BARNSLEY HEALTH AND WELLBEING BOARD

11 February 2014

Review of the Health and Wellbeing Strategy (HWB.11.02.2014/4)
CCG commissioning plan (HWB.11.02.2014/5)
Better Care Fund. (HWB.11.02.2014/6)

1 Introduction

The attached strategy document aims to provide the basis for the discussion planned for three agenda items at this meeting (numbers 4 5 and 6 on the agenda). The rationale for this approach is as follows:

At the last meeting of the Health and Well-Being Board, it was agreed that there should be a single overarching strategy for Health and Well-Being in Barnsley also serving as the CCG's commissioning strategy.

The CCG is expected to submit a draft strategy to NHS England in early April, followed by a final strategy in June. In order to meet these timescales, it seems appropriate to attempt to produce a draft combined health and well-being strategy/ CCG commissioning strategy and operational plan for this Board meeting.

The better care fund is being established on 1 April 2014 prior to full implementation in April 2015. Whilst it might be tempting to see the better care fund as a separate element of how we work in partnership - subject to its own priorities and considerations - it would be more appropriate to see the fund as one of the levers we have at our disposal to drive forward integrated service delivery and to implement our Health and Well-Being strategy.

The CCG is required to make a draft submission on the better Care Fund in mid-February, prior to a final plan in April. As this is a formal pooled budget arrangement the explicit approval of the Health and Well-Being Board is required. Consistent with the perspective of seeing the better care fund as a support to the health and well-being strategy, the proposed narrative for submission in mid-February is incorporated into the draft strategy.

There are a number of areas where more work is clearly required:

(a) Reflecting its origins as a CCG plan it is probably too ‘health’ focused. The Council’s work on assessment and care management has produced some powerful design principles – some of which have a clear ‘read across’ to this strategy. Others are perhaps less applicable but nevertheless a common set of principles could provide a powerful steer to our efforts. They are set out in Appendix B.

(b) A financial strategy is needed to underpin these strategic statements.

(c) More clarity on performance management arrangement and metrics.

(d) Final programme initiation documents for Promoting Independence and Think Family.

2 Recommendations

The Board is asked to:

1 Approve the draft Better Care Fund (set out on pages 30 to 36) for submission to NHS England on 14 February (subject to it securing the approval of the CCG Governing Body at its meeting on 13 February).

2 Comment on the revised health and wellbeing strategy and agree any steps necessary to secure agreement to a revised strategy at the next meeting of this Board in March.

Martin Farran
Director of Adults and Community Services
Barnsley MBC

Mark Wilkinson
Chief Officer
NHS Barnsley CCG

Health and Wellbeing Strategy

2014 to 2019

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

Foreword

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.

The Health and Social Care Act 2012 brought about the abolition of Primary Care Trusts and Strategic Health Authorities throughout the country, along with the introduction of Clinical Commissioning Groups, local Healthwatch as the consumer champion for health and social care services and the transfer of public health to local authorities.

The introduction of Health and Wellbeing Boards is seen as a key cornerstone of the legislation and a vehicle to make sure health and social care services are designed and delivered around local needs throughout the country.

[DN – more to draft here]

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

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

CONTENTS

EXECUTIVE SUMMARY

[DN – to be added at final draft stage]

SECTION 1 - INTRODUCTION

The Barnsley Health and Wellbeing 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

[DN – add in other relevant local authority frameworks]

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.

The plan is structured around three key areas:

- **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.

PART 1 - ANALYSIS

SECTION 2 – THE 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 plans 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, the Commissioning Board Mandate, the NHS Constitution and the NHS Everyone Counts Planning Guidance. The plan also incorporates CCG 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.

[DN – add in other relevant local authority frameworks]

The Health and Wellbeing 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 membership of the Health and Wellbeing Board is included at Appendix A.

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.

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.

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.

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.

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.

[DN – add in similar introductory material on Health and Wellbeing Board partners]

Barnsley Metropolitan Borough Council

Barnsley Hospital NHS Foundation Trust

South West Yorkshire NHS Partnership Foundation Trust

Barnsley Healthwatch

South Yorkshire Police

SECTION 3 – NATIONAL POLICY CONTEXT

Local visions values and objectives described in section 2 of this plan set out what we will do to meet local health needs and to deliver improved health and care services for Barnsley people in an efficient and effective manner as possible. The vision and values will also help us to ensure that in meeting local needs and improving health outcomes for local people, we are also contributing to the delivery of national policy priorities as expressed in the NHS mandate.

The NHS vision is to ensure high quality for all, now and for future generations

Through the delivery of the mandate, the NHS Constitution, the NHS Outcomes Framework, the seven ambitions and 3 key measures set out by NHS England, we will place the people of Barnsley first in delivering this vision; no community will be disadvantaged; we will focus on reducing health inequalities and improving service quality to improve outcomes for patients.

NHS England has set out a number of specific requirements which the CCG working with partners will need to deliver against. More specifically these can be summarised as:

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	Improving health. Reducing health inequalities 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.	
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	
	Increasing the number of people with mental and physical health conditions having a positive experience of hospital care	
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	

	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	
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	

DN – need to expand this to incorporate other outcome frameworks]

The Barnsley Health and Wellbeing Strategy demonstrates how we will work with key stakeholder to deliver against this in the context of local need and the specific priorities we have set out for Barnsley.

In doing so we aim to treat patients as individuals and to support them to take control and make informed choices about their health and their care when they need it.

In order to develop this plan a number of partners within Barnsley and across a wider conurbation were consulted in order to confirm the results of our planning processes.

SECTION 4 - BARNSLEY PEOPLE AND THEIR NEEDS

[DN – to be completed from the latest JSNA summary – what follows is a cut down version used in the current strategy]

Population Demographics

The Office for National Statistics estimates the current population of Barnsley at 231,900. From the 2011 Census data there were 100,700 household spaces occupied by 1 usual resident; this is an increase of 9.2% since 2001. The age distribution is similar to that seen nationally, except for a slightly lower proportion of young people aged 25 to 39 years, 19% of the population is aged under 16, with 17% aged 65 years or older. In 2011, there were 2,991 live births in Barnsley and 2,274 deaths.

The total population of Barnsley is projected to rise by 7.2% by 2021. The largest projected increase is likely to be those aged over 65, by 20.9% (9.7% from 2011 to 2015). The under 15 population is projected to rise by 12% (3.2% from 2011 to 2015).

Deprivation

Barnsley is ranked as the 47th most deprived borough of the 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 as expressed below. In Barnsley 23.8% of children currently live in poverty. Educational attainment is relatively low.

Unsurprisingly, therefore, there are substantial and persistent inequalities in the health needs and outcomes of the residents and communities of Barnsley both within the borough and compared to the rest of the country as a whole. For example, the percentage of Barnsley residents with a long-term illness or disability is 24.6%, higher than the national average of 17.3%.

Life Expectancy

Life expectancy at birth in Barnsley is increasing from 76.4 years in 2007-09 to 76.8 years in 2008-10 for men and from 80.1 years in 2007-09 to 80.4 years for women. This is 1.75 years less for men and 2.17 years less for women compared to the England average. Unfortunately, the rate of improvement isn't as fast as the national average, with the gap in life expectancy widening both within the borough and between Barnsley and the national average, particularly for men.

The main contributors to the gap in life expectancy between Barnsley and the rest of the country are cancer, cardiovascular disease, and respiratory disease.

Risk Factors

A large proportion of deaths in Barnsley can be attributed to modifiable lifestyle factors; smoking, high blood pressure, high cholesterol.

The substantial contribution of smoking to deaths in Barnsley reflects the high prevalence of smoking within the borough. After smoking, high blood pressure and high cholesterol together contributed to 30% of deaths in Barnsley over the 2008-10 period.

The prevalence of risk factors in Barnsley is derived from modelled estimates and should be interpreted with some caution. However, estimates suggest that locally:-

- 26% of adults smoke cigarettes;
- 16% of adults have high blood pressure;
- 7% have diabetes;
- 28% of adults are obese;
- 80% do not eat five portions of fruit and vegetables a day;
- 12% of adults comply with recommended physical activity levels; and
- 22% drink excessive amounts of alcohol.

Children, Young People and Maternity

The infant mortality rate in Barnsley is lower than the England average, and there are no significant differences in low birth weight and very low birth weight babies. A significant proportion of women are recorded as smoking at the time of delivery (23.3%).

Breastfeeding rates at 6-8 weeks are 26% which is lower than the national average however, rates continue to improve locally. Childhood immunisation rates are better than national figures (92.7% of children received their MMR), but children's oral health remains, on average poor, with limited use of preventive dentistry among many groups.

Childhood obesity remains a problem in Barnsley; especially amongst Year 6 children (age 10/11). Obesity is a significant risk factor for poor health in later life.

The under 18 conception rate in 2010 was 55.2 per 1000 girls aged 15-17, representing an unwelcome increase; the rate is now the highest in South Yorkshire.

Improvement in the arrangements for meeting the health needs of children in care is a key action for health and social care services resulting from the Ofsted inspection of Safeguarding and Looked After Children in July 2012.

Although the following are predominately focused on the adult population, it is important that children and young people are supported to develop and embed a culture of positive lifestyle choices within families, communities and educational settings. This will have a positive effect on their health and wellbeing throughout childhood and into adulthood.

Cancer

Cancer is the leading cause of premature death in Barnsley, and the second leading cause of death overall. Although premature mortality from cancer is falling, the rate of this fall is not as fast as that seen across the rest of the country and therefore the gap in cancer mortality between Barnsley and England is widening.

The largest single cause of cancer deaths in Barnsley is lung cancer, followed by prostate, breast and bowel cancer. Five year survival rates for prostate, bowel and breast cancer are significantly lower in Barnsley compared to the rest of the country. Over half of all cancers could be prevented by lifestyle changes, predominantly stopping smoking.

Cardiovascular Disease (CVD)

Cardiovascular disease is the leading cause of death in Barnsley, and the second leading cause of death in those aged under 75 years. The majority of these deaths were from coronary heart disease and stroke. Whilst improvements are being made locally, Barnsley has a significantly higher premature CVD mortality rate compared to the national average.

Modelled estimates suggest there may still be high numbers of residents with undiagnosed hypertension and diabetes locally. Recent analysis has shown that an estimated 211 deaths per year could be averted locally by fully implementing a list of evidence based interventions in primary care.

Respiratory Disease

Respiratory disease is the third most common cause of death in Barnsley, accounting for 1155 deaths per year (2008-10). The largest number of deaths from respiratory disease is from pneumonia, with Barnsley having the highest mortality rate for women and the second highest for men from pneumonia in the Yorkshire and Humber region.

There are also a large number of deaths from Chronic Obstructive Pulmonary Disease (COPD). The predominant risk factor for COPD is smoking.

Mental Health and Wellbeing

It is estimated that 29,234 adults aged 16-74 years in Barnsley have a neurotic disorder. 30,673 adults had a diagnosis of depression in Barnsley (15.8%); this is higher than the average for England (11.7%). Furthermore, 1,688 individuals had a diagnosis of schizophrenia, bipolar disorder and other psychoses in Barnsley (0.7%) compared to 0.8% nationally. Mental wellbeing plays a significant role in how individuals live their lives and cope with daily activities, contribute to society and are able to deal with changing circumstances personally, within families and communities.

Long Term Disease and Disability

There are an estimated 23,611 people over the age of 65 years with a limiting long term illness, this is projected to rise year on year up to 2015 when the estimate will be at 25,237. This alongside the general elderly population growth rate at 3% year on year will have a significant burden on both health and social care services.

There are an estimated 4,285 adults with learning disabilities in Barnsley; this figure is set to gradually increase over the next 3 years. By 2015 the figure is estimated to be 4,382. Of these 908 have moderate learning disabilities and 203 have severe learning disabilities.

Ageing Population

There are approximately 231,900 people living in Barnsley. This is projected to increase to 238,500 by 2015 and to 248,600 by 2021. These interim projections from the Office for National Statistics (ONS) show that the largest projected increase is likely to be in those aged over 65 (increasing by 20.9% in 2021). 20% of the total population will be aged over 65 in 2021.

The demographic trend of an ageing population means that demands on health and social care services will continue to grow. It is important that residents are supported to maintain healthy and independent living for as long as possible, supported by a commitment to end of life care and the effects of dementia, to not only improve the quality of life in elder years but also to reduce the burden on health and social care services.

Alcohol Misuse

The impact of alcohol misuse nationally is widespread, encompassing alcohol related illness and injuries such as correlation to high blood pressure, stroke, cancers and depression, as well as significant social impacts including crime and anti-social behaviour, domestic violence, teenage pregnancy, loss of workplace productivity and homelessness. As alcohol has become increasingly affordable, consumption has increased by 121% between 1950 and 2000 (Prime Minister's Strategy Unit 2004). One in four adults now drinks above the recommended limits.

Barnsley's rate of binge drinking is significantly higher than the England average. The rates of alcohol related hospital admissions are rising (a year on year increase since 2007/08) with men having significantly higher alcohol specific hospital admissions than the England average (546.5 per 100,000 for Barnsley compared to 450.9 nationally in 2010/11).

In terms of young people, 29.9% of males and 30.1% of females in Year 10 reported drinking alcohol often or daily; this shows a slight decrease from the 2008 data when 32.6% of males and 39.0% of females reported they were drinking alcohol often or daily. Furthermore, during the period 2008/09-2010/11 Barnsley had a significantly higher rate of under 18s alcohol specific hospital admissions when compared to the England average (87.8 per 100,000 for Barnsley compared to 55.8 per 100,000 nationally).

Housing and Accommodation

The provision of a well maintained, heated, ventilated and insulated property impacts directly on an individual's physical and mental wellbeing, their ability to thrive and their ability to maintain an independent life. It is therefore important that the JSNA takes account of the Strategic Housing Market Assessment and the resulting housing and accommodation needs of Barnsley residents. This needs to cover both the social housing sector and the private rented sector to improve overall health and wellbeing within the borough.

PART 2 – ACTION

SECTION 5 – IMPROVING OUTCOMES AND QUALITY - PROGRAMME BOARDS

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.

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.

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. We will continue to work with our partners and other stakeholders to ensure that we continue to strive for improvement in all areas of our work together to deliver efficiencies and better outcomes where possible against the priorities we have identified within each of the five domains. The ongoing improvement activity and other activity aimed at improving standards of care across the system are set out in the subsequent sections of the Plan.

Programme Board priorities and Projects

Ageing Well

Programme Board Scope and Rationale

[DN - This section should include a short paragraph outlining what the programme board has been established for, what are the issues it is trying to address – can take from PID]

Priorities

Which of the 7 priorities is this programme board responsible for, or have a significant impact on through its work.

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

Outcomes

What are the health outcomes that will be improved as a result of the Programme Board's work?

This does not need to be outcome measures taken from the PID but should rather be the actual outcome (but no need to directly quantify it) e.g. Reduced emergency admissions and re admissions to hospital (unplanned care) or Improved timeliness of access to rehabilitation services and Intermediate care beds (long term conditions) or Improved cancer mortality rates (Cancer)

The Ageing Well programme will deliver the following benefits:
More service users diagnosed with dementia receiving appropriate support services
More service users, families and carers managing dementia
More dementia support delivered in the community and service users' homes
Integrated, efficient and effective intermediate care services providing higher quality, more value-for-money support
More frail elderly service users maintained in the community with reduced acute admissions
Fewer older people dying in hospital
More joined up working between primary, community and secondary care providers
Improved service user, family and carer experience

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

Cancer

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.

Priorities

Which of the 7 priorities is this programme board responsible for, or have a significant impact on through its work.

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

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

Headline Priorities and Projects 2014 – 16

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 two week wait patient information leaflets produced
Cancer Research Leaflets and leaflet stands for GP Practices
Review Cancer 2WW referral forms

Primary Care Nurses / Nurse Practitioners directly requesting patient x-rays
PALLIATIVE CARE AND END OF LIFE WORK 2013 TO 2014

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

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

Planned Care

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.

Priorities

Which of the Priorities is this programme board responsible for, or have a significant impact on through its work.

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

Headline Priorities and Projects 2014 – 16

This section is to include the priorities and project activity for each of the programme boards. It is not intended to replace any project documentation or work programmes - It is to articulate at an operational level so that Governing Body, Membership Council, Employees and other stakeholders know what the CCG is doing together to address the priorities and improve health outcomes.

This should include the headline activity which is specific to the CCG but also that which may be being led by a partner/provider.

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.

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

Priorities

Which of the Priorities is this programme board responsible for, or have a significant impact on through its work.

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

This does not need to be outcome measures taken from the PID but should rather be the actual outcome (but no need to directly quantify it) e.g. Reduced emergency admissions and re admissions to hospital (unplanned care) or Improved timeliness of access to rehabilitation services and Intermediate care beds (long term conditions) or Improved cancer mortality rates (Cancer)

Headline Priorities and Projects 2014 – 16

The priorities are;

Developing community assets
Assessment and Care Management
Personal Health and Integrated Individual budgets
Universal access to information and support
Lifetime planning [around transitions].
Telehealth and care
Early intervention in Mental Health

Think Family

Programme Board Scope and Rationale

Priorities

Which of the 7 Clinical Priorities is this programme board responsible for, or have a significant impact on through its work.

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

Outcomes

Headline Priorities and Projects 2014 – 16

Priority areas
Family Assessment Approach – Framework Development
Policies and Procedures
Partnership Sign up
Equality and Diversity
Implementation
Monitoring and Evaluation

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
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)
Out-of-Hours Services
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.

Priorities

Which of the Priorities is this programme board responsible for, or have a significant impact on through its work.

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

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

Whilst our programme boards are the main focus for delivering our priorities and driving forward transformation within the health and care system, there are also a number of project related activities and initiatives which fall outside of the formal programme board structure. These projects tend to be more cross cutting and are focused on delivering improvements which will impact on the outcomes of more than one programme board.

Primary Care Development

We have worked to develop a strategic framework for primary care aligned to the NHS England's Call to Action- Improving General Practice Engagement – to develop what needs to change and how.

In South Yorkshire and Bassetlaw the five CCG's have worked together to develop a local Primary Care Strategy. This sets out the following jointly agreed objectives:

Maximise the role of primary care services in the prevention of ill-health and the promotion of personal responsibility for health and well-being, working with the local authorities and CCGs, in recognition of where they can deliver the greatest benefit.
Identify and deliver best practice in access across primary care.

Align primary care services to support delivery of the local commissioning priorities in each community particularly where outcomes are poorer than the national average.
Work with Health and Wellbeing Boards, identify key contributions for primary care to make to the integration agenda and deliver measurable changes.

Development of providers, to facilitate a skilled provider market configured to deliver challenging commissioning intentions regarding high quality, sustainable vibrant services.

We have developed a Primary Care Development Plan for Barnsley which will support the local delivery of these objectives over the next 2 years and contribute to the development of a wider primary care which is delivered at scale and has the capacity to support the shift in care from acute settings towards a more community based approach. Primary Care development activity will also include consideration of how General Practices can have a stronger role in the commissioning of community services and put in place appropriate arrangements to develop the capacity for this within primary care.

Urgent Care

Urgent Care Working Group – Role

Urgent Care Recovery and Improvement Plan

The work of the Urgent Care Board is closely aligned to the work of the Unplanned Care Programme Board which has the responsibility for driving improvements and transformation of all unplanned care and is leading our work to develop new models for unplanned care in line with the vision set out in the Urgent Care Review Phase One report.

SECTION 6 – IMPROVING OUTCOMES AND QUALITY - PATIENT SAFETY AND QUALITY

Quality

Patient experience, patient safety and clinical effectiveness are of the highest importance for the Health and Wellbeing Board. Whilst the catalyst for driving quality improvement is framed by the NHS Outcomes Framework and the Francis, Berwick and Winterbourne View Reports, we will continue to develop, in conjunction with our partners, an approach of innovation, challenge and assurance.

Our approach from 2014/15 onwards will be to continue to ensure that robust systems are in place to provide high quality seamless health and social care services across Barnsley, much of this will be achieved through our various commissioning arrangements. These include the joint commissioning arrangements between the Local Authority, the Children's and Young People's Trust and Specialised Commissioning arrangements.

Safety

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

We will aim to reduce the incidence of clostridium difficile across the health economy and to deliver zero tolerance to MRSA infection.

As part of its Patient Safety Governance, the CCG working with local providers already has an established Root Cause Analysis process. This will be reviewed to ensure it is effective to enable timely and robust actions to be taken to address root causes. In addition work will be undertaken to preventatively and routinely review care delivery to ensure that best practice is embedded.

The CCG's Quality and Patient Safety Committee review and scrutinise NHS England's quality assurance dashboard and will provide assurance in relation to commissioned services to identify potential safety failures in providers.

NHS Barnsley CCG has robust arrangements for assuring patient safety, patient experience and clinical effectiveness. The Quality and Patient Safety Committee receive regular reports in respect of patient safety, experience and clinical effectiveness. The Committee also ensure that mechanisms for concerns about quality and safety issues, patient feedback and underperformance are in place and working and that action is taken to ensure that any concerns are addressed to ensure that high quality of care are delivered.

Each of the main NHS provider contracts for the provision of health services in Barnsley 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
- 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.

Access

Innovation

Patients

[DN - section building on what we had last year in the patient centred customer focused section. This section would include the info required from the guidance about personalisation, tailored care for older and vulnerable, patient experience, data and transparency]

SECTION 7 – IMPROVING OUTCOMES AND QUALITY - WORKING TOGETHER

There are a number of ways in which we work together under the auspices of the Health and Wellbeing Board. 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

Commissioners 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.

Better Care Fund

<u>How have providers, service users and the public been engaged in producing the plan for the fund?</u>

This plan has been developed alongside the development of the NHS Barnsley Clinical Commissioning Group Strategic 5 year Commissioning Plan for health and social care in Barnsley and the operational 2 year plan.

Commissioners and providers have been involved in the development of this plan at a strategic and operational level through the Health and Wellbeing Board and the Better Care Fund Working Group.

The Better Care Fund Working Group is made up of representatives from the Barnsley CCG, Barnsley MBC and the 2 main providers of health care in the Borough, Barnsley Hospital NHS Foundation Trust and South West Yorkshire Partnership NHS Foundation Trust.

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 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.

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

The BCF 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 LA have commenced a broad whole system transformation as set out in the Pioneer programmes - Stronger Barnsley Together which is sponsored by the HWB Board and its partner agencies, including a period of engagement on the 5 Year Commissioning Strategy inviting views on the priorities for health in Barnsley and will be holding a number of consultation events, supported by Healthwatch Barnsley during the planning period and up to March 2014. The BCF plans are seen as one component of delivering the system wide vision for health and care in Barnsley and therefore the engagement activity and more importantly the outcomes from it, will be used to develop and finalise the proposals for the use of the BCF and the BCF Plan.

We are seeking to use this, alongside the development of the SBT Pioneer programmes as an opportunity review and refresh of the Health and Wellbeing Strategy which will also be subject to engagement activity and therefore this will provide a further opportunity for patient, service user and public input to the BCF.

<u>What are our aims for integrated care and how does this impact on the development of the Better Care Fund?</u>

The aims and objectives for integrated care are embedded within the HWB Board strategy, CCG 5 year commissioning strategy and reflect the principles set out in our Pioneer Integrated Care and Support programme as described above. The BCF will play a key role in delivering activities set out in the Commissioning Strategy that will integrate care and support so that care pathways are based around individual.

The aim is to deliver integrated care and support that is co-ordinated around the individual, provided in the most appropriate place, in a timely manner and with funding flowing where it is needed to improve outcomes for patients. – it's a bit repetitive.

The key objectives of the BCF will be to deliver against the areas identified in the national conditions for the fund and also to deliver improved performance against the key performance indicators which the fund and integration of services will impact upon.

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

- Providing joint assessments across health and care ensuring that, where funding is used for integrated packages of care, there will be an appropriate accountable lead professional.
- provide information, advice and sign posting to alternatives, and allow people to make better informed decisions in managing their own health and social care needs
- 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.
- Promote self-management and self- care
- 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, either to home or to an alternative, appropriate setting.
- 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 to further improve health services and support integration which further supports health and care workers to deliver improved quality of care to patients and service users. The NHS number will be used as the unique identifier.

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+) query if just 65+in to residential and nursing care
- Patient and service user experience and the use of patient experience information to improve services

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- 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
- Plus one local measure to reflect local priorities. [DN- the CCG would propose]
    - Proportion of people feeling supported to manage their (long term) conditions OR
    - Proportion of patients with fragility fractures recovering to their previous levels of mobility/walking within 30/120 days

[DN – other potential indicators include:
    - Estimated diagnosis rate for dementia
    - Social Care related quality of Life
    - Proportion of adults in contact with secondary mental health services living independently with or without support
    - Care-reported quality of life (ASCOF)
    - Proportion of adult social care users who have as much social contact as they would like (PHOF)
    - Proportion of adults classified as 'inactive'
    - Injuries due to falls in people aged 65 and over]

We expect this to deliver:

- Easier access to information and advice to help people make the right choices for them about their care and support
- Reduced reliance on traditional, statutory services
- Fewer admissions to care homes and for shorter duration towards the end of life
- Care and support needs met locally wherever possible with an enhanced choice of support options
- An increased level of self-care and people managing their own care and support needs
- Fewer admissions to hospital and less time spent in hospital for patients who need to be admitted
- More cost effective use of resources
- More appropriate use of clinicians' / professionals time so that they can concentrate on issues for which they are trained and skilled.
- An opening up of the provider base and therefore an increase in the range of services offered, leading to a more holistic package of care.

What changes are we planning to make?

The main mechanism for the delivery of change and transformation within the health and care system is through the Programme Board Structures which are in place under the Health and Well-being Board to support the Stronger Barnsley Together (Pioneer Programme) and within the CCG to support deliver of the priorities identified within the BCCG strategic commissioning plan.

Programme Board Structure

There are 3 joint programme boards (BMBC and BCCG) which sit under Health and Wellbeing Board and drive the work of the Stronger Barnsley Together Programme and these are; Ageing Well, Promoting Independence and Think Family. These 3 programme boards will also be the mechanism for delivering a number of the priorities as set of in the BCCG strategic commissioning plan.

In addition there are three further CCG led programme boards which have a specific focus on delivering CCG clinical priorities. These are; Cancer, Planned Care and Unplanned Care.

The Programme Boards will deliver a range of projects and initiatives which, although not exclusively, will support the aims of the BCF and we would specifically expect these to deliver the following improvements over the next few years:

- A much improved, enhanced and integrated information and advice service to allow people, including those who self-fund, to manage their own care and support needs and to connect them to sources of support available within their local communities
- Greater community capacity, community enterprise and volunteering to provide locally based initiatives to support older and vulnerable people with low level support needs. This will be linked with our revised area governance arrangements which are based on an Innovative model of community led commissioning involving communities in the design and delivery of neighbourhood services
- Enhanced provision of low level wellbeing services provided in primary care and other community settings which address the needs of those in 'social crisis' but who not necessarily have a treatable mental illness. This would include things to support recovery, build personal resilience and provide meaningful activity
- Improved information, signposting and triage at Accident and Emergency to ensure alternatives are known, considered and accessed where appropriate including respite/temporary admissions to a care home, telecare/telehealth, rehabilitation and re-ablement.
- Development of primary care services to improve access to primary care, provide a stronger focus on prevention of ill-health, improve the sustainability of the primary care workforce, delivery new integrated ways of working and develop the market of primary care providers.
- An asset based approach to assessment and care management which builds on people's strengths and the support available to them through friends, family and community, rather than what they cannot do.
- An expanded and fully integrated suite of intermediate tier services, focused on preventing admission to hospital as well as speeding discharge, to include primary care interfaces; virtual ward and the voluntary sector
- Improved access to, and take-up of, telehealth and telecare provision
- Improved diagnosis and range of support available for people with dementia

- Improved coordination and targeting of preventative work specific to conditions such as Cardiovascular Disease, high blood pressure, respiratory, drug and alcohol misuse, and mental health by coordinating commissioning across the health and social care economy of programmes such as NHS Health Checks and the Wellness Service.

There will also be a range of other activities and improvement which will contribute to the aims of the BCF plan however at this point these will be delivered outside of the BCF. A good example of this may be Public Health led health improvement programmes.

A number of public health services commissioned by BMBC make an important contribution to the wider aims of the Better Care Fund through a focus on prevention and encouraging residents to make healthier lifestyle choices that will help to maintain their health and independence for longer. Further work will be undertaken during 2014/15 to develop integrated care pathways that include a much stronger focus on the prevention of ill-health as well as supporting self-management and independence for those with existing conditions. This will allow for Public Health resources to be aligned to the Better Care Fund in future years as part of an integrated approach to promoting 'wellness' in Barnsley.

The initial priorities for the BCF, utilising the pooled funding will be:

- Intermediate Care – Review the full range of Intermediate tier services to ensure that that the full range of Intermediate Care Services meet the needs of the population and able to effectively support people to avoid admission to nursing and residential care, reduce hospital admissions where possible and for those who need hospital care, support early discharge as appropriate.
- Seven day working - Identifying and developing a co-ordinated and joined up approach to 7 day working across health and care to support the reduction in emergency admissions and discharge from hospital.
- Integrated Technology and improved data sharing – Developing proposals to improve data sharing and join up IT systems to support integrated working
- Development of integration of Social Care Services into Primary Care to improve accessibility of services, deliver new integrated ways of working and improve outcomes for patients.

<u>What do the changes mean for the acute sector?</u>

The implementation of the Better care Fund Plan will have implications across the whole health and care environment as care becomes more integrated and an increased emphasis on prevention change the patterns of where and how care and support is provided.

In terms of specific impacts upon the acute sector, the push to reduce emergency activity by around 15% will reduce the number of people using A&E and the number of emergency admissions.

A review of the Intermediate Care services will likely provide a new model which will give greater emphasis on preventing avoidable admissions may further support earlier discharge from hospital and avoidable admissions to long term residential care

It will be important to assess the impact upon the acute sector as changes are made to care pathways to ensure that the new models of delivery do have the anticipated impact e.g. reduction in emergency admissions. To support this schemes delivered through the BCF may need to be 'pump primed' to support establishment of the new services prior to the transition from acute care. It may also be necessary to allow a lead in time to enable the development of new services and or new job roles such as Nurse Practitioners.

Changes to the patient mix, 7 day working and reducing the number of non-elective admissions, unless managed effectively could affect the sustainability of the hospital. To maintain sustainability there are a number of considerations including.

Critical mass – numbers of consultants required to sustain local specialist services i.e. Stroke, Cardiology – solutions may come from Technological Solutions i.e. telemedicine

Cost and ability to establish 7 day services (workforce issues)

Lead time to develop alternative professionals – i.e. Nurse PR actioners

Improved sign posting, information and access to alternative support services

National and local commissioning / contract standards (especially specialist commissioning)

<u>Protecting adult social care services?</u>

The Council is currently forecasting a funding gap of £26m over the two years 2015/16 - 2016/17 and is seeking to balance this funding deficit from 2015/16. On the basis that Social Care is the largest spend area within the Council it is expected that a significant element of this funding gap will fall to those services. In addition to this the service faces annual demographic pressures from children transitioning into Adults within the Learning Disability service. Collectively it is estimated that the impact of this will create a funding gap in 2015/16 for Adult Social Care of up to £10m.

This position assumes that all the Health funding currently transferred to the Council, that from 2015/16 will form part of the BCF, continues at its current level. Were this not to be the case the funding gap for Social Care would be greater. As such, the BCF needs to support a whole system approach in terms of the resources available across health and social care, including protecting the level of adult social care provision to prevent a negative impact on to health services

In order to protect Social Care services a joint service planning process will be undertaken through the Health and Wellbeing Board to consider the overall available funding across a joint Health and Social Care system, taking into account the available BCF, and consider where the overall resources should be spent and on what services in order to achieve the best outcomes whilst meeting the needs of service users and patients across a joint single Health and Social Care system.

This may involve a change in current service provision and/or investment in existing Social Care related services, in order to prevent people getting to a point of crisis where they require more formal interventions, n particular admission to hospital or long term residential care etc.

Improved Performance

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 below set out the measures, our current performance and our targets for improvement.

PART 3 - ASSURANCE

Governance

This section will set out the governance arrangement we have in place to oversee implementation of the plan and will need to include:

Committee Structures
Performance Management
Financial Management
CCG Assurance Framework/Board Assurance Framework
Risk Management
Emergency Resilience

APPENDIX A – 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.

APPENDIX B – DESIGN PRINCIPLES

Design principles from work on assessment and care management many of which have a broader applicability. Design principles are the "overarching truths" that guide practice and determine the 'target' organisation we need to be. Each aspect of the new organisation design should be 'tested' against the principles to ensure that it supports and does not contradict the principles. Each element of the design will not support every principle. It may only support one but should not contradict any.

Implementation should not erode the design principles. The design principles should be refreshed to refine the organisational model over time. It is the responsibility of everyone else to ensure that the design principles are at the core of what they do.

1	Customer access and interaction	Single view of all customer interactions to ensure that people "tell their story once".
2		We will provide clear, streamlined access points that is organised around our customers.
3		Shift in customer behaviour by promoting self-service opportunities, including developing transactional capabilities through digital channels that are easy to use and become the channels of choice for our customers that want to access provider services.
4	Community and promoting independence	Barnsley residents have easy access to co-ordinated and connected information, advice and services thus increasing their resilience and empowering them to have greater choice and control.
5		We will empower those receiving support and their carers to contribute to their community through forging links and relationships, but also changing the nature of the relationship, i.e. as an active contributor, not just a passive recipient
6		We will focus on maximising independence for the customer, assessing at the right time and in the right place (short term crisis support that maximises the opportunity to recover prior to any long term care decision being made).
7		Personal budgets and self-directed support will be the default position to promote self-management, across health and social care for all those who need support to manage a long-term condition.

8	Services and support	People are supported via prevention and early intervention to keep them out of the formal system and connected with their families and communities for as long as possible.
9		We will safeguard the most vulnerable - ensuring that the prevention of abuse and protection of adults at risk of abuse is at the core of service operation.
10		We will provide greater choice in support and personalised services according to individual need that delivers the best and most cost effective outcomes, including the commissioning and delivery of services and functions by the most appropriate provider.
11	Staff and organisation	We will develop a mobile workforce that delivers care where appropriate in the community using simple processes that are consistently applied across all teams.
12		We will create a fluid, responsive and responsible organisation where staff has greater autonomy in decision making within defined risk management parameters and clear career pathways.
13		An intelligence led organisation that is able to make decisions and changes based on insight. Changes are measured for qualitative and quantitative impact that includes service and cost outcomes.