



# Barnsley's Health and Wellbeing Strategy 2014 to 2019

Working together to improve  
the health and wellbeing  
of the people of Barnsley

# Contents



[Foreword](#)

[Executive Summary](#)

[Introduction](#)

[Vision and Ways of Working](#)

[Analysis](#)

[Action](#)

[Commissioning Intentions](#)

[Medium Term Financial Strategy](#)

[Assurance](#)

[Appendices](#)

Go to [INTRODUCTION](#) pg 5

Go to [ANALYSIS](#) pg 17

Go to [ACTION](#) pg 23

Go to [ASSURANCE](#) pg 36

# FOREWORD

The Health and Social Care Act 2012 introduced Health and Wellbeing Boards as a key cornerstone of the health and social care reforms, a vehicle to make sure health and social care services are designed and delivered around local needs and aspirations throughout the country.

This is Barnsley's second Health and Wellbeing Strategy and marks a significant shift in the way local health and social care services are designed and delivered, reflecting the progress made over 2013/14 and the challenges we face.

We are determined that 2014/15 will be a year for significant delivery:-

- transforming the models for service delivery across health and social care;
- focusing on self-care, by promoting universal information and advice, and sign posting people earlier to a range of community based support; and
- combining earlier intervention with greater use of short term / targeted interventions.

Collectively, we recognise that our organisations achieve little working in isolation. We need to work together, with our local people and communities to improve the health and wellbeing in Barnsley. This is how we will address the key health and wellbeing challenges facing the borough.

We are therefore pleased to announce this strategy and look forward to working together to achieve our vision for Barnsley.



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

[Go to \*\*INTRODUCTION\*\* pg 5](#)

[Go to \*\*ANALYSIS\*\* pg 17](#)

[Go to \*\*ACTION\*\* pg 23](#)

[Go to \*\*ASSURANCE\*\* pg 36](#)

# EXECUTIVE SUMMARY

The health and care community in Barnsley faces some significant challenges over the next period to 2018/19. People are living longer and with that comes an increased demand on services as the number of people with one or more long term conditions is expected to rise. This coupled with the financial climate facing the public sector and changes to the benefit system and welfare reforms means that service transformation is the only meaningful solution.

The Health and Wellbeing Board is responding to this challenge. Under its systems leadership role, it has developed a revised Health and Wellbeing Strategy. This strategy sets out a shared vision, series of outcomes and priorities which collectively all partners will focus on over the next five years. This will bring about whole systems re-design, centred around integrated pathways to improve local outcomes and deliver a more sustainable health and care system in the future.

By providing better information, advice and sign posting to enable people to self help and self care, people will be supported to remain in their homes and communities for as long as possible, promoting greater choice, control and independence and reducing the demands on Acute care.

A framework for transformation has been developed through six systems wide Programme Boards with an additional programme of work around Primary Care Development. The Infrastructure is now sufficiently developed to deliver significant change in 2014/15, and lead the health care systems to deliver longer term ambitions through effective partnerships and the best use of the Barnsley pound.

[Go to \*\*INTRODUCTION\*\* pg 5](#)

[Go to \*\*ANALYSIS\*\* pg 17](#)

[Go to \*\*ACTION\*\* pg 23](#)

[Go to \*\*ASSURANCE\*\* pg 36](#)

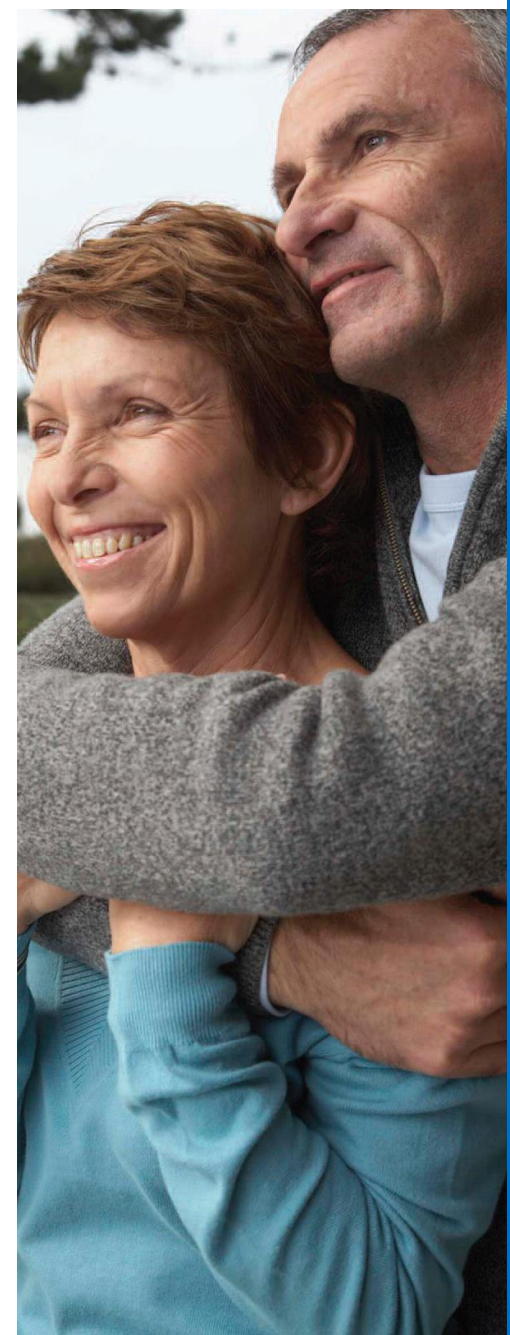
# INTRODUCTION

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

The Barnsley Health and Wellbeing Strategy is set within this context. It describes how collectively, we as the key agencies, will work better together to ensure the health and care system will deliver improved health and wellbeing outcomes for the people of Barnsley, in conjunction with a range of stakeholders from across the borough through the delivery of systems reform, quality, performance and financial metrics as defined in the:

- [NHS Constitution - rights of and pledges to patients to be upheld](#)
- [Mandate for the NHS in England](#)
- [Outcomes Frameworks for the NHS, public health, and social care](#)

The Health and Wellbeing Board has a key role to play in terms of systems leadership, overseeing the delivery of the overall health and care system locally by bringing together NHS commissioners and providers, the local authority, and other partners in the wider health and care community, along with Healthwatch Barnsley as the consumer champion.



# INTRODUCTION cont.

The strategy sets out the strategic vision for health and wellbeing over the 5 year period to 2018/19. It describes what is being done to improve health and care outcomes for Barnsley people and how the work of the health and care system will deliver improvements against national outcomes whilst driving up quality, experience and meeting the needs and expectations of local people. In delivering the strategy the Health and Wellbeing Board will also ensure that activity is integrated with that included in NHS plans for areas such as public health, primary care and specialised health services as well as wider social care.

To translate the aspirations of the Health and Wellbeing Strategy into delivery. The strategy will be accompanied by a suite of commissioning plans across the health and care community. These will inform provider business and transformation plans to deliver a safe and sustainable health care system and the best possible outcomes for local people and communities. These can be found in the [Strategy Mapping](#) appendices.

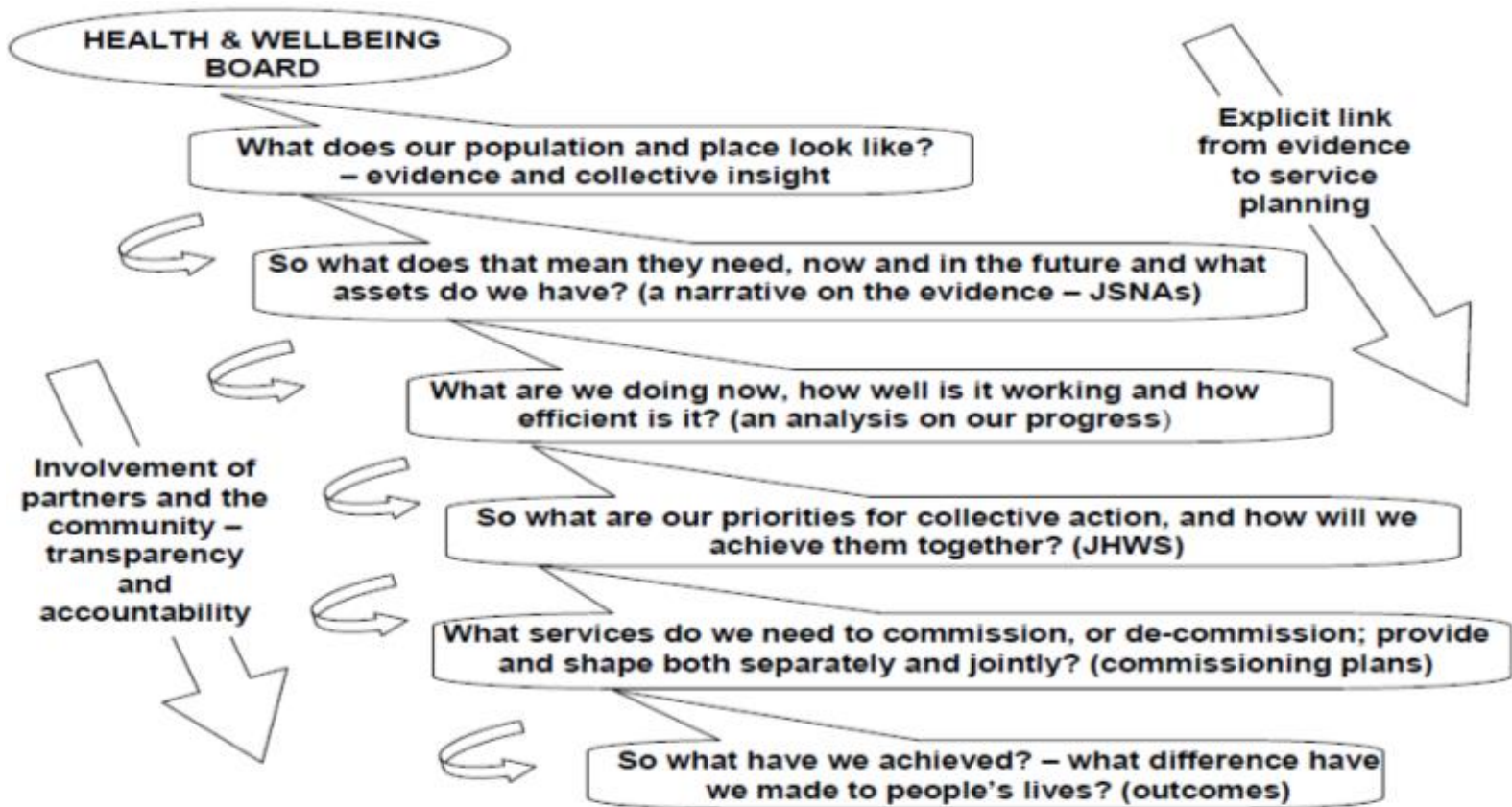
## Target Audience

The strategy is aimed at the key agencies across the health and care community. It endeavours to harness the collective energy, commitment and resources to work with the people of Barnsley to improve health and care outcomes. It sets out a shared vision, series of outcomes and priorities which informs the business planning within individual agencies over the period to 2018/19.

## Focus of the Strategy

The focus of which is clearly on additionality and accountability. Outcomes and priorities have been set within this context, being either single agency lead around key health challenges or areas which requires the collective input of several agencies to deliver true and meaningful impact across health and care.

# OUR STRATEGIC PLANNING PROCESS



(JSNA and Joint Health and Wellbeing Strategy Guidance, DoH)

# THE STRUCTURE OF THE STRATEGY

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 the individual.

There is nothing of any significance that we can achieve working in isolation.

**Analysis** – of the current health and care issues in Barnsley which have informed our priorities.

**Action** – what we are going to do to improve local outcomes.

**Assurance** – of our plans and delivery against our priorities.

Click on the buttons to take you to each section

[Go to \*\*INTRODUCTION\*\* pg 5](#)

[Go to \*\*ANALYSIS\*\* pg 17](#)

[Go to \*\*ACTION\*\* pg 23](#)

[Go to \*\*ASSURANCE\*\* pg 36](#)



# VISION AND WAYS OF WORKING

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”***

The Strategy is designed from a whole systems perspective focused around integrated pathways and service re-design. This will ensure the health and care system is fit for purpose and sustainable, able to meet the needs of local people and deliver the best possible outcomes for the people of Barnsley.

To deliver this vision and move to a model of health and 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 will therefore be on providing care and support to the people of Barnsley with services that:

- co-ordinate around the individual – targeted to their specific needs,
- maximise independence – by providing more support at home and in the community,
- better co-ordinate information, advice and sign posting to alternative services to promote self help and self care,
- develop more effective prevention, re-ablement and targeted short term interventions to keep people out of the formal system for as long as possible,
- support people to manage their long term conditions and those with the greatest needs.



[Go to \*\*INTRODUCTION\*\* pg 5](#)

[Go to \*\*ANALYSIS\*\* pg 17](#)

[Go to \*\*ACTION\*\* pg 23](#)

[Go to \*\*ASSURANCE\*\* pg 36](#)

# VISION, OUTCOMES AND PRIORITIES – GOLDEN THREAD

## Vision

- **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.**

## Outcomes 2014-19

- To secure additional years of life for people with treatable mental and physical health conditions.
- To improve the health related quality of life for people with one or more long term conditions, including mental health.
- To reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.
- To increase the number of people having a positive experience of hospital care.
- To increase the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and the community.
- To make significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.
- To support people to achieve safe, healthy and independent living - promoting greater choice and control, thereby delaying and reducing the need for care and support.
- Lifestyle choices (health improvement):-
  - To reduce the smoking prevalence in all ages, with a focus on smoking during pregnancy and at time of delivery.
  - To reduce excess weight and obesity prevalence in 4-5 year olds and 10-11 year olds.
  - To reduce the harmful effects of drinking excess levels of alcohol.
- To support Carers to be able to undertake their responsibilities and have opportunities to develop their health and wellbeing outside of their caring role.

## Priorities 2014-15

- Review and commission intermediate care services.
- Redesign and re-specify care pathways for people with long term conditions e.g. diabetes.
- Develop high quality primary care services which are accessible across the Borough.
- Reconfigure social care assessment and care management arrangements.
- Develop universal access to information and support for patients, service users, staff and carers to encourage and support self management and care.
- Early intervention in mental wellbeing.
- Implementation of the Young People's Health and Wellbeing Strategy including development of services to promote emotional wellbeing in children and young people.
- Establish a care co-ordination centre.
- Implementation of the Barnsley Alcohol Harm Reduction Strategy 2014/17.

# CORE PRINCIPLES AND WAYS OF WORKING

The Health and Wellbeing Board has developed a series of principles to shape its work and underpin its intentions of co-producing a safe and sustainable health and care system. These principles will ensure all agencies are working together to deliver the best possible health and care outcomes for local people and communities throughout the Borough. The principles are:-

## **Shared responsibility:**

- Enables partnership working across the public, private, voluntary and community sectors,
- Maximises everyone's contribution to build communities and environments conducive to good health and wellbeing choices,
- Encourages local people and communities to take responsibility and positive action to improve their health and wellbeing,
- Recognises local assets and strengthens the ability of local people and communities to develop local solutions to local issues, and
- Provides targeted support where necessary to increase community resilience and self-reliance, enabling people to help themselves, their families and communities, and targets resources to those in the most need.

## **Promotes independence:**

- Encourages and enables healthy lifestyles,
- Invests in prevention, early intervention and early help, therefore shifting resources to the prevention of ill health,
- Promotes recovery, independence and self-care, drawing on available technologies,
- Draws on evidence and evaluation of what works and innovates where appropriate, and
- Adopts a person and family centred approach from pre-birth to end of life.

# CORE PRINCIPLES AND WAYS OF WORKING cont.

## High quality and value for money:

- Integrates health, social care, family support and public health services to ensure the whole system works as effectively as possible,
- Integrates services to create effective service and care pathways at all ages and stages,
- Offers community services, care and support as close to the home as possible to promote independence,
- Offers choice and personalisation of services to embed choice, control and independence for the individual,
- Improves the experience of patients and service users and delivers better local outcomes for local people, and
- Reduces the need for acute hospital services and concentrates these to those at greatest need.

## Protects the public:

- Ensures the public is protected against infectious diseases and other threats to their health and wellbeing, and
- Safeguards children and vulnerable adults.

## Transparent and accountable:

- Gives the public, patients, services users and carers the opportunity to shape how services are designed and delivered,
- Promotes the alignment and where possible, the pooling of resources to deliver high quality services with limited resources, based on individual and community needs, and
- Enables local people and communities to be confident in the Board and its decisions and able to hold service providers to account.

# LIFE COURSE PLANNING

To ensure the best possible outcomes for local people and communities, the Board has adopted a life course planning approach focused around the following principles:

## **Investing in health and wellbeing through a life-course approach and empowering people of all ages**

Supporting good health and wellbeing throughout the life-course leads to increased healthy life expectancy and better quality of life in later years. This not only improves the quality of life of the individual, but also generates important economic, societal and individual benefits. The changing demographics facing Barnsley means that an effective life-course strategy which promotes health and wellbeing and prevents ill-health and dependence upon state support will produce a healthier society, with local people and communities experiencing better wellbeing from pre-birth to elder years, thereby enabling an active contribution to civil life.

## **Tackling the major health challenges**

Tackling major health challenges requires a combination of public health action and broader health and wellbeing intervention. The effectiveness of these is underpinned by actions on equity, social determinants of health and wellbeing, empowerment and supportive environments. An whole systems approach from pre-birth to end of life, designed at preventing illness and long term state dependency, through prevention and early intervention, means that limited resources can be directed to those most in need, promoting a culture of self help and self care, where local people and communities are empowered to take control of their individual health and wellbeing, and support their families, friends and communities. This is further explored in the [Commissioning for Prevention](#) slide.

# LIFE COURSE PLANNING cont.

## Strengthening people-centred health and wellbeing systems

Achieving high quality care and improved health and wellbeing outcomes requires health and social care systems that are financially viable, fit for purpose and people-centred. Barnsley has to adapt to changing demography and patterns of health and social care need, including; mental health challenges, chronic diseases and conditions related to an ageing society. This requires a reorientation of current systems to give priority to prevention and re-ablement, which fosters continual quality improvement and integrated service delivery, whilst ensuring continuity of care, support to self help and greater independence to be delivered at home, or as close to home as possible. This approach is known locally as Inverting the Triangle – Stronger Barnsley Together.

## Creating resilient communities and supportive environments

Building resilience is a key factor in protecting and promoting health and wellbeing at both an individual and community level. It is recognised that people's health and wellbeing is closely linked to the conditions in which they are born, grow up, work and grow older. Empowered local people and communities which are resilient, respond proactively to new or adverse situations, prepare for economic, social and environmental change and deal better with crisis and hardship.

# COMMISSIONING FOR PREVENTION

Commissioning for prevention is an important transformative change that the Board, working together with other local partners, can make. Prevention programmes, if implemented systematically, are important enablers for reducing acute activity and capacity over the medium term and in improving healthy life expectancy and promoting independence over the medium to longer term.

We know that an estimated 80% of heart disease and stroke in people aged under 75 years, 80% of type 2 diabetes and 40% of cancers are preventable. The risk factors that contribute to these diseases often have their roots in childhood and its imperative that the Board takes a life course approach to tackling these problems starting before birth and continuing throughout the stages of life.

If the Board is to be successful in increasing life expectancy and improving the quality of life for local people it is important that we do more to tackle the underlying risk factors that are associated with premature death and chronic disability. Therefore the priority areas for prevention activities over the next five years will include a focus on:

- Reducing the prevalence of smoking and exposure to second hand smoke,
- Early identification and effective management of high blood pressure,
- Tackling excess weight and obesity,
- Improving levels of physical activity, and
- Reducing excessive alcohol consumption.

The Board will encourage all parts of the health and social care system to prioritise preventative approaches and work together, for example, ensuring that Making Every Contact Count and Motivational Interviewing behaviour change programmes are incorporated into mainstream service provision. Prevention programmes will be developed based on the best available evidence and evaluated to ensure that they are delivering the desired improvements.

# COMMISSIONING FOR PREVENTION cont.

## Wider Health and Wellbeing Determinants

Health and wellbeing is directly linked to other factors, often called the social and wider determinants of health, and so it is important to acknowledge the long term positive health and wellbeing benefits that the local authority can bring working with partners in important areas such as housing, early years and education, economic development, the built environment, regeneration, transport and community safety.

The emphasis on working collaboratively with communities supporting self reliance and increasing community resilience is just as important in these areas as it is in health and social care.

The Health and Wellbeing Board whilst focusing primarily on health and care will make appropriate links to these wider socio economic determinants.

The Health and Wellbeing Board is one of two strategic partnerships in Barnsley, under One Barnsley, the local strategic partnership, the other being the Barnsley Economic Partnership (BEP). The links between the two partnerships around economic prosperity, training, employment and overall health and wellbeing are inextricably linked. It is important that the two partnerships work together and collaborate on priorities, from an holistic perspective, to deliver impact and improve the quality of life of local people and communities. Further information on the Economic Strategy can be found here:- [Growing Barnsley's Economy](#).





# ANALYSIS

In this section:

Local Strategic context

National Policy context

Barnsley's Health and Wellbeing

# LOCAL STRATEGIC CONTEXT

The current changes across health and care represent the most significant since the inception of the welfare state. The NHS architectural reforms implemented in April 2013 were seen as the most radical since the birth of the NHS in 1948. The scale of the impact in Barnsley is clear and includes aspects such as:

- the need to reduce engrained inequalities impacting on life chances, health and wellbeing,
- the need to regenerate the local economy, increase community resilience and tackle family poverty, exacerbated by the recent benefit system changes and welfare reforms,
- demographic changes, including a growth in older people and an ageing population, plus the numbers of younger people/adults with complex health and social care needs,
- cuts to public sector funding, pressure to change health services and social care delivery, and the impact on workforce development,
- adoption of new technologies,
- a move to localism and the active engagement of local people in the design and delivery of local services,
- a need to increase community resilience and reduce reliance on the state.

This strategy sets out our system wide vision for health and care, shared values and priorities for 2014 to 2019 and how we intend to deliver and measure impact. The purpose of our planning activity is to focus on either single agency lead priorities for the wider health and care system in Barnsley or priorities where working collaboratively and co-productively will bring about better local outcomes for the people and communities of Barnsley. This will demonstrate the added value of the Health and Wellbeing Board.

# NATIONAL POLICY CONTEXT

The strategy, as well as supporting us to deliver the vision, outcomes and priorities of the Health and Wellbeing Board will also help us to ensure that in meeting local needs and improving health and care outcomes, we are contributing to the delivery of national policy priorities as expressed in the NHS mandate, constitution, NHS, social care and public health outcomes frameworks.

Some of the national drivers are cited below:

- Care Bill
- Health and social care integration
- Better Care Fund
- Welfare Reform
- Towards Excellence in Adult Social Care (TEASC)
- Think Local Act Personal (TLAP)
- Localism agenda
- Changes in the regulatory framework; CQC, Monitor, Ofsted,
- Performance frameworks and national requirements – adult social care, NHS, public health,
- Sector Led Improvement,
- Provider registration compliance,
- Safeguarding of vulnerable adults, incl. Winterbourne View concordat and vulnerable children.

The Health and Wellbeing Board will focus on the people of Barnsley, integrated pathways and service re-design. It will endeavour to ensure no community is disadvantaged, focus on reducing health inequalities and improving service quality to improve outcomes for local people and communities.

# BARNSELY'S HEALTH AND WELLBEING

## Population Demographics

The 2012 mid-year population estimates from the Office for National Statistics show that there are approximately 233,700 residents across the borough. 21% of the population are aged under 18 years, 61% aged 18 to 64 years and 18% aged 65 years and over. In 2012, there were 2,961 live births and 2,205 deaths.

Between 2011 and 2012 the population of Barnsley increased by 0.8%. Population projections estimate that the population will be 242,000 by 2017 which is an increase of 3.6% from the mid 2012 estimate. The most significant changes are increases in the under 16s population and also the over 65s as a result of people living for longer.

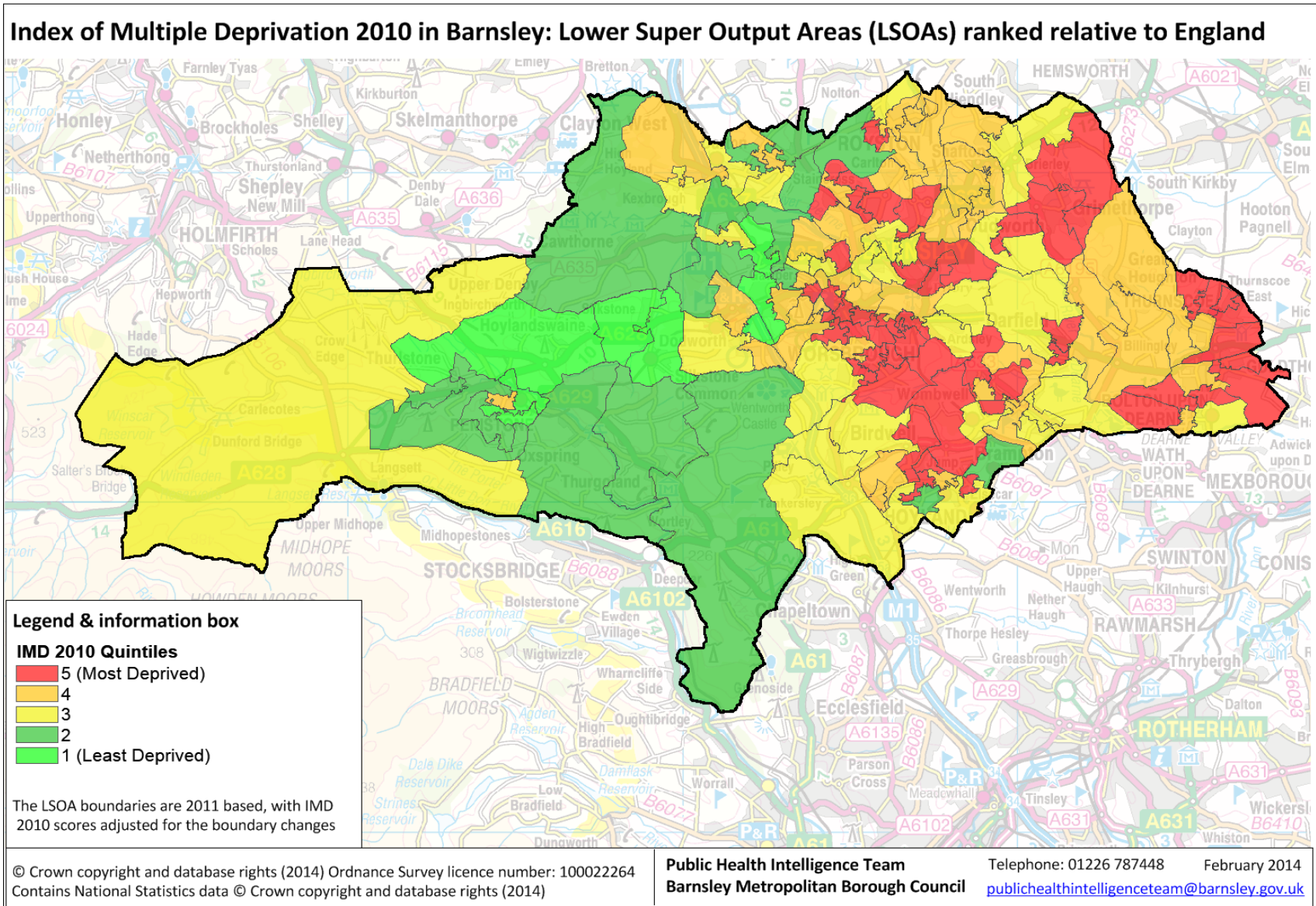
## Deprivation

Barnsley is ranked as the 47th most deprived borough of 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 ([Figure 1](#)). 24% of children in Barnsley currently live in poverty.

The latest Index of Multiple Deprivation (IMD) 2010 data suggest that there has been some - very minor - improvement in relative deprivation between different parts of the borough and between Barnsley and the rest of the country. There are concerns that this improvement may not be sustained due to the impact of national austerity measures and welfare reforms on Barnsley people.



**Figure 1: Index of Multiple Deprivation 2010 in Barnsley**



[Go to INTRODUCTION pg 5](#)

[Go to ANALYSIS pg 17](#)

[Go to ACTION pg 23](#)

[Go to ASSURANCE pg 36](#)

# WHAT ARE THE ISSUES FROM THE JOINT STRATEGIC NEEDS ASSESSMENT

## Starting and Developing Well:

- Child poverty,
- Teenage pregnancy (and alcohol correlation),
- Smoking prevalence,
- Smoking during pregnancy and at point of delivery,
- Breastfeeding rates,
- Obesity at age 10-11 years old,
- Alcohol related admissions to hospital,
- Dental health at 5 years old,
- Emotional wellbeing of LAC and safeguarding.

## Living and Working Well:

- Life expectancy (and in borough variations),
- Death rates; CVD, Cancer and Respiratory,
- Lung Cancer,
- Lifestyle - exercise, diet, smoking, alcohol,
- Obesity - correlation to CVD deaths,
- Diabetes - correlation to CVD deaths,
- Drug treatment completion levels,
- Alcohol related harm - admissions to hospital,
- Low level mental wellbeing/ behavioural disorders,
- Long term conditions,
- Screening programme take up - breast and cervical screening,
- Diabetic eye screening - to prevent avoidable sight loss.

## Ageing Well:

- Ageing population and projected increase of people with one or more long term conditions,
- Dementia,
- Fuel poverty - links to excess winter deaths,
- Excess winter deaths,
- Falls - resulting in hip fractures,
- Seasonal Flu vaccination take up,
- End of life Care.

Further information can be found at:

[Joint Strategic Needs Assessment \(JSNA\)](#)



# ACTION

Our top priorities for 2014/15 are:

- Review and commission intermediate care services,
- Redesign and re-specify care pathways for people with long term conditions e.g. diabetes,
- Develop high quality primary care services which are accessible across the borough,
- Reconfigure social care assessment and care management arrangements,
- Develop universal access to information and support for patients, service users, staff and carers to encourage and support self management and care,
- Early intervention in mental well-being,
- Implementation of the Young People's Health and Wellbeing Strategy including development of services to promote emotional wellbeing in children and young people,
- Establishing a care coordination centre.
- Implementation of the Barnsley Alcohol Harm Reduction Strategy 2014/17.

We will deliver these by:

- Developing our Programme Boards and working on 'Enablers'

# PROGRAMME BOARDS AND ENABLERS

Whilst we are clear that the work that we do is aligned to the requirements of the Outcomes Frameworks, 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 and delivering health and care services. 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.

This is part of our recent health and care integration work, known as 'Stronger Barnsley Together' which culminated in our success as one of 14 national care and support pioneers announced in late 2013. The focus of which is around integrated pathways and service re-design.

The following Programme Boards have been established:

- Ageing Well
- Promoting Independence
- Think Family (Children's Trust)
- Cancer
- Unplanned Care
- Planned Care.





### Ageing Well

- Review of Intermediate Care Services
- Dementia diagnosis, care and support
- Improving Services for the frail elderly
- Care homes
- Risk stratification of people with long term conditions
- Develop integrated teams and case management of long term condition patients.

### Promoting Independence

- Reconfiguration of social care assessment and care management
- Development of universal access to information, advice and sign posting
- Personal health and integrated individual budgets
- Developing Community Assets
- Lifetime Planning
- Early intervention in mental well-being.

### Think Family

- Information, advice and guidance for families and practitioners
- Promoting individual and family resilience
- Bringing Down Barriers to Information Sharing
- Implementation of Whole Family Working
- Workforce Development

### Cancer

- Develop education and awareness to improve public and professional knowledge to promote early presentation and diagnosis
- Review and improve the care pathways, for lung, breast, colorectal and prostate cancers to support earlier diagnosis, treatment and improve patient experience
- Review, revise and implement the Barnsley Palliative Care and End of Life Strategy
- Explore the development of additional facilities for respite and palliation across the Borough to direct services to match needs.

### Planned Care

- Projects to improve the care of patients, particularly:
  - CVD
  - Diabetes
  - Respiratory Disease
- Promotion of healthier lifestyles
- Improving access and reducing variation in healthcare
- Optimising clinical pathways for elective care
- Better prevention and patient self management.

### Unplanned Care

- Develop high quality primary care services which are accessible across the borough
- Development and implementation of a Care Co-ordination Centre
- Development of Virtual Ward – including reviews of Community and District Nursing
- Continue promotion of Minor Ailment Scheme to improve take up
- Improvements to Accident and Emergency ‘front door’ triage
- Implementation of a telephony system to improve access to primary care.

# PROGRAMME BOARDS AND ENABLERS cont.

## Urgent Care Working Group

The Urgent Care Working Group (formerly the Urgent Care Board) provides system wide leadership in the area of urgent care. It comprises representatives from the Clinical Commissioning Group, the local authority, principal NHS providers (including Yorkshire Ambulance Service) and NHS England.

The purpose of the Urgent Care Working Group (UCWG) is to develop a resilient, sustainable and integrated 24/7 model for urgent and emergency care in Barnsley and to ensure rapid and appropriate access to services. The Barnsley Urgent Care Model has been developed by the UCWG and the Unplanned Care Programme Board have been asked to put in place activity to begin to implement the model and ensure it is working effectively. It's particular accountabilities are relatively short term and around system wide planning and performance, winter plan / surge planning, and implementation of BHNFT's ECIST visit action plan. This differentiates it from the Unplanned Care Improvement Programme Board which has a longer term / service transformation focus.

The UCWG will:

- review and update the Urgent Care Improvement Plan, ensuring appropriate links with the work of the Unplanned Care Programme Board.
- review the full range of appropriate data, information and research and ensure that evidence best practice is adopted.
- ensure that the effectiveness of primary and community care services, the ambulance service and NHS 111 are reviewed.
- ensure that a full range of services is available to the acute trust for those patients in the Emergency Department who need services not provided by acute hospitals are in place.
- work with local authorities to ensure that the discharge pathway is effective.
- oversee the investment of the 70% tariff funding retained from the excess urgent care tariff.

# PROGRAMME BOARDS AND ENABLERS cont.

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. There are also some important issues which do not fall naturally into a programme board arrangement because they are enablers for a number of programme board priorities. These include:

- Primary Care development,
- Joint Commissioning
- Medium Term Financial Strategy and Better Care Fund,
- Workforce development,
- Innovation and technology, and
- Patient/ service user experience and engagement.

These are set out in a little more detail in the subsequent sections of the strategy.



# PRIMARY CARE DEVELOPMENT

Primary Care development is seen a key priority for the Health and Wellbeing Board and its partners. A specific workstream has been established by the CCG to take forward developments. The following objectives have been identified and will shape the work over the coming period:

- **Improved access to primary care** – current variations in access within the Borough, both in terms of appointments and timely access to a range of services.
- **Stronger focus on prevention of ill health** – the need for primary care to play a more active role, holistically in the prevention of ill health, currently only 4% of the national healthcare budget is spent on prevention.
- **A more sustainable primary care workforce** – significant risks facing the recruitment and retention of the GP and practice nurse workforce in the Borough, coupled with an approaching retirement crisis. The need to look at transferable skills and expertise.
- **New integrated ways of working** – commitment to work on a whole systems basis around the needs and outcomes of the individual across integrated pathways.
- **Development of providers** – work to support primary care providers to be able to respond appropriately to commissioners testing the market and drive improvement and innovation at pace and scale.

# JOINT COMMISSIONING INTENTIONS

## CHILDREN AND YOUNG PEOPLE

The Think Family Programme Board will lead the development and implementation of a number of initiatives focused around the family.

There are however a wide range of other areas that we are working on with our partners, through the Children and Young People's Trust in contribution to our priority around children and maternity. The Young People's Health and Wellbeing Strategy identifies the priorities for improving young people's health and wellbeing and includes a number of clear recommendations towards which we will contribute.

More specifically, over the next two years we will focus on:

- Reviewing Community Paediatrics
- Leading the Development of Emotional Wellbeing Work
- Improving health services for Children in Care and ensuring effective monitoring to enable any remediation required
- Developing ambulatory care pathways for identified conditions.

## ADULTS

- Promote early intervention, prevention and wellbeing
- Move towards choice, control, flexible service delivery models including frameworks and approved accredited lists
- Employment, volunteering, educational opportunities to ensure all services support people in their ambitions to work
- Interventions that reflect and support the shift from acute care into the community
- Focus on helping people to 'Live well in the community and where appropriate live well with a long term condition'
- Creating opportunities for people to live a satisfying life, moving away from traditional services and developing a market that is accessible, varied and affordable
- Improving people's housing situation – increasing the opportunity for people to live where and how they want with support that can be flexible
- Better Health – improving people's health through better planning, shared practices and improving access to mainstream healthcare services
- Work with service users and carers to ensure they have a voice in the commissioning of services relevant to them.

Further information on the commissioning intentions can be found in the [Strategy Mapping](#) appendices.

Go to [INTRODUCTION](#) pg 5

Go to [ANALYSIS](#) pg 17

Go to [ACTION](#) pg 23

Go to [ASSURANCE](#) pg 36

# MEDIUM TERM FINANCIAL STRATEGY (MTFS)

Due to the financial challenges facing the public sector and the need to re-design the current health and care system around integrated pathways, the Health and Wellbeing Board has committed to developing a joint Medium Term Financial Strategy.

The MTFS will:

- Understand the collective resources at the disposal of the Health and Wellbeing Board to deliver against the shared vision, outcomes and priorities.
- Understand the individual agency financial pressures and planning timelines to develop a whole system approach to making the best use of the Barnsley pound, informing commissioning and decommissioning.
- Understand the collective budget, including pressures and reductions across the system, what activity is currently contracted and how the reduced financial envelope can be used to best effect to mitigate impact and deliver the best possible health and care outcomes for local people and communities.

An important component of this work is to look at the financial modelling required to re-engineer health and care services around integrated pathways, to deliver the best possible outcomes for local people and to ensure services are safe and sustainable.

Further information on the Medium Term Financial Strategy can be found at: [MTFS](#).

# MEDIUM TERM FINANCIAL STRATEGY (MTFS) cont.

## Better Care Fund

The Better Care Fund (BCF) is a £3.8bn national funding pot from 2015/16 which is to be deployed locally on health and social care integration overseen by the Health and Wellbeing Board. The BCF forms an integral part of the Board's work around the MTFS and the BCF has been developed locally within this context.

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 BCF to support our already ambitious plans for integrated care and support as set out in our Pioneer Plan; Stronger Barnsley Together, contributing to the overall health and wellbeing vision for the Borough.

To support this development, the CCG has committed £6,594k non-recurrently in 2014/15 to pump prime BCF Initiatives and is planning for the minimum £18,358k recurrently from 2015/16. This includes existing contractual commitments.

Our intention is to build on the good work already being done and to use the BCF to help us to provide care and support to the people of Barnsley, in their homes and in their communities, with services that:

- **co-ordinate around individuals** - targeted to their specific needs,
- **maximise independence** - by providing more support at home and in the community, and by empowering people to manage their own health and wellbeing,
- **prevent ill health** - reducing levels of CVD, respiratory conditions and mental health,
- **improve outcomes** - reducing premature mortality and reducing morbidity,
- **improve the experience of care** - with the right services available in the right place at the right time, and
- **through proactive and joined up case management** - avoiding unnecessary admissions to hospitals and care homes, and enabling people rapidly to regain their independence after episodes of ill-health.

## MEDIUM TERM FINANCIAL STRATEGY (MTFS) cont.

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

- Providing joint assessments across health and care ensuring that there will always be an appropriate accountable lead professional.
- 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.
- 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. The NHS number will be used as the unique identifier.

In support of delivering against those areas identified in the national conditions as set out above, we will also focus on the provision of information, advice and sign posting to support and promote self-management and self-care by enabling people to make better informed decisions in managing their own health and social care needs.

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+) in to residential and nursing care.
- Patient and service user experience and the use of patient experience information to improve services.
- Improving the proportion of people aged 65 and over who suffer from a long term condition who feel supported to manage their condition.

Further information on the BCF can be found at the following: [Better Care Fund Submission](#).

[Go to INTRODUCTION pg 5](#)

[Go to ANALYSIS pg 17](#)

[Go to ACTION pg 23](#)

[Go to ASSURANCE pg 36](#)



# WORKFORCE DEVELOPMENT

An important enabler to delivering the shared vision, outcomes and priorities within the strategy is the need to support workforce development, holistically across the entire health and care system. To bring about sustainable change, focussed around the individual, their needs and integrated pathways, employees from across health and care will need to be supported to understand the need for change, have the skills and abilities to engineer the change and advocate on behalf of an holistic approach to health and care.

The ambition is to have a wider workforce that is confident, appropriately trained and qualified, empowered, and equipped to deliver truly integrated health and care to the people and communities of Barnsley. The workforce, working alongside local people who use services, carers, and all other community assets, will be able to support self-help and self-care and understand their key role in delivering high quality, person centred care and support.

As such, the Health and wellbeing Board is committed to developing a Workforce Development Strategy – to inform individual agency practice around common themes such as:

- Workforce intelligence and research.
- Workforce re-design, innovation and skills development across the health and care system.
- Standards, learning and qualifications.
- Common core skills/ competencies for collaborative working.
- Common induction.
- Recruitment and retention.
- Leadership and management.



# INNOVATION AND TECHNOLOGY

The Chairs of the NHS Barnsley CCG, Barnsley Hospital NHS Foundation Trust and South West Yorkshire NHS Partnership Foundation Trust, have agreed to share clinical information across systems within the next 18 months.

In developing and beginning to implement our strategy, during 2014/15 and into 2015/16 we will specifically be focusing on building on the good work already in place and will look to:

1. Establish a borough-wide IT forum to include representatives of Barnsley CCG, Barnsley Hospital FT, South West Yorkshire Partnership FT and Barnsley Council to develop a borough-wide strategy, including:

- Options for improving records sharing, including a review of System One functionality and the Medical Interoperability Gateway (MIG) – developing holistically across health and social care.
- How to enable the people of Barnsley to access public sector services on-line.
- Plan for moving from Choose and Book to E-referrals.

2. Establish an IT forum within the CCG to lead on developing IT in General Practices in preparation for new functionality becoming available, to include:

## **By March 2015**

- Migrate practices to NHSmail
- Complete the migration of the 6 remaining GP systems from EMIS LV, to SystemOne or EMISWeb.
- Complete upload of SCR records in all Barnsley practices
- Practices to enable on-line access for repeat prescribing and appointment booking.
- Practices to promote patient online access to the data in their Summary Care Record.
- Implement GP to GP transfers.

## **By March 2016**

- Complete implementation of Electronic Prescription Service across all Barnsley practices.

[Go to \*\*INTRODUCTION\*\* pg 5](#)

[Go to \*\*ANALYSIS\*\* pg 17](#)

[Go to \*\*ACTION\*\* pg 23](#)

[Go to \*\*ASSURANCE\*\* pg 36](#)

# PATIENT/ SERVICE USER AND WIDER PUBLIC ENGAGEMENT

Patient/ service user, carer, community and wider public experience and engagement is essential to the work of the Board and its individual agencies and underpins everything it does. Placing the customer voice at the heart of the planning, delivery and evaluation of services will ensure the best possible outcomes, provide greater ownership and sustainability, whilst also helping to deliver financial savings and achieve value for money.

Healthwatch Barnsley are the consumer champion for health and social care services and are an active member of the Health and Wellbeing Board. They report periodically into the Board on developments and key issues from the consumer perspective to shape and inform the direction of the Board and its work programmes. Further details of Healthwatch Barnsley can be found at: [www.healthwatchbarnsley.co.uk](http://www.healthwatchbarnsley.co.uk).

The following identifies some of the intentions around activity that will be taking place to ensure the customer voice is central to the work of the Health and Wellbeing Board:

- The development of an engagement hub bringing together all specialists across the Health and Wellbeing Board,
- The co-ordination and sharing of best practice across commissioners and providers,
- The CCG's commitment to be an exemplar in patient and public engagement,
- The development of an engagement strategy to inform practice across all partner agencies on the Health and Wellbeing Board,
- The further development of the CCG OPEN network and patient reference groups,
- The continued development of Area Councils, Ward Alliances and Neighbourhood Networks.

# ASSURANCE

In this section:

Governance

Performance Management

Risk Management

Evaluation

# GOVERNANCE

The Health and Wellbeing Board is a committee of the Council, as set out in the Health and Social Care Act 2012. The legislation requires the Health and Wellbeing Board to:

- Oversee the production of the Joint Strategic Needs Assessment
- Develop a Joint Health and Wellbeing Strategy
- Ensure commissioning plans align to the strategy
- Promote integration across health, social care and public health.

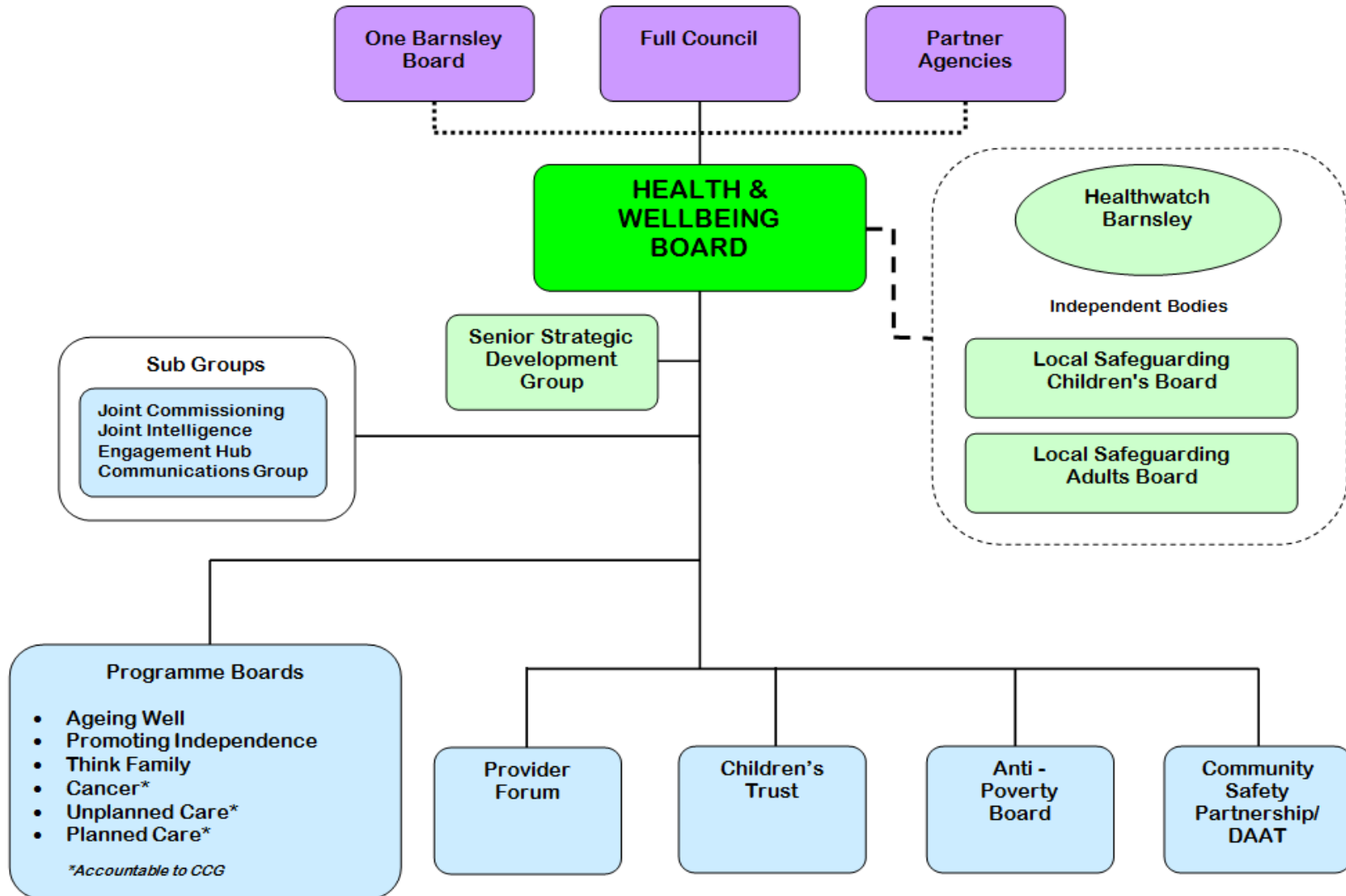
The principle role of the Health and Wellbeing Board is systems leadership, its focus is around single agency led priorities for the Borough which require the collective impetus of the Board and priorities which require more than one agency to collaborate to deliver the best possible health and care outcomes.

To achieve this a governance structure has been established for the Board. This is set out on the next slide.

It is however important to note that, apart from the Better Care Fund where the Board will exercise formal decision making powers, ultimate accountability for decision making remains with individual statutory agencies.

The Board stands by the principle that no meaningful delivery can be achieved by any single agency alone. Therefore collaboration and co-production are essential ingredients to integrated pathways and service re-design which will achieve better local outcomes for local people.

# HEALTH AND WELLBEING BOARD STRUCTURE



# PERFORMANCE MANAGEMENT

To ensure progress against the outcomes and priorities within the strategy can be demonstrated and impact quantified, the Health and Wellbeing Board has developed a series of performance metrics and associated targets.

These will be tracked and measured to ensure delivery is in line with targets and trajectories and help to inform whether sufficient progress, pace and scale is being achieved, delivering better local outcomes for local people.

The performance data will be used in conjunction with finance information and patient/ service user experience to fully quantify what improvements are being made and the impact on health and care outcomes in Barnsley. These measures will demonstrate the contribution to key areas of the NHS (NHSOF), Adult Social Care (ASCOF) and Public Health (PHOF) Outcomes Frameworks.

High level action plans will be established with detailed plans resting with individual programme boards. Performance monitoring data and intelligence will be used to assess whether actions being implemented are having a measureable impact.

The tables on the following slides set out the measures the Board will use to assess performance in delivering the outcomes, our current performance and our targets for improvement.



[Go to \*\*INTRODUCTION\*\* pg 5](#)

[Go to \*\*ANALYSIS\*\* pg 17](#)

[Go to \*\*ACTION\*\* pg 23](#)

[Go to \*\*ASSURANCE\*\* pg 36](#)

# PERFORMANCE MANAGEMENT

Outcome	Outcome Measure	Baseline Performance	Target 2014/15	Target 2015/16	Programme Boards
To secure additional years of life for people with treatable mental and physical health conditions. (NHSOF)	Potential years of life lost from conditions considered amenable to healthcare per 100,000 population – <i>a rate generated by number of amenable deaths divided by the population of the area.</i>	2553 per 100,000 population.	2443	2333	All
To improve the health related quality of life for people with one or more long-term condition, including mental health. (NHSOF)	Health related quality of life for people with long-term conditions (measured using the EQ5D tool in the GP Patient Survey).  Proportion of people with long term conditions feeling supported to manage their conditions (local priority)	66.3  67.7	67.66  70	69.02  72	Planned Care
To reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital. (NHSOF)	A rate comprised of: <ul style="list-style-type: none"> <li>• Unplanned hospitalisation for chronic ambulatory care sensitive conditions.</li> <li>• Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s.</li> <li>• Emergency admissions for acute conditions that should not usually require hospital admission.</li> <li>• Emergency admissions for children with lower respiratory tract infections.</li> </ul>	3081.4	3050.6	2989	Unplanned Care



## PERFORMANCE MANAGEMENT cont.

Outcome	Outcome Measure	Baseline Performance	Target 2014/15	Target 2015/16	Programme Boards
To increase the number of people having a positive experience of hospital care. (NHSOF)	Patient experience of inpatient care.	109.7	109.7	109.7	Planned Care
To increase the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and the community. (NHSOF)	Composite indicator comprised of (i) GP services, (ii) GP Out of Hours.	5.3	5.2	5.1	tbd
To make significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care. (NHSOF)	Hospital deaths attributable to problems in care. <i>This indicator is in development.</i>	N/A	N/A	N/A	tbd

## PERFORMANCE MANAGEMENT cont.

Outcome	Outcome Measure	Baseline Performance	Target 2014/15	Target 2015/16	Programme Boards
To support people to achieve safe, healthy and independent living – promoting greater choice and control, thereby delaying and reducing the need for care and support. (Local)	Proportion of people using social care who receive self directed support and direct payments (national definition)	43.5%	Tbc	Tbc	Promoting Independence
	Permanent admissions to residential and nursing care homes per 100,000 population	691	600	Tbc	Ageing Well
Lifestyle Choices - Health Improvement (PHOF) – <i>found in the Vision, Outcomes and Priorities – Golden Thread slide</i>	Smoking status at time of delivery	21.9 (12/13)	20.9	19.9	Think Family/ Children's Trust
	Excess weight in 4-5 year olds	23.1 (12/13)	21.1	19.1	Think Family/ Children's Trust
	Excess weight in 10-11 year olds	35.3 (12/13)	33.3	31.3	Think Family/ Children's Trust
	Obesity prevalence in 4-5 year olds	9.6 (12/13)	7.6	7.6	Think Family/ Children's Trust
	Obesity prevalence 10-11 year olds	21.7 (12/13)	19.7	18.7	Think Family/ Children's Trust
	Alcohol specific hospital admissions - under 18s	87.8 (08/09-10/11)	86.9	86.1	Think Family/ Children's Trust and Community Safety Part'ship
	Alcohol attributable hospital admission - males *	1847.8 (10/11)	1829.3	1811.0	Community Safety Part'ship
	Alcohol attributable hospital admission - females *	972.5 (10/11)	962.8	953.1	Community Safety Part'ship

[Go to INTRODUCTION pg 5](#)

[Go to ANALYSIS pg 17](#)

[Go to ACTION pg 23](#)

[Go to ASSURANCE pg 36](#)

## PERFORMANCE MANAGEMENT cont.

Outcome	Outcome Measure	Baseline Performance	Target 2014/15	Target 2015/16	Programme Boards
To support Carers to be able to undertake their responsibilities and have opportunities to develop their health and wellbeing outside of their caring role. (local)	<i>Tbd – detailed Carers Strategy and action plan contains objectives and planned activity. To be reported on an exception basis.</i>	Tbc	Tbc	Tbc	Tbc

# RISK MANAGEMENT

Due to the fact that the Health and Wellbeing Board is a committee of the Council, it is bound by Local Government legislation. Consequently, the Board figures in the Council's strategic risk register around partnership working.

This is supplemented by individual processes within partner agencies of the Health and Wellbeing Board. As such, all partners will have their own strategic and operational risk management arrangements in place for managing risks to their business operations and the achievement of improved outcomes – representing individual accountability.

Part of the requirements for the Better Care Fund will mean a shift in role for the Health and Wellbeing Board and robust but proportionate risk management processes will need to be put in place for the Board before April 2015.



# EVALUATION

The Board is fully committed to demonstrating its systems leadership role and added value, to ensure it continues to remain fit for purpose in a constantly changing health and care environment.

It will commission an independent evaluation of its integration pioneer work around Stronger Barnsley Together, identify good practice, share learning and scale up and industrialise what works and is delivering the greatest impact.

The Board is also fully committed to appraising how it works and operates. This will be built into its organisational development, enabling it to continue to learn, adapt and evolve, to ensure continuous improvement.



# CONSULTATION AND ENGAGEMENT ON THE STRATEGY

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



The Health and Wellbeing Strategy 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.



# APPENDICES

In this section:

Membership of the Health and Wellbeing Board

Strategy Mapping and Hyperlinks

Glossary

Further Information

[Go to INTRODUCTION pg 5](#)

[Go to ANALYSIS pg 17](#)

[Go to ACTION pg 23](#)

[Go to ASSURANCE pg 36](#)

# 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 set 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.



# STRATEGY MAPPING

The Health and Wellbeing Strategy provides the high level shared vision, outcomes and priorities, that collectively partners across the Health and Wellbeing Board will work towards over the period to 2018/19. These are then translated into a suite of associated commissioner and provider plans which are cited below. The development and delivery of these plans is set within the context of the strategic direction of the Health and Wellbeing Strategy - to achieve the best possible outcomes for local people:-

## Organisational Plans:



Barnsley Council's  
Corporate Plan  
(2012-15)



Barnsley CCG  
Strategic  
Commissioning Plan  
(2014-19)



Barnsley Hospital NHS  
FT – Our Business  
Plan (2014-15)



SWYPFT – Operational  
Plan Document  
(2014-16)



South Yorkshire Police  
and Crime Plan  
(2013-17)

## Thematic Plans:

- Children and Young People's Plan (2013-16) - [Children and Young People's Plan](#)
- Young People's Health and Wellbeing Strategy (2013-16) - [Young People's Health and Wellbeing Strategy](#)
- Barnsley Alcohol Harm Reduction Strategy (2014-17) - [Barnsley Alcohol Harm Reduction Strategy](#)
- Barnsley Community Safety Partnership Plan (2013-16) - *link to be inserted once strategy finalised*
- Homeless Strategy Refresh 2015/18 – *link to be inserted once strategy finalised*
- A Strategy for Carers (2013-16) - [A Strategy for Carers](#)
- Mental Health and Wellbeing Strategy (2014-17) - *link to be inserted once strategy finalised*
- Barnsley Anti - Poverty Strategy (2013-16) - [Barnsley Anti - Poverty Strategy](#)
- Housing Strategy (2014-33) - [Housing Strategy](#).

Go to **INTRODUCTION** pg 5

Go to **ANALYSIS** pg 17

Go to **ACTION** pg 23

Go to **ASSURANCE** pg 36

# GLOSSARY

- H&WB Health and Wellbeing Board
- H&WBS Health and Wellbeing Strategy
- JSNA Joint Strategic Needs Assessment
- SBT Stronger Barnsley Together
- BMBC Barnsley Metropolitan Borough Council
- CCG Clinical Commissioning Group
- BHNFT Barnsley Hospital NHS Foundation Trust
- SWYPFT South West Yorkshire Partnership Foundation Trust
- BDU Business Development Unit
- LAT NHS England Local Area Team
- SYP South Yorkshire Police
- Healthwatch Barnsley Local consumer champion for health and social care
- A&E Accident and Emergency
- CVD Cardio Vascular Disease
- GP General Practitioner
- UIA Universal Information, Advice and Guidance
- ICT Information, Communication, Technology
- PHB Personal Health Budget
- LAC Looked After Children.

# FURTHER INFORMATION AND PARTNER LOGOS



For further information please contact Scott Matthewman, Health and Wellbeing Development Manager on [scottmatthewman@barnsley.gov.uk](mailto:scottmatthewman@barnsley.gov.uk)

Go to [INTRODUCTION](#) pg 5

Go to [ANALYSIS](#) pg 17

Go to [ACTION](#) pg 23

Go to [ASSURANCE](#) pg 36