# Barnsley's Draft Health and Wellbeing Strategy and CCG Strategic Commissioning Plan 2014 to 2019

**A plan to ensure high quality and sustainable health and wellbeing by putting the people of Barnsley First**

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# FOREWORD

Sir Stephen Houghton
Chair Barnsley Health and Wellbeing Board
Leader of Barnsley Council

The Health and Social Care Act 2012 introduced Health and Wellbeing Boards as a key cornerstone of the reforms a vehicle to make sure health and social care services are designed and delivered around local needs throughout the country.

This is Barnsley's second Health and Wellbeing Strategy for the borough and marks a significant shift in the way local health and social care services are designed and delivered.

We are determined that 2014/15 will be our year for significant delivery.

•transforming the models for service delivery across health and social care in Barnsley;
•focusing on self-care, by promoting universal information and advice, and sign posting people earlier to a range of community based support;
•combining earlier intervention with greater use of short term / targeted interventions.

We recognise that our organisations achieve little working in isolation. This plan exemplifies an integrated approach by serving as our Health and Wellbeing Strategy and also the CCG's Strategic Commissioning Plan 2014-2019.
We commend it to you and would be delighted to hear from you. You can contact us via NNNNNNNNN

Dr Nick Balac
Vice Chair Barnsley Health and Wellbeing Board
Chair of NHS Barnsley Clinical Commissioning Group

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# EXECUTIVE SUMMARY

NHS Barnsley CCG as a member of the Health and Wellbeing Board have developed ambitious plans to commission services that deliver improved health outcomes, reduce health inequalities and deliver a parity of esteem to the people of Barnsley. These plans include investing around £30million non recurrently over the next 2 years to support the ambitions and deliver significant transformation over the 5 years of the strategy.

These plans will be delivered through robust commissioning contracts and the work of our ambitious service development plans to transform and develop services fit for the future.

Barnsley has developed a framework for transformation being delivered through six systems wide Programme Boards and an additional Primary Care Development programme of work.

The Infrastructure of the CCG is now developed to deliver significant change in 2014/15, and lead the health care systems to deliver longer term ambitions through effective partnerships.

The longer term strategic system wide objectives and ambitions are being developed with partners at a Barnsley "Start the Year" Conference being held in April 2014, with some clear ambitions to:-

• Reduce emergency hospital activity by 15% over five years by driving care closer to home.
• Increase capacity and access to primary care and community services.
• Improve the support to individuals to manage their own long term conditions in a community setting, through improved care coordination.
•Radically transform Intermediate Care Facilities in Barnsley.
•Develop universal access to information and unified care records.
•Promote independence through mental and emotional support.

These ambitions will be realised in partnership using the Better Care Fund and Pioneer collaborative working models as the vehicle for transformation and positive change.

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# INTRODUCTION

The Barnsley Health and Wellbeing Strategy and the CCG Strategic Commissioning Plan (the strategy) describes how, over the medium term, the Health and Care System in Barnsley will deliver improved health outcomes for the population of Barnsley in conjunction with a range of stakeholders from across the borough through the delivery of system reform, quality, performance and financial metrics as defined in:

- The NHS Constitution - rights of and pledges to patients to be upheld
- The Mandate for the NHS in England
- The Outcomes Frameworks for the NHS, public health, and social care

The Health and Wellbeing Board will have a key role to play in leading the delivery of the overall NHS and care system locally bringing together NHS commissioners and providers, the local authority, and other partners in the wider health and care community.

The plan sets out the Strategic Vision for Health and Care over the 5 year period to 2018/19. It sets out overall what is being done to improve health and care outcomes for Barnsley residents and, more specifically how the work of the health and care system will deliver improvements against improving outcome ambitions defined by NHS England whilst driving up quality and meeting the needs and expectations of local people

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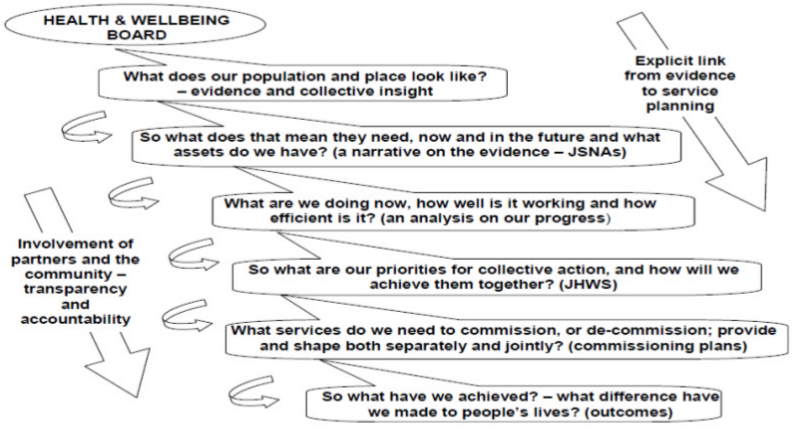
## Our Strategic Planning process:




(JSNA and Joint Health and Wellbeing Strategy Guidance, DoH)

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# The plan is structured around three key areas:

Click on the buttons to take you to each section

**Analysis** – of what the health and care system is here for and why. This part of the document outlines the systems vision along with our values and provides an overview of the current health and care issues in Barnsley which have informed our priorities.

**Action** – This part of the plan describes what we are going to do to improve outcomes and quality; who will do it, where, when, how and why.

**Assurance** – of our plans and delivery against our priorities. This part of the plan sets out what our arrangements are for making sure our plans are delivered and includes how we will resource the plan.

We recognise that in order to deliver these we will work jointly with partners, providers and other stakeholders to ensure that health and care services are delivered in an efficient and effective way which is focused upon the needs of patients. There is nothing of any significance that we can achieve working in isolation.

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# ENGAGEMENT ON OUR PLAN

Our planning processes are informed by the wide range of patient, service user and public engagement activities undertaken through the year by commissioners and providers to seek feedback on patient experience and to inform commissioner and provider plans.

•The Health and Wellbeing Strategy and Plan has been developed taking account of the plans already in place and the feedback from engagement activity that has been undertaken to inform these plans.

•The CCG and Local Authority have commenced a broad whole system transformation as set out in the Pioneer Programme, Stronger Barnsley Together which is sponsored by the Health and Wellbeing Board and its partner agencies. Linked to this, a period of engagement has taken place on the 5 Year Commissioning Strategy inviting views on the priorities for health in Barnsley. This included holding a number of consultation events, supported by Healthwatch Barnsley during the planning period and up to March 2014.

An example of our engagement can be seen in the video which can be accessed using the link below:

Barnsley CCG/Healthwatch Engagement Event – Commissioning intentions, Have your say 10th Feb 2014

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# ANALYSIS

In this section:



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## LOCAL STRATEGIC CONTEXT 2014 - 2019

This plan sets out the system wide strategy alongside our vision, values and priorities for 2014 to 2019 and includes specific operational plans for delivery over the next two years. The purpose of our planning activity is to set out our vision for local health and care services, based on identified needs, and to allow us to see how our plans are aligned with the requirements of the various Outcomes Frameworks, NHS England's Mandate, the NHS Constitution and the NHS Everyone Counts Planning Guidance. The plan also incorporates strategic goals and our commissioning intentions and gives a clear and credible plan for the commissioning and delivery of health and care services in Barnsley.

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## What is the vision for Barnsley?

The vision is set out in the Health and Wellbeing Strategy 2013 to 2016 and has been agreed by the Health and Wellbeing Board as the single vision for health and care in Barnsley.

The Health and wellbeing Vision for Barnsley 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"*

This Strategy is designed from a whole system perspective to ensure that the Barnsley health and care system is aligned to the national 5 year vision NHS England has set out for the NHS. The vision includes the following characteristics:

•A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients and service users are fully empowered in their own health and care
•Wider primary care, provided at scale
•A modern model of integrated health and social care
•Access to the highest quality urgent and emergency care
•A step-change in the productivity of elective NHS care

To deliver this vision and move to a model of care which will apply in five years will require some significant changes to the way that health and care services are currently commissioned and delivered. Our focus therefore, along with that of our partners, on delivering this vision will help us to ensure that the six characteristics of high quality, sustainable health and care identified by NHS England are integral to our work and our plans.

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## Core Principles

The Health and Wellbeing Board has developed a series of principles to shape the individual and collective work of the Board. This will ensure all agencies are working together to deliver the best possible health and wellbeing outcomes for local people and communities throughout the Borough. These are:-

**Shared responsibility:**
•Enables partnership working across the public, private, voluntary and community sectors;
•Maximises everyone's contribution to build communities and environments conducive to good health and wellbeing choices;
•Encourages local people and communities to take responsibility and positive action to improve their health and wellbeing;
•Recognises local assets and strengthens the ability of local people and communities to develop local solutions to local issues; and
•Provides targeted support where necessary to increase community resilience and self-reliance, enabling people to help themselves, their families and communities, and targets resources to those in the most need.

**Promotes independence:**
•Encourages and enables healthy lifestyles;
•Invests in prevention, early intervention and early help, therefore shifting resources to the prevention of ill health;
•Promotes recovery, independence and self-care, drawing on available technologies;
•Draws on evidence and evaluation of what works and innovates where appropriate; and
•Adopts a person and family centred approach from pre-birth to end of life.

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**High quality and value for money:**

•Integrates health, social care, family support and public health services to ensure the whole system works as effectively as possible;

•Integrates services to create effective service and care pathways at all ages and stages beyond health and social care;

•Offers community services, care and support as close to the home as possible to promote independence;

•Offers choice and personalisation of services to embed choice, control and independence for the individual;

•Improves the experience of patients and service users and delivers better local outcomes for local people; and

•Reduces the need for acute hospital services and concentrates these to those at greatest need.

**Protects the public:**

•Ensures the public is protected against infectious diseases and other threats to their health and wellbeing; and

•Safeguards children and vulnerable adults.

**Transparent and accountable:**

•Gives the public, patients, services users and carers the opportunity to shape how services are designed and delivered - to ensure the best possible outcomes for local people;

•Promotes the alignment and where possible, the pooling of resources to deliver high quality services with limited resources, based on individual and community needs; and

•Enables local people and communities to be confident in the Board and its decisions and able to hold service providers to account.

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## Think Local Act Personal: Making it real

To support the delivery of improved local outcomes, the Board has adopted the Think Local Act Personal: Making It Real – 'I statements'. These are what local people and communities should expect to find as outcomes of a personalised, community based health and wellbeing system. The 'I statements' are set around the following 6 themes:-

**Information and Advice;**
**Active and Supportive Communities;**
**Flexible Integrated Care and Support;**
**Workforce;**
**Risk Enablement; and**
**Personal Budgets and Self Funding.**

**Information and advice: having the information I need, when I need it**

•I have the information and support I need in order to remain as independent as possible,

•I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date,

•I can speak to people who know something about care and support and can make things happen,

•I have help to make informed choices if I need and want it,

•I know where to get information about what is going on in my community.

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**Active and supportive communities: keeping friends, family and place**

•I have access to a range of support that helps me to live the life I want and remain a contributing member of the my community,
•I have a network of people who support me – carers, family, friends, community and if needed paid support staff,
•I have opportunities to train, study, work or engage in activities that match my interests, skills and abilities,
•I feel welcomed and included in my local community,
•I feel valued for the contribution that I can make to my community.

**•Flexible integrated care and support: my support, my own way**

•I am in control of planning my care and support,
•I have care and support that is directed by me and responsive to my needs,
•My support is co-ordinated, co-operative and works well together and I know who to contact to get things changed,
•I have a clear line of communication, action and follow up.

**•Workforce: my support staff**

•I have good information and advice on the range of options for choosing my support staff,
•I have considerate support delivered by competent people,
•I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers,
•I am supported by people who help me to make links in my local community.

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**Risk enablement: feeling safe and in control**

•I can plan ahead and keep control in a crisis,
•I feel safe, I can live the life I want and I am supported to manage any risks,
•I feel that my community is a safe place to live and local people look out for me and each other,
•I have systems in place so that I can get help at an early stage to avoid a crisis.

**Personal budgets and self funding: my money**

•I can decide the kind of support I need and when, where and how to receive it,
•I know the amount of money available to me for care and support needs, and I can determine how this is used (whether its my own money, direct payment, or a council managed personal budget),
•I can get access to the money quickly without having to go through over-complicated procedures,
•I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this.

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# Life Course Planning

**Investing in health and wellbeing through a life-course approach and empowering people of all ages**

Supporting good health and wellbeing throughout the life-course leads to increased healthy life expectancy and better quality of life in later years. This not only improves the quality of life of the individual, but also generates important economic, societal and individual benefits. The changing demographics facing Barnsley means that an effective life-course strategy which promotes health and wellbeing and prevents ill-health and dependence upon state support will produce a healthier society, with local people and communities experiencing better wellbeing from pre-birth to elder years, thereby enabling an active contribution to civil life.

**Tackling the major health challenges (links to commissioning for prevention)**

Tackling major health challenges requires a combination of public health action and broader health and wellbeing intervention. The effectiveness of these is underpinned by actions on equity, social determinants of health and wellbeing, empowerment and supportive environments. An whole systems approach from pre-birth to end of life, designed at preventing illness and long term state dependency, through prevention and early intervention, means that limited resources can be directed to those most in need, promoting a culture of self help and self care, where local people and communities are empowered to take control of their individual health and wellbeing, and support their families, friends and communities.

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**Strengthening people-centred health and wellbeing systems**

Achieving high quality care and improved health and wellbeing outcomes requires health and social care systems that are financially viable, fit for purpose and people-centred. Barnsley has to adapt to changing demography and patterns of health and social care need, including; mental health challenges, chronic diseases and conditions related to an ageing society. This requires a reorientation of current systems to give priority to prevention and re-ablement, which fosters continual quality improvement and integrated service delivery, whilst ensuring continuity of care, support to self help and greater independence to be delivered at home, or as close to home as possible. This approach is known locally as Inverting the Triangle.

**Creating resilient communities and supportive environments**

Building resilience is a key factor in protecting and promoting health and wellbeing at both a resident and community level. It is recognised that people's health and wellbeing is closely linked to the conditions in which they are born, grow up, work and grow older. Empowered local people and communities which are resilient, respond proactively to new or adverse situations, prepare for economic, social and environmental change and deal better with crisis and hardship.

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# STRONGER BARNSLEY TOGETHER

NHS Barnsley CCG

Barnsley Metropolitan Borough Council

Barnsley Hospital NHS Foundation Trust

South West Yorkshire NHS Partnership Foundation Trust

Barnsley Healthwatch

South Yorkshire Police

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# NHS BARNSLEY CLINICAL COMMISSIONING GROUP

We came together as NHS Barnsley Clinical Commissioning Group in April 2013 as a group of general practices serving the residents of the Barnsley Borough. The combined registered population of Barnsley's 37 general practices is 250,264. [DN–check figure]. The CCG has the same boundaries as Barnsley Metropolitan Borough Council.

## Vision, Values, Principles and Objectives

We have set out our vision for the Barnsley population which is underpinned by our values and principles and will contribute towards the system wide vision set out in the Health and Wellbeing Strategy. This vision along with our values, principles and objectives will guide and inform our work, along with the local population's health needs and experience of health care.

The vision for NHS Barnsley CCG is:

**"We are a clinically led commissioning organisation that is accountable to the people of Barnsley. We are committed to ensuring high quality and sustainable health care by putting the people of Barnsley first."**

Services will be commissioned so that they have at their heart the following values:

- Equity and Fairness.
- Services are designed to put people first – helping them to have control and be empowered to maximise their own health and well-being.
- They are needs led.
- Quality care delivered by vibrant primary and community care or in a safe and sustainable local hospital.
- Excellent communication with patients.

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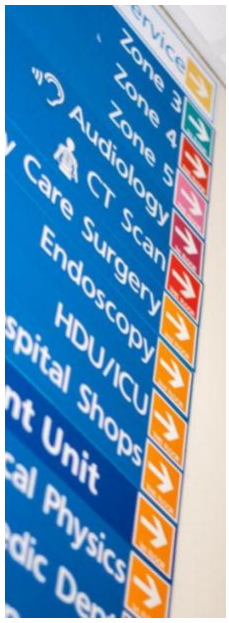
## NHS BARNSLEY CLINICAL COMMISSIONING GROUP




We will use allocated resources to commission the highest quality of care possible:

- There will be no compromise on the safety of care.
- Decisions will result from listening to patients and the public as well as to members.
- All decision making is clear and transparent – all written communications and documents for the public will be jargon and acronym free.
- We will work together with providers and other commissioners to develop integrated care for patients across all pathways.
- The Governing Body and staff are accountable to the public and to members.
- Protecting and using well the resources we have - Making the best most effective use of the Barnsley £.
- There will be excellent communication with all of our stakeholders.

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## NHS BARNSLEY CLINICAL COMMISSIONING GROUP

**Our Objectives are:**

- To have the highest quality of governance and processes to support our business.
- To commission high quality health care that meets the needs of individuals and groups.
- Wherever it makes safe clinical sense to bring care closer to home.
- To support safe and sustainable local hospital services, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley
- To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £. These partnerships will be with, patients, public, providers, Barnsley Metropolitan Borough Council, the local voluntary sector, and other stakeholders as required.

We have ambitious plans to make Barnsley a healthier place to live and to ensure that wherever possible we diagnose and prevent risks to health before they materialise. To provide fair, personal, effective and safe treatment and care we know everybody wants and to ensure these services are provided in the most cost effective way.

We will place the greatest emphasis on quality and patient outcomes from the services we commissions, and expect all our providers including primary care to play their part in ensuring that wherever patients receive care it is of the highest quality possible, and that it delivers the best outcomes.

Patient and public engagement is central to the work we do and our Patient and Public Engagement Strategy provides the framework to ensure it is built into every aspect of our work will enable the essential dialogue about the challenges and solutions to take place.

Our programmes of work will be underpinned by promoting integrated ways of working that support the patient, their families and carers to take more responsibility for their own health both in terms of staying healthy and in accessing the right care in the right place at the right time.

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# NHS BARNSLEY CLINICAL COMMISSIONING GROUP

By encouraging the people of Barnsley to demand the best and our local providers of health care to deliver safe, high quality services we will reduce unacceptable variation in performance and ensure the right care is delivered to meet the needs of patients. In our determination to maintain financial stability we will promote clinical leadership and stronger partnerships within our local community; we will also champion innovation and prevention strategies that deliver improved outcomes for the people of Barnsley.

There is nothing of any significance that we can achieve in isolation. We must work closely with our local partners and with other CCGs on matters that cross CCG boundaries. Joint work with other clinical commissioners will be particularly important when considering the future shape of acute services.

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# NATIONAL POLICY CONTEXT

| Outcome Domains | Outcome Ambitions/Measures | Key Measures |
|---|---|---|
| **Preventing people from dying prematurely** | Securing additional years of life for the people of England with treatable mental and physical health conditions (H&WB ambition) | Improving health.<br><br>Reducing health inequalities<br><br>Parity of esteem, |
| **Enhancing the quality of life for people with long-term conditions, including those with mental illnesses** | Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions. (H&WB ambition) | |
| **Helping people to recover from episodes of ill-health or following an injury** | Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital (H&WB ambition) | |
| | Increasing the number of people with mental and physical health conditions having a positive experience of hospital care (Health ambition) | |
| **Ensuring that people have a positive experience care** | Increasing the number of people with mental and physical health conditions having a positive experience of hospital care (Health ambition) | |
| | Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community (H&WB ambition) | |
| **Treating and caring for people in a safe environment and protecting them from avoidable harm** | Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care(H&WB ambition) | |

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# BARNSLEY PEOPLE AND THEIR NEEDS

## Population Demographics

The 2012 mid-year population estimates from the Office for National Statistics show that there are approximately 233,700 residents across the borough. 21% of the population are aged under 18 years, 61% aged 18 to 64 years and 18% aged 65 years and over. In 2012, there were 2,961 live births and 2,205 deaths.

Between 2011 and 2012 the population of Barnsley increased by 0.8%. Population projections estimate that the population will be 242,000 by 2017 which is an increase of 3.6% from the mid 2012 estimate. The most significant changes are increases in the under 16s population and also the over 65s as a result of people living for longer.

## Deprivation

Barnsley is ranked as the 47th most deprived borough of 326 English boroughs, with 32% of the population living in the 20% most deprived areas in the country. The deprivation is concentrated in the east of the borough (Figure 1). 24% of children in Barnsley currently live in poverty.

The latest Index of Multiple Deprivation (IMD) 2010 data suggest that there has been some - very minor – improvement in relative deprivation between different parts of the borough and between Barnsley and the rest of the country. There are concerns that this improvement may not be sustained due to the impact of national austerity measures and welfare reform on Barnsley residents.

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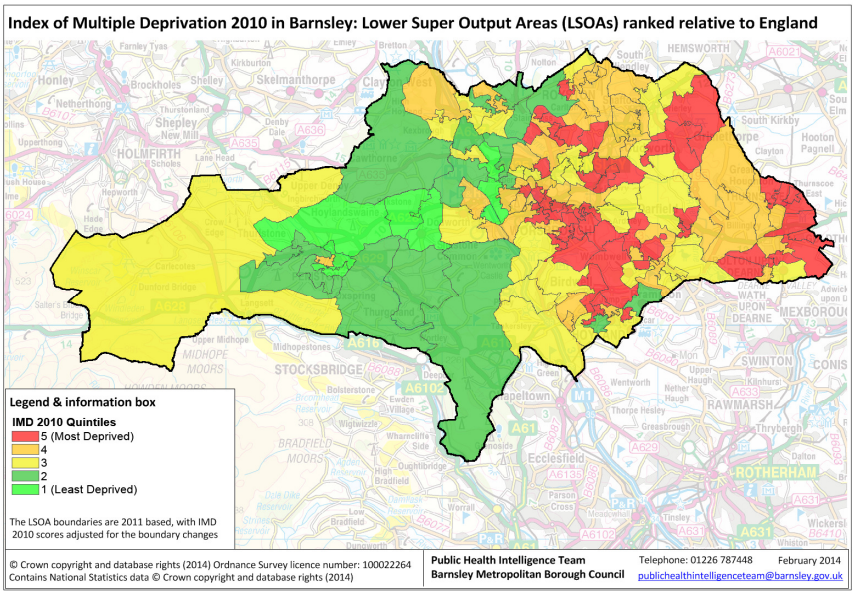
Figure 1: Index of Multiple Deprivation 2010 in Barnsley

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People and Place

Starting and Developing Well

Living and Working Well

Ageing Well

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## PEOPLE AND PLACE

- Barnsley has a population of 233,700 (ONS mid-2012 estimates) and is projected to increase to 245,324 by 2019.
- The most significant increases are in the under 16's population and in people over 65. The largest increase will be in people over 65.
- 96.8% of Barnsley residents were born in the UK; 96.1% describe themselves as white British
- 20.3% (30,120) of the working age population in Barnsley are receiving out of work benefits. This is the highest in South Yorkshire and significantly higher than the national rate of 13.1%.
- Of the 30,120 residents who are on out of work benefits, an estimated 14,190 are claiming Employment Support Allowance and incapacity benefits – 41% are claiming due to mental health and behavioural disorders.
- The number of people out of work for more than 12 months in Barnsley accounts for 30.5% of the of the Job Seekers Allowance claimants compared with the national rate of 28.7%. Over the last 12 to 18 months the number of long term unemployed residents in the Borough has increased by 14.3%.
- Almost 31,000 private sector dwellings are classified as non-decent and over 17% of households in the private rented sector are in 'fuel poverty'.
- Episodes of violent crime at 10.9 per 1,000 population in Barnsley are lower than the England average at 14.6 (2010/11 data). However there is some indication that acquisitive crime may be on the increase across the Borough, linked to the economic downturn.

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## STARTING AND DEVELOPING WELL

- 23.5% (54,500) of the population of Barnsley is under the age of 20 (ONS 2012). This is projected to increase to 56,800 by 2019.
- The level of child poverty is worse than the England average with 24% of Barnsley's children under 16 years living in relative poverty compared with the England rate of 20.6%. 26% of children in Barnsley are reported as living in a household reliant upon out of work benefits.
- Infant and child mortality rates are similar to the England average but there is a link between infant mortality and deprivation.
- The teenage pregnancy rate is significantly higher than the national average. There is a link between teenage conceptions and alcohol misuse.
- The number of women smoking during pregnancy in Barnsley is significantly higher than the regional and England averages. There is a link between high levels of smoking and deprivation.
- Only 61.7% of mothers initiate breastfeeding when their baby is born which is less than the England average of 73.9%. This falls to 27.3% of mothers who are still breastfeeding 6 to 8 weeks after the birth of their baby compared to 47.2% for England.
- The proportion of children aged 4 to 5 years classified as overweight or obese in Barnsley is 23.1% which is lower than the England average at 22.2%. This represents a backward step with previous positive progress not being sustained. At 35.3%, the proportion of Barnsley children aged 10-11 years classified as overweight or obese is higher than the England average of 33.3%. This is a significant cause for concern.
- Although the uptake of childhood immunisation in Barnsley is good further efforts are required to maintain coverage at 95% to ensure children are adequately protected.
- There is some indication that alcohol related hospital admissions are higher among young people in Barnsley.
- Other areas of concern include dental health of 5 year olds, emotional health and wellbeing and improving the health outcomes of looked after children.
- The importance of continuous improvement of safeguarding services and services for children in care.

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## LIVING AND WORKING WELL

- Overall health in Barnsley, although improving, is worse than the England average.
- Life expectancy at birth is 77.8 years for men and 81.5 years for women in Barnsley compared to 79.2 years and 83.0 years nationally.
- There is marked variation in life expectancy across the Borough with a gap of 6.1 years between the wards with the highest and lowest life expectancy for men and a gap of 7.6 years for women. The lowest life expectancy can be found in the East of the Borough.
- Death rates from the 3 main killers – cardiovascular disease (heart disease and stroke), cancer and respiratory disease have fallen over the last 10 years but still remain significantly higher than the England average. Cancer, particularly lung cancer, is the main cause of premature death.
- The percentage of adults in Barnsley taking enough exercise is lower than the national average with only 1 person in 5 meeting the recommended guidelines for physical activity.
- The proportion of adults in Barnsley eating healthily is only 20.3%, lower than the England average of 28.7%
- Smoking prevalence in adults remains high in Barnsley at 23.6% compared with an England average of 19.5%. There is considerable variation in smoking prevalence across the Borough with high levels of smoking linked to deprivation. High levels of smoking are the predominant cause of high lung cancer deaths in Barnsley.
- Levels of obesity and diabetes are higher in Barnsley than the national average contributing to high death rates from cardiovascular disease (heart disease and stroke).
- Barnsley's levels of successful completion of drug treatment for both opiate (6%) and non-opiate (28%) users are cause for concern. Successful treatment levels are significantly lower than the England average at 8% and 39% respectively.

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## LIVING AND WORKING WELL

- Hospital stays for alcohol related harm are significantly higher in Barnsley.
- The percentage of adults with a diagnosis of depression is higher in Barnsley at 8% compared with an England average of 5.8%.
- The proportion of Barnsley residents living with a limiting long term illness is 24.4%. This is significantly higher than the England average of 16.9%.
- Take up of national screening programmes for breast and cervical cancer in Barnsley is good at 81% and 77.9% compared to 76.3% and 73.9% nationally but there is still room for improvement to reduce the number of avoidable deaths. Of particular concern is the lower uptake of cervical screening in younger women aged 25 to 29
- At 72.9% access to diabetic eye screening in Barnsley is lower than the England average of 80.9%. It is important that Barnsley residents with diabetes take up screening to help prevent avoidable sight loss. This is an area for improvement.

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## AGEING WELL

- The proportion of older people (over 65) in the Barnsley population is forecast to increase with a projected 47,947 people aged over 65 years by 2020.
- One person in every 200 in Barnsley has been diagnosed with dementia (2012/13) and with the growing elderly population this number is expected to increase.
- Fuel poverty in the elderly with low incomes is an increasing concern. It is estimated that 20% of excess winter deaths per year can be directly attributed to excess cold hazards.
- Falls in the elderly resulting in a hip fracture are higher in Barnsley than the England average.
- Uptake of seasonal influenza vaccination for the 2012/13 winter in people aged over 65 in Barnsley was 72.9% which is significantly lower than the England average at 73.4%. This was below the recommended minimum target of 75%.
- In the latest survey of patient satisfaction with GP services, the lowest levels of satisfaction were with out of hours services.
- Only 1 person in 5 who wanted to die at home was able to do so

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# ACTION

Our top priorities for the next twelve months are:

- Review and commission intermediate care services
- Redesign and re-specify care pathways for people with long term conditions e.g. diabetes
- Develop high quality primary care services which are accessible across the borough.
- Reconfigure social care assessment and care management arrangements
- Develop universal access to information and support for patients, service users staff and carers to encourage and support self management and care
- Early intervention in mental well-being
- Implementation of the Young People's Health and Wellbeing Strategy including development of services to promote emotional wellbeing in children and young people
- Establishing a care coordination centre

We will deliver these by:

•Developing our Programme Boards and working on 'Enablers'

•Working Together

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## PROGRAMME BOARDS AND ENABLERS 1 OF 2

Whilst we are clear that the work that we do is aligned to the requirements of the Outcomes Framework along with the requirements of the NHS Mandate and NHS Constitution we have established robust programme management arrangements for delivery of the major transformation and improvement activities.

We have established robust programme management arrangements for delivery of the major transformation and improvement activities.

To deliver the improvements that we expect to make, we have created, with our local partners in Barnsley, a structure of Programme Boards aimed at developing a systematic approach to commissioning. The Programme Boards bring together key stakeholders including partners and providers with a common purpose of delivering improvement and transformation across the health and care sector.

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| Programme Board | Membership | Project Level Participation |
|---|---|---|
| Ageing Well | BCCG, BMBC | BCCG, BMBC, relevant voluntary sector bodies, SWYPFT |
| Cancer | BCCG, BHNFT, BMBC, relevant voluntary sector bodies, SWYPFT | BCCG, BHNFT, BMBC, relevant voluntary sector bodies, SWYPFT |
| Planned Care | BCCG, BMBC | BCCG, BHNFT, BMBC, primary care providers, relevant voluntary sector bodies, |
| Promoting Independence | BCCG, BMBC | BCCG, BMBC |
| Think Family | BCCG, BMBC | BCCG, BMBC |
| Unplanned Care | BCCG, BHNFT, BMBC, SWYPFT | BCCG, BHNFT, BMBC, primary care providers, SWYPFT |

Whilst the Programme Boards are the main focus of our improvement agenda, they are not the only mechanism for delivering improvements and driving up quality, safety and standards in health and care. There are also some important issues which do not fall naturally into a programme board arrangement because they are enablers for a number of programme board priorities. Good examples include our commitment to work with NHS England to develop primary care, invest in IT, and the importance of organisational development.

The on-going improvement and enabling activity aimed at improving standards of care across the system are set out in the subsequent sections of the strategy.

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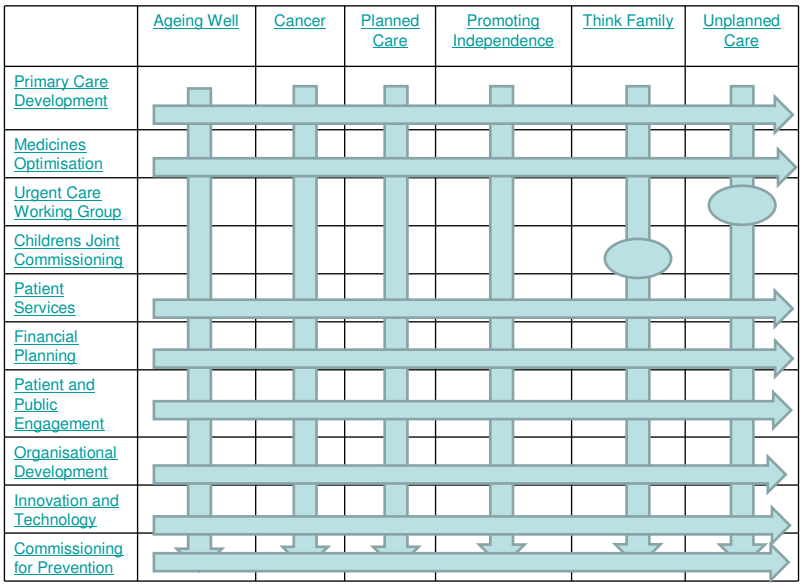
## PROGRAMME BOARD AND ENABLERS 2 OF 2

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# AGEING WELL 1 OF 2

**Programme Board Scope and Rationale**

The health and social care services which have the largest potential impact on the health and wellbeing of older people in Barnsley are:

dementia diagnosis and support

A.intermediate care services

B.other services supporting the frail elderly

The work of the Ageing Well Programme will therefore focus on delivering improvements in these areas.

CCG Clinical Priorities

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Cancer | | CVD | | Long Term Conditions | X | Mental Health | |
| Planned Care | | Unplanned Care | X | Maternity/Childre n | | | |

Outcomes

The Ageing Well programme will deliver the following benefits:

- More service users in Barnsley diagnosed with dementia and receiving appropriate support services
- More service users, families and carers understanding, and independently managing dementia with reduced recourse to health and social care services
- More dementia support delivered in the community and service users' homes, and less in acute and long term care environments
- More integrated, efficient and effective intermediate care services providing higher quality, more value-for-money support
- More frail elderly service users maintained in the community/their own homes with reduced acute admissions for conditions associated with the frail elderly eg falls related injuries
- Fewer older people dying in hospital
- More joined up working between primary, community and secondary care providers (integrated working between Health and Social Care)
- Improved service user, family and carer experience

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# AGEING WELL 2 OF 2

**Headline Priorities and Projects 2014 – 16**

**Priorities**

- Intermediate Care review
- Dementia diagnosis care and support
- Promotion of dementia friendly initiative
- Frail elderly
- Care Homes
- Risk stratification of people with long term conditions
- Integrated Teams and case management of long term condition patients

**Projects**

- Supporting People with Dementia
- Intermediate Care Services
- Improving Services for the Frail Elderly
- Care Homes Projects
- Home Truths Phase 2
- Risk Stratification
- Integrated Teams

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## CANCER 1 OF 3

**Programme Board Scope and Rationale**

The Cancer Programme will deliver a systematic and proactive approach to prevention, early detection and treatment to reduce avoidable cancer deaths in Barnsley.

The work streams will be delivered across the following four broad areas:

•Education: Increasing public awareness of cancer, promoting earlier presentation
•Palliative Services: Delivery of comprehensive accessible services
•Diagnosis: Reducing delays in diagnosis
•Treatment: Ensuring the earliest possible treatment and effectiveness of treatment processes

**CCG Clinical Priorities**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Cancer | X | CVD | | Long Term Conditions | | Mental Health | |
| Planned Care | | Unplanned Care | | Maternity/Childre n | | | |

**Outcomes**

- Improved cancer mortality rates for the Barnsley community
- Reduced variation in mortality and screening uptake across the Borough
- Improved symptom awareness
- Increase in life expectancy
- Reduced health inequalities

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## CANCER 2 OF 3

**Headline Priorities and Projects 2014 - 16**

**Cancer Projects 2013/14**
Cancer targeted campaigns
•All National 'Be Clear on Cancer' Campaigns
•Testicular and Prostate
•Lung
•Head and Neck
•Cervical Screening
Referral and Diagnosis Pathway
•Two week wait patient pathway mapping and improvement – Lung Pathway
•Cancer Diagnosis via attendance at ED. Primary Care Audit
•In depth analysis and audit of lower GI cancer diagnosis via ED
•Promote effective use of GP Cancer Risk Assessment Toolkit
•Identify other pathways to be mapped
Healthwise Mobile Cancer Information Unit
Commissioned Physical Activity Care Pathway
Patient information
•Cancer 2WW Patient Information Leaflets produced
•Cancer Research Leaflets and leaflet stands for GP Practices
•Review Cancer 2WW referral forms
Primary Care Nurses and Nurse Practitioners directly requesting patient x-rays

Palliative Care and End of Life Work 2013/14
•Electronic Palliative Care Coordination System
•End of Life website
•End of Life Care Plan
•End of Life Education Strategy

Macmillan Colorectal Cancer /tele health Project
Survivorship Programme

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## CANCER 3 OF 3

**Already discussed for next year**

Barnsley Palliative Care and End of Life Strategy to be reviewed and revised

Scoping of Palliative Care and EoL Services – what do we provide in Barnsley?

End of Life Pathway (known as Liverpool Care Pathway) to be implemented by July 2014 (Guidance to be released in March)

Review and change the cancer colorectal pathway – reduce follow up appointments in secondary care

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## PLANNED CARE 1 OF 2

**Programme Board Scope and Rationale**

This Programme Board focuses on the Planned Care element of the local health system. The Programme Board's objectives are to streamline, improve outcomes from and ensure maximum impact of existing arrangements. To facilitate a greater proportion of people with long term illness to access planned care support and intervention to enable independence and avoid unplanned activity.

The implication is not simply to expand secondary care based provision, but to facilitate self-care and increase primary care disease management and preventative activity.

**CCG Clinical Priorities**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Cancer | | CVD | ✓ | Long Term Conditions | ✓ | Mental Health | |
| Planned Care | ✓ | Unplanned Care | | Maternity/Children | | | |

**Outcomes**

What are the health outcomes that will be improved as a result of the Programme Boards Work?

Reduced cardiovascular mortality rate
Improved primary prevention of cardiovascular disease
Reduced practice variation in chronic disease management
Increased numbers of patients completing cardiac rehabilitation schemes
Increased symptom awareness
Reduced elective admissions
Reduced first outpatient attendances
Reduced outpatient follow up rates
Reduced health inequalities
Increased quality and provision of primary care diagnostics and monitoring
Increased use of clinical pathways
Care closer to home
Increased patient experience

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## PLANNED CARE 1 OF 2

**Headline Priorities and Projects 2014 - 16**

•Demand Management - to review specialities where Barnsley has high outpatient attendances and first to follow up ratios.
•Implement a Teledermatology Service – to reduce the number of patients needing to be seen in hospital, and strengthen the dermatology knowledge and management in primary care.
•Develop Evidence Based Commissioning - to ensure fewer treatments with evidence of low clinical value take place and that money is directed towards more appropriate treatments with higher clinical value.
•CVD, Hypertension and Diabetes disease treatment and standards – to review patients are receiving high quality care in line with NICE and QOF standards.
•Review of NHS Health Checks – to address the variation in how this programme is being delivered in primary care
•Atrial Fibrillation Local Enhanced Service – to ensure those who are identified as having a high risk of stroke are receiving appropriate treatment
•Review Ophthalmology provision in Barnsley and evaluate a Primary Eyecare Assessment and Referral Service (PEARS) scheme

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## PROMOTING INDEPENDENCE

**Programme Board Scope and Rationale**

The aim of the Promoting independence programme is to develop a new, sustainable approach to delivering personalised care and support based on maximising inclusion, self-reliance and resilience and drawing on the strength of all of our community. The Programme will achieve this by focusing on, and improving, the following aspects of health, social care and well-being services:
•Developing community assets
•Reconfiguration of the Assessment and Care Management process to drive a fundamental change in the delivery model
•Introducing Personal Health Budgets
•Continuing to develop universal access to information and support
•Lifetime planning
•Early intervention in Mental Health

**CCG Clinical Priorities**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Cancer | | CVD | | Long Term Conditions | X | Mental Health | X |
| Planned Care | | Unplanned Care | | Maternity/Children | | | |

**Outcomes**

What are the health outcomes that will be improved as a result of the Programme Boards Work?
*These have not yet been agreed as part of the PI Programme Board*

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## PROMOTING INDEPENDENCE

| Headline Priorities and Projects 2014 - 16 |
|---|
| The priorities are;<br>•Developing community assets<br>•Assessment and Care Management<br>•Personal Health and Integrated Individual budgets<br>•Universal access to information and support<br>•Lifetime planning [around transitions].<br>•Telehealth and care<br>•Early intervention in Mental Health |

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## THINK FAMILY

| Programme Board Scope and Rationale |
|---|
| The Think Family Programme Board will lead and promote integrated working across the One Barnsley Partnership – including health, social care, schools, family support and public health and across all sectors (private, voluntary and statutory) to create a better future for Barnsley's children, young people and families so that we close the gaps in educational attainment, health inequalities and general wellbeing and can stand proudly alongside the best in the country.<br><br>The Think Family Programme aims to develop high quality services and support for families who need early help, and those who have significant multiple problems, so that they achieve positive outcomes and consequently place less demand on local services. The delivery model will require creativity, service re-design, workforce engagement and a strong multi-agency approach developed with local families, and children and young people, so that everyone thinks about the whole family as well as the individual family members. |

| CCG Clinical Priorities | | | | | | | |
|---|---|---|---|---|---|---|---|
| Cancer | | CVD | | Long Term Conditions | | Mental Health | |
| Planned Care | | Unplanned Care | | Maternity/Children | X | | |

| Outcomes |
|---|
| By September 2015 we will transform the planning and delivery of services for Children Young People and Families to ensure that:<br>a 'Think Family' approach is applied to assessment and delivery, as part of "business-as-usual"<br>resources are targeted on individual, family and community needs to reduce the gaps between children and young people with additional needs and other children and young people<br>local children, young people, families and communities are at the centre of the process, informing, shaping and holding services to account<br>there are improved outcomes for Barnsley's individual children, young people, parents and carers, families and communities in which they live, by taking a whole systems approach to service re-design and delivery, including, where beneficial, the alignment and pooling of resources across health, education, social care and family support and wellbeing<br>services are effective and evidence based, and provide value for money. |

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## THINK FAMILY

In achieving this we believe we will create a better future for Barnsley's children, young people and families so that we close the gaps in educational attainment, skills, health inequalities and general wellbeing and can stand proudly alongside the best in the country.

**Headline Priorities and Projects 2014 - 16**

Priority areas

•Family Assessment Approach – Framework Development
•Workforce Development
•Policies and Procedures
•Partnership Sign up
•Communication and Engagement
•Equality and Diversity
•Implementation
•Monitoring and Evaluation

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## UNPLANNED CARE

**Programme Board Scope and Rationale**

The aim of the Unplanned Care Improvement Programme Board is to deliver more efficient, effective and integrated unplanned healthcare services for the people of Barnsley, while addressing immediate pressures on Accident & Emergency services

The scope of this Programme includes the following services:

•Primary Care including Out-of-Hoers Services
•Community Care (Health, Social Care, 3rd Sector and Carers), including rapid response services
•A&E and General Hospital service (the role of the Ambulance Service is critical to this but not exclusive to it)

The key to ensuring change in how care services are planned and delivered within the Unplanned Care Programme is to view the system as a whole, recognising that each area of service delivery affects the other.

**CCG Clinical Priorities**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Cancer | | CVD | | Long Term Conditions | | Mental Health | |
| Planned Care | | Unplanned Care | X | Maternity/Childr en | | | |

**Outcomes**

The benefits resulting from the Programme will include:

Reduced emergency admissions and readmissions to hospital
•Reduced A&E attendances
•Reduced non-elective admission rates
•Reduced practice variation in relation to A&E attendances
•Joined up working between primary, community and secondary care providers
•Improved patient experience and patient safety
•The A&E operational 4 hour standard achieved and maintained

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# UNPLANNED CARE

**Headline Priorities and Projects 2014 - 16**

**Primary Care**
2013 to 2014
- GP in ED
- Patient Expectation/utilisation of ED Research
- GP DNA work
- GP Saturday morning opening
- Patient Partner/Voice Connect 24 hour telephonic system
- Choose Well Campaign

2014 to 2016
- Ensuring maximum and consistent access to appointments
- Choose Well Campaign at scale across the year
- Review and refine access to GP's across the week

**Community/Whole System work**
2013 to 2014
- Yorkshire Ambulance Service In hours referrals to General Practice
- Introduce Minor Ailments Scheme

2014 to 2016
- Care Co-ordination Centre
- Virtual Ward model for Community Nursing
- Yorkshire Ambulance Service 'see and treat' work
- Evaluate and maximise the utilisation of the Minor Ailments Scheme

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# UNPLANNED CARE

**Emergency Department and Hospital Care**
2013 to 2014
- Patient information in ED
- Utilisation of GP in ED

2014 to 2016
- Revisit 'front door' to effectively allocate patients – Primary Care Triage and possible Ambulatory Emergency Care Centre
- Thrombosis Service
- Patient Flow and Ward Round work

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## PRIMARY CARE DEVELOPMENT

| Objective | Current Position | How/Tasks |
|---|---|---|
| 1. **Improved access to primary care** | Variation in access, both in terms of appointments and timely access to a range of services; varying levels of information regarding services provided; differing commissioning approaches in place across SY&B CCGs | Undertake an Independent assessment of primary care access across the borough<br><br>Design service specification for procurement of demand management systems for practices<br><br>Work with Health Watch to develop customer focussed access standards<br><br>Submit an application to NHS England (NHSE) with reference to "The Prime Minister Challenge Fund" to increase access in Barnsley<br><br>Work with NHSE to review the practice premises stock across the borough<br><br>Develop a Primary Care Estates Strategy to improve all practice premises<br><br>Work with LIFT providers to re-negotiate terms and access flexibilities to deliver comprehensive cost effective services over seven days<br><br>Implement a telephone access system across all practices<br><br>Work with NHSE and practices to reduce variation in practice across the borough |

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## PRIMARY CARE DEVELOPMENT

| Objective | Current Position | How/Tasks |
|---|---|---|
| **2. Stronger focus on prevention of ill-health** | Health &Well-Being Boards' priorities include personal responsibility, initiatives underway; need for primary care to play an integral part in this agenda but currently piecemeal approaches; only 4% of national healthcare budget is spent on prevention | Work with the Health and Wellbeing Board and Public Health to test out/ pilot self-care toolkits<br><br>Deliver behavioural change initiatives through the Barnsley Clinical Commissioning Groups' (BCCG's) Service Development Team supported by Barnsley's Public Health Team<br><br>Implement the "Sound Doctor" system across all practices, customising material to meet local needs<br><br>Expand the "Choose Well" media campaign to increase coverage and impact across Barnsley<br><br>Increase patient uptake of the Barnsley "Pharmacy First" scheme<br><br>Use the "Care Coordination Centre" initiative to signpost the public to self-help/ self-care support<br><br>Undertake work with Barnsley Council (BMBC) to support and train **all** carers |

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## PRIMARY CARE DEVELOPMENT

| Objective | Current Position | How/Tasks |
|---|---|---|
| **3. A more sustainable primary care workforce** | Significant risks facing the GP and practice nurse workforce in terms of recruitment and retention, coupled with approaching retirement crisis; restrictive approach to transferrable skills; limited recognition of skills and potential | Undertake a Barnsley-wide workforce/skill mix review<br><br>Work with Health Education England to develop a Primary Care Workforce Strategy and plans for Barnsley<br><br>Continue to develop practice based High Performing Teams models<br><br>Initiate a Fellowship approach to attracting General Practitioners and Senior Nurses to work in Barnsley<br><br>Develop clear workforce development programmes for all staff groups |

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## PRIMARY CARE DEVELOPMENT

| Objective | Current Position | How/Tasks |
|---|---|---|
| **4. New integrated ways of working** | Health & Well-Being Boards tasked with overseeing the delivery of health and social care integration agenda; commitment at the highest level across organisations to work together; pockets of innovation but not widespread; Everyone Counts planning guidance requires wider primary care provided at scale | Develop a clear Organisational Development Plan with practices to support transformation of services from secondary to primary care<br><br>Develop local Information Technology Plans to deliver a borough-wide electronic patient record<br><br>Develop interfaces between the boroughs IT systems to deliver electronic transfer of patient information in line with NHSE requirements<br><br>Undertake targeted pathway work to improve pathways – Diabetes to be addressed initially<br><br>Review intermediate care provision – linked into the Better Care Fund and Pioneer integrated working arrangements – to ensure integration of intermediate care and primary care services<br><br>Facilitate primary care input to Barnsley wide programme board initiatives and support local primary care contract developments through Any Qualified Provider (AQP) processes<br><br>Deliver a range of medicines optimisation initiatives to improve the effectiveness, quality and safety of prescribing across the borough |
| **5. Development of providers** | AQP approach largely untested; many primary care providers feel ill-equipped to be able to respond appropriately to commissioners testing the market; concern about the future | Work with primary care providers to deliver locally contracted services at scale particularly linked to Elderly Care and Long Term Conditions management |

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## MEDICINES OPTIMISATION

During 2014/15 there will be 3 key initiatives developed as part of our medicines optimisation work building on the work undertaken in 2013/14 and that which continues to be ongoing.

•Prescribing Incentive Scheme – an extension of the prescribing incentive scheme to ensure that the most cost effective treatments are being prescribed

•Medicines Management Risk Stratification – utilising the Eclipse Live risk-stratification software system to identify at risk patients and inform medication reviews allow improved prescribing and improvements to patient safety.

•High Cost Drugs – reviewing the use of high cost drugs to understand the purposes for which they are being used to ensure prescribing is taking place in line with guidelines.

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## URGENT CARE WORKING GROUP

The Urgent Care Working Group (formerly the Urgent Care Board) provides system wide leadership in the area of urgent care. It comprises representatives from the Clinical Commissioning Group, the local authority, principal NHS providers (including Yorkshire Ambulance Service) and NHS England.

The purpose of the Urgent Care Working Group (UCWG) is to develop a resilient, sustainable and integrated 24/7 model for urgent and emergency care in Barnsley and to ensure rapid and appropriate access to services. The Barnsley Urgent Care Model has been developed by the UCWG and the Unplanned Care Programme Board have been asked to put in place activity to begin to implement the model and ensure it is working effectively. It's particular accountabilities are relatively short term and around system wide planning and performance, winter plan / surge planning, and implementation of BHNFT's ECIST visit action plan. This differentiates it from the Unplanned Care Improvement Programme Board which has a longer term / service transformation focus.

The UCWG will:

•review the full range of appropriate data, information and research and ensure that evidence best practice is adopted.
•ensure that the effectiveness of primary and community care services, the ambulance service and NHS 111 are reviewed.
•ensure that a full range of services is available to the acute trust for those patients in the Emergency Department who need services not provided by acute hospitals are in place.
•work with local authorities to ensure that the discharge pathway is effective.
•oversee the investment of the 70% tariff funding retained from the excess urgent care tariff.

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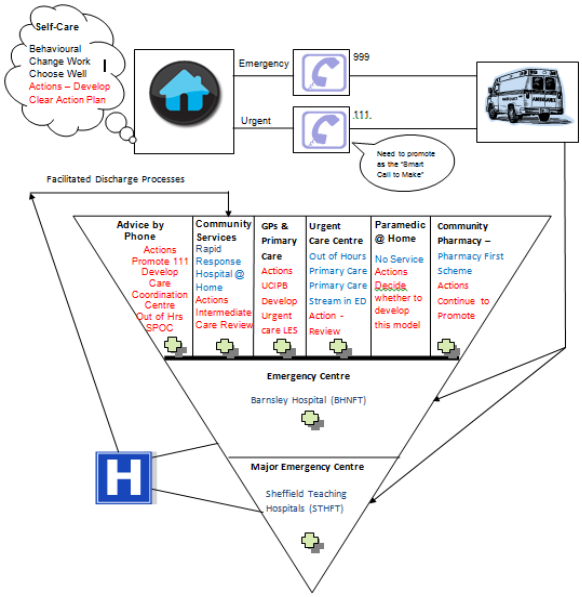
## BARNSLEY URGENT CARE MODEL

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## CHILDRENS JOINT COMMISSIONING

The Think Family Programme Board will lead the development and implementation of a number of initiatives focused around the family. There are however a wide range of other areas that we are working on with our partners, through the Children and Young People's Trust in contribution to our priority around children and maternity. The Young People's Health and Wellbeing Strategy identifies the priorities for improving young people's health and wellbeing and includes a number of clear recommendations towards which we will contribute.

More specifically, over the next two years we will focus on:

- Reviewing Community Paediatrics
- Leading the Development of Emotional Wellbeing Work
- Improving health services for Children in Care and ensuring effective monitoring to enable any remediation required
- Developing ambulatory care for identified conditions

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## PATIENT SERVICES

- Patient Safety
- Patient Experience
- Cost Improvement Programmes
- Access
- Innovation
- CQUINs
- QIPP Governance and Performance Monitoring

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## PATIENT SAFETY

A key challenge for us continues to be our work to manage and improve the Incidence of healthcare associated infection (HCAI) – MRSA and C-Difficile.

We aim to minimise the incidence of Clostridium Difficile in all providers in the health economy and will aim to deliver zero tolerance to MRSA infection.

The CCG is also working with our Barnsley Hospital NHS Foundation Trust to reduce Hospital Mortality indicators, utilising the Keogh guidance in respect of 7 day working across health and social care.

The CCG's safeguarding work is also aimed at improving patient safety and protecting vulnerable people. The CCG has two roles in relation to safeguarding:

Ensuring the providers of health and care services are meeting national and statutory requirements and actively contributing to the Barnsley Safeguarding Board.

Supporting and challenging partners to deliver improvements to safeguarding and deliver the objectives of the Barnsley Safeguarding Board.

As part of patient safety governance, investigation processes have been established to enable effective analysis of serious incidents to identify trends and assist and monitor remediation to reduce risk of repetition and promote patient safety. In addition work will be undertaken to proactively and routinely review care delivery to ensure that best practice is embedded.

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## PATIENT SAFETY

The CGC's Quality and Patient Safety Committee reviews and scrutinises NHS England's quality assurance dashboard, and receives regular reports on patient safety, patient experience, and clinical effectiveness to provide assurance in relation to commissioned services to identify potential safety failures in NHS providers.

Where it is felt that quality of care is being compromised, this will be escalated to the CCG's Governing Body and through the Quality Assurance Framework.

The Quality Assurance Framework describes the CCG's approach to assuring quality in all our commissioned services and it specifically applies to all commissioned NHS and Independent Providers. Patient safety, clinical effectiveness and patient experience will be monitored through routine internal contractual processes and clinical governance structures and external sources such as Care Quality Commission, MONITOR, peer reviews, national surveys etc.

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## PATIENT SAFETY

Where serious concerns are identified a structured and purposeful Quality Assurance Visit (Appreciative Enquiry) to providers may be required.

Each of the main NHS provider contracts held by the CCG for provision of health services has a robust contract monitoring mechanism to support it. The following areas are reviewed on a regular basis:

Performance against national targets, Use of professional evidence based practice such as NICE guidance, Levels of patient satisfaction/experience including complaints and other data (evidence of embedding the 6 C's), Compliance with Care Quality Commission essential data standards of quality and safety, Mechanisms to manage risk, Results from staff engagement surveys, Patient Safety Thermometer data, Patient safety measures.

The quality reporting schedules, which are included in the provider contracts, have been developed for 2014/15 ensuring that significant areas in relation to the quality agenda have been included. These schedules have also included the requirement for providers to identify how they have considered the Francis report recommendations.

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## PATIENT EXPERIENCE

Patient Experience forms a key strand of our quality activity and is important in helping us to understand from a patient perspective how health services in Barnsley need to improve and adapt to deliver better outcomes for local people. As part of our approach to collecting and using patient experience information we will:

•ensure providers deliver rapid comparable feedback on the experience of patients and carers;

•build capacity and capability in providers and commissioners to act on patient feedback;

•assess the experience of people who receive care and treatment from a range of providers in a coordinated manner;

•monitor the staff satisfaction surveys undertaken nationally and locally by our providers to assist our triangulation of evidence.

•NHS Barnsley CCG scores well when compared to the England median and similar CCGs against all three measures.

Through the review of existing sources of feedback (including the Friends and Family Test) a business intelligence approach will be adopted to effectively collate and triangulate the data to ensure it is shared in an easily accessible format and timely manner. Where necessary duplication of feedback collection will be challenged and new methods adopted, most importantly the focus will be on ensuring that the feedback is appropriately acted upon – to praise as well as remediate – and that such actions are also publicised to give the public confidence in the efficacy and integrity of the process.

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## COST IMPROVEMENT PROGRAMMES

As part of our contracts with providers the CCG will require any cost improvement programmes to have explicit sign off by the relevant Medical and Nursing Directors and evidence of this provided to demonstrate services are safe for patients with no reduction in quality and do not contravene NICE guidance

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## ACCESS

- We will ensure delivery against the NHS Constitution pledges in relation to access – links to performance table
- In developing service specifications and through contracting arrangements we will ensure improved accessibility including considerations such as location of services, designing services with the patient at the centre and tailoring services where appropriate and ensuring the needs of all groups are considered to ensure they are able to access information and advice, support and care.
- 7 Day working – linked to Better Care Fund to improve access to advice, information and services where appropriate

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## INNOVATION

To deliver the significant change and improvement required we have recognised the need take an innovative approach to commissioning and develop a more innovative culture. The CCG, as a new NHS organisation, is well placed to drive change and innovation across the local health and care economy as well as contribute to the wider innovation agenda across the NHS.

Key initiatives currently underway or being planned include

•Working with MediPex to develop an Innovation Strategy for the CCG and to contribute to the establishment of a Yorkshire and Humber Innovation Scout Network. The Innovation Scout Network will train members of staff to help identify, develop, protect and promote the adoption and diffusion of innovation.

•Piloting the concept of an 'Innovation Camp' working with Diachii Sankyo, a small pharmaceutical company, to develop innovative ideas to develop and improve how the CCG works as an organisation.

In addition to these specific innovation related projects, innovation is a key strand of changing the local health and care system and will be crucial to the implementation of integrated working, 7 day working, Information Technology developments and many other areas of work planned by the Programme Boards or identified as our enablers to success.

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## CQUINs

The CCG works with NHS providers using an evidence-based process for agreeing and implementing local CQUIN schemes for 2014/15 – taking account of NHS England guidance.

The national schemes identified for 2014/2015 are:
Friends and Family Test, Improvement against the NHS Safety Thermometer, particularly pressure ulcers, Improving dementia and delirium care, , including sustained improvement in finding people with dementia, assessing and investigating their symptoms and referring for support (FAIR)

Improving diagnosis in mental health, where providers will be rewarded for better assessing and treating the mental and physical needs of their service users.

Local CQUIN schemes from 2013/14 that have been achieved will become part of the contracted performance requirements for 2014/15.

The CCG Membership Council and the Governing Body, using local priorities (CCG Commissioning Intentions) and national priorities, have identified potential themes for local CQUINS.

The proposed local schemes for Barnsley Hospital NHS Foundation Trust are:

•Pressure Ulcers, Antimicrobial Stewardship, Learning Difficulties Acute Care, Clinical Communication, 7 Day Working.

The proposed local schemes for South West Yorkshire Partnerships Foundation Trust are:

•Pressure Ulcers, Antimicrobial Stewardship, Learning Disabilities – Cancer Screening, Dementia, High Performing Teams

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## QIPP GOVERNANCE AND PERFORMANCE MONITORING

We will continue to lead 'Whole System' approach to the Quality, Innovation, Productivity and Prevention agenda, to ensure the delivery of transformational change across the local health and social care community, realise maximum benefits to our population and support partners to maintain financial balance.

Our Quality, Innovation, Productivity and Prevention programmes have been developed with the involvement of all our key partners through the whole system forum. Robust programme and project arrangements will be put in place to ensure that the developmental work required is delivered across a variety of projects and task groups working in a matrix fashion. This will maximise engagement, alignment and co-working on solutions which support the CCG's objectives against the wider background of the needs of the Barnsley health and social care economy.

Each Quality, Innovation, Productivity and Prevention programme is embedded within our core business and the accountable manager and clinical lead identified. Our programme management structure identifies the resources and requirements to support the delivery of projects. This includes the identification of risks to delivery, evaluation of the nature and extent of identified risks and the effective management of any risk in line with the CCGs risk management framework.

Progress on the delivery of our Quality, Innovation, Productivity and Prevention programmes is reported as part of the Integrated Performance Management Report. Progress in respect of the delivery of key milestones, key performance indicators and risk is also reported to the South Yorkshire and Bassetlaw Area Team in line with Department of Health reporting arrangements.

The Finance and Performance Committee of the CCG provides a forum for a detailed review of progress, risks and mitigating actions in respect of all programmes and projects.

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# FINANCIAL PLANNING

**Financial Control**

The planned level of resource and application based upon allocations received from NHS England is shown below for 2014/15 to 2018/19. Non-Recurrent investments will be utilised to pump prime developments to deliver more effective, high quality and cost effective care and will deliver future recurrent efficiencies across a number of commissioned services.

The planned in year surplus is 1% across all planning years, in line with NHS England financial planning guidance.

**Overall Plan for 2014/15 to 2018/19**

The following details the planned level of resource and expenditure in each year of the plan:

| | 2014/15 £'000s | 2015/16 £'000s | 2016/17 £'000s | 2017/18 £'000s | 2018/19 £'000s |
|---|---|---|---|---|---|
| Resources Available: | | | | | |
| Recurrent | 347,037 | 358,613 | 364,736 | 370,977 | 377,346 |
| Non-Recurrent | 11,426 | 9,426 | 3,728 | 3,740 | 3,803 |
| Total | 358,463 | 368,439 | 368,463 | 374,717 | 381,148 |
| Application: | | | | | |
| Recurrent | 336,307 | 349,435 | 355,532 | 361,592 | 367,836 |
| Non-Recurrent | 13,518 | 14,876 | 9,192 | 9,322 | 9,446 |
| Total | 349,826 | 364,311 | 364,724 | 370,914 | 377,282 |
| Planned Surplus | 8,638 | 3,728 | 3,740 | 3,803 | 3,866 |

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# FINANCIAL PLANNING

The financial plan summarised on the previous page, delivers investment into existing contracts and new priorities, as well as ensuring that the CCG meets national requirements to achieve a 1% surplus in each of the planning years.

The CCG has a number of new developments for investment in 2014/15 and 2015/16. In total, the CCG is planning to invest an additional £4.3m recurrently and £30m non-recurrently into new initiatives over the two financial years. We expect that future efficiencies generated from this investment will be reinvested into health care services for the Barnsley population in future years.

**Managing Risk**

Barnsley CCG has a robust system of monitoring its contractual arrangements on a monthly basis. Given the size of the overall budget it is prudent to have financial reserves available to call upon, and there is a requirement to set aside 0.5% of the overall budget for contingencies, to be utilised within the financial year.

In 2015/16 the pooled fund related to the Better Care Fund will be formally established. In order to minimise the risk relating to the ambitious targets for reducing demand for emergency activity through additional investment into preventative and early intervention services, the CCG has set aside 2.5% of overall funding (£3.47m) non-recurrently in 2014/15. This will be used to pump prime investment to deliver the required changes. In future years this reserve will continue at the lower value of 1%.

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# FINANCIAL PLANNING

Barnsley CCG has utilised the following high-level assumptions to underpin the financial plan and strategy.

Allocations as published for 2014/15 and 2015/16 have been included. For the final three years of the plan, NHS England planning guidance growth rates have been applied.

A minimum 1.8% recurrent and 1% in-year surplus will be delivered in each year of the plan as required by NHS England.

Reserves have been set aside for non-recurrent investments through Programme Boards to deliver against the CCG's key priorities across the financial planning period.

The CCG is planning to carry forward £10.6m surplus for 2013/14 into future years. NHS England has confirmed that this will be returned to the CCG for commitment non-recurrently against our priorities.

### Growth and Efficiency Assumptions

Barnsley CCG has planned on the basis of delivering 4% efficiency on tariff and non-tariff acute, mental health and community contracts. This has been off-set by nationally defined efficiency rates.

For Continuing Healthcare a 0% uplift has been applied across all years.

For Prescribing 5% growth has been off-set by a 5% QIPP target to be delivered through a Prescribing Incentive Scheme in each year.

For Running Costs, a 10% QIPP target has been assumed in 2015/16, in line with nationally driven reductions.

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# FINANCIAL PLANNING

### Integration and Better Care Fund

Barnsley CCG is working closely on the development of pooled arrangements for the Better Care Fund, to commence in April 2015, alongside arrangements already in place for Children and Young People's Services. To support this development, the CCG has committed £3,470k non-recurrently in 2014/15 to pump prime Better Care Fund Initiatives and is planning for the minimum £18,358k recurrently from 2015/16. This includes existing contractual commitments.

### Commissioning for Quality and Innovation (CQUIN)

Barnsley CCG has ensured that all contracts have locally developed CQUIN schemes, alongside national schemes, that will benefit the wider health care system and the healthcare of the people of Barnsley. These schemes have been developed in conjunction with the CCG Membership Council and the Governing Body, using local priorities and national priorities.

### Contract Management

Barnsley CCG has incorporated all relevant key performance indicators in the quality schedules for those providers for which it is lead commissioner.

As indicated earlier in the plan, a robust system of performance management has been developed to monitor provider progress against the key performance indicators and maintenance of financial targets also. Where providers fail to meet the identified standard/threshold the CCG will enforce the terms of the standard contract.

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## PATIENT AND PUBLIC ENGAGEMENT

Patient and public engagement is the active participation of patients, carers, community groups and the general public in how our health services are planned, delivered and evaluated.

Barnsley Clinical Commissioning Group has committed to being 'exemplar' in engagement. This is described as:

•The entire Barnsley population is reached via at least one but in some cases, several routes in an inclusive and timely way and we can demonstrate this

•The Barnsley population will want to be involved with us and we will communicate with them without using jargon and by asking straight forward questions

•We are candid with them – we tell them what we hear, good and bad (without whitewash) and ask them how to make things better

•We build practical learning into our future work and we will be able to demonstrate how patient, carer and public input has shaped / changed work from its initial inception

•We will have offered a variety of tools to help shape self-care

•We will raise expectations of the service whilst taking partnership responsibility in order to deliver "no decision about Barnsley health and social care services without Barnsley"

•We will go above and beyond and set the standard to which others aspire; continually learning and developing

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## PATIENT AND PUBLIC ENGAGEMENT

Our Patient and Public Engagement Strategy sets out our pledges on engagement as set out below and also the roles and responsibilities of different groups and details of our approach to engagement.

**Strategy Pledges**

The strategy pledges to ensure that patients, the public and other stakeholder groups clearly recognise the role of Barnsley Clinical Commissioning Group as an organisation responsible for: driving forward improvements in health and healthcare across Barnsley; and working with partner organisations to tackle health inequalities and improve health across the borough.

The strategy supports the organisation to achieve this by pledging to:

- **Be organised to enable influence** - by enabling people to be involved in every aspect of the commissioning cycle. Provide necessary contextual information as appropriate, including being clear about mechanisms for input, how that influence will shape decisions. Clarifying what can and cannot be changed by the CCG as a result of input;
- **Be clear and transparent** – ensure patients and the public have a real voice and that the views, comments and opinions of patients, carers and the public are embedded into the decision making process. Maintain a committee to oversee this work;
- **Go further than 'consultation'** - We want to make sure that we communicate appropriately with all our 230,000 patients so they become more in control of their health and social care. We will support our workforce so they encourage a person centred approach supporting people to be in control of their health rather than being at the receiving end of a paternalistic approach to care.

Many of the improvement actions and developments set out in this strategy and plan will be informed as appropriate by public and patient engagement activity. Key areas for of activity where public and patient engagement will be need to inform our work include:

- A review of Intermediate care services
- Dementia diagnosis and support, including a review of memory assessment services
- Unplanned Care – developing greater insight into peoples use of urgent care services
- Universal access to information and support
- Palliative Care Strategy
- Care homes project
- Children's emotional wellbeing

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## PATIENT AND PUBLIC ENGAGEMENT

**Pledges cont.**

•**Listen, respond and give feedback** – we will listen to and demonstrate how any input has been heard within the decision making process. Results, comments, complaints and compliments will be fed back and where services have changed this will be fed back to individual members of the public; we will regularly communicate about feedback and decisions taken;

•**Work in partnership** – we will work with partners to ensure that a co-ordinated approach is adopted as to avoid overburdening patients, carers and the public and to enable us to act upon information that has been collated and analysed;

•**Re- shape services** - to ensure patients and the public are at the centre of their care by transforming participation in health care at all levels.

•**Sustain relationships** – with local populations by developing their knowledge and confidence in the local NHS. The culture of openness and transparency in the Clinical Commissioning Group is key to gain the trust of local people and thus sustain their engagement and involvement;

•**Be accessible** – ensure that we act in an inclusive, fair and equitable way and that we actively seek the views of people from minority groups (see appendix 5). We will publish opportunities for engagement widely, clearly and accessibly with appropriate time considerations to allow a considered response. Grow our understanding and trust with stakeholders and provide support so everyone is able to participate;

•**Be an organisation that people want to work for and with** – by sharing information, actively seeking views and listening to ideas, supporting staff and promoting our vision, values and objectives across the organisation;

•**Be innovative** – using new technologies as well as available insights to anticipate and respond in a timely manner to issues, protect the NHS reputation and share best practice across the organisation and its member practices.

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## ORGANISATIONAL DEVELOPMENT

The Health and Wellbeing Board recognises the need to engage in what might be described broadly as organisational development activities.

The McKinsey 7S framework can be used in a number of ways including determining how best to implement a proposed strategy. There are seven aspects to get right for success: **Strategy, Structure, Systems, Shared Values**, **Style, Staff, and Skills**

Our priorities for 2014/15 include:

| Aspect | Action | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|---|
| Strategy | Develop the JSNA process that it fully supports strategy development and implementation. | | | | |
| Structure | Review who reports to the Health and Wellbeing Board and giving specific consideration to Safeguarding Boards and the Health Protection Board. | | | | |
| Systems | Each programme board to establish performance metrics and improvement trajectories in those metrics for the next five years | | | | |
| Shared Values | Identify ways for board members to exemplify our core principles including shared responsibility, targeting resources according to need, being transparent and accountable | | | | |
| Style | Evaluate the effective of the Health and Wellbeing Board to model the importance of reflection, learning, and continuous improvement | | | | |
| Staff and Skills | Implement a set of actions to develop our health and wellbeing workforce | | | | |

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## ORGANISATIONAL DEVELOPMENT

Much of our focus around development is rightly on our own organisations – they are the bedrock upon which collaboration is built.

For the CCG, the aim of our approach to OD is:

*'To build upon and maintain the culture, capacity, capability and processes required to achieve NHS Barnsley Clinical Commissioning Group's vision'*

This approach is to concentrate our OD activities in the planned and emergent development of four main groups of members across the CCG:

| Group | Key OD Challenges |
|---|---|
| **Membership** | • Greater engagement in commissioning decisions<br>• Further develop capacity in commissioning & clinical leadership |
| **Member Practices** | • Greater engagement in annual commissioning<br>• Developing capabilities as a high performing membership organisation (HPMO) |
| **Workforce** | • Establishing & developing new roles & responsibilities<br>• Building resilience & enhanced capabilities as a CCG Workforce |
| **Governing Body & Membership Council** | • Further developing commissioning & clinical leadership capabilities<br>• Effective functioning as a Governing Body & Membership Council |

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## ORGANISATIONAL DEVELOPMENT

- Our OD priorities address the key OD challenges for each of our four groups. These are:
- Ensure that everything we do improves the lives of the people of Barnsley and that there is a clear benefit to the Public in Barnsley that is demonstrated within each of our services
- Ensure the ongoing engagement of the public, patients & member practices in keeping with the mandate to operate as a CCG for Barnsley and to become an exemplar of excellence in PPE
- Ensure that robust Financial and Governance plans and arrangements are in place and deliver on the CCG's statutory and other responsibilities.
- Ensure the formulation of clear commissioning priorities in the delivery of our plans by developing stronger alliances with our key partners & stakeholders
- Ensure that the organisational structures are fit for purpose in the delivery of our plans and that the 'authority to act' and 'accountabilities' are clearly defined and communicated for each team, function and role across Barnsley CCG
- Ensure that Barnsley CCG has robust policies, strategies and procedures that enable the delivery of all plans via Clinical Leadership and a 'programme management' & 'project management' approach
- Ensure that teams and individuals across Barnsley CCG have appropriate strategic leadership in order to be empowered to act as leaders in the development of their services / teams / individual roles to work in a highly effective manner
- To develop an enthusiastic, dedicated Workforce who are clear about the challenges of new ways of working, changed environment, roles and responsibilities of each other and who value / are valued for what they do.
- Ensure that the Members, governing Body and Workforce have the capacity to deliver on our priorities in a manner that reflects the organisations values and results in Barnsley CCG becoming an 'Employer of Choice'
- Ensure that Governing Body members have the necessary leadership competencies and by addressing any deficits in skills, knowledge or behaviours through structured and experiential development as individuals and as a team.

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## INNOVATION AND TECHNOLOGY

We are developing an IT Strategy that will ensure we meet the requirements and direction of travel set out for informatics in the NHS by NHS England in "Everyone Counts: Planning for Patients 2014/15 to 2018/19" The strategy will particularly support us in delivering improvements in citizen participation and empowerment which are the characteristic of high quality, sustainable care systems.

Nationally there are a number of developments that will improve the access to and use of information and technology as we move towards 2018/19 and which will help to deliver local benefits for Barnsley people. These include:

•GP practices will be contractually required from April 2014 to promote and offer the facility for patients to book appointments and order repeat prescriptions online. This functionality is planned to be rolled out by this point.

•From March 2014 GP practices will be required to promote and offer the facility for patients to gain online access to the data in their Summary Care Record (SCR); i.e. medications, allergies, adverse reactions and any additional information they have explicitly consented to.

•Adoption of paperless referrals - instead of sending a letter to the hospital when referring a patient to hospital, the GP can send an email instead. (From summer 2014, the existing Choose and Book system will be replaced by the new e-Referrals system.)

•Clear plans in place to enable secure linking of these electronic health and care records wherever they are held, so there is as complete a record as possible of the care someone receives.

•Clear plans in place for those records to be able to follow individuals, with their consent, to any part of the NHS or social care system.

•By April 2018 - digital information to be fully available across NHS and social care services, barring any individual opt-outs.

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## INNOVATION AND TECHNOLOGY

The Chairs of the NHS Barnsley CCG, Barnsley Hospital NHS Foundation Trust and South West Yorkshire NHS Partnership Foundation Trust, have agreed to share clinical information across systems within 18 months.

In developing and beginning to implement our strategy, during 2014/15 and into 15/16 we will specifically be focusing on building on the good work already in place and will look to:

1. Establish a borough-wide IT forum to include representatives of Barnsley CCG, Barnsley Hospital FT, South West Yorkshire FT and Barnsley Metropolitan Borough Council to develop a borough-wide strategy, including:
•Options for improving records sharing, including a review of System One functionality and the Medical Interoperability Gateway (MIG).
•How to enable the citizens of Barnsley to access public sector services on-line.
•Plan for moving from Choose and Book to E-referrals

2. Establish an IT forum within the CCG to lead on developing IT in General Practices in preparation for new functionality becoming available, to include:

**By March 2015**
•Migrate practices to NHSmail
•Complete the migration of the 6 remaining GP systems from EMIS LV, to SystmOne or EMISWeb.
•Complete upload of SCR records in all Barnsley practices
•Practices to enable on-line access for repeat prescribing and appointment booking.
•Practices to promote patient online access to the data in their Summary Care Record.
•Implement GP to GP transfers.

**By March 2016**
•Complete implementation of Electronic Prescription Service across all Barnsley practices.

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## COMMISSIONING FOR PREVENTION

Commissioning for prevention is an important transformative change that Health and Wellbeing Boards, working together with other local partners, can make. Prevention programmes, if implemented systematically, are important enablers for reducing actute activity and capacity over the medium term and in improving healthy life expectancy and promoting independence over the medium to longer term.

We know that anestimated 80% of heart disease and stroke in people aged under 75 years, 80% of type 2 diabetes and 40% of cancers are preventable. The risk factors that contribute to these diseases often have their roots in childhood and so we will be taking a life course approach to tackling these problems starting before birth and continuing throughout the stages of life.

If we are to to be successful in increasing life expectancy and improving the quality of life for local residents it is important that we do more to tackle the underlying risk factors that are associated with premature death and chronic disability .Therefore the priority areas for prevention activities over the next five years will need toinclude a focus on:

- Reducing the prevalence of smoking and exposure to second hand smoke
- Early identification and effective management of high blood pressure
- Tackling excess weight and obesity
- Improving levels of physical activity
- Reducing excessive alcohol consumption

We will encourage all parts of the health and social care system to prioritise preventative approaches and work together, for example, ensuring that Making Every Contact Count and Motivational Interviewing behaviour change programmes are incorporated into mainstream service provision. Prevention programmes will be developed based on the best available evidence and evaluated to ensure that they are delivering the desired improvements.

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## COMMISSIONING FOR PREVENTION

We also know that health and wellbeing isdirectly linked to other factors , often called the social and wider determinants of health , and so it is important to acknowledge the long term positive health and wellbeing benefits that the local authority can bring working with partners in important areas such as housing, earlyyears and education, economic development, the built environment, regeneration and transport. The emphasis on working collaboratively with communities supporting self reliance and increasing community resilience is just as important in these areas as it is in health and social care.

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## WORKING TOGETHER

There are a number of ways in which we work together with our partners and providers. Three of the more significant are:

The CCG, local authority, BHNFT and SWYPFT were successful in securing pioneer status for health and social care after an expression of interest entitled Stronger Barnsley Together.

The CCG and BHNFT, together with other commissioners and providers from across South Yorkshire and surrounding areas are part of a programme called 'Working Together' which has a particular focus on acute services.

2014/15 is the first year of operation for the Better Care Fund. This national approach requires the pooling of resources across health and social care

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## COMMISSIONERS AND PROVIDERS WORKING TOGETHER

The NHS in South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire faces challenges to concurrently meet the needs of an ageing population; to continue to increase productivity; and to further improve the quality and outcomes of care. The arrival of specialised standard service specifications for more specialised services, coupled with the small population of the patch for many specialised services will also be a challenge. The NHS across this area recognises it needs to work together to anticipate and respond to these challenges.

There are a number of benefits of NHS commissioners working together, these include sharing limited resources and effort, coherent and consistent service planning and commissioning across the patch, retention of 'local' services in CCG localities, and the retention of specialised services in the patch.

An initial list of services for joint working has been identified by commissioners:

•Cardiac service and 'DGH' cardiology

•Children's services and neonates

•Out of hospital care

Smaller services, such as ophthalmology, ENT, oral maxillo-facial services, and dermatology ▪

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## BETTER CARE FUND

The Better Care Fund (BCF) plan has been developed alongside the development of this plan and a copy of the BCF planning submission is here with the supporting template

The plan is a joint expression of how, together through the Health and Wellbeing Board, the Health and Social Care Community intend to use the Better Care Fund to support our already ambitious plans for Integrated Care and Support in Barnsley as set out in our Pioneer Plan, Stronger Barnsley Together, contributing to the overall health and wellbeing vision for the Borough.

Our intention is to build on the good work already being done and to use the Better Care Fund to help us to provide care and support to the people of Barnsley, in their homes and in their communities, with services that:

**co-ordinate around individuals**, targeted to their specific needs;

**maximise independence** by providing more support at home and in the community, and by empowering people to manage their own health and wellbeing;

**prevent ill health,** reducing levels of CVD, respiratory conditions and mental health

**improve outcomes**, reducing premature mortality and reducing morbidity;

**improve the experience of care**, with the right services available in the right place at the right time;

**through proactive and joined up case management**, avoid unnecessary admissions to hospitals and care homes, and enable people rapidly to regain their independence after episodes of ill-health

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## BETTER CARE FUND

The activities provided through the BCF will therefore have a focus upon

•Providing joint assessments across health and care ensuring that there will always be an appropriate accountable lead professional.

•Protecting vulnerable adults by ensuring those people who are in need of care and support are able to access that support in a way that best suits their needs and requirements.

•Establishing stronger and more co-ordinated 7 day working across the sector including to reduce the levels of emergency admissions and to support timely discharge from hospital.

•Data sharing between agencies to facilitate a joined up approach to care planning and delivery. Sharing of information should also lead to longer term efficiencies and reductions in duplication releasing vital funds. The NHS number will be used as the unique identifier.

In support of delivering against those areas identified in the national conditions as set out above, we will also focus on the provision of information, advice and sign posting to support and promote self-management and self-care by enabling people to make better informed decisions in managing their own health and social care needs.

Activities and schemes included within and funded through BCF will be those which have a direct impact upon:

•Reducing delayed transfers of care

•Reducing emergency admissions to hospital

•Improving the effectiveness of re-ablement and rehabilitation services

•Reducing inappropriate admissions of older people (65+) in to residential and nursing care

•Patient and service user experience and the use of patient experience information to improve services

•Improving the proportion of people aged 65 and over who suffer from a long term condition who feel supported to manage their condition.

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# ASSURANCE

Governance

Performance Management

Risk Management

Emergency Resilience and Business Continuity

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## GOVERNANCE

Apart from the Better Care Fund where the Health and Wellbeing Board will exercise formal decision making powers, ultimate accountability for decision making remains with individual statutory organisations.

We recognise the need for the closest collaboration around service integration and development, and so here our structures need to be more formal.

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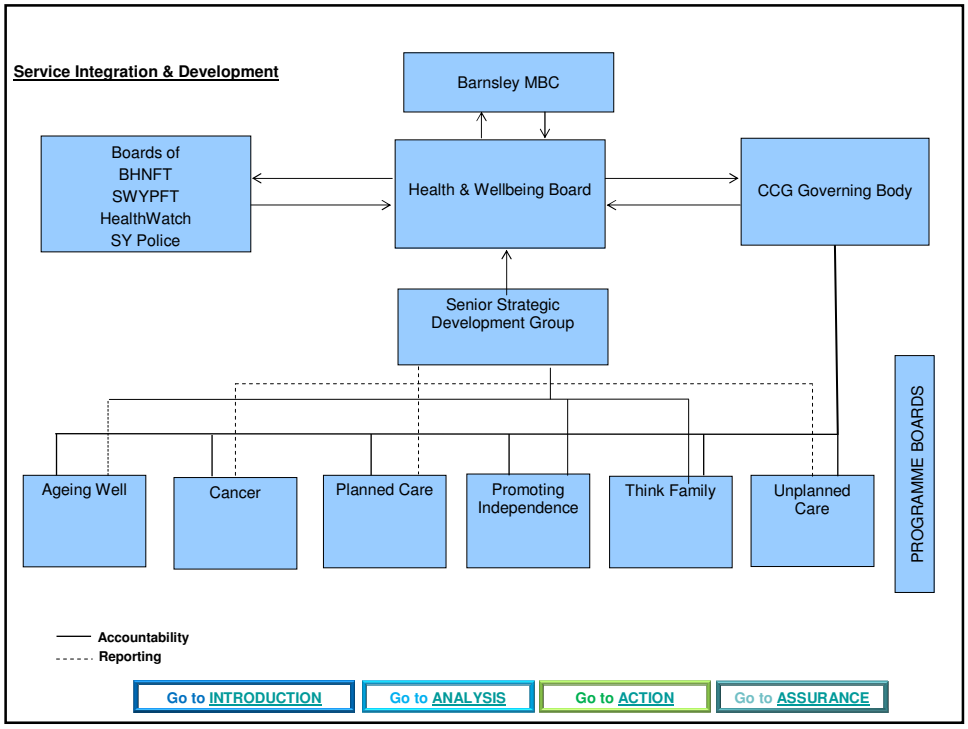


## GOVERNANCE

Each organisation will have their own governance. Within the CCG the Governing Body has responsibility for leading the setting of vision and strategy, and for signing off the Annual Commissioning Plan through the Membership Council. It also retains overall responsibility for financial management, quality improvement, and monitoring and reporting performance against plan. Some of these functions are exercised on the Governing Body's behalf by its Committees.

The Committee Structure is as follows:


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## GOVERNANCE

***Audit Committee:*** provides the Governing Body with an independent and objective view of the CCG's financial systems, financial information and compliance with laws regulations and directions governing the CCG.

***Finance & Performance Committee:*** advises and supports the Governing Body in scrutinising and tracking of key financial and service priorities, outcomes and targets as specified in the CCG's strategic and operational plans.

***Quality & Patient Safety Committee****:* advises the Governing Body with a view to ensuring that effective quality arrangements underpin all services commissioned on behalf of the CCG, regulatory requirements are met and safety is continually improved to deliver a better patient experience.

***Patient & Public Engagement Committee****:* provides advice to the Governing Body on communication and patient, carers and public engagement, ensuring that Patient and Public Engagement is central to the business of the Clinical Commissioning Group. It also advises the Governing Body on formal consultation requirements.

***Equality Steering Group:*** advises the Governing Body with a view to ensuring that effective systems are in place to manage and oversee the implementation of a strategic vision for equality, diversity and human rights across all services commissioned on behalf of the CCG.

***Remuneration Committee:*** advises the Governing Body on determinations about the appropriate remuneration, fees and other allowances; terms of service for employees and for people who provide services to the CCG; and provisions for other benefits and allowances under any pension scheme.

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## PERFORMANCE MANAGEMENT

In delivering our priorities and through our work to improve quality, access, and value for money whilst identifying and supporting innovation in health and care services, we will improve performance in Barnsley and for Barnsley People against the key performance measures set out by NHS England to demonstrate delivery of the 7 outcome ambitions, the rights and pledges identified in the NHS Constitution and our local priority measures.

The tables on the following slides set out the measures, our current performance and our targets for improvement.

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## PERFORMANCE MANAGEMENT

| Outcome Ambition | Outcome Measure | Baseline Performance | Target 2014/15 | Target 2015/16 | Programme Boards |
|---|---|---|---|---|---|
| Securing additional years of life for the people of England with treatable mental and physical health conditions. | Potential years of life lost from conditions considered amenable to healthcare – a rate generated by number of amenable deaths divided by the population of the area. | 2553 per 100,000 population. | 2471.3 | 2392.2 | All |
| Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions. | Health related quality of life for people with long-term conditions (measured using the EQ5D tool in the GP Patient Survey).<br><br>Proportion of people with long term conditions feeling supported to manage their conditions (local priority) | 66.3<br><br>71.48 | 67.66<br><br>73 | 69.02<br><br>TBC | Planned Care |
| Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital. | A rate comprised of:<br>•Unplanned hospitalisation for chronic ambulatory care sensitive conditions.<br>•Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s.<br>•Emergency admissions for acute conditions that should not usually require hospital admission.<br>•Emergency admissions for children with lower respiratory tract infections. | 3081.4 | 3050.6 | 2989 | Unplanned Care |

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## PERFORMANCE MANAGEMENT

| Outcome Ambition | Outcome Measure | 2013/14 Performance | Target 2014/15 | Target 2015/16 | Programme Boards |
|---|---|---|---|---|---|
| Increasing the number of people having a positive experience of hospital care. | Patient experience of inpatient care. | 156 | 153.2 | 150.4 | Planned Care |
| Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community. | Composite indicator comprised of (i) GP services, (ii) GP Out of Hours. | 5.3 | 5.2 | 5.1 | |
| Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care | Hospital deaths attributable to problems in care. This indicator is in development | N/A | N/A | N/A | |

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# PERFORMANCE MANAGEMENT

**NHS Constitution Measures**

| Measure | 2013/14 Performance | 2014/19 Plans |
|---|---|---|
| ⇧ 90% of admitted patients to start treatment within a max of 18 weeks from referral<br>⇧ 95% of non-admitted patients to start treatment within a max of 18 weeks from referral<br>⇧ 92% of patients on an incomplete non-emergency pathway (yet to start treatment) should have been waiting no more than 18 weeks from referral | During 2013/14 performance against the referral to treatment waiting times for non-urgent consultant-led treatment measures has exceeded the trajectory. | The measures are included in the quality schedule of the contract and if the provider fails to deliver the targets contractual penalties will be enforced.<br>A monitoring process is in place identify any potential long waits in the system and performance is reported to the Governing Body. However, in the event that a patient for any referral to treatment waits more than 52 weeks, a zero tolerance approach will be adopted and will apply contractual penalties against the relevant provider. |
| ⇧ 99% of patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral. | Performance against the diagnostic waiting times measure has increased towards the end of 2013/14 and is below the trajectory. | The measure is included in the quality schedule of the contract and if the provider fails to deliver the target contractual penalties will be enforced.<br>Ongoing monitoring will take place to ensure that activity to address capacity in diagnostics brings waiting times down and back in line with the trajectory |
| ⇧ 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department. | Performance against this target proved challenging at Barnsley Hospital NHS Foundation Trust throughout the year. Additional funding and capacity has been put in place to support improvement against this indicator | An extensive capital build was completed during 2013/14 which now embedded will impact on performance.<br><br>An audit of patient flow has been completed and the findings will be used to inform the development of an action plan.<br><br>The Urgent Care Working Group will refresh the Urgent Care Action Plan, ensuring a system wide response and the Unplanned Care Programme Board activities will be designed to relieve pressure and improve performance.<br><br>The measure has been included in the quality schedule of the contract and if the provider fails to deliver the target contractual penalties will be enforced. |

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| Measure | 2013/14 Performance | 2014/19 Plans |
|---|---|---|
| 75% Cat A calls resulting in an emergency response arrive within 8 minutes (met for red 1 and red 2 calls separately)<br>95% Cat A calls resulting in an ambulance arriving at the scene within 19 minutes | Performance against 8 minute response target for Yorkshire Ambulance Service overall exceeded the trajectories, however performance in Barnsley has been below the trajectory. The 19 minute target has been met. | Activity is taking place as part of the joint contracting arrangements for YAS and Barnsley CCG will have a stronger role in contracting discussions during 2014/15 to ensure local performance is improved.<br><br>YAS are reviewing resource allocation to maximise performance in areas where they are failing to achieve targets. |
| 93% max 2 week wait for first outpatient for patients referred urgently with suspected cancer by a GP<br>93% max 2 week wait for first outpatient for patients referred urgently with breast symptoms (where cancer was not initially suspected) | Performance against the cancer waits - 2 week wait measures exceeded the trajectories | The measures are included in the quality schedule of the contract and if the provider fails to deliver the targets contractual penalties will be enforced.<br><br>The Cancer Programme Board activity will support delivery of the 2 week wait target though education campaigns with GP's and the public. |
| 96% max one month (31-day) wait from diagnosis to First Definitive Treatment for all cancers<br>94% max 31 day wait for subsequent treatment where that treatment is surgery<br>98% 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regiment<br>94% max 31 day wait for subsequent treatment where that treatment is a course of radiotherapy | Performance against the cancer waits – 31 days measures exceeded the trajectories | The Cancer Programme Board activity will support the ongoing improvements in the Cancer pathways to ensure ongoing improvement to waiting times and ensure diagnostics and treatment are undertaken as early as possible |

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| Measure | 2013/14 Performance | 2014/19 Plans |
|---|---|---|
| 85% max 2 month (62-day) wait from urgent GP referral for First Definitive Treatment for cancer<br>90% max 62 day wait from referral from an NHS Screening service for First Definitive Treatment for all cancers<br>85% max 62 day wait for First Definitive Treatment following a consultant's decision to upgrade the priority of the patient (all cancers). | Performance against the cancer waits – 62 days measures exceeded the trajectories however there have been occasions through the year where small numbers of patients have waited over 62 days for treatment following a consultant's decision to upgrade the priority of the patient | A system of Performance Management is in place to assess individual breeches against this indicator. Root Cause Analysis is undertaken for each breach and mitigating actions put in place to prevent future cases. The penalties within the contract will be applied where performance is not in line with national targets.<br>The Cancer Programme Board activity will support the ongoing Improvements in the Cancer pathways to ensure ongoing Improvement to waiting times and ensure diagnostics and treatment are undertaken as early as possible |
| Minimal mixed sex accommodation breaches | Performance during 2013/14 showed that the target of 0 was achieved | If a breach occurs locally, this will be discussed in the root cause analysis group to determine the reasons for the breach along with identifying any actions to ensure that this does not occur again.<br>Any occurrence of a clinically unjustified mixed sex accommodation breach for a Barnsley registered patient outside the Barnsley community where the NHS Barnsley CCG is not the lead commissioner will also incur a withholding of funds as per the standard contract financial penalty. |
| All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patients treatment to be funded at the time and hospital of the patients choice.<br>No patient to tolerate an urgent operation being cancelled for the second time. | Performance during 2013/14 showed that no cancelled operation was not rescheduled within 28 days | The CCG will enforce financial penalties included in the contract if the provider fails to meet the indicator. |

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| Measure | 2013/14 Performance | 2014/19 Plans |
|---|---|---|
| Care Programme Approach (CPA): 95% of the proportion of people under adult mental health specialities of CPA who were followed up within 7 days of discharge from psychiatric in-patient care during the period. | During 2013/14 performance against the care programme approach measure was below the trajectory. | The CCG has included this target in the quality schedule of the contract and if the provider fails to deliver this target contractual penalties will be enforced.<br><br>Performance is being monitored and discussions are ongoing with providers as part of contract arrangements to improve performance. |

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## PERFORMANCE MANAGEMENT

Operational responsibility for the delivery of the actions necessary to achieve the priorities in the Commissioning Plan has mainly been delegated to the six Programme Boards.

Each Programme Board prepares regular reports which are reported into the Finance & Performance Committee. In addition the Finance & performance Committee undertakes periodic major reviews of each programme Board, considering in detail its progress towards delivering the activities for which it is responsible.

In addition to these highlights reports, the Finance & Performance Committee and the Governing Body also receives an Integrated Performance Report detailing progress against all of the CCG's key financial and service priorities, outcomes and targets. These reports highlight by exception where targets are at risk of not being delivered, allowing the Committee to ensure appropriate mitigating actions are in place.

At a contract level performance and quality is managed through Service Performance and Quality meetings. Monthly meetings are held between the CCG and the two main providers of health care, with whom we hold contracts. The meetings are focused on delivery of performance indicators specified through the contract.

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## RISK MANAGEMENT

Each organisation that are members of the Health and Wellbeing Board have their own strategic and operational risk management arrangements in place for managing risks to their business operations and the achievement of improved outcomes. The approach set out below illustrates the approach of NHS Barnsley CCG.

Since taking up its full statutory functions on 1 April 2013 the CCG has had in place risk and assurance arrangements capable of preventing, deterring, and managing risks. The Integrated Risk Management Framework was originally approved by the Governing Body in October 2012, and set out the CCG's commitment to the management of all risk using an integrated approach covering clinical, non clinical and financial risk. Accountability arrangements for risk management are clearly set out and roles and responsibilities in terms of key bodies/committees and individuals are identified to ensure that risk management is embedded throughout the organisation through its governance systems and processes.

At the heart of the CCG's risk management arrangements are:

The *Governing Body Assurance Framework*: a high level report which enables the Governing Body to demonstrate how it has identified and met its assurance needs focussed on the delivery of its objectives through the Annual Commissioning Plan. The Framework, which is considered at every meeting of the Governing Body, identifies which committee is responsible for providing each of the required assurances. The Committees consider the Framework at every meeting to ensure controls are in place and assurances are being received.

The *Risk Register* provides an ongoing identification and monitoring process of operational risks that may adversely impact on the plan. Each Committee considers the Risk Register at every meeting, ensuring all risk are appropriately reflected and mitigating actions in hand to address risks which exceed the CCG's tolerance threshold.

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## EMERGENCY RESILIENCE AND BUSINESS CONTINUITY

The CCG has an **Emergency Preparedness, Resilience and Response Policy and a Business Continuity Policy**. These policies were developed in conjunction with the other Clinical Commissioning Groups across South Yorkshire and Bassetlaw to provide a level of consistency to emergency resilience and business continuity. The policies aim to ensure the CCG acts in accordance with the Civil Contingency Act 2004, the Health and Social Care Act 2012 and other policy guidance issued by the Department of Health in our role as a Category 2 Responder.

The Business Continuity Policy provides a framework for the BCCG to follow in the event of an incident such as fire, flood, bomb or terrorist attack, power and/or communication failure or any other emergency that may impact upon the daily operations of the BCCG. It describes the proposed policy for implementing and maintaining a suitable business continuity process within the BCCG, including the roles and responsibilities of the officers with the responsibility for implementing it.

Further work will take place during 2014/15 to develop appropriate training and awareness raising processes across the organisation to ensure the policy and the roles and responsibilities set out within it are fully understood.

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## MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

The Board consists of a number of key officers and elected members from across the health and social care sector along with South Yorkshire Police.

The Health and Social Care Act 2012 sets out a mandatory membership, with the flexibility to add to this as the local area sees fit. The membership of the Board is set out below:-

- The Leader of the Council,
- The Cabinet Member for Adults and Communities,
- The Cabinet Member for Children, Young People and Families,
- The Cabinet Member for Public Health
- The Chief Executive of Barnsley Council,
- The Council's Executive Director of Adults and Communities,
- The Council's Executive Director of Children, Young People and Families,
- Barnsley's Director of Public Health,
- The Chair of NHS Barnsley Clinical Commissioning Group,
- The Chief Officer of NHS Barnsley Clinical Commissioning Group,
- The Chief Executive of Barnsley Hospital NHS Foundation Trust,
- The Chief Executive of South West Yorkshire Partnership Foundation Trust
- Healthwatch Barnsley representatives X2,
- The Medical Director of NHS England (South Yorkshire and Bassetlaw),
- Barnsley's District Commander, South Yorkshire Police.

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