

REPORT TO THE HEALTH AND WELLBEING BOARD  
3rd June 2014

**'Stronger Barnsley Together' and 'Integration Pioneer' Update**

**1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to provide Board Members with an update on the status of the Stronger Barnsley Together (SBT) Portfolio. Additionally the report will discuss progress within the context of Barnsley's Pioneer status.

**2. RECOMMENDATIONS**

**It is recommended that:-**

- 2.1 Members note the progress made to date across SBT and its constituent programmes**
- 2.2 Members note the proposed programme content and agree, in principle, the planned activity**
- 2.3 Members note progress in the context of 'Pioneer'. In particular the extent to which the scope has been clarified to ensure integration activity across Barnsley's Health and Wellbeing Partnership can be seen as explicitly relevant.**

**3. Introduction/Background**

- 3.1 The Health and Wellbeing Board agreed the development of three joint transformation programmes under the banner of Stronger Barnsley Together. These are central to the delivery a transformed Health and Social Care system, as well as being a primary aspect of Barnsley's delivery in the context of the Health and Wellbeing Integration Pioneer.
- 3.2 The current report is the first to be tabled from the perspective of the SBT Portfolio; being representative of the constituent programmes. This change reflects recent progress and can be seen to represent the extent to which the Portfolio has developed throughout the recent reporting period.

**4. Stronger Barnsley Together**

- 4.1 The 'SBT Portfolio Manager' commenced as a joint appointment in early April 2014. The role has dual function - leading on the broader SBT priorities as well as managing the *Promoting Independence* programme delivery. The post is hosted by the CCG, but it has been agreed that leadership and direction will be provided directly from the *Senior Strategic Development Group (SSDG)*. Specifically this approach is aimed at reflecting the integrated nature of the agenda through a visibly shared asset and to demonstrate a practical commitment to an integrated approach.
- 4.2 Much progress has been within the context of the constituent programmes: *Ageing Well, Promoting Independence* and *Think Family*.

However, further thought needs to be given to the Portfolio dimension of SBT. In particular, where consistency of approach and shared understanding add value or promote specific operational efficiencies. The portfolio dimension of SBT will begin to take priority during the next reporting period with key considerations including:

- The requirement for better understanding and agreement about what the portfolio represents and what this means for agencies and individuals.
- A review of the governance arrangements – this is likely to be in a broader context, but must include an explicit review of the SBT arrangements and the extent to which they can be seen as fit for purpose.
- As project and programme activity across the portfolio becomes defined and there is clarity regarding budget, scope and timelines it will be necessary to adopt robust exception reporting principles (including issues and risks) which ensures SSDG has sight (and where appropriate ownership) of major exceptions or significant portfolio level issues.

4.3 Communication has been identified as an important factor in terms of the development and operation of SBT. It has been agreed that Sharon Stoltz as the H&WBB communications champion is well placed to lead on this priority aspect of delivery; ensuring appropriate links across the wider Health and Wellbeing partnership as well as in the context of Barnsley's Pioneer status.

4.4 Evaluation of SBT will be an important aspect of the portfolio and critical when considering our ability to demonstrate specific successes and demonstrate effectiveness empirically.

It has been suggested that an evaluation should be commissioned on a longitudinal basis (3-5 yrs) with interim reporting to showcase quick wins and successes to support ongoing prioritisation of investment.

A resource has been agreed of £150k to facilitate this aspect of the portfolio; with commitment to contribute on a shared, multi-agency, basis.

## **5. Ageing Well**

5.1 Project documentation has been developed and signed-off. This includes endorsement by BCCG Finance and Performance Committee. The scope, rationale content and financials have been confirmed, along with potential metrics (TBC)

5.2 Priority projects for 2014/15 have been agreed as:

- Supporting people with Dementia
- Intermediate Care
- Frail Elderly
- Care Homes
- Integrated Teams
- Funding allocation for the over 75s

5.3 The Aging well board is well established and can be seen to have robust arrangements in place for delivering the required capability. Relevant project activity is resourced effectively and, in the main, can be seen as progressing as scheduled.

## 6. Promoting Independence

- 6.1 The programme has benefitted from a dedicated manager since early April. One Promoting Independence Programme Board meeting can be seen to have taken place with the manager directly supporting the programme.
- 6.2 A review of basic governance, content, membership and procedures has been initiated to ensure the board remains fit for purpose and to facilitate effective delivery against the Programme's vision.
- 6.4 The programme documentation has progressed significantly and will be tabled for sign-off at the next Programme Board meeting.
- 6.5 Health Coaching and Motivational Interviewing has been formally adopted as a project within Promoting Independence. The Scope and Leadership arrangements are currently being defined (following discussion and direction given at the board), but the initial approach will be to saturate a specific geographic area (Hoyland proposed) with the skills and resources to ensure the technique is employed comprehensively and consistently across the system. This will facilitate a unique opportunity to evaluate the effectiveness of the technique in the whole system, integrated context.
- 6.6 A systematic review of the projects currently sitting within the portfolio has been initiated. Table 1. Indicates the projects currently assigned to the portfolio. Projects 1-4 are viewed as priority work areas; they benefit from a recent review and/or are seen to be progressing in line with previously agreed milestones. Projects 5 – 9 will be subject to review at a future board meeting. When considering the capability of the programme content, potential gaps have been identified pertaining to work and worklessness as contributors to an individual's wellbeing, and the role of Public Health when considering better, more informed, health choices.

**Table 1**

<b>Project Title</b>	<b>Brief overview</b>
1. Personal Health budgets	Providing an allocation of NHS money to someone with an identified health need so that they can buy the services they think will best improve certain aspects of their health and wellbeing.
2. Assessment and Care Management	Fundamentally revising the way <i>Assessment and Care management</i> services are provided in Barnsley. The project will apply the 'inverting the triangle' principle to a critical aspect of social care Provision. The new operating model will have significant implications for service users and for the wider system
3. Universal access to information and support	Further develop the extent to which information advice services can legitimately be described as 'universal'. This will involve increasing access to information and advice through promotion; increasing the range and type of access opportunities and improving the relevance of the content to reflect local demand.
4. Health Coaching Motivational Interviewing	To provide all our health and social care workforce with an introduction to the health coaching technique of Motivational interviewing. Early implementation will consist of a pilot on a whole- systems basis in a defined geographic area.
5. Lifetime planning (Transitions)	Developing support packages that remain consistent through transition; focussing on the effective user-focussed transfer of assessment across services. Phase one will improve the transition process for young people with a learning disability or autism and their families. Phase two of the project will develop the offer to support early years and a whole family approach
6. (7 & 8)Early Intervention in mental Health • Recovery College	A suite of projects focusing on mental Health as a shared priority. High Level objectives include: • To maximize current commissioned services contribution to Early Intervention and

<ul style="list-style-type: none"> <li>• Digital Access</li> <li>• Well-being Navigators</li> </ul>	Promotion of Mental Wellbeing <ul style="list-style-type: none"> <li>• To increase access to Early Intervention and Promotion of Mental Wellbeing services for population of the borough</li> </ul>
9. Developing Community Assets	TBC

## 7. Think Family

7.1 Much work has been done through 2012 and 2013 to develop the early support and early help offer through the establishment of the Stronger Families Team and through the additional impetus provided by the Troubled Families programme providing services and supporting families with a lower level of need. This is core to the Think Family programme and the shift in the way we work.

7.2 The Think Family Programme brings this work together under one umbrella. It is building on the work to date to develop and implement the early support 'offer' ensuring that the Partnership achieves an even greater shift from where we are now to the provision of early support and help. The aim is to support families in a way that creates resilience rather than dependence.

7.3 The programme documentation has progressed significantly and will be tabled at the next Programme Board meeting. Further work to detail the phases of implementation is underway. Five key projects have been identified which are focused on the transformation required at scale to 'invert the triangle', establish the Think Family model and shift to early intervention. Project briefs are being developed in more detail:

Table 2

Project Title	Brief Overview
<b>Project 1</b> Information, advice and guidance for families and practitioners	Access to quality information advice and guidance for all stakeholders is reported to be easy and to enable self-reliance.  (Linked strongly with Promoting Independence Programme).
<b>Project 2</b> Promoting individual and family resilience	Communication with staff and the people of Barnsley. Building understanding of the service user with regard to self-reliance and changing the relationship between the delivery agencies and community. Maximising support based on self-reliance and resilience and drawing on community strengths.  Children, Young People, families and communities engaged in informing, shaping and holding services to account.
<b>Project 3</b> Bringing Down Barriers to Information Sharing	Create capability for joining of data, intelligence and the tracking of outcomes to identify and increase the independence and resilience of families.
<b>Project 4</b> Implementation of Whole Family Working	Consistent, effective and efficient delivery of evidence-based family support model across services and sectors that considers the needs of, and solutions for the whole family that is underpinned by a coherent strengths based and solution focused framework of assessment, recording and planning that is shared with and owned by the family.
<b>Project 5</b> Workforce Development	Developing a well trained workforce who are committed to their specialist role but it is delivered with a Think Family emphasis. Workforce trained in core skills of whole family approach and Family Star Tool.

7.4 The Think Family Programme Manager post has been established and advertised and recruitment is underway. This will give additional capacity to drive forward progress.

## **8. Pioneer**

8.1 Barnsley is one of 14 national pioneers for integrated care and support which is a significant milestone for the Town and acts as a local catalyst for health and social care re-design locally.

8.2 A financial settlement has been agreed nationally for the Pioneer sites over 2014 - 2015. For Barnsley this will be approximately £100k There will be some restrictions on how this can be utilised (TBC). Monies will be transferred via the CCG funding formula.

8.3 It has previously been reported to the board that “The Pioneer success is shaped around the design and delivery of whole systems transformation and as such translates locally to the three programmes identified in the Stronger Barnsley Together portfolio”

Recent discussions have highlighted some risks associated with viewing ‘Pioneer’ purely in the context of SBT and the three programmes identified to date. Specifically:

- The work being progressed under the banner of SBT may not effectively demonstrate, in isolation, the extent to which Barnsley is progressing integration at scale and pace.
- The national Pioneer team are very interested in the approaches that are working, have actively contributed to integrated service provision to date, and are capable of demonstrating success.
- SBT may not fully represent the contribution of all relevant individuals and organisations currently engaged in *integration* activity across Barnsley.

It is recognised that SBT remains critical to achieving local aspirations for the successful integration of Health and Social Care and as such should remain a central pillar in the context of Pioneer. It has however been agreed that the scope, particularly when considering national scrutiny, national evaluation and offers of support should be considered more broadly aligned with those aspects of the Health and Wellbeing Strategy that are explicitly relevant to *integration*.

The suggested approach is seen to mitigate any potential reputational risk associated with an expectation that SBT will demonstrate meaningful/measurable outcomes in the short-term. Additionally it provides an opportunity to maximise the benefits associated with Pioneer status and showcase a much more robust approach to integration.