

# Barnsley Pioneer Programme – Profile

## 1.1 What is your area like?

The borough of Barnsley has a population of approximately 235,800 residents, with 31% of the population living in the 20% most deprived areas in the country. Deprivation is concentrated in the east of the borough, and 23% of children in Barnsley live in poverty. The health of people in the area is generally worse than the England average, in life expectancy and levels of smoking, obesity, and alcohol harm. There is a gap in life expectancy of 7.4 years for men and 6.3 years for women between the most and least deprived areas. The health and care system in Barnsley is facing significant financial pressures.

## 1.2 What are you aiming to achieve?

At the start of the pioneer programme, Barnsley had already seeded a range of practice innovations that were resulting in improved experiences and outcomes for individuals and communities. These included comprehensive integrated 'telehealthcare', personalised budgets and multi-agency integrated approach to supporting children and families based on early intervention and the 'Connected Care' model of community-led commissioning.

Our aim for the programme was to take existing initiatives forward with increased pace and early delivery of benefits, and to identify and develop new approaches where needed. The plan to achieve this involved three elements.

- *Inverting the triangle* – a cultural and strategic shift to prevention, early intervention and empowerment through measures such as integrated information and advice, and promotion of self-care and self-management
- *Joining the dots, joining the programmes* – a joint transformation programme to identify where joining up existing activity could add value e.g. improving A&E waiting times by addressing the relationship between alcohol misuse and hospital attendance
- *Fast track enablers* – enablers are key catalysts for wider system change. Two of our cross-cutting enablers were self-management supported through technology such as telehealthcare, and personal health and care budgets

The aspiration remains highly relevant and much work has gone on in the intervening 12 months to further these central themes. The environment in which we are working, however, has changed and some of the pivotal attributes of our original 'pioneer proposition' can be seen, in reality, to have promoted some real challenges. While we have continued to implement the initiatives we planned, we are now reshaping our pioneer programme to better support whole-system integration.

## 1.3 What have been the highlights of your first year?

- Area governance – co-producing services with local communities to promote more resilience and less reliance on the statutory agencies
- Designing a specification for an integrated health and wellbeing service – Be Well Barnsley

- Establishing a target operating model for adult social care
- Developing informatics connectivity across adult social care with plans to link to the hospital

## 1.4 Details of the year

Much of our work has involved preparation for major developments which will become operational in 2015. These include:

### 1.4.1 Universal advice and information (UIA)

The business case for a UIA Strategy was approved by the Promoting Independence Board. Implementation will be progressed in 2015. An important element will be to reduce overlap and duplication to produce a streamlined system. Some specific initiatives in 2014 include:

- Building on Barnsley's [care navigation and telehealth service](#) and Making Every Contact Count, the use of 'motivational interviewing' (a technique to help people to resolve their own problems) is being delivered intensively in a GP practice area. This approach is being tested prior to roll out in 2015
- [Connect to Barnsley and Connect to Support](#) are now up and running providing online information, advice and signposting and an e-marketplace across health and social care

### 1.4.2 Area governance

As part of the council's work to further develop its area governance arrangements, six area councils and associated ward alliances have been developed over the past couple of years. These are now commissioning local services for local people throughout the borough.

### 1.4.3 Be Well Barnsley

This is an integrated and holistic 'Wellbeing for Life' approach being designed by public health. It makes the shift from a model in which people are supported to tackle single unhealthy behaviours such as to stop smoking, to a 'strength' model which enables them to build good health, resilience and independence. The service will cover social determinants of health such as poverty, poor housing and social care needs, and will link with the range of universal and targeted support offered across Barnsley. Procurement will commence in 2015.

### 1.4.4 Holistic patient care

The Holistic Patient Care project involves establishing an information hub to allow interconnectivity between the information systems in the hospital and in adult social care – covering home care, telecare and reablement. Hospital professionals will have information about the individual's social care history immediately available to allow planning for discharge at point of admission. Workers in the community will get real time alerts to intervene, initially focused on falls prevention and medication compliance, and subsequently extending to dementia and better detection of underlying medical conditions. Interconnectivity across social care will be in place by

March 2015; connecting to the hospital will take place in 2015, dependent on a bid to NHS England Tech Fund 2. See case study: [Holistic care project](#).

#### **1.4.5 Target operating model in adult social care**

An independent review to start the development of a target operating model in adult social care reported in April. The model will support Stronger Barnsley Together (a programme with three strands – ageing well, promoting independence and think family) and Inverting the Triangle. A detailed plan for delivery is being developed and this will be supported by project infrastructure and a delivery team during 2015.

#### **1.4.6 Integrated personal commissioning**

Twenty-five adults and six children receiving continuing healthcare funding receive a personal health budget in Barnsley. The clinical commissioning group and the council are working closely together on this initiative. The council delivers the personal health budget payments and monitoring service, and commissions continuing healthcare packages working alongside healthcare professionals to ensure that the needs of individuals are met.

We have used many of the lessons learnt from our pioneer work and our experience in the context of personal health budgets to underpin our proposal for Integrated Personal Commissioning. If successful, our programme will develop integrated health and care budgets, support in self-care and crisis support to an initial cohort of people with diabetes with complex support needs. See case study: [Developing personal commissioning](#).

### **1.5 What has been the most exciting aspect?**

The ability to lead at pace and scale the fundamental redesign of health and social care services, to be able to meet the needs of local people and communities in what are extremely challenging fiscal times.

We are also pleased that we have started to reshape our pioneer programme into a much more ambitious and challenging driver for change.

### **1.6 What has been the most challenging aspect?**

A number of circumstances led to us to adjust and evolve how we were approaching the pioneer programme.

- The Better Care Fund (BCF) and latterly NHS Five Year Forward View re-emphasise a direction of travel towards more effective integration of health and care
- The intense focus on BCF planning and managing severe financial constraints, coupled with changes in key personnel, meant that some of the initial understanding of, and commitment to, the pioneer programme was diluted
- Because there was significant overlap between the pioneer programme and the Stronger Barnsley Together programme, our pioneer work was managed within the SBT framework. This relationship is currently being reviewed and it

is expected that, going forward, there will be a positive opportunity to redefine how pioneer is represented within the health and social care landscape locally.

The pioneer programme has been established to develop transformational change over a five to seven year period. The balance of being able to demonstrate tangible outcomes in the first year against a longer term programme is an aspect which needs to be managed.

In light of the above we took stock of our programme and identified that:

- The focus on integrating discrete areas of service was beneficial, but needs to be scaled up
- The message about the importance of the pioneer programme had not been embedded consistently across all key functions of our organisations
- We would have benefited from the programme having a distinct identity

Senior leaders across Barnsley have come together to review the programme, facilitated by the pioneer leadership programme. When completed, this will result in a more robust and coherent response to some of the challenges posed by pioneer and associated system transformation.

Another specific challenge, relating to the holistic patient care work, has been delays in the decision about Tech Fund 2. Important developments are, to some extent on hold, pending this decision. This reflects the wider challenge of ensuring that pioneers are supported in their endeavours through coherent and timely decisions whenever there is interaction with relevant national programmes.

### **1.7 What are you planning to do next year?**

In 2015 work on integration activity to Invert the Triangle will continue. And much of the work that has been in development will start to come to fruition. Our road map will be shaped and finalised early in 2015, but will contain the following elements:

- Review progress against the delivery of the Health and Wellbeing Strategy
- Economic modelling across the partners on key system-wide challenges and opportunities, looking at resources, collective ambitions and financial tensions in the system – the BCF will be a lever for change in this work
- Co-design of how the system should look like in three to five years with all stakeholders in Barnsley
- A clear joint governance system through the Health and Wellbeing Board
- A strategy for communication and engagement to promote understanding and ownership of the integration programme

### **1.8 What is your advice for other areas starting on their own integration journey?**

Our learning is that when implementing an ambitious programme it is important to have a clear governance process and good communication networks in place from

the start. This means that any problems or drift in a programme can be picked up and tackled quickly, and that stakeholders will be engaged. A sense of shared ownership and commitment across all the partners is critical.

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