

REPORT TO THE HEALTH AND WELLBEING BOARD

30 JANUARY 2018

Barnsley Health and Care Together

Report Sponsor:	Jeremy Budd, Director of Accountable Care, Barnsley CCG
Report Author:	Joe Minton, Barnsley CCG
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1. Purpose of Report

- 1.1. The purpose of this report is to provide an update on the development of the Barnsley Health and Care Together partnership for the Barnsley Health and Wellbeing Board.
- 1.2. Please note that Barnsley Health and Care Together is the new working name for our integrated partnership work together to deliver accountable care. Further work to design a brand identity will be undertaken in the future, when appropriate.

2. Recommendations

- 2.1. Health and Wellbeing Board members are asked to –
 - Note the contents of the report.

3. Introduction/Background

- 3.1. Integration of health and care has been a policy priority for successive Governments in the United Kingdom and many other countries around the world.
- 3.2. The NHS Five Year Forward view states that further integration of primary, community and hospital care, social and health care and physical and mental health are imperative to the long term sustainability of the NHS along with creating a greater focus on wellbeing and prevention.
- 3.3. NHS England and the other NHS Five Year Forward View (5YFV) partners have been working with new care model vanguards, Sustainability and Transformation Partnerships and Accountable Care Systems to develop a framework of Accountable Care that can support new integrated models of health and care delivery.
- 3.4. Accountable Care Organisations and Systems are population health focussed, clinically and social care led and work with a pooled budget to deliver a single set of agreed outcomes. In Barnsley, partners are working to deliver the principles of Accountable Care. It has been recognised that this term is not well understood and the partnership is considering the best

way to communicate its vision and strategy. A new name for our partnership has been agreed as Barnsley Health and Care Together.

- 3.5. This emerging framework better incentivises interventions to be made “upstream”, support wellbeing and prevention and empower people and communities through co-production, resulting in less people becoming unwell or experiencing health and related crises.
- 3.6. It will no longer be the case where initiatives are delayed or side-lined because they present risks to individual organisations even though these are outweighed by the potential benefits to people, communities and the wider system.
- 3.7. Health and care organisations in Barnsley have a long held vision to provide more integrated services that will better meet the needs of local people, reduce health inequalities across the Borough and improve health and wellbeing. The partnership includes –
 - Barnsley Hospital NHS Foundation Trust
 - South West Yorkshire Partnership Foundation Trust
 - Barnsley Healthcare Federation
 - Barnsley Clinical Commissioning Group (CCG)
 - Barnsley Metropolitan Borough Council
 - Barnsley Hospice

Additionally, Healthwatch Barnsley is in attendance, in accordance with its independent oversight duties.

- 3.8. The partnership is also talking to Voluntary Action Barnsley about becoming a member in the future.
- 3.9. Barnsley Health and Wellbeing Board (HWB) has statutory responsibility for health and wellbeing in the Borough. The developing partnership of health and social care organisations in Barnsley is intended to support the implementation of the Health and Wellbeing Strategy and Barnsley Plan.
- 3.10. Building on the progress already made with service integration in Barnsley and the strength of local partnerships and in light of the emerging national policy framework and the developing South Yorkshire and Bassetlaw Accountable Care System, partners have come together through a Shadow Delivery Board to -
 - Support the delivery of the Barnsley Plan which has been developed and agreed by HWB, beginning with priority areas of cardiovascular disease and frail elderly
 - Oversee the Alliance Agreement which covers the neighbourhood nursing service, intermediate care (including RightCare Barnsley) and BREATHE

- Develop the local partnership arrangements, in shadow form initially but moving to a legally constituted form by April 2019 or as soon as legally practicable thereafter
- Deliver the place based requirements of the South Yorkshire and Bassetlaw ACS

3.11. The Shadow Delivery Board is accountable to the Accountable Care Partnership Board. It is proposed that the Partnership adopts the name “Barnsley Health and Care Together” in order to simplify and better communicate the intent of the work programme.

4. Evidence of need / Link to Joint Strategic Needs Assessment

- 4.1. Over the last 10 years, Barnsley’s position relative to the rest of the country has remained virtually unchanged for most health and wellbeing indicators. Death rates from the three main killers – cardiovascular disease (heart disease and stroke), cancer and respiratory disease have fallen over the last 10 years but still remain significantly higher than the England average. Cancer, particularly lung cancer, is the main cause of premature death. Levels of obesity and diabetes are higher in Barnsley than the national average contributing to high death rates from cardiovascular disease (heart disease and stroke).
- 4.2. The Barnsley population experience higher levels of mental ill health than nationally across a range of indicators. Forty percent of current illness in the city is either preventable or ‘delayable’ and the financial benefit of reducing this matches the moral imperative to do so.
- 4.3. The vision of health and care organisations in Barnsley is to create of a simpler, integrated health and care system that will accelerate transformation across the Barnsley health and care system, support a shift in focus on treating patients with health problems to supporting the community to remain healthy in the first instance.

5. Summary of progress

- 5.1. Following on from the first public meeting of the Shadow Delivery Board on 23 November, the programme has been making strides to establish the underlying workstream leadership, governance and objectives.
- 5.2. A weekly Programme Management (PMO) meeting has been established involving senior leaders across the partnership to ensure delivery. This group has been looking at the terms of reference and objectives for each of the workstream areas, ensuring that the work programmes adopt the operating principles for Accountable Care and how resources can be mobilised to support delivery.
- 5.3. Representatives from the partnership attended the national Accountable Care Learning Network (ACLN) at the Kings Fund on 5 December to join national policy leaders and experts along with other areas that leading the development of Accountable Care locally across the country. The event included presentations and discussions around the new national contract for Accountable Care, collaboration agreements and outcomes frameworks
- 5.4. The programme has adopted an approach of learning and sharing local experiences to prevent “reinventing the wheel” at every stage. This has included establishing links with

Sunderland and Scarborough which are areas further ahead with procurement of a multi-speciality community provider models, and Wakefield and Tower Hamlets which are currently progressing with local provider alliances to embed new clinical and business models.

- 5.5. Over the next month the frail elderly and cardiovascular workstreams will be developing and finalising plans for 2018/19 along with system stakeholders, the Delivery Board will be developing the Strategic Outline Case (SOC) that includes the local case for change, outline care model and scope of services and expected outcomes for Barnsley and oversee the next phase in the mobilisation of the new integrated intermediate care service across the borough.
- 5.6. The CCG has engaged the New Business Models team within NHS England that is supporting sites looking to commission a novel contract for a new care model. The team is assisting the CCG to understand the future commissioning options that will best support the development of integrated health and care locally.

6. Delivery of the Barnsley Place Based Plan

- 6.1. Greater integration of health and care services through a single accountable governance and organisational structure is a core part of the Barnsley Place Based Plan. The Barnsley Health and Care Working Together Partnership is taking responsibility for delivering the integration objective of the plan as well as wellbeing support, prevention, person-centred care delivery and building stronger local communities.
- 6.2. The initial priorities for the Partnership will be cardiovascular disease, frail elderly, locality development and to oversee the ACS performance dashboard for tier one services and progress of transformation.
- 6.3. Engagement and mapping exercises have taken, logic models have been drafted and working groups are being established for cardiovascular disease and frail elderly. Barnsley Hospital has joined the latest contingent of the Acute Frailty Network, working with peers and experts to transform hospital care for this group. Further work is underway to understand the resource requirements and map the benefits for people and the health and care system.
- 6.4. A development session for the CCG Governing Body on locality working across Barnsley was held in November 2018 and a draft Locality Development Plan has been developed and submitted to NHS England in December 2018. The CCG Primary Care Team is organising a locality event in February to provide practice teams the opportunity to learn more about the programme, the opportunities and benefits of integrated working and in localities.

7. Overseeing the Alliance Agreement

- 7.1. The Barnsley Alliance Management Team (AMT) continues to meet regularly to give assurance that the alliance agreement and associated services are being delivered in line with the objectives of the partnership, and to manage performance and risk. The services within the contract include -

- RightCare Barnsley - Health Service Journal award winning service for Value in Healthcare
 - Intermediate Care
 - Neighbourhood Nursing Service
 - BREATHE (integrated respiratory service)
- 7.2. AMT has recently been focussing on the mobilisation of the new intermediate care service. The next steps will be to continue to refine the working practices across the new service configuration, further work on performance indicators, procurement of a longer term solution for independent sector beds and review of Rapid Response and “Hospital @ Home” elements of the new service.
- 7.3. The Shadow Delivery Board will oversee AMT, providing strategic direction to the alliance, to manage risk and to hold AMT to account for the performance of the alliance such that it achieves its objectives.

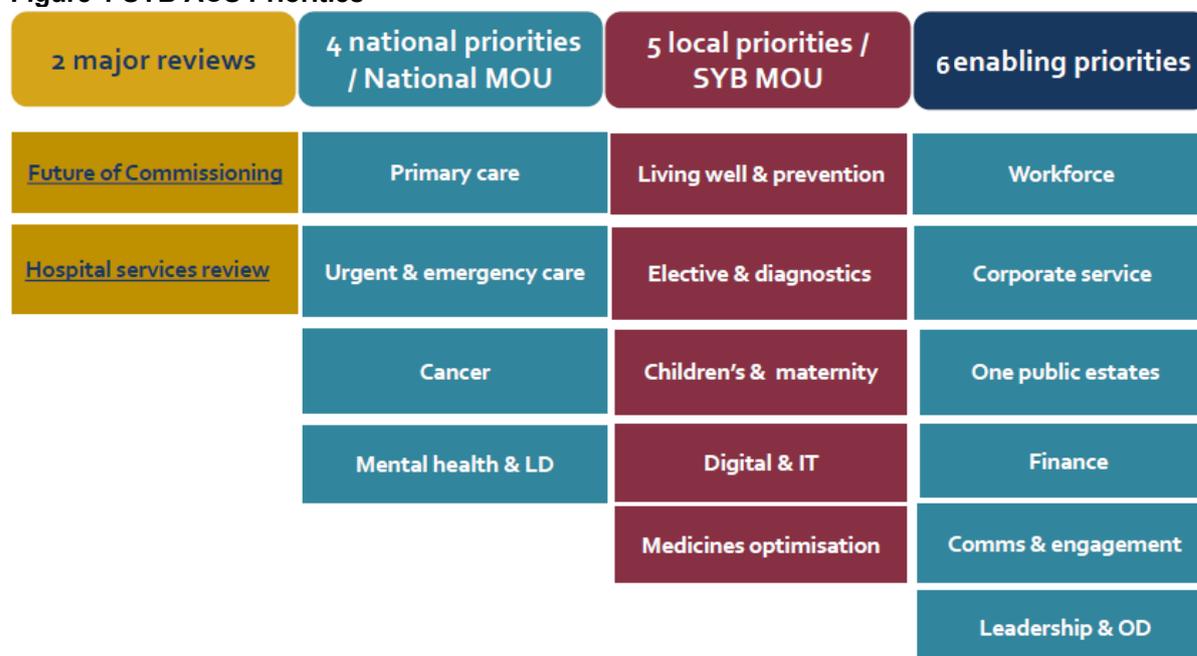
8. Developing the local partnership arrangements

- 8.1. Terms of reference have been drafted for workstreams including finance and contracting, communications and engagement and strategy. The Governance work will be taken forward by the Partnership Board and Shadow Delivery Board.
- 8.2. The Finance and Contracting Group met for the first time in under the new Chairmanship of Director of Finance at Barnsley Hospital NHS Foundation Trust. The initial priorities of the group are to determine scope of services defined as those delivered in Barnsley for the Barnsley population, understand the current activity and the cost base.
- 8.3. Agreement on the potential scope will mean partners can demonstrate that bringing services together can improve outcomes for patients and communities and ensure the best possible use of the Barnsley Pound. Currently this is health focussed. Social care may be included in the future with the agreement of all partners.
- 8.4. The Strategy Group is focused on developing the Strategic Outline Case which includes the case for change, design principles, outline care model and outcomes framework.
- 8.5. The Partnership Board has obtained legal advice to draft a collaboration agreement which will bring organisations more closely together to support integration and partnership working. It is expected that the collaboration agreement will be in place by the end of March 2018.
- 8.6. The programme is reviewing the workstreams and structure of SSDG and HWB to make sure that there is not any unnecessary duplication.

9. Delivering the place-based requirements of the SYB Accountable Care System (ACS)

9.1. The ACS across South Yorkshire and Bassetlaw is developing at pace. In November the ACS provided an update on the system wide priorities for the forthcoming year and beyond, setting out what is expected will be delivered at system, place and organisational level.

Figure 1 SYB ACS Priorities



9.2. The Programme Management Office is currently conducting a review of the SYB ACS groups and work programmes to ensure the best possible alignment and efficient ways of working.

9.3. The partnership has agreed to start to align communications and engagement activities by adopting the ACS strapline of “honest and clear”.

10. Stakeholder engagement/co-production

10.1. At the first Delivery Board meeting in public which included the general public, councillors and members of partners’ governing bodies a number of issues/concerns were raised including –

- Accountable Care is a way of privatising NHS services in Barnsley.

Response provided: The Accountable Care Partnership, which we are in the process of developing is a partnership of publicly owned and publicly funded organisations, primary care organisations and the local authority.

- Involvement will not be wide enough to genuinely represent or consult Barnsley People and would not meet our statutory duties to consult with the Public.

Response provided: We are currently informing the public about Accountable Care and seeking to learn about their needs, ideas and concerns. This is not a consultation, which is a

legal process where significant change to services would need to be consulted on following a due process. We have developed a stakeholder map that both includes wide sections of our local population and which will be added to as we access more groups. We will also be working at community level to have direct conversations about key accountable care issues and seeking to broaden our reach by working with groups to access other representative communities, especially within the Protected Groups audiences. Work has already started to look at channels to reach the public. Reports will be made of all engagement and involvement activity.

- When hearing about the first two priority areas – cardiovascular disease and frailty – there was concern social care would not be included

Response provided: *The Local Authority including social care is a key partner and are involved with our conversations and planning as we all work together to develop better outcomes for the people of Barnsley.*

- Who is the Accountable Care Shadow Delivery Board accountable to?

Response provided: *As a Board we are accountable to the Accountable Care Partnership Board, which in turn is widely accountable to all our partner organisations sovereign boards and Governing Bodies, including to the CCG which is accountable to its GP membership, Healthwatch, , NHS England, SYB ACS, Health and Wellbeing Board, and scrutiny and regulatory bodies, e.g. the Care Quality Commission (CQC).*

- All engagement and involvement would be based online and that many of Barnsley's older population would be excluded as a result.

Response provided: *We will develop engagement materials and tools accessible to all people and, whilst this will include online information, it will also include printed and other formats, e.g. larger print.*

- Clarity was sought about if Accountable Care in Barnsley was as an Accountable Care 'Partnership', 'System' or 'Organisation'.

Response provided: *There is a South Yorkshire & Bassetlaw Accountable Care System with 5 accountable care partnerships underpinning the system, Barnsley was one such partnership. There was a collective Memorandum of Understanding between partner organisations as opposed to a formal agreement. Alliance contracts were already in place for delivery of some local service.*

10.2. The programme communications and engagement workstream is further developing the strategy and a suite of communications resources to facilitate continues engagement with the stakeholders.

10.3. There are a number of events planned over the next three months to engage with the public around the priority areas of work of the partnership including a locality BEST event for

primary and community care on 14 February 2018 and a cardiovascular disease and frail elderly event in March 2018.

11. Conclusion / Next Steps

11.1. HWB will continue to be updated on the developments of the programme and partnership working in Barnsley, and it should be noted that SSDG is updated on a monthly basis.

12. Financial implications

12.1. None included.

13. Appendices

13.1. None included.

14. Background papers

14.1. None included.