

Health and Wellbeing Board

11 February 2014

STRONGER BARNESLEY TOGETHER (SBT) - PROGRAMME UPDATE

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to take stock of progress being made across Stronger Barnsley Together, following announcement of our integrated pioneer success in November 2013, and to suggest some practical next steps to ensure we have a collective understanding of, and focus to our joint transformation programmes over the next period. This will ensure we are able to deploy finite resources in the most effective and efficient manner to engineer whole systems change to the health and social care system and deliver the best positive outcomes for and with the people of Barnsley.

2. RECOMMENDATIONS

- 2.1 *Health and Wellbeing Board Members are asked to:-*

2.1.1 *Receive the update report on the progress being made under Stronger Barnsley Together.*

2.1.2 *Ask the Senior Strategic Development Group (Executive) to:-*

- *Review the current SBT portfolio of programmes to ensure assurance can be given that there is sufficient focus to bring about the transformational, whole systems change required;*
- *Ensure all programmes and projects have clearly defined PiDs and project plans, identifying commonly owned outcomes, benefits and resources;*
- *Ensure that all partners communicate and fully embed SBT in the business and transformation planning within respective agencies;*
- *Consider where primary care development fits within SBT;*
- *Put in place the infrastructure and capacity to deliver against the SBT ambitions, wherever possible looking to re-prioritise existing resources;*
- *Ensure providers, individuals and communities (patients/service users/carers) are fully engaged with the SBT programme, and partners join up communications and engagement activity; and*
- *Report back to the H&WB on an exception basis detailing progress being made, blockages/sticking points and proposed remedial action.*

3. INTRODUCTION/ BACKGROUND

- 3.1 On the 1 November 2013 Barnsley was announced as one of 14 national pioneers in integrated care and support by the Care and Support Minister Norman Lamb MP. This represents significant success for Barnsley as around 100 applications were put forward as part of the Expression of Interest selection process.
- 3.2 The pioneers are designed to transform the way health and social care is being delivered to patients, service users and communities by bringing services closer together than ever before. . The local emphasis is therefore on redesigned integrated pathways to deliver improved access to information and advice, support services as appropriate, delivering better outcomes, promoting independence via self care and management, reablement, short term and targeted interventions, with a reduction in institutional care i.e. beds based provision
- 3.3 The 14 sites were selected to directly inform the development of national policy and are testbeds for innovation. The pioneer programme is being led by NHS England with the full support of a national collaborative including for example DH and the Local Government Association. It is clear that the pioneer programme has been designed over a 5 to 7 year period to bring about true and lasting transformational, whole systems change, albeit with the need to balance certain national conditions in the short term, such as those in the Better Care Fund.
- 3.4 The context for Stronger Barnsley Together continues to shift and flux as national and fiscal pressures play out at a local level, most notably the relative infancy of the new NHS architecture and the financial cuts in Local Government.
- 3.5 It is therefore important that 3 months after the pioneer announcement, we take stock of progress being made against our integration pioneer ambitions and assess the relative position of the 3 transformational programmes under Stronger Barnsley Together. This will help to assess whether we still feel we are doing the right things, have the right emphasis on projects/ workstreams that are going to give us the greatest return and are putting the necessary resources in place to deliver the change required. Ultimately have we got the right programmes and projects; clarify that they are scoped and resourced; and how they inter-relate i.e. are they still required, or could they be amalgamated.

4. PROGRAMME UPDATES

- 4.1 Over the last couple of months the 3 joint programmes agreed under the banner of Stronger Barnsley Together have been progressing at slightly

different stages due in the main to capacity issues and lead in time. The following section identifies progress being made across the 3 programmes with a checklist attached at appendix one detailing some of the foundation stones of successful programme and project management. An overall portfolio of programmes structure for SBT is attached at appendix two.

4.2 Ageing Well (being led by the CCG)

4.2.1 Of the 3 programmes, Ageing Well was the first to be formally established by the CCG in 2013. A Programme Board is place, chaired by the Medical Director for the CCG with a Programme Initiation Document (PiD). The programme has been designed to deliver all of the CCG priorities for older people (aged 65 and over) in the CCG Commissioning Plan for 2013/14 and will also deliver BMBC priorities for older people, largely around social care.

4.2.2 The programme has identified the following projects:-

- Supporting People with Dementia;
- Intermediate Care;
- Frail Elderly;
- Care Homes and Nursing Homes;
- Home Truths (closed);
- Risk Stratification (completed); and
- Integrated Teams.

4.2.3 It is however acknowledged that across all 7 projects there is still some clarity to be achieved with regards to project documentation (PiDs, project plans etc.) deliverables and outcomes, resources and overall return on investment. There are also considerations as to whether, with such a wide suite of projects, there is sufficient focus on the key transformational projects which will deliver the greatest return and engineer the systems change required.

4.2.4 There is also a question on how effectively engaged primary care and providers are in the programme, as well as how the voice and experience of the people of Barnsley (patients/service users/carers) is informing service development. Albeit arguably the main engagement is within the supporting projects.

4.3 Promoting Independence (being led by Adults and Communities, BMBC)

4.3.1 Promoting Independence was established at the latter end of 2013 and is chaired by Councillor Lamb (Lead Member for Public Health). The membership of the Board consists of senior leads from across health and social care with strong clinical engagement.

4.3.2 The programme has been designed to work to develop a new, sustainable approach to delivering personalised care and support based on maximizing inclusion, self-reliance and resilience, and drawing on the strength of all of our community. This builds on the personalisation agenda in adult social care, new area governance arrangements, Dearne Approach, universal information, advice and signposting (most recently the Connect to Barnsley/ Connect to Support web portal) and national requirements around personal health budgets.

4.3.3 The following projects have been identified:-

- Developing Community Assets;
- Universal Information, Access and Support;
- Assessment and Care Management;
- Personal Health Budgets;
- Lifetime Planning (Transitions); and
- Early Intervention in Mental Wellbeing (recent addition).

4.3.4 It is acknowledged that the programme in totality is still in development, however the target is for the draft PID and indeed all projects PiD's to be in place by the end of February.

4.3.5 Notwithstanding the progress being made, there is still some work to be done to pin down exactly what the deliverables, outcomes and benefits are, as well as the resource requirements. Similarly, work is being undertaken to establish project groups and ensure the full and active engagement of the principal providers. A consistent theme from the Ageing Well Programme is the breadth and depth of projects and whether there is sufficient focus, as well as the voice and experience of the people of Barnsley (patients/service users/carers) in service development.

4.4 Think Family (being led by Children, Young People and Families, BMBC)

4.4.1 Think Family is the latest of the 3 programmes to be developed. The Programme Board has been established and is chaired by Rachel Dickinson, Executive Director for Children, Young People and Families. The programme aims to make an early offer to families successful in improving outcomes and to reduce the need for specialist and costly services. Its work is linked to the Promoting Independence Board. It will 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.

4.4.2 A series of workstreams have been identified but at this stage are yet to be developed into a Programme PiD with defined projects, the workstreams are:-

- Alignment of strategy, services and resources;
- Communication and engagement;
- Policy and practice;
- Information, advice and guidance;
- New working practices; and
- Performance management.

4.4.3 The governance for the programme has been established and projects are now being scoped in partnership with stakeholders. The deliverables, outcomes and benefits are being identified, along with the resources required to deliver the changes we are looking to achieve. The full and active engagement of children, young people and families is key to the development of the strategy and action plan and this needs to be factored into timescales and developments. The last Think Family Programme Board identified the key project work streams and consultation with the wider reference group will ensure that the action plan has the full commitment of stakeholders.

5. CONCLUSION/ NEXT STEPS

5.1 Since the integration pioneer for care and support was announced in November 2013 there have been a number of developments, both nationally and locally, as the health and social care system and indeed wider public sector continues to change from a policy and fiscal perspective.

5.2 The intentions and aspirations of the Stronger Barnsley Together Programme still remain valid and pertinent if we are to re-design a local health and social care system which not only delivers the best possible outcomes for and with the people of Barnsley, but is also sustainable in extremely challenging financial times.

5.3 It is however important that, collectively the H&WB take a breath, reflect on the ambitions of the programme and focus collective energy on the 'big ticket issues' which will bring about the change locally, whilst also reflecting that important activity in support of this will continue as business as usual, albeit this will be changing, in respective agencies towards common ambitions and outcomes. NB as stated above SBT has focussed on three programmes with a range of projects under each, designed to change patient pathways across the whole system. On reflection there are some significant gaps from the initial plans, in-particular mental well being which has now been added to the Promoting Independence Programme (and needs to link with SWYPFT development plans); plus both hospital admissions and primary care which need to be included in the Ageing Well Programme (and connect to other programmes in the CCG and BHFT).

5.4 As such a series of recommendations have been set out in this report under section 2 which will help practically provide some focus to the SBT programme. Resources and capacity are being put in place to help engineer this change and its vital that all parts of the system, including the people of Barnsley are able to shape and inform developments and play an active role as 'change agents' to realise the potential and ambitions of SBT.

6. APPENDICES

- Appendix One - Programme/Project Checklist
- Appendix Two - Programme Structure

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Appendix One: Programme/ Project Checklist

	PiD (Y/N)	Board/ Project Group	Scope Defined	Outcomes Agreed	Resources Identified
Ageing Well Programme	Yes	Yes	Yes	Yes	Being Scoped
Supporting People with Dementia	*	Yes	Yes	Yes	Yes
Intermediate Care	*	Yes	tbc	tbc	Yes
Frail Elderly	*	tbc	tbc	tbc	tbd
Care Homes and Nursing Homes	*	tbc	tbc	tbc	tbd
Home Truths- CLOSED					
Risk Stratification	PiD approved	Yes	Yes	Yes	Yes
Integrated Teams	PiD approved	tbc	tbc	tbc	Yes
Promoting Independence	Yes (draft)	Yes	In draft PiD	In draft PiD	Being scoped
Developing Community Assets	Yes - draft	tbc	PiD	PiD	tbd
Universal Information, Access and Support	Yes - draft	tbc	PiD	PiD	tbd
Assessment & Care Management	Yes - draft	Yes	Yes	Yes	tbd
Personal Health Budgets	Yes - draft	Yes	Yes	Yes	Yes
Lifetime Planning (Transitions)	Yes - draft	tbc	PiD	PiD	tbd
Mental Wellbeing	No	tbc	tbc	tbc	tbd
Think Family	Being developed	Yes	Being defined	Being defined	Being scoped
Alignment of Strategy, Services and Resources	tbc	tbc	tbc	tbc	tbd
Communication and engagement	tbc	tbc	tbc	tbc	tbd
Policy and Practice	tbc	tbc	tbc	tbc	tbd
Information, advice and Guidance	tbc	tbc	tbc	tbc	tbd

New Working Practices	tbc	tbc	tbc	tbc	tbd
Performance Management	tbc	tbc	tbc	tbc	tbd

* Individual project initiation documents have not been developed as yet - the scope for the projects is included in the programme initiation document - timescales are being developed for the production of project documentation.

Appendix Two: Programme Structure

STRONGER BARNSELY TOGETHER – INVERTING THE TRIANGLE

