

FEEL GOOD BARNLSLEY

Barnsley's Health & Wellbeing Strategy

2016 - 2020



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01

INTRODUCTION

04. Introduction



INTRODUCTION

The Health and Wellbeing Board is a formal committee of the local authority, established under the Health & Social Care Act 2012, and has a legal duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy.

The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

LOCAL GOVERNMENT
ASSOCIATION

The purpose of this strategy is to set out how the Health and Wellbeing Board will drive integration in order to improve services, join up care and support people in Barnsley to better help themselves in order to help realise our collective vision:

That the people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, wherever they are and wherever they live.

This new strategy comes at a particularly important and challenging time for health and care services. As NHS England's Five Year Forward View recognises, to achieve consistently high quality care for everyone, respond to demographic change and achieve long-term financial sustainability across the health and care system, we must do things differently; we must rise to the challenge of what NHS England calls 'a radical upgrade' in prevention and integration (NHS Five Year Forward View).

Barnsley faces some significant challenges over the next few years. People are living longer but with this comes an expected rise in the number of people with one or more long term conditions. This will place extra demands on an already stretched health and care system. Health outcomes are improving within the borough but compare

relatively poorly to the rest of the country, with marked life expectancy variations within the borough itself.

The Board brings together clinical, political, professional and community leaders and is therefore well placed to respond to these challenges. Our strength lies in working together to increase prevention and early help, and make sure the right system of help will be there for people when they need it most.

The Health and Wellbeing Board is accountable for making the best decisions for the whole health & care system. The Board will hold steady through the inevitable periods of change ahead. It will also ensure the system has the ability to mount a robust response to unforeseen, unpredicted, and unexpected demands so that services can continue normal operations.

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OUR APPROACH

Appendix 1

provides four fictional stories looking forward into the future illustrating the change we want to see.

Vision: That the people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, whoever they are and wherever they live.

The principles that will guide us:



Focus on efficiencies and outcomes

We know that we need to do things differently and we need to be more radical in favour of prevention.



Inspire & Empower

We know that we cannot do this alone or in isolation. We must engage as many people as possible to make the greatest difference.



Connect, Collaborate & Co-produce

We know that the solutions will involve working together with the public, patients, carers and our partners and communities. We will broaden our reach to those who we have not connected to in the past.



Go further, faster

We know that time and resources are precious and therefore we must target our resources and prioritise those actions that will take us further, faster.

OUR APPROACH

What we need to achieve:

Improved health and wellbeing:

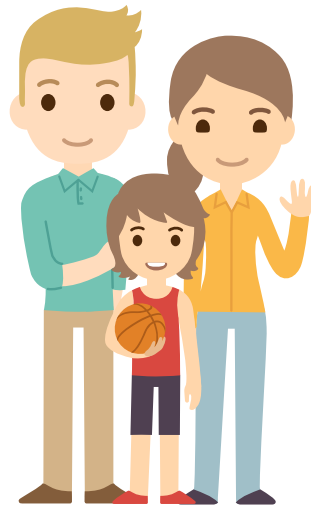
Health and wellbeing is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. These 'broader determinants of health' are more important than health care services in ensuring a healthy population, and therefore this is where the Board will focus its efforts.

Reduced health inequalities:

There are marked inequalities in health which exist between Barnsley and England as a whole and within Barnsley itself, which is not acceptable. A gap also exists between people with severe mental illness, learning disabilities and autism, and the general population. Our approach will therefore be to target our resources to achieve equality of outcomes for all.

What this will mean for individuals:

1. Children start life healthy and stay healthy
2. People live happy, healthier and longer lives
3. People have improved mental health and wellbeing
4. People live in strong and resilient families and communities
5. People contribute to a strong and prosperous economy



How will the system need to change to achieve this?

- **By strengthening** and broadening partnership working to make the health and care system stronger and more responsive
- **By creating** joined up approaches that make sense to us all by putting public, patients and carers at the heart of what we do.

Appendix 2 provides an overview of the health & care system in Barnsley.

Appendix 3 provides some examples of the progress made against key actions from the previous strategy (2014 – 2016)

03

EXAMPLES OF AREAS WE NEED TO IMPROVE

- 09. Reducing smoking
- 09. Improve early help for mental health
- 09. Join up services for older people

Transforming access to the right support, at the right time for strengthening the health and wellbeing of children and young people

We recognise that in order to address the health and wellbeing gap in the Borough in the longer term we must strive to improve outcomes for our children and young people. To this end we will work through the Children and Young People's Trust to ensure local services are integrated in a way which eases access for all children, young people and families in our communities in line with the ambitions set out in the Children and Young People's Plan (2016-19)

Other examples of areas we need to improve over the course of this strategy include:

Reduce smoking

Smoking is the primary cause of preventable illness and premature death, accounting for 1355 deaths in Barnsley between 2012 – 2014. This equates to 7 double decker buses full of people dying in Barnsley as a direct result of smoking every year. Smoking is a leading cause of health inequalities and is responsible for half the difference in life expectancy between rich and poor.

Interventions having the greatest, quickest and most sustainable impact on smoking prevalence are those aimed at changing social norms and de-normalising smoking. We will therefore target our resources to tackle the availability and acceptability of smoking.

Improve early help for mental health

At least one in four of us will experience a mental health problem at some point in our life and around half of the people with lifetime mental illness experience their first symptoms by the age of fourteen. People with a diagnosed severe mental illness die up to twenty years younger than their peers in the UK, predominantly due to higher rates of poor physical health.

Mental health is everyone's business - individuals, families, employers, educators and communities all need to play their part to improve the mental health and wellbeing of the people in Barnsley. By promoting good mental health and intervening early we can help prevent mental illness from developing and support the mitigation of its effects when it does.

Join up services for older people

Multi-morbidity, dementia and frailty are increasing, yet services are traditionally focused around single diseases and organisations. The government requires all local areas to integrate health and care services by 2020.

To do this, we need greater co-ordination between specialisms within the NHS and between primary care, secondary care and mental health services and outside the NHS with social care and the voluntary and community sector. This will enable care to become more personalised and integrated with patients having more control and choice.

The focus includes:

Dementia

In line with the current Mayor's focus on Dementia and 'the best of Barnsley', deliver an integrated pathway for dementia ensuring high quality care throughout the pathway that reflects the Prime Minister's challenge on dementia 2020.

Falls

Aligned to the work on Early Help and Prevention, develop comprehensive pathways to help to prevent, identify and minimise the impact of frailty and falls.

If we can impact these areas significantly over the next 3 years, we will have gone a long way to establishing integrated, joined up approaches as the new norm in Barnsley. Healthy life chances for generations to come will improve as a result.

04

WHOLE SYSTEM ACTIONS

- 11. Focus on the areas of greatest need
- 12. Build strong and resilient communities
- 13. Make prevention everybody's business

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WHOLE SYSTEM CHANGE PRIORITIES

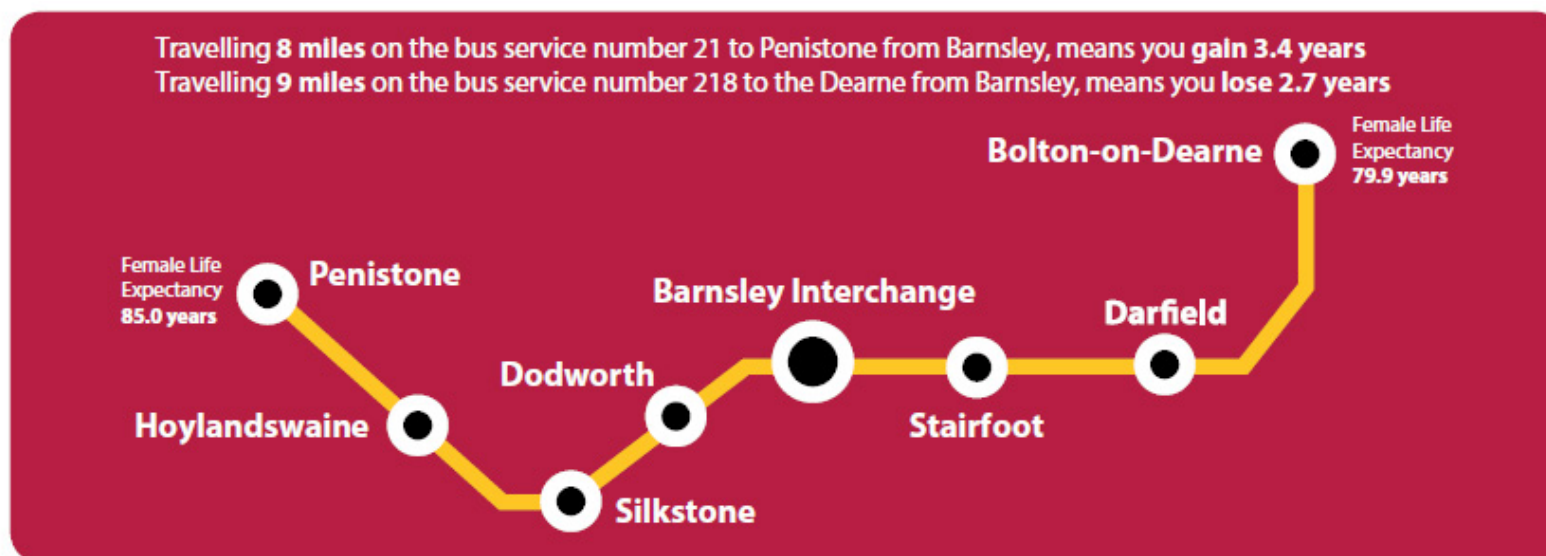
1. Focus on the areas of greatest need

There are marked differences in life expectancy and healthy life expectancy across Barnsley and therefore to make the greatest difference we need to focus our resources on the areas of greatest need.

The diagram below is one example that shows how life expectancy differs from one of the most affluent parts to one of the least affluent parts of the borough, where residents live on average six years less. For more information and data on life expectancy and healthy life expectancy across the borough, please see the Joint Strategic Needs Assessment. (The current JSNA is from 2013 and a new JSNA will be available at the end of 2016).

We will make the joint strategic needs assessment accessible and easy to understand so everyone can have a shared understanding of the health inequalities in the borough and develop a greater understanding into the areas which have the poorest health outcomes.

We will review our resources at a neighbourhood level and ensure that we have multi-agency teams that are responsive to local need. We will also collectively agree what additional resources are needed where and how this can be achieved, to make the greatest impact on health & wellbeing.



WHOLE SYSTEM CHANGE PRIORITIES

2. Build strong and resilient communities

Building strong and resilient communities means that people live in good houses, in vibrant communities, and have access to a good education and jobs. People are engaged in positive activities, able to access early help and support services when they need them which enable them to live a comfortable and healthy life.

The evidence shows that:

- Good housing can have a positive impact on people's physical and mental health and wellbeing.
- A good education is strongly associated with better health outcomes including life expectancy
- There is a strong association between unemployment and poor mental health
- Poverty is a key determinant of poor outcomes in health and wellbeing and is linked to numerous health problems and unhealthy life styles.

We will continue to explore prevention opportunities to get the greatest return on investment by developing new ways of working with our partners. We will work with our partners in housing to improve standards, particularly in the private rented sector; improve children's health & wellbeing by working with our family centres and the education system; increase employment opportunities, particularly for the hardest to reach groups (those with mental health, learning disabilities and care leavers) by connecting to the Local Enterprise Partnership.

In addition, our local area arrangements provide further opportunities to create healthy communities through localised commissioning. We will continue to support our 6 Area Councils to target resources based on the priorities identified by those who live there.



WHOLE SYSTEM CHANGE PRIORITIES

3. Make prevention everybody's business

The Health and Wellbeing Board will radically upgrade its focus on prevention, empowering citizens, communities and patients to improve their own health and wellbeing. We will build a broad coalition that helps all of us take healthier decisions, working with individuals and families, retailers and employers to help make the healthy choice, the easy choice.

As well as taking actions on the broader determinants of health and wellbeing, we will strengthen our advocacy role and use our local democratic and enforcement powers where appropriate to help better the health and wellbeing of Barnsley residents.

Staff from across our organisations such as fire, police, NHS and the council support thousands of people in our local community each and every day. This gives us an unparalleled opportunity to 'make every contact count' providing support to people to make positive changes to their physical and mental health and wellbeing.

The Health and Wellbeing Board is committed to giving our workforce the skills, knowledge and confidence to support people to make lifestyle behaviour changes, access early help and take control of their health and wellbeing.

We will embed the culture of behaviour change in all our workforce development, education and training plans so that providing brief advice and early help becomes the norm for all staff. Mobilising our workforce in this way will help achieve large scale change and increase the capacity to deliver improved health and wellbeing services.



WHOLE SYSTEM CHANGE PRIORITIES

4. Develop a communication and engagement plan

Having a strategic framework for communication will allow the Board to make greater use of networks, target specific issues and share information through a mixture of channels. This approach will also enable us to pull resources and networks across organisations to allow better joined up working and less duplication.

The Health and Wellbeing Board is committed to putting the voice of Barnsley people at the heart of decisions. In Barnsley we have a strong tradition of service user, carer and patient involvement through groups such as Carers and Friends Group, Learning Disabilities Forum, Older People's Forum, Patient Forums, Equality Forums and Healthwatch Barnsley. These and other forums play a key role in bringing together people's experience of health and social care in Barnsley to influence and shape local services:

We intend to develop the mechanisms to hear the voice of our communities in the Joint Strategic Needs Assessment and use the community voice to assess our progress against our priorities.

We are proud to have such an extensive reach in to our communities, where we can have ongoing conversations about what is and what isn't working, and how, together, we can improve outcomes for our people. Openness and transparency will help bring about continuous improvement. We will ensure that the joint strategic needs assessment will be publicly available and in a user friendly format. Likewise we will report regularly on performance at local and borough wide level, in partnership with CCGs and other key stakeholders. This information can then be used by the Area Councils, individuals and voluntary and community groups to achieve creative solutions to improve and shape the health and wellbeing of their communities.

We intend to develop the mechanisms to hear the voice of our communities in the Joint Strategic Needs Assessment and use the community voice to assess our progress against our priorities.



WHOLE SYSTEM CHANGE PRIORITIES

5. Deliver our 'Digital Road Map' to improve services

People are having increasingly positive experiences of digital technology in everyday life. Whether it is through Internet banking or shopping or learning online, the use of digital technology is becoming the norm for a growing number of people

The health and care sector is way behind the commercial sector when it comes to maximising the benefits of digital technology. In Barnsley, we know from a range of engagement activities over the past few years that our communities are frustrated when communication between services and patients fails. This means that not only time and effort is wasted but this also leads to poor experiences.

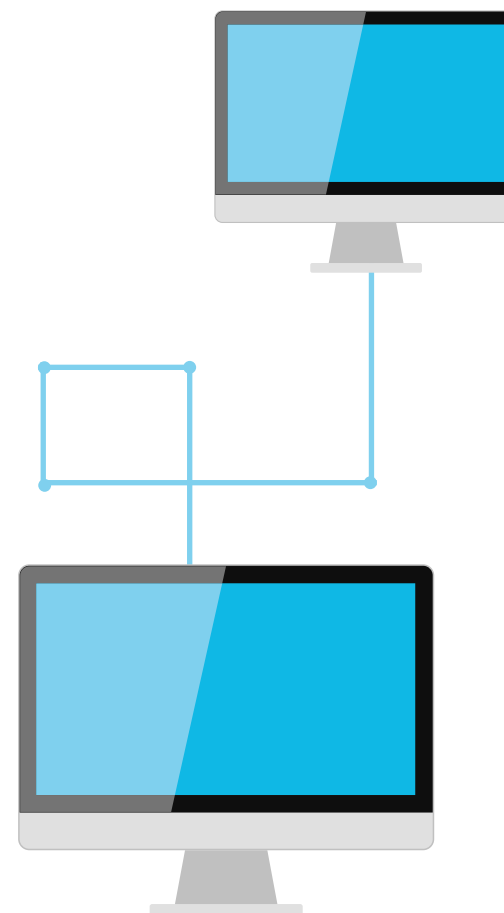
We recognise that:

- 'IT systems are a barrier to people working together'
- 'Communication between health and care teams needs to improve'
- 'We need to take a holistic view of the patient and see them as a whole'

We have therefore developed a '*Digital Road Map*' to transform our approaches, develop systems that 'talk' to each other and deliver a better experience for patients and service users.

Our vision in Barnsley is to:

- Increase technology enabled care to support people to stay in their homes for longer and help them maintain their independence and wellbeing.
- Transform the way in which we engage with citizens; empowering them to maintain their own health and wellbeing through digital solutions.
- Transform the way in which health and care providers and our voluntary and charitable sector organisations engage with patients and their communities.
- Accelerate mechanisms that promote record sharing and support access to data for those working within health and care services.
- Enable clinicians to provide the best care in all settings by the use of mobile technology.



05

TURNING STRATEGY INTO ACTION

17. Turning strategy into action



TURNING STRATEGY INTO ACTION

This is the Health and Wellbeing strategy for Barnsley, developed by the Health and Wellbeing Board.

All partners on the Health and Wellbeing Board have agreed the strategy and will reflect it within their organisational plans and work.

Similarly, all organisations represented agree to shape their own future organisational strategies and plans in order to underpin and help deliver this joint Health and Wellbeing Strategy.

All relevant future plans will be formulated with regard to the joint strategic needs assessment (JSNA).

To outline progress in delivery, Barnsley's Health and Wellbeing Board will invite all partners to contribute to a joint annual report each year. The joint annual report will be made publicly available.

Appendix 4 provides summary information about the health and wellbeing challenges in Barnsley.

More detailed information about the health and wellbeing of the Barnsley population can be found in the following documents:

Public Health England's Health Profile provides a picture of health in Barnsley in 2015.

The Joint Strategic Needs Assessment (JSNA) assesses the current and future health and social care needs of the local community.



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APPENDICES

Appendix 1 - People's Stories

It's 2015

Mrs Brown is 75 and lives alone at home in Barnsley. She doesn't know many people. She has had high blood pressure and early onset dementia for some time. She is losing her eyesight and is becoming increasingly unsteady on her feet.

Mrs Brown receives some care from the council, and a few services from the local NHS which help to give her some independence. These include some home care and telecare from the council. She also sees the specialist nurses at the memory assessment service, the outpatients department for her vision and the district nurse is currently visiting daily to treat an injury from a fall. She has been to hospital three times in the past two months because of a fall or her conditions meaning an ambulance had to be called.

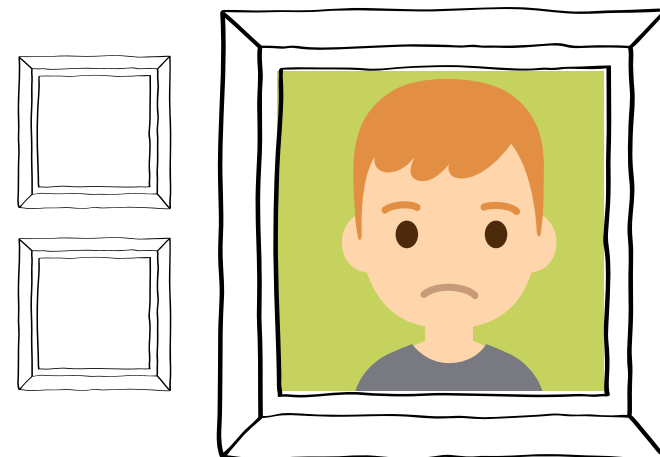
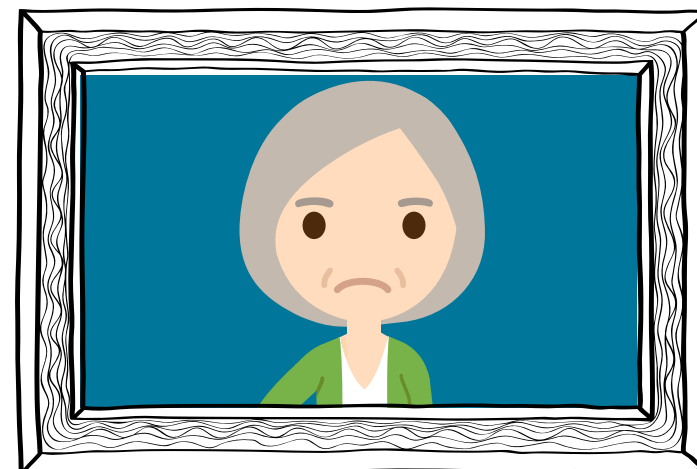
She has had to have a number of assessments, is often referred on from the people she has told her story to, has to do a lot of travelling to different services which are changed at the last minute.

Jack, Mrs Brown's son, who lives on the next street cares for Mrs Brown for about 20 hours per week. He is struggling to pay his bills as he is unable to work and the carers' benefit does not cover these outgoings. He may have to give up caring and try to go back to work. Consequently Jack is suffering with anxiety and mild depression.

Mrs Brown is worried that she will have to go into a home if Jack is unable to continue caring and her health and wellbeing deteriorates further.

This is an expensive situation for two reasons:

- Duplication of resources
- The likelihood that Mrs Brown's situation will escalate and lead to more intensive, more expensive care.



APPENDICES

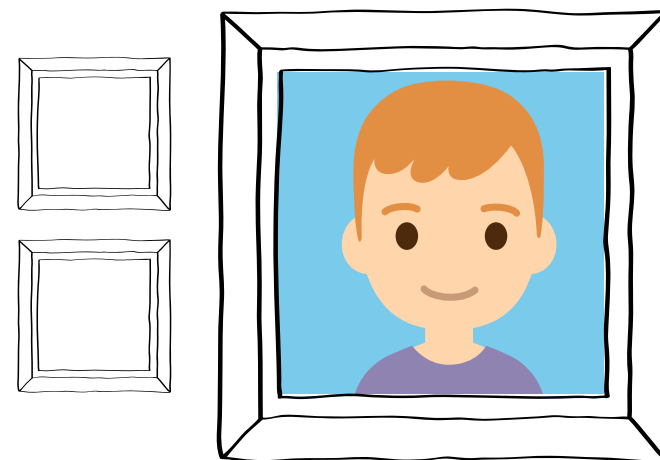
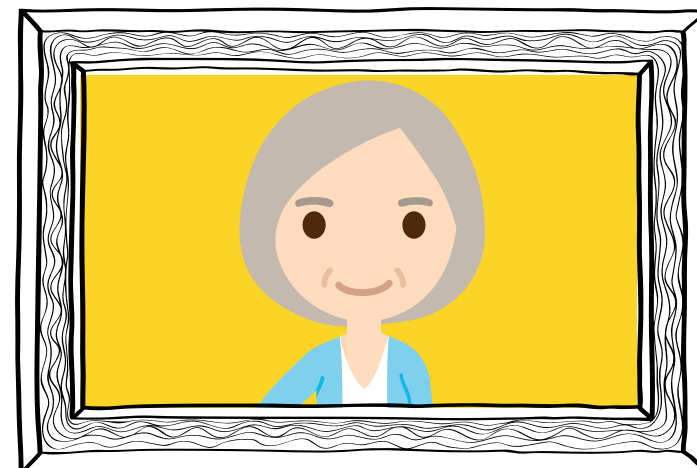
It's 2020

Mrs Brown is now 80. She is still at home despite her fears. Following a discussion with Mrs Brown and Jack, Mrs Brown was given an integrated personal budget to help her manage her health and care needs. As part of this, a single integrated care plan was developed jointly with Mrs Brown and her son Jack. Her care plan involves planned integrated health and care services, the use of assistive technology and the support from local neighbours and the local VCS. For the services Mrs Brown has chosen to buy with her personal budget, there is consistent information about quality that has been provided from regulator's report that helps them make informed choices about who provides the care.

Having a single integrated care plan is a much more cost effective approach as resources are planned more effectively across the system, leading to less emergency visits, and avoiding the need for Mrs Brown to go into a care home.

This has taken some pressure off Jack who is now able to find time to do some training to help him when he is ready to go back to work. Because the system has been integrated and devolved, it is now much clearer how the system works and patients and carers are partners in making decisions. As a result Jack wants to be a part of helping design future services. He has agreed to join a sub group of the Health and Wellbeing Board to help design e-health services for the future so individuals can remain in control of their own health and wellbeing.

Staff in the local health and care economy work together in local multi-disciplinary teams. This helps them to respond more readily to Mrs Brown's needs without having to have multiple appointments and assessments every time something happens. Staff focus on working proactively with Mrs Brown to help her manage her conditions better and therefore avoid a hospital visit due to escalation. Staff have also had training in the use of mobile technology. They can now share and access information to provide the best care for their patients.



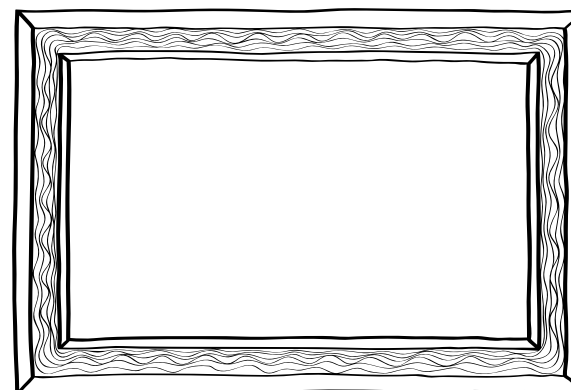
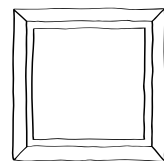
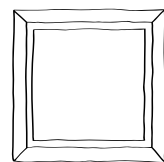
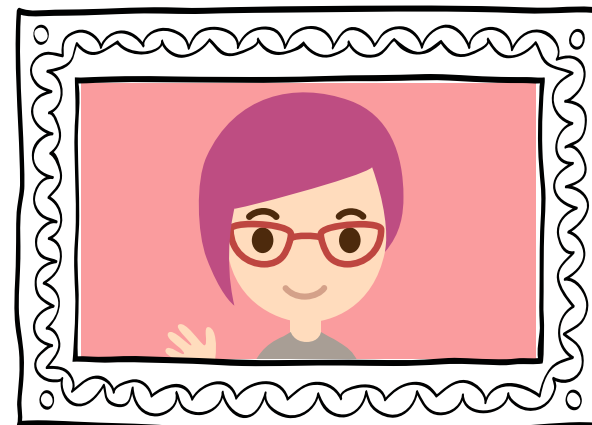
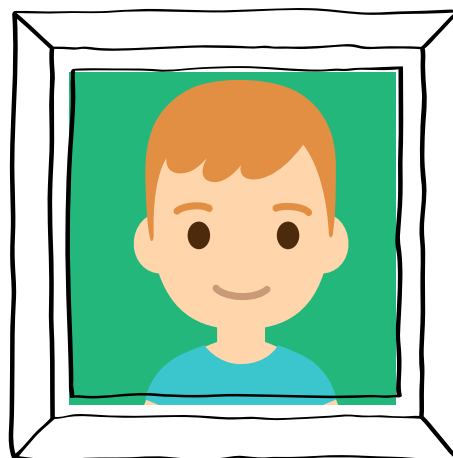
APPENDICES

It's 2030

Mrs Brown passed away at the age of 90, at home supported by an integrated end of life plan. Her granddaughter Yasmin was born in 2015 in the same part of Barnsley. Thankfully, partners from the council, NHS, housing and education worked with the local community to develop a range of services that support Jack, Yasmin and other families to be healthy and get involved in lots of community activities – they all understand it's important to stay healthy!

When Yasmin turned 15, she joined a local community group that organises activity clubs, helps people use technology to stay connected and remain independent, and provides support to local carers. Jack has told Yasmin how important these were for her grandmother.

Jack now works in social care and supports people with dementia. In his spare time Jack volunteers as an e-health community champion helping people to make use of assistive technology to support their independence.

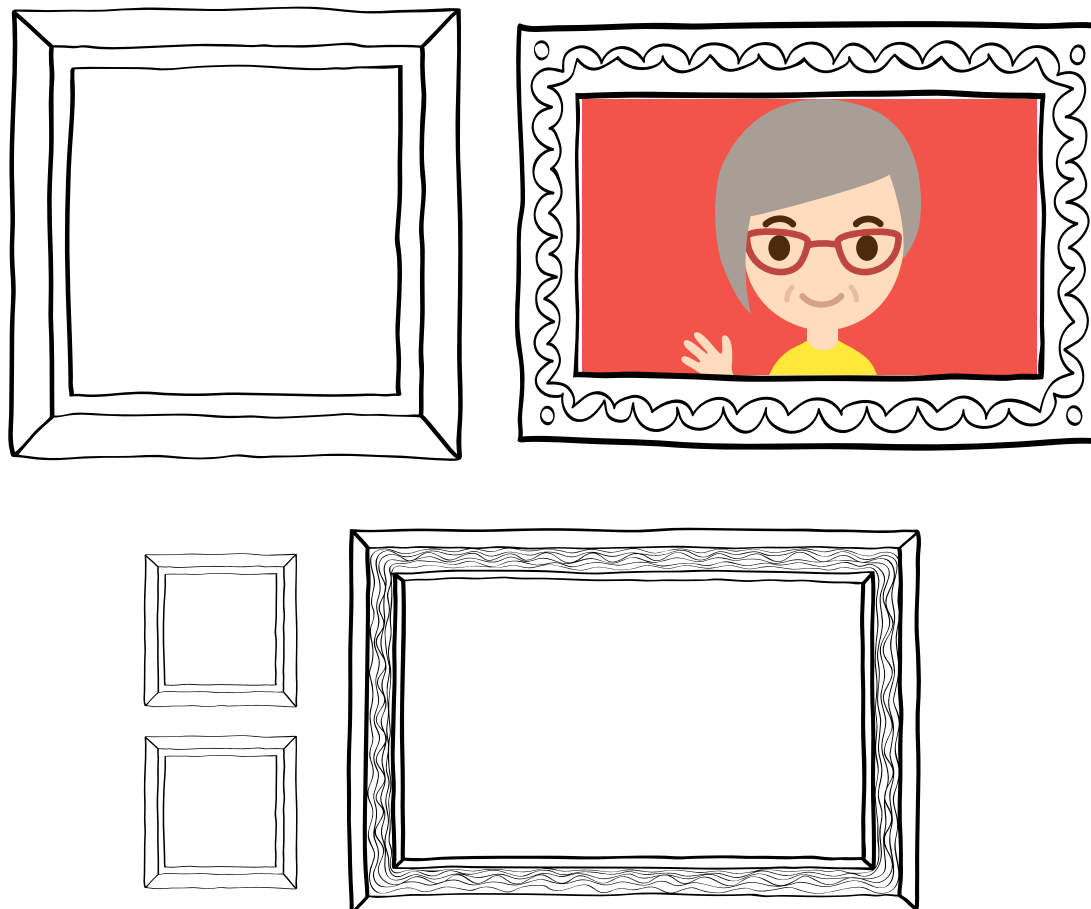


APPENDICES

It's 2100

Healthcare now uses predictive analytics to forecast future conditions so that proactive and preventative action can be taken to stay healthy. Thanks to Yasmin being active and having a healthy lifestyle, she has remained free from long-term conditions throughout her life. She rarely goes to the doctor; she uses the pharmacist for support in a lot of things. She has only had to go to hospital once when she broke her arm.

When she reached 85, Yasmin did become frail and needed some support at home. Due to a better balanced system, the local integrated health and care system was able to provide support despite the growth in demand. Yasmin remained supported at home, with people who are close to her, and lives well at home into old age.



APPENDICES

Appendix 2: The System

Networks

The responsibility to improve our health lies with us all – government, local communities and with ourselves as individuals.

PUBLIC HEALTH
OUTCOMES FRAMEWORK

In Barnsley we have many organisations, individuals, community groups and partnerships that make up the 'Health & Wellbeing Network' in Barnsley.



PARTNERSHIP NETWORK



APPENDICES

Strategies & Plans

These networks work together to shape and deliver a number of strategies which collectively spell out our approach to improving Health and Wellbeing in Barnsley:

There are many linkages between and across the different boards and groups; strategies and plans and collectively they are responsible for contributing to making this strategy a reality.

For more information on each of these strategies and plans, please click on to the relevant link.

From across all of these plans and strategies, the Health and Wellbeing Board has agreed to focus on a number of priority programmes that will make the biggest impact on health and wellbeing. Details of these priorities may be found in the Barnsley Local Integrated Place Based Plan. This Plan complements and reflects the commitments set out in the Health and Wellbeing Strategy..

The **Barnsley Plan** complements and reflects the commitments set out in this strategy.

Enabling Strategies & Plans



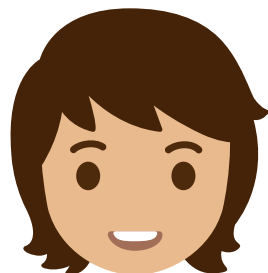
APPENDICES

Appendix 3: Progress to Date



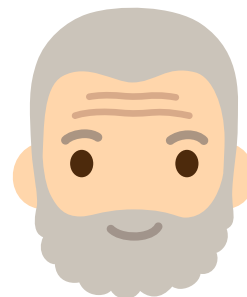
Communities:

The Stronger Communities Partnership is now established as a system wide partnership working to develop strong and resilient communities. The partnership is focussed on improving early help and prevention and tackling areas such as poverty. Our Area Councils and Ward Alliances have worked hard at developing community based solutions to wellbeing and create a strong foundation for the future.



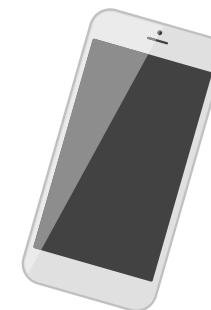
Children & Young People:

A Local Transformation Plan (LTP) for children and young people's mental health and wellbeing has been developed and funding received from NHS England for 5 years, ending in March 2020. 'Improving Social and Emotional Mental Health and Resilience in Young People' is part of the work programme where primary school staff are trained in the 'Thrive Approach'. This is an evidence based whole school approach to enhance teachers' awareness of the social and emotional wellbeing among young people.



Adult Social Care:

A new operating model in adult social care services has now been implemented. The model has fundamentally changed how the service responds to its customers and the services it offers. Evidence shows that these changes have had a positive impact with more customers taking control over their care and support and an increased uptake of reablement with sustained outcomes. The service has been recognised nationally as 1 of 8 shortlisted finalists for the Local Government Chronicle Awards, under the business transformation category.



RightCare Barnsley:

A telephone based care coordination centre providing a brokerage service for Healthcare Professionals seeking a care solution. The aim of RightCare Barnsley is to facilitate the provision of the right care, at the right time, in the right setting, for the benefit of the public and patients. This service has been recognised nationally and has recently won a Health Service Journal Award.

APPENDICES

TO BE INSERTED - A single page infographic that is currently been prepared by the Research & Business Team as part of the JSNA.

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