assist the patient. It was agreed to forward to TG Berneslai Homes' useful contact list which may be of assistance when signposting.</p> <p>VAB's aim is to sign 6 GP's up to the project during the pilot period and work is currently taking place with Walderslade, Woodlands, and Royston. AC suggested TG contact Dr Morris at Penistone surgery who she felt may be interested in this project. Regular reports on the project are made to CCG and a full evaluation will be undertaken of the pilot.</p> <p>TG stated that contact is also being made with other authorities who are piloting this scheme to look at how this is being operated. It was suggested therefore that TG meet with PP who had been involved in the Doncaster Prescribing Project. MW felt it may also be beneficial for TG to visit Barnsley Hospice to share the project with professionals based there.</p> <p>The Forum raised some concern in that as signposting/referrals are made to organisations via this project that this will place a greater demand on resources without an increase in capacity.</p> <p>TG reported that a seminar is taking place at Barnsley hospital at the end of September which Forum members can attend if they so wish.</p> <p>Agreed it would be helpful if TG provided an update on the project in 6 months time.</p>	<p>HJ</p> <p>TG/PP</p> <p>TG</p>
<p>Item 7 – Public Health Agenda (Julia Burrows) JB new Service Director for Public Health outlined the mandatory services that are undertaken in relation to health protection, sexual health service, provide commissioning support to NHS, support to CCG, health checks, national child measurement programme, from October Health Child Programme.</p> <p>It is planned to develop the Public Health Strategy with focus on children and young people which will be submitted to the Health and Wellbeing Board later this year. JB said it is hoped to consult with the Forum on the Strategy however it was noted that in order to meet timescales this would need to take place at the September meeting. JB to feedback this to the</p>	

<p>Planning meeting.</p> <p>JB reported that responsibility for commissioning public health services for children 0–5 will transfer from NHS England to local authorities in October. Recommissioning of this service will take place in autumn 2015 and consultation is taking place from May to July in order to gain peoples' views on the service. Consultation will be live on BMBC's website with a link to an on line survey and a series of open public meetings will also be held.</p> <p>JB asked if the Forum could contribute to this by completing the stakeholder survey and where possible attending public meetings to share views. The Forum suggested the Metrodome as a potential venue to undertake consultation as would give ability to gain views from people with children in relevant age group.</p>	<p>All</p>
<p>Item 8 – Future Agenda Items</p> <p>Agenda items for 9 September noted as:</p> <ul style="list-style-type: none"> Feedback from SSDG on priorities/key themes Feedback from frequent flyers meeting Consultation on public health strategy Value set <p>HJ stated that she was happy for Berneslai Homes to provide administrative support to the Forum.</p>	
<p>Item 9 – Date of next meeting – 9 September 2015</p>	