Barnsley Accountable Care Shadow Delivery Board

Putting Barnsley People First

The first meeting in public of the Barnsley Accountable Care Shadow Delivery Board to be held on Thursday 23rd November 2017 at 2.00pm – 4.00pm in the Boardroom, Barnsley CCG, Hillder House, 49 – 51 Gawber Road, S75 2PY

PUBLIC AGENDA

Item	Session	Board Requested to	Enclosure Lead
1	Welcome		Nick Balac 5 mins
2	Apologies		Nick Balac 5 mins
3	Patient Story	Note	Nick Balac 20 mins
4	Declarations of Interest Register	Note	**ACSDB/11/17/04** Nick Balac 5 mins
5	Actions from the October Development Session	Note	**ACSDB/11/17/05** Nick Balac 5 mins
6	Accountable Care in Barnsley	Information	**ACSDB/11/17/06** Jeremy Budd 15 mins
7	Update on ACSDB membership	Information	**ACSDB/11/17/07** Nick Balac 5 mins
8	Engaging & Involving Patients and the Public – draft plan	Information	**ACSDB/11/17/07** Jeremy Budd/Tarique Chowdhury 20 mins
9	Priority Areas for the Board • Chronic Vascular Disease • Frailty	Information	**ACSDB/11/17/08** Jackie Holdich 20 mins
10	Questions from the Public regarding Accountable Care Shadow Delivery Board business	Note	15 mins
11	Any Other Business	All	5 mins
12	**Date and Time of Next Public Meeting**. **25th January 2018, Boardroom, Hillder House, 49 – 51 Gawber Road, S75 2PY**		

Barnsley Accountable Care Shadow Delivery Board

Putting Barnsley People First

BARNSLEY ACCOUNTABLE CARE SHADOW DELIVERY BOARD

23 November 2017

Agenda Item 4

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*	*x*	*Information*	
2.	**REPORT OF**		
		Name	*Designation*
	Executive Lead	Jeremy Budd	Director Accountable Care Programme
	Author	Fran Wickham	Governance, Assurance and Engagement Facilitator
3.	**EXECUTIVE SUMMARY**		
	Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold. The table below details what interests must be declared:		

	Type	Description
	Financial interests	Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;
	Non-financial professional interests	Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;
	Non-financial personal interests	Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;
	Indirect interests	Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.

Appendix 1 to this report details all Board Members' current declared interests to update and to enable the Chair and members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.

Members should also declare if they have received any Gifts, Hospitality or Sponsorship.

4.	**THE BOARD IS ASKED TO:**
	• Note the contents of this report and declare if members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.
5.	**APPENDICES**
	• Appendix A – *Board Members Declaration of Interest Report*

Agenda time allocation for report:	*5 minutes.*

Putting Barnsley People First

Register of Interests

This register of interests includes all interests declared by members of the Barnsley Accountable Care Shadow Delivery Board. Members should update any conflict of interest that needs to be included in the register within not more than 28 days of any relevant event (e.g. appointment, change of circumstances) and the register will be updated as a minimum on an annual basis.

Register: Barnsley Accountable Care Shadow Delivery Board

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman, CCG	• Partner at St Georges Medical Practice (PMS)
		• Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract
		• Member of the Royal College of General Practitioners
		• Member of the British Medical Association
		• Member of the Medical Protection Society
		• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG

Name	Current position (s) held in the CCG	Declared Interest
Jeremy Budd	Independent Contractor, CCG	• Director – Your healthcare CIC (provision of community health services and social care services in SW London)
		• Associate Director, Attain Health Management Services Ltd (provision of consulting and transformational expertise in health and social care.)
Adrian England	Chairman, Healthwatch	• Member, Schools Forum • Member, Stronger Communities Partnership • Member, Health and Wellbeing Board • Member, Senior Strategic Development Group • Member, Senior Intelligence Board • Chair, HealthWatch Barnsley • Director and Executive Member, Barnsley Governors' Association (Company Ltd by Guarantee) • Trustee and Director, PRIDE Multi Academy Trust (Company Ltd by Guarantee) • Director, The Core, Community Interest Company • Member, CCG Patient Council • Member, Barnsley Accountable Care Partnership Board (independent member, no voting rights) • Member SYB Accountable Care System board (Representing the 5 local Healthwatches) • PLACE inspector Barnsley District Hospital Trust • As Chair of Barnsley Healthwatch: Healthwatch receives reports from and provides independent reports to the CQC • Independent Examiner, St Pauls and St Marys Joint Parish • Observer Board of Trustees (no voting rights), Voluntary Action Barnsley • Prospect Union (life member) – formerly British Association of Colliery Management – Yorkshire Branch Secretary

Name	Current position (s) held in the CCG	Declared Interest
Julie Ferry	Chief Executive Officer, Barnsley Hospice	• Nil
Mehrban Ghani	Medical Director, CCG	• GP Partner at The Rose Tree Practice trading as the White Rose Medical Practice, Cudworth, Barnsley
		• GP Appraiser for NHS England
		• Directorship at SAAG Ltd, 15 Newham Road, Rotherham
		• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
John Harban	GP Governing Body Member, CCG	• GP Partner at Lundwood Medical Centre and The Kakoty Practice, Barnsley
		• AQP contracts with the Barnsley Clinical Commissioning Group to supply Vasectomy, Carpal Tunnels and Nerve Conduction Studies services

Name	Current position (s) held in the CCG	Declared Interest
		• Owner/Director Lundwood Surgical Services
		• Wife is Owner/Director of Lundwood Surgical Services
		• Member of the Royal College of General Practitioners
		• Member of the faculty of sports and exercise medicine (Edinburgh)
		• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care), CCG	• Husband is a Senior Lecturer at Huddersfield University; undertakes Medical and Nursing research, teaches non-medical prescribing and is a Diabetes Specialist Nurse.
Dr Augustin Iqbal	Consultant Physician in Stoke and Neurorehabilitation Medicine	• Nil

Name	Current position (s) held in the CCG	Declared Interest
James Locking	Finance Director, BHF	• Director of Finance for Barnsley Healthcare Federation CIC and Barnsley Healthcare Federation (BHF) CIC
Bob Kirton	Director of Strategy & Business Development, BHNFT	• Director, BHSS
		• Partner Governor (for Trust), Yorkshire Ambulance Service
Sudhagar Krishnasamy	Associate Medical Director, CCG	• GP Partner at Royston Group Practice, Barnsley
		• Member of the Royal College of General Practitioners
		• GP Appraiser for NHS England
		• Executive member of Barnsley Local Medical Committee (ceased July 2017)
		• Member of the Medical Defense Union

Name	Current position (s) held in the CCG	Declared Interest
		• Director of SKSJ Medicals Ltd • Wife is also a Director
		• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
		• Undertakes sessions for IHeart Barnsley
Stephen James Logan	Chief Executive, BHF	• Owner and CEO of SJM Developments (ceased to be owner and CEO in July 2017)
		• Chief Executive Officer of Barnsley Healthcare Federation
		• Spouse is Dr Scargill, GP Partner at Ashville Medical Centre
		• Owner of Roundwood Clinic which provides physiotherapy services
Heather McNair	Director of Nursing & Quality, BHNFT	• Nil

Name	Current position (s) held in the CCG	Declared Interest
Sean Rayner	District Director, SWYPFT	• Nil
Brigid Reid	Chief Nurse, CCG	• Volunteer Registered Nurse, St Gemma's Hospice, 329 Harrogate Road, Moortown, Leeds LS17 6QD
		• Partner works at Leeds Teaching Hospital NHS Trust which provides services to Barnsley patients via Specialised Commissioning and could tender to supply others.
Lesley Smith	Chief Officer CCG	• Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients potentially including the NHS.
		• Board Member (Trustee), St Anne's Community Services, Leeds

BARNSLEY ACCOUNTABLE CARE SHADOW DELIVERY BOARD DEVELOPMENT SESSION
05 10 2017 AT 2PM in the Boardroom at Hillder House

MEMBERS PRESENT:

Name	Title
Dr Nick Balac (Chair)	Chair
Dr John Harban	Clinical Lead
Dr Sudhagar Krishnasamy	Clinical Lead
Heather McNair	Clinical Lead
Dr Suresh Chari	Clinical Lead
Sean Rayner	Director Community Health
Bob Kirton	Director Secondary Care Services
Lesley Smith	Chief Officer for Commissioning
Lennie Sahota	Director Social Care
Jeremy Budd	Director Tactical Commissioning
Dr Mehrban Ghani	Medical Director
James Locking	Finance Director
Brigid Reid	Alliance Director
Adrian England	Healthwatch/VAB

IN ATTENDANCE:

Name	Title
Sarah Tyler	CCG GB Lay Member for Accountable Care
Mike Chitty	NHS Leadership Academy
Tarique Chowdhury	Communications & Engagement Manager
Kay Morgan	Governance & Assurance Manager – BCCG
Jayne Sivakumar	Head of Commissioning & Transformation – BCCG
Laura Smith	NHS England North Head of Transformation

APOLOGIES

Name	**Title**
James Logan	Director Primary Care at Scale
Julie Ferry	Barnsley Hospice

Date	**Action No.**	**Item**	**Responsible Individual**	**Comments / Update**
05.10.17	**1**	Declaration of Interest Report noted. No new declarations of interest were received.	All to Note	
05.10.17	**2**	The NHS Leadership Academy was in attendance and worked with the group. Their proposal to further support the ACSDB to develop its role in system leadership was supported in principle. Further work will be undertaken to co-design this important activity.	JB/LS	A co-design meeting is scheduled to be held on the 21st November.
05.10.17	**3**	After presentation of the evidence and group discussion, it was agreed that Cardiovascular Disease (CVD) and Frailty would be priority areas of focus for the partnership.	All to Note	Initial scoping meetings were held on the 16th November. An update to the ACSDB is on the agenda.
05.10.17	**4**	The ACSDB received a presentation on the emerging communications and engagement strategy that is being jointly developed by partners. The group felt that it was vitally important that patients and citizens should be involved from the start and that the strategy and action plan should reflect this. The group also felt that consistent and clear communication and involvement from staff would be fundamental to success. This will be reflected in the next iteration of the plan.	JB	An update in on the ACSDB agenda.
05.10.17	**5**	In order to facilitate action 4, the group were requested to liaise with individual communications and engagement teams to ‘re-orientate’ resources to accountable care work.	ALL	Actioned.

05.10.17	**6**	Messaging to be developed for the priority areas of focus for the accountable care system in Barnsley, Cardiovascular Disease and Frailty	JB	In development.
05.10.17	**7**	To consider rotation of venue for meetings in public session.	JB	In progress.

Putting Barnsley People First

Accountable Care for Barnsley

Accountable Care Shadow Delivery Board
23rd November 2017

Agenda Item 6

Why do we need to change in Barnsley?

Our health and care outcomes are behind average in England

Barnsley adults with depression is 15.8%

National ave: 11.7%.

Death from the three main disease killers have fallen since 2006, but significantly higher than the England average

Life expectancy varies across Barnsley and is less than the national average

Residents living with a limiting long term illness is 24.4%.

National ave: 16.9%

Cancer, particularly lung cancer, is the main cause of premature death in Barnsley

Obesity and diabetes is more than the national average, resulting in higher CVD deaths

A high proportion of current illness in the borough is either preventable or 'delay-able'

We know the financial benefit of reducing this state matches the moral imperative to do so.

" … no one organisation has it in its power to deliver this, it requires whole system solutions where every member understands their role.

To fully address this challenge we need behaviour change in our local population as well as different responses from organisations."

The Barnsley Plan, Nov 2016

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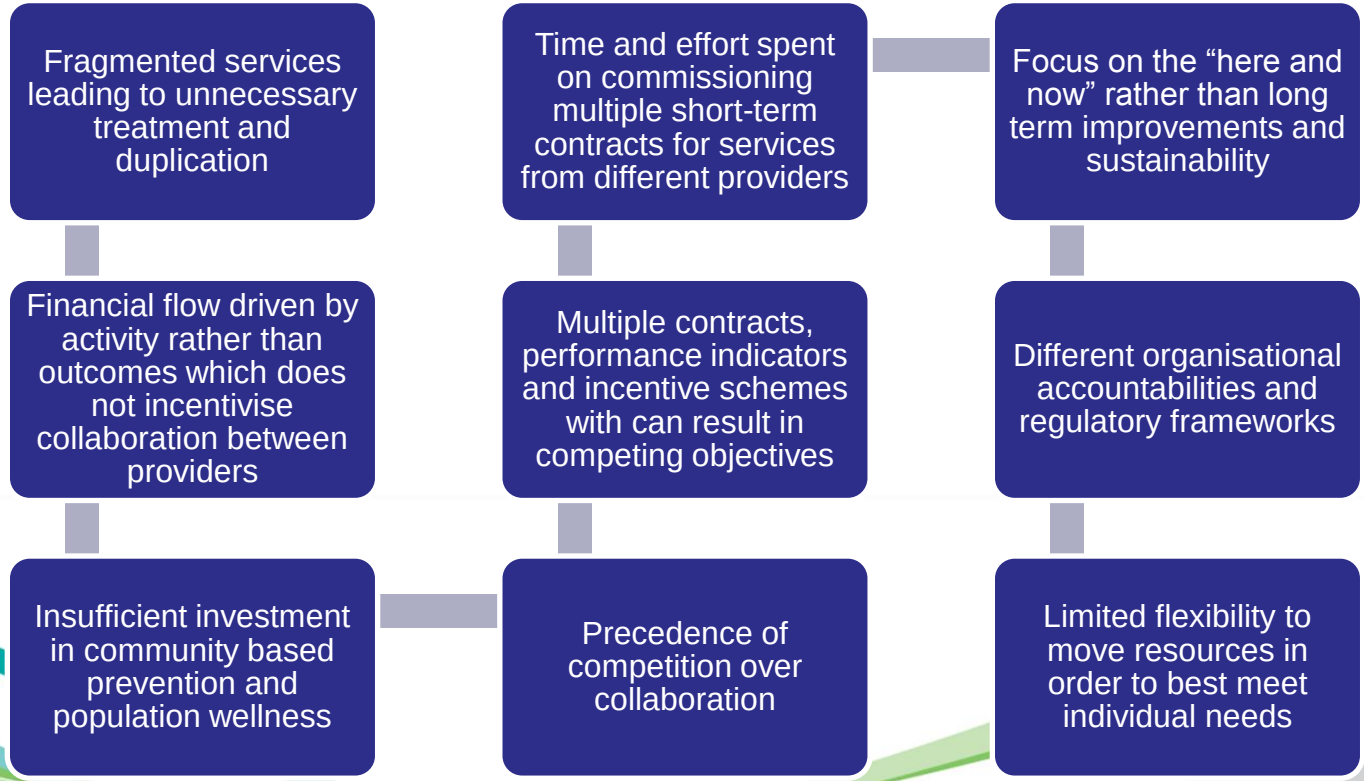
The Barnsley Plan, Nov 2016



The net benefits

Some experience from accountable care elsewhere

- Greater understanding and trust amongst health and care professionals
- High patient satisfaction and more patient orientated
- Lower waiting times for A&E and elective procedures
- Average length of stay reduced and lower re-admissions
- Lower staff absenteeism and higher staff satisfaction
- GPs provided with direct access to a range of diagnostic testing and range of conditions now treated in community rather than hospital setting
- Fewer patients entering care homes, with more supported in the community and less demand for residential care
- As a health economy financially moved from deficit to surplus

What about for Barnsley – Working Together

What can we achieve?

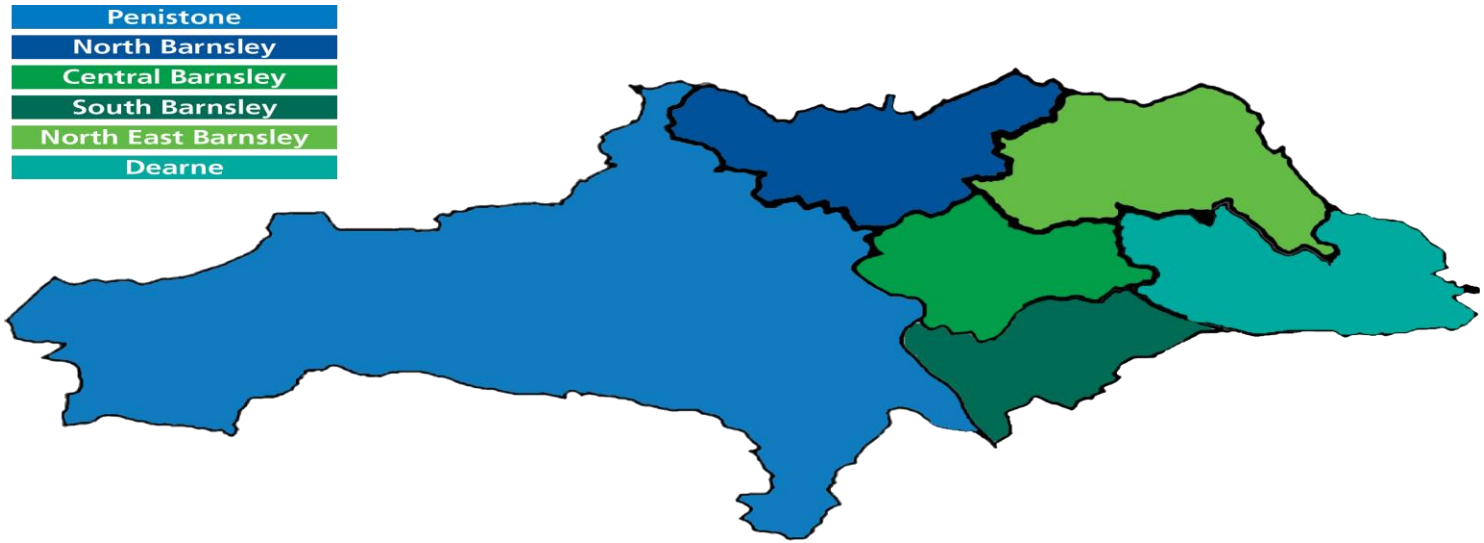
The vision for health and care in Barnsley

"A happy, healthy, and empowered Barnsley community; supported by a single person centred health and social care system that meets peoples care needs now and in the future."

Breaking down boundaries	• A joined up health and care system for Barnsley • No organisational barriers • Patients experience continuous care, with familiar faces that are connected regardless of where they are seen • People and patients supported by 'One Team', delivering without duplication
Putting people at the centre	• A simpler, joined up health and care system to focus on how we offer services • We will move from treating patients with health problems to supporting the Barnsley community to remain healthy in the first place • **We'll move from *"doing to and for"* to *"doing with".***
Right care at the right time	• A focus on supporting healthy independent living across our borough • Where this is not possible, we will support patients to feel equipped and skilled to care for themselves and to manage their own health and wellbeing • Making sure health and care services are available when people need them.

A locality model of out–of-hospital care (Tier 1)

Services provided in Barnsley for the people of Barnsley



Achieving our vision for the future

1. **Change the way we work together (accountable care)**
2. **Shift from an illness model to a wellbeing model**
3. **Move from “doing to and for” to “working with”**
4. **Use digital and technology to transform health and care**
5. **Join up our services for people with the greatest needs**
6. **Work together better for people in crisis**
7. **Arrange services around individuals and communities**

Change the way we work together

"We will join up health and care services so they are responsive to your needs and accountable" SYB STP 2017

Patient experience and outcomes

There is unwarranted variation in outcomes, experience and cost of care delivery. Patients are sometimes not treated in the most appropriate care setting, are treated unnecessarily or wait too long to be seen. There are poor outcomes for some conditions including respiratory disease and mental health.

Resource and service provision

Currently service provision is fragmented. Incentives are not always connected to providing the highest quality of personalised care. There is duplication, unclear access points, workforce optimisation issues and the system is not financially sustainable.

Financial planning

Across Barnsley commissioners hold numerous contracts for services with different providers. Each contract has a set of deliverables, key performance indicators and performance measures that are not always aligned across the system for a number of reasons. Our current models for financial planning, payment and pricing, commissioning, oversight and regulation that have created organisational silos, are no longer sufficient to bring about the scale of change required.

Progress to date

Joint contracting
arrangements between the NHS and Local Authority for services in areas such as mental health and learning disabilities.

GP's working differently
Supported the development of Barnsley Healthcare Federation which represents the majority of practices in across Barnsley and provides the iHeart Barnsley service

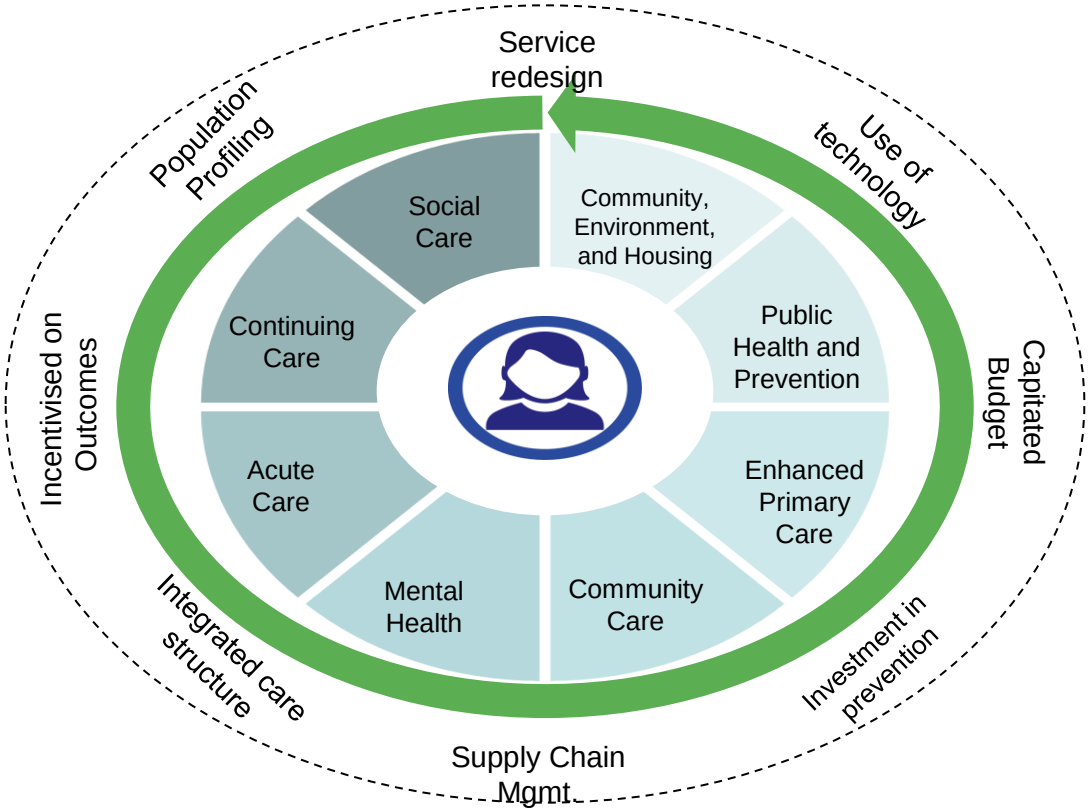
Joined up finances
Pooled budgets for health and social care through the Better Care Fund

RightCare Barnsley

Hospitals working together
Launched RightCare Barnsley which is jointly delivered by the South West Yorkshire Partnerships NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust working in an alliance with Barnsley Clinical Commissioning Group.

Health, care and community organisations working together
Established an Accountable Care Partnership for Barnsley which comprises the senior leaders from the NHS, Local Authority, Barnsley Hospice, the community and voluntary sector and Barnsley Healthwatch and which has agreed principles for joint working.

Why Accountable Care: What is an ACO?



"An Accountable Care Organisation takes accountability for the delivery of all care and care outcomes for a given population, for a defined period of time, under a contractual arrangement with a strategic commissioner.

In doing so it designs and delivers services to best meet the needs of its population and improve health and wellbeing outcomes"

Role of the Accountable Care Organisation (ACO)

Accountable care in Barnsley is a provider partnership strengthened by CCG commissioning expertise that will:

Bring together the different health and care services	• Working as one for Barnsley people, with one voice • Prioritising mental and physical health equally

Deliver the Barnsley Plan	• Developed by Barnsley Health and Wellbeing Board
	• Deliver the Triple Aim:
	  • Improved population health
	  • Improved quality
	  • Financial sustainability

Move forward in phases	• Initially main focus on NHS services, developing integrated out-of-hospital services for each Barnsley area population • Work with NHS, Local Authority, Public Health and Social Care to deliver triple integration: Primary, community and secondary care; Physical and mental health; Health and social care services.

Role of the Accountable Care Organisation (ACO)

Accountable care in Barnsley is NOT:

Privatisation	• Accountable care in Barnsley will be publicly owned and publicly funded • Health services will remain part of the NHS • We are moving from competition to a collaborative, managed health system – this is in line with national NHS direction
Additional cost & bureaucracy	• Accountable care shadow governance structures are comprised of staff from partner organisations. There are no new staff •The intention over time is to reduce the number of organisational governance structures in Barnsley
American (or another overseas model)	•The NHS in England has looked at lessons learned internationally and is in the process of creating an NHS model of accountable care •At the heart of this is a focus on helping clinicians and carers to work together more effectively across care pathways, improving outcomes and increasing efficiency •Bringing together a range of NHS contracts held across enhanced primary care, community healthcare and secondary care into one – the national standard NHS accountable care contract.

Putting people at the centre – the key to success

What it will mean for Barnsley people

Closer to home

- People will have greater access to the services they need closer to home, within their GP practice or local community

Urgent care

- Different individuals and teams will provide seamless care that is focussed on the needs of individuals rather than the needs of organisations

Specialised care

- Patients will be treated at hospital by teams of professionals who are highly skilled experts who are used to treating people with similar problems

In hospital

- Patients who need to stay in hospital will be discharged without delay into the most appropriate care setting closer to home

How the ACO will make this happen

Greater collaboration

- The ACO operating principles support greater collaboration which will deliver better care and a better patient experience in Barnsley
- Involving and engaging staff, patients and citizens – change for the right reasons

Rewarding outcomes

- Financial performance will be focussed on outcomes, not just activity
- However, performance KPIs will still be monitored, which will include activity.

Greater investment

- We will be able to move funding around the system more flexibly which could include investment in wellness, illness prevention and early intervention, technology enabled care services and out-of-hospital care.

Trust and flexibility

- Accountable care fosters greater levels of trust between teams and individuals and it supports better communication and collaboration.
- This will enable professionals to be more flexible around the needs of individuals.

Breaking down boundaries

The Vision

- Single contract for health and care services in Barnsley
- Fully integrated model of Tier 1 primary, community and acute care in Barnsley for physical and mental health
- A Barnsley Accountable Care Organisation (ACO) fully responsible for all Tier 1 services
- There are still some policy issues that need to be resolved nationally.

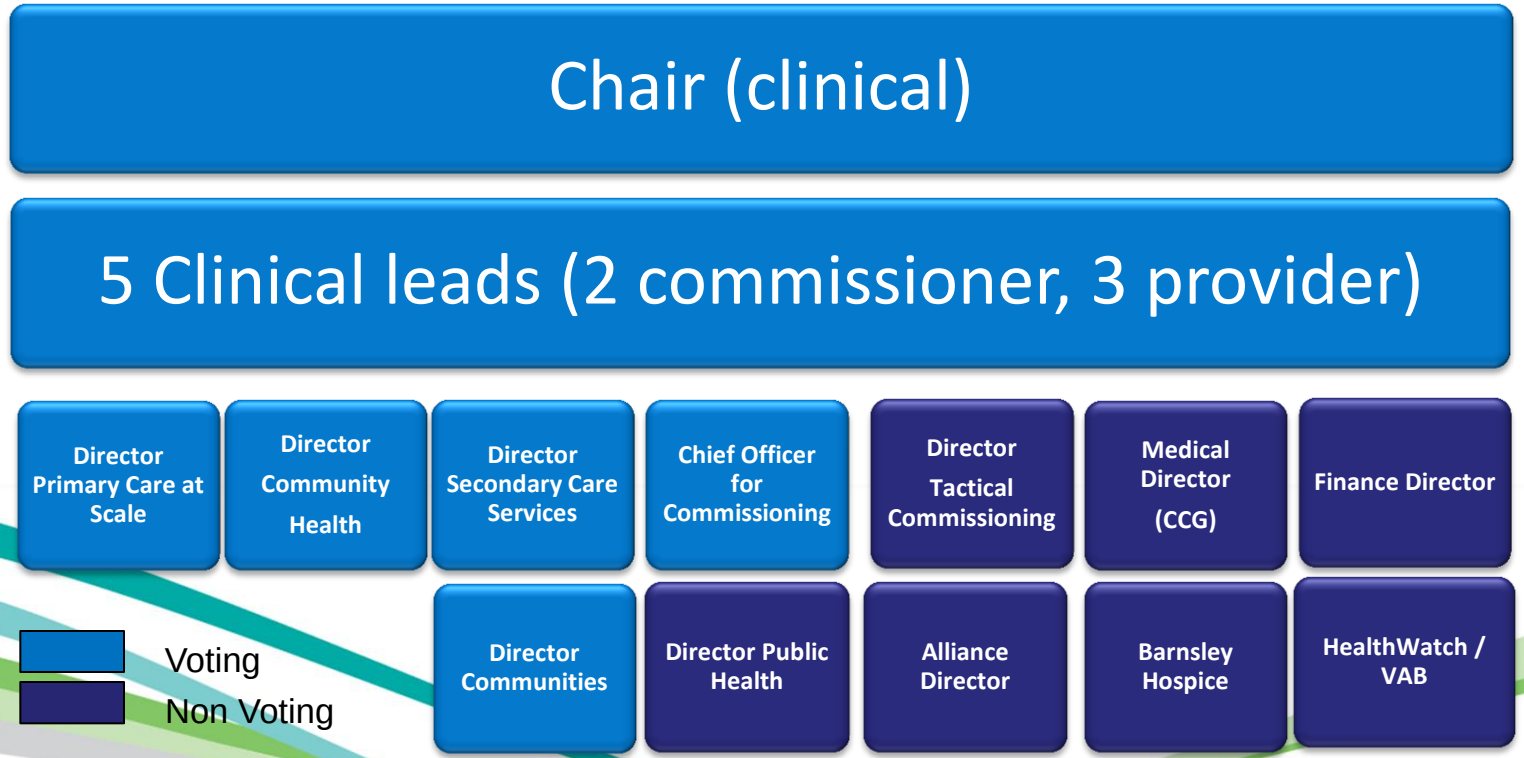
Step 1
Accountable Care Shadow Delivery Board

- In 2017 we established an Accountable Care Shadow Delivery Board.
- The first development meeting was in October.
- This Board will be responsible for designing the new model of person centred integrated care utilising expertise in the system from public health, providers, commissioners, community voluntary sector groups, patients groups and citizens.
- Partners are aligning staff to the ACSDB
- The CCG will work with incumbent providers to develop the case for accountable care – the benefits.

Step 2
Legal framework

- **2019**: Move from shadow working arrangements for Accountable Care into new legal operating arrangements.
- The CCG is actively considering introducing the national accountable care contract to underpin this move.
- To make this a reality we will:
  - **Create a whole population capitated budget**
  - **Devise an outcomes framework**
  - **Create a single shared strategy**
    - Our model of care, supported by
      - Our estate
      - Developing our health and care workforce
      - Deliver the Digital Roadmap through continued partnership working.

Accountable Care Shadow Delivery Board



What it will mean for Primary Care

“We will invest and grow primary and community care, with general practice at the centre”

- **More healthcare professionals working in GP practices** and health centres to see patients who need their clinical expertise
- **Improve signposting so that patients are seen by the right practice staff** at the first time wherever possible
- **People will be able to talk to their GP** or another qualified member of the team over the phone or online to reduce waits appointments
- **Patients will find it easier to use GP online services** such as booking appointments and repeat prescriptions
- **GPs will be able to contact consultants during patient appointments** to prevent the need for unnecessary referrals

What it will mean for Parity of Esteem

'Parity of Esteem' = **We will give equal priority to mental and physical health**

- **We will shift from an illness model to a wellbeing model**
- **We will speed up systems that promote patient record sharing** and which support access to data for those working in local health and care services
- **We will promote health and wellbeing and reduce health inequalities** by applying the principles of 'Making Every Contact Count' This will offer relevant advice and information as appropriate to patients, carers and other professionals
- **We will support people to reconnect with their neighbourhoods and communities** using strengths based approaches in assessment and care planning and by creating neighbourhood links within multi-disciplinary teams.

What it will mean for hospital services

"We will develop the right workforce, in the right place with the right skills – for now and in the future"

- **We will integrate Tier One community and hospital services** for physical and mental health needs
- **More patients will be able to see a specialist** outside of hospital and closer to their home
- **There will be more diagnostic services available** outside of hospital, including blood tests, blood gases, urine analysis, pregnancy test, X-ray, ultrasound, bladder scan and ECG
- **People will be able to access urgent care closer to home** without delays
- **We will seek to standardise acute hospital and specialised care** - improving access for everyone, reducing inequalities and improving efficiencies

Barnsley Accountable Care Shadow Delivery Board

Putting Barnsley People First

23 November 2017

Agenda item 7

Accountable Care Shadow Delivery Board Membership Update

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*		*Information*	×
2.	**REPORT OF**						

	Name	*Designation*
Lead	Dr Nick Balac	Chair
Author	Jeremy Budd	Accountable Care Programme Director

3. BOARD CHANGES

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This paper updates the Accountable Care Shadow Delivery Board on changes to the membership of the Board.

Following the Development Session on the 5th October, we have reviewed the membership of the ACSDB and had a number of discussions with partners.

The contribution of Public Health will be significant as we collectively agree the care model that will underpin the development of accountable care in Barnsley. Accordingly, the BMBC Director of Public Health, Julia Burrows, will be joining the Board as a non-voting member. Public Health is also represented on the Clinical Senate and will therefore have a strong opportunity to contribute to our plans as they develop.

Dr A J Mistry, the Chair of Barnsley Healthcare Federation, has been nominated as their Clinical Lead and will be joining the Board in that capacity (voting).

After discussion with BMBC officers, it was felt that the contribution of their Director of Communities will be more relevant to the work of the Board, particularly in the development of localities. Accordingly, the BMBC Director of Communities, Wendy Lowder, will replace the BMBC Director Social Care on the Board, as a voting member.

The Board is also asked to note that Michael Wright, BHFT Director of Finance, will be joining the Board as Finance Director. Michael will also Chair the Finance & Contracting workstream.

	I hope that the Board will, with me, welcome these new appointments. For clarity, it should be noted that all appointments to the Accountable Care Shadow Delivery Board are unpaid and undertaken in addition to member's substantive roles in their own organisations. This significant contribution from partner organisations underpins our collective ambition to move towards becoming an accountable care organisation, working together to deliver better health and care outcomes and efficiencies for the people of Barnsley.
4.	**THE BOARD IS ASKED TO:**
	The Board is asked to note the changes to the membership of the ACSDB.

Barnsley Accountable Care Shadow Delivery Board

Putting Barnsley People First

Accountable Care Shadow Delivery Board
23 November 2017

Agenda item 8

Engaging and involving patients and the public – draft plan

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*		*Information*	✓
2.	**REPORT OF**						

	Name	*Designation*
Executive Lead	Jeremy Budd	Programme Director
Author	Tarique Chowdhury	Communications and Engagement Manager

3. EXECUTIVE SUMMARY

Accountable Care in Barnsley brings together a partnership of NHS and local authority health and care organisations in our Borough to share clinical and financial accountability, so they can deliver better access to services and outcomes for Barnsley people and patients.

The Communications and engagement teams from each partner organisation will combine resources as a virtual communication and engagement team to deliver an agreed plan to involve staff and the public in shaping Accountable Care in Barnsley.

The initial plan for engaging and involving patients sets out -

- The aims and objectives of communications and engagement activity
- The role of communications and engagement in developing Accountable Care
- The target audiences and stakeholders
- The proposed key messages and methods
- Intentions around creating and an “identity”
- Communications activity planner

4.	THE BOARD IS ASKED TO:
	• **Whilst work continues to formulate the full strategy document the Board is invited to receive and consider the initial plan for engaging and involving patients and the public.** • **Members are asked to note that the successful delivery of this plan will require it to be made a priority for partner organisations and joint resources.**

2 – DETAILED REPORT

2	INTRODUCTION/ PURPOSE
	The communications and engagement strategy for Accountable Care is being developed in consultation with communications and engagement teams from the five partner Accountable Care partner organisations in Barnsley. Whilst this work continues the communications and engagements leads have produced an initial plan to engage and involve patients and the public, which covers the period up to April 2018. The plan reflects the approach that was discussed and agreed at the Board development session in October 2017. 1. We will ensure that local Barnsley people are listened to, working through partners' communications and engagement teams to reach local staff and external stakeholders to gain insights, ideas and feedback on proposals for change, including the development of public panels. 2. Patients and the public will be involved in the development of communication materials and engagement forums, e.g. patient councils, citizen forums etc. 3. The strategy will ensure a joined up and inclusive approach with "**One Voice**". 4. We will follow the principle of '**Come 2 You'** to engage staff, patients, public and other stakeholders, proactively linking to existing community networks, events and activity to elicit the degree of insights, feedback, idea and questions to influence service transformation. 5. Our engagement work will be supported by a media handling protocol agreed by partners to ensure consistent and timely communications regardless of which partner organisation is communicating.

3 - SUPPORTING INFORMATION

3	How is this delivering the Accountable Care Objectives	
3.1	**Putting Barnsley people first**	
3.2	1. **Change the way we work together** 2. **Shift from an illness model to a wellbeing model** 3. **Move from "doing to and for" to "working with**" 4. **Use digital and technology to transform health and care** 5. **Join up our services for people with the greatest needs** 6. **Work together better for people in crisis** 7. **Arrange services around individuals and communities**	

3.3	The plan sets out the aims and objectives of the partnership to engage and involve patients and citizens in the development of Accountable Care in Barnsley.	
3.4	**Summary or links to wider partner activity contributing to this agenda item (or how this could be further developed in the future)**	
3.5	The plan belongs to the partnership and describes the intention of communications and engagement colleagues from different organisations to work as one virtual team.	
4	**Checklist**	
4.1	**Engagement activity** The plan describes how the partnership will engage and involve patients and the public in the development of Accountable Care.	
4.2	**How public and patient involvement is influencing the decisions we make** The plan describes how the partnership intends to capture the insights, views and values of people in Barnsley to inform decision making.	
4.3	**Financial Implications and risk** The process of developing the plan has not identified any significant risk risks. Successful delivery of the plan will require some financial and human resources from across the partnership.	
4.4	**Consultation and Engagement** The plan describes how the partnership will engage and involve patients and the public in the development of Accountable Care.	
4.5	**Equality and Diversity** The plan describes how the partnership will seek to involve protected characteristic groups and hard to reach groups.	
4.6	**Information Governance** The process of developing the plan has not identified any significant risks or implications to the appropriate use of information.	
4.7	**Environmental Sustainability** The process of developing the plan has not identified any significant risks or implications for environmental sustainability.	
4.8	**Human Resources /employee implications** The process of developing the plan has not identified any significant risks or implications for human resources.	

Initial plan for Engaging and involving patients and the public

Accountable Care for Barnsley

1. Introduction

Accountable Care in Barnsley brings together a partnership of NHS and local authority health and care organisations in our Borough to share clinical and financial accountability, so they can deliver better access to services and outcomes for Barnsley people and patients.

The Barnsley partners are: Barnsley Clinical Commissioning Group, Barnsley Healthcare Federation, Barnsley Hospital NHS Foundation Trust, Barnsley Metropolitan Borough Council and South West Yorkshire Partnership NHS Foundation Trust.

Accountable Care in Barnsley is aligned to the wider South Yorkshire and Bassetlaw Accountable Care System (SYBACS) which includes Barnsley as one of five 'Place' areas, and which focuses on wider strategic and acute level services across the region.

The Communications and engagement teams from each partner organisation will combine resources as a virtual communication and engagement team to deliver an agreed plan to involve staff and the public in shaping Accountable Care in Barnsley. The activity plan will be coordinated by a dedicated Communication and Engagement Manager and supported by communications leads from the five partner organisations. The virtual team already meet fortnightly by teleconference and in person.

2. Aims and objectives

- To provide honest and clear messages about Accountable Care in Barnsley and to ensure these messages are consistent between partners across all communication channels
- To provide a consistent accountable care brand identity that reinforces the approach of involving all audiences by partners working together
- Raise awareness and understanding of Accountable Care in Barnsley, its aims and the differences it will make for external audiences, including patients, carers and the public
- Involve staff, clinicians, governors, members, and wider workforce groups so that they understand the rationale for Accountable Care in Barnsley and have opportunities to be involved and give their views.
- Ensure patients, families, carers, the public, and groups acting on behalf of the public, are informed about Accountable Care in Barnsley and are involved so they can give their views

- Inform all stakeholders of the outcomes and key milestones.

3. The role of communications and engagement in developing Accountable Care

The involvement of people and patients in the development of Accountable Care in Barnsley will be for the purpose of engaging, consulting and informing. The role of communications and engagement activity in delivering the objectives of the programme is shown in the table below.

ACCOUNTABLE CARE	COMMUNICATION AND ENGAGEMENT
Deliver a better working health and care system that takes into account expressed needs, expectations and perceptions of Barnsley people using the services and who work to deliver them locally	**Proactively engage with Barnsley people to**: • Engage with NHS and partner staff to explain the benefits and impacts to them • Hear the 'Patient Voice' directly, collating ideas, experiences, opinions and feedback • Explain the case for change locally and what change would mean for them • Provide opportunities for all stakeholders to speak, e.g. at events or online • Ensure consistency in all communications, including branding
Promote health and wellbeing and reduce health inequalities, by applying the principles that of making every contact count, and offering clear advice and information as appropriate to service users, carers and other professionals	**To ensure information about changes to services is consistent and timely by:** • Supporting partners to communicate practical changes to services early • Explaining change in 'real time' to communicate how changes have impacted people and what lessons have been learnt
Support Barnsley people to connect with their neighbourhoods and communities, using approaches that consider their strengths as part of care and support planning and by creating neighbourhood links in multi-disciplinary health and social care teams	**To ensure each work stream is supported and advised well on communications and engagement by:** • Working with partners communications and engagement teams to ensure staff have the materials to explain processes, contacts and connections between services • Building, and acting on, shared insights from engagement activity • Clearly communicating 'success' following the delivery of new approaches
Improve how we share and use both patient information, and insights from health data to better plan services for Barnsley people; and using predictive information to provide more proactive care	
Speed up the processes that promote record sharing and support access to	

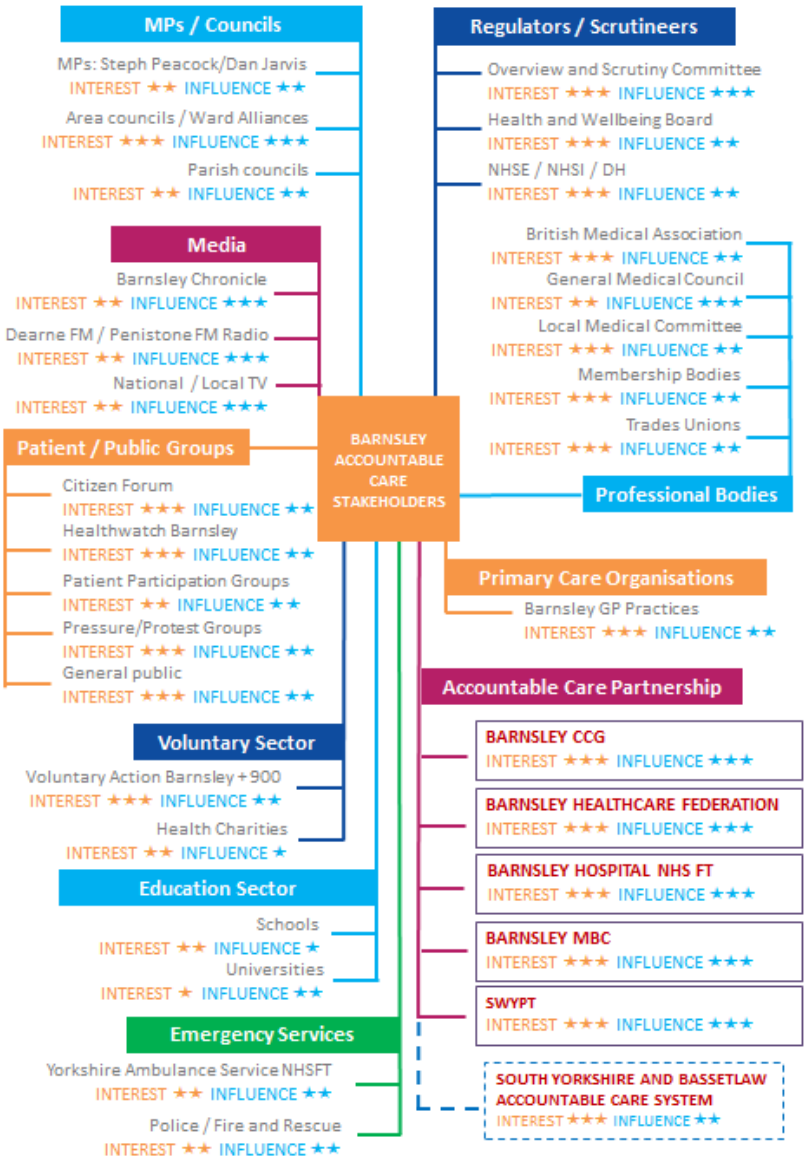
data for staff working in Barnsley health and care services	

4. Target audiences and stakeholders

We will use a '**Come 2 You**' approach to engage patients, public and other stakeholders, proactively going to, and linking with, existing community events, networks and activity to maximise the degree of insights, feedback, ideas and questions to influence future service transformation.

Fig 1 outlines the types of stakeholders who will be targeted through tailored communication and engagement activities. We will use a variety of methods to connect with each of our key stakeholders, outlined in the timed planner below, ensuring our messages are consistent and appropriate for each type.

Fig 1: The developing stakeholder map for Accountable Care in Barnsley



5. Key messages

A small number of key messages will form the basis for all communications and engagement activity.

For the widest audiences, including staff and the public, the focus of messages is that partners are working together to deliver better care and better value for Barnsley residents -

1. **Change is needed and we are committed to engaging with local people to shape this change**

   As information and details are developed we will communicate and engage with all stakeholders through all our partners and across the appropriate channels.

2. **We will change the way we work together**

   We will join up health and care services so they are responsive to the needs or local people and accountable.

3. **We will shift from an illness model to a wellbeing model of care**

   We will care for the whole person, supporting them to manage their physical and mental health needs.

4. **We will shift from "doing to and for" people to "working with Barnsley people**

   We will reduce inequalities and helping people to live well and stay well for longer.

5. **Use digital and technology to transform health and wellbeing**

   We will use the best technology to keep people well at home, to support them to manager their own care and to connect to our people so they can provide joined up care.

6. **Join up or services for those either the greatest need**

   Patients and their families will be supported and empowered by what feels like one team, each part delivering their part without duplication.

7. **Work together better for people in crisis**

   We will simplify urgent and emergency care, making it easier for people to access the right services closer.

8. **Arrange services around individuals and communities**

   We will standardise acute hospital and specialised care – improving access for everyone, reducing inequalities and improving efficiencies.

9. **We will develop the right workforce (staff), in the right place with the right skills – for now and in the future**

For our key audiences of staff and partners, messages will be as above and will also include that:

- All Chief officers and delegated senior managers are represented on the Accountable Care Partnership Board and the Accountable Care Shadow Delivery Board to ensure partner representation and clear communication from the outset
- Partners' clinicians and staff will be provided opportunities to be involved in Accountable Care in Barnsley to give their views
- The focus of Accountable Care in Barnsley is to look at the changes that can be made in how partner health and care organisations can better work together and more efficiently to deliver better outcomes for patients.

6. Communications and engagement methods

To deliver the aims of our communications and engagement plan, we will carry out a range of involvement activity across all geographic areas covered by accountable care in the Barnsley area, working with partners, commissioners, local authorities and community and voluntary sector groups.

The methods and messages used to communicate will be tailored for each audience to maximise every opportunity for staff, public and stakeholder involvement. We will have a particular focus early on to ensure our staff and clinicians are given opportunities to be involved in the shaping Accountable Care in Barnsley with their experience and views.

7. People focused and 'Come 2 You'

Come 2 You is an approach centred on accountable care in Barnsley proactively being taken out to staff, community and public groups rather than expecting these groups coming to partner arranged activities. It takes us out to where people already are.

This approach has been considered with, and recommended by, patient and community representatives when looking at the best ways to involve stakeholders and which would ensure the widest representation, e.g. Patient Councils, Healthwatch and governing body members

The "**Come 2 You**" approach will see accountable care partners, individually, and collectively, going regularly to existing events and activities to:

- Take a lead in explaining what Accountable Care in Barnsley is, its aims and objectives
- Facilitate listening to, and learning from, community groups views on how they want to be involved, e.g. with Barnsley Area Councils and Ward Alliances - once agreed with the local authority - or voluntary sector groups to develop a peoples' forum through which specific views and ideas on local health and care can be collated and fed into future accountable care services
- Subsequent, and regular, meetings of a peoples' forum will focus on specific health and care priority areas, the first of which will be cardiovascular disease and frailty
- A similar approach will be developed through partners to best reach out to staff so that their views can be gained.

The '**Come 2 You'** approach has the added advantages of:

- Being through existing planned and pre-arranged activities and venues, e.g. community meetings
- Low, to no, cost activity for Accountable Care in Barnsley
- An engaged audience already warm to discussions about health and/or care
- Likely to be representative of target stakeholders
- Able to be developed to reach out to other audiences, i.e. protected characteristic groups.

8. Branding

It is key that Accountable Care in Barnsley has a clear brand identity based upon sound principles and which is aligned to the wider accountable care system. South Yorkshire and Bassetlaw Accountable Care Services are using the identity of "Working Together". For simplicity it is intended that this is mirrored for Barnsley as "Barnsley Working Together".

The principles supporting the branding recommendation are:

- Our patients accessing future health and care services through 'one front door'
- Developing a shared name that reflects our approach, and location
- Using one tone of voice and consistent messaging
- Partner teams working together
- Reflecting a cohesive approach linked to the wider Accountable Care System in South Yorkshire and Bassetlaw
- Cohesiveness approaches in processes for staff and the public

Once ratified, a final brand identity will be applied to all future accountable care materials within partners' communications and engagement.

9. Communication and engagement methods and channels

All activity will be planned in detail and executed by the communication and engagement leads so that overall messaging and approaches are consistent across all partners' involvement activity. The outline planner outlines all communication and engagement activity from December 2017 – April 2018. The planner will be reviewed in February 2018.

COMMUNICATIONS PLANNER

Communication Type	Audience	Activity / Method examples	Responsibility
Branding	All	• Brand identity • Logo • Strapline	Sign-off ACPB Execution: ACO C&E team
Awareness raising	Staff, Patients and the public	• Newsletters • Social media • Media • Events	ACO C&E team
Updates and briefings	Staff in all partner organisations, voluntary and community sector, media, regulators local authority, MPs, board and governing body members	• NHS internal comms • E-bulletins • Briefing papers • Verbal briefings/ attendance at partner and stakeholder meetings • Stakeholder events • Reactive stakeholder comms (Inc. out of hours)	ACO C&E team supported by CCG
Media	Patients, the public and staff including trade publications Seldom heard groups and protected characteristics	• Press releases • Reactive statements (Inc. out of hours) • Media interviews • Media briefings • Submissions to targeted publications and newsletters, e.g. protected community newspapers	ACO C&E team
Social media and Website	All	• Twitter and Facebook • ACO website • ACS website	ACO C&E manager supported by ACO C&E team leads
Patient and Public	Patients, the public including seldom heard groups and	• Peoples Forum • 'Come 2 You' Discussion events	ACO C&E team supported by

Communication Type	Audience	Activity / Method examples	Responsibility
Involvement	protected characteristics	• Online and paper-based surveys • Bespoke planned meetings • Activity to explore what patients have already told us about these issues	accountable care lay member
Staff and Clinical Involvement	Staff and clinicians across all partners	• Staff/ Clinical stakeholder events • Meetings with trades union reps • Peer to peer engagement, to include materials to support those leading discussions • Pre-existing staff engagement mechanisms • Specialism based meetings/ events • Specialism based online forums	ACO C&E manager supported by ACO C&E team leads (Senior clinical and local authority leads to front staff activity)

Activity planner: December 2017 - April 2018 [Review February 2018]

Date	Activity	Audiences	Comments	Owner
Nov 2017 – Apr 2018 (and ongoing)	**COMMUNICATIONS AND ENGAGEMENT UPDATE**	Shadow Delivery Board Public Media in attendance	Regular update on activity and presentation of rationale for accountable care through the 'Patient Story'	ACO Communications and Engagement Manager, supported by ACO Comms and Engagement Team
Dec 2017	**BRAND** Brand identity proposal signed off and worked up across all ACO materials	Partnership Board. Brand to all	Reputational and operational communications risk to Accountable Care in Barnsley if brand is not available into 2018	ACO Partnership Board
Nov – Dec 2017	**SOCIAL MEDIA** **WEBSITE**	All	Development, and launch, of all online platforms, e.g. Twitter, Facebook and Website. Website to be hosted via CCG microsite platform with unique URL and accountable care brand identity (See Brand)	ACO Comms and Engagement Team, supported by ACO and ACS online channels
Nov 2017 – Apr 2018	**PEOPLES FORUM** Discussion with local authority partner to agree invitations to Ward Alliances for first January event	Public involvement - Community groups - Voluntary sector - Area groups - Healthwatch - General public	Agreement tbc with local authority prior to invitations to Area Councils/Ward Alliances Target invitations: Nov/Dec 2017 Target first event: January 2018	ACO Comms and Engagement Team, supported by CCG Accountable Care Lay Member
Dec 2017	**INTERNAL DEPARTMENTAL**	Key partner teams, e.g. Estates, Finance Human	Briefings to share intended communication plan and key	ACO Comms and Engagement Team,

Date	Activity	Audiences	Comments	Owner
	BRIEFINGS	Resources	milestones, e.g. staff briefings. Ongoing internal briefings to be expected.	supported by Partnership Board
Dec 2017 – Apr 2018	**STAKEHOLDER BRIEFINGS**	All stakeholder groups	Regular briefings (and/or meetings) to stakeholders on plans and activity about accountable care engagement and progress, to include MPs, elected members, staff groups, Healthwatch, voluntary sector representative bodies and external media	ACO Comms and Engagement Team, supported by engagement leads and wider ACS Comms and Engagement leads
Dec 2017 - Feb 2018	**STAFF ENGAGEMENT**	Partner staff	Invitations, and initial briefings, to staff across all affected NHS and local authority staff to introduce, and define, accountable care in Barnsley. Initial briefings to staff groups, e.g. trades unions	ACS Comms & engagement team with partner leads and HR teams
Dec 2017 - Jan 2018	**PATIENT GROUP ENGAGEMENT**	Healthwatch, CCG and Partnership engagement leads	To support development of a peoples' forum and other patient/public representation, i.e. Protected Groups, for example BAME, LBGTQ	ACO Comms & Engagement team, supported by partners engagement leads
Dec 2017 - Jan 2018	**MEDIA TRAINING**	Nominated clinical / local authority spokespeople	To support consistent messaging about Accountable Care. This will include training for speaking staff/public audiences, including on social media, e.g. Twitter Chats	ACO Comms & Engagement team, supported by external trainer

Date	Activity	Audiences	Comments	Owner
February 2018: REVIEW AND UPDATE OF ACCOUNTABLE CARE COMMUNICATIONS AND ENGAGEMENT PLANNING AND ACTIVITY				
Dec 2017 – Apr2018	**INFORMATION SHEET FOR MEMBERS/ GOVERNORS**	Governing Body and Board members	Brief updates as required by Programme Management Office (PMO)	ACO Communications and Engagement Manager
Jan – Apr 2018	**ENGAGEMENT ON PRIORITY AREAS**	Clinical and local authority staff in priority areas	Planning for, and start of, engagement with staff in (initially) cardiovascular and frailty priority areas to consider ideas, views and possible options for accountable care in practice. Where possible, early 'heads-up' to staff in future priority areas as identified	ACS Comms & engagement team supported by senior medical and local authority leads in scope
Jan - Apr 2018	**REGULAR UPDATES** **Monthly (tbc)**	All – content should also be 'public friendly'	E-newsletter (printed copies where appropriate) of updates about accountable care in Barnsley, to include involvement opportunities, feedback and contact.	ACO Comms and Engagement Team, supported by Programme Management Office (PMO)
Jan – Apr 2018	**OVERSIGHT AND SCRUTINY**	Oversight and scrutiny authority and Healthwatch	Collate ongoing evidence of engagement and involvement across all audiences, including Protected Characteristic Groups	ACO Comms and Engagement Team, supported by PMO
Nov 2017 – Apr 2018	**OPERATIONAL UPDATES**	Accountable Care Director, Chair, CCG Chief Officer	Highlight report on operational comms and engagement activity from fortnightly internal reporting	ACO Communications and Engagement Manager

ACCOUNTABLE CARE SHADOW DELIVERY BOARD

23 November 2017

Agenda Item 9

Update on the Programme Priority Areas

PART 1 SUMMARY REPORT

1.	**THIS PAPER IS FOR**
	Decision ☐ *Approval* ☐ *Assurance* ☐ *Information* ✓
2.	**REPORT OF**

	Name	Designation
Lead	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care), Barnsley CCG
Authors	Joe Minton	Accountable Care Programme Manager

3. EXECUTIVE SUMMARY

At the development session in October 2017 the Accountable Care Shadow Delivery Board received a discussion paper outlining possible priority areas for testing the Accountable Care operating principles. The board accepted the proposal to proceed with Cardiovascular disease and Frailty and that further scoping work was quickly undertaken for these areas.

This paper provides an update on progress for the board. Progress includes –

- Identifying clinical leads from primary care, CCG senior leadership and management support for the work-streams
- Initial discussions around the scope of the work to be undertaken and how resources can best be aligned to the programmes
- Colleagues from the partnership took part in the launch event for the fifth cohort of the Acute Frailty Network
- Colleagues attended a workshop with Dr Matt Kearney, National Clinical Director for Cardiovascular Disease Prevention in England on “Supporting the NHS to get Serious about CVD Prevention”.

Engagement and mapping events with partner clinicians has been organised for each of the priority areas. The meetings, which will take place on 16 November, will

	look at the value proposition for service users and professionals, map current initiatives at system, place and organisation levels, identify gaps in provision and opportunities to accelerate improvement through partnership working. A verbal report from these sessions will be provided to the Board as part of this update.
4.	**THE DELIVERY BOARD IS ASKED TO:**
	• Receive this update on the initial priority areas
5.	**APPENDICES**
	None

Agenda time allocation for report:	*TBD*

PART 2 DETAILED REPORT

1. Introduction

The establishment of the Accountable Care Shadow Delivery Board ("the Board") provides an opportunity to go further in applying our shared accountable care operating principles of mutuality, population focussed outcomes, shared risk and reward and shared values and governance (shown below).

It has been recognised by the Board that focussing on the priority areas of Cardiovascular Disease and Frailty partners can best demonstrate the value of working in collaboration, test new ways of designing and delivering services and foster place-based leadership at every level of organisations.

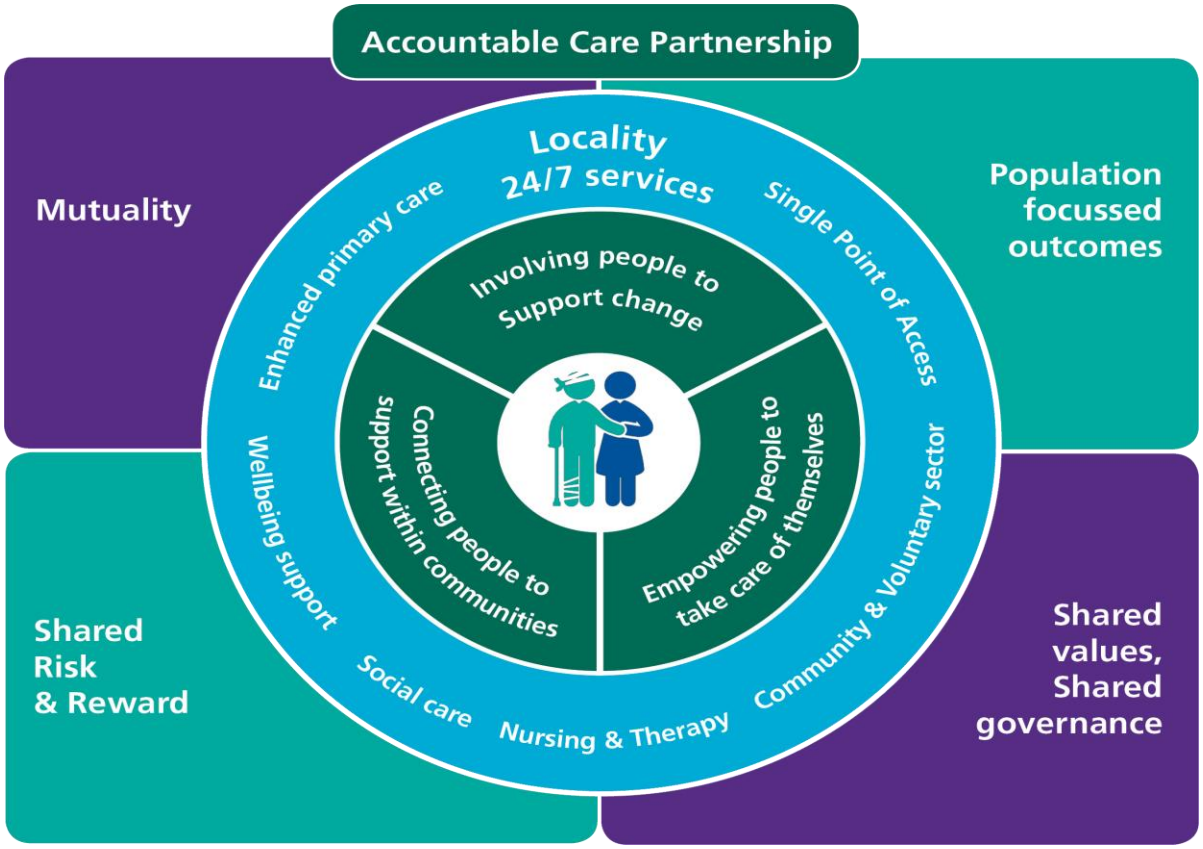


Figure 1 Barnsley Accountable Care Operating Principles

The areas of Cardiovascular Disease and Frailty were selected because –

- They are existing priorities for the Barnsley Health and Wellbeing Board
- There is clear evidence that outcomes for patients can be improved
- There are inequalities across Barnsley with people from more deprived backgrounds experiencing poorer outcomes than those who are more affluent
- There are lots of initiatives underway or being planned which could be joined up in a single approach
- Frail patients often receive fragmented care and would benefit most from person-centred, coordinated care
- Cardio-vascular disease effects a large group of the population and there is potential for a significant impact on population health and wellbeing

- There is the potential to provide more care out-of-hospital in people's neighbourhoods and homes

2. Leadership for the priority areas

Partner organisations have been identifying clinical leads from primary, acute and community care, senior leadership and managerial support. Cementing the workstream leadership and bringing together teams that will take responsibility for individual pieces of work will form part of discussion at the engagement and mapping events (verbal update to be provided).

3. Initial scoping work

Prior to the Board considering its priority areas of focus there had already been significant work undertaken by public health and clinical commissioning colleagues to understand the scope for improving outcomes for these patient groups. With the Board accepting these areas as priorities there has been a need to reflect on work completed to date and reconsider objectives and recommendations in line with Accountable Care operating principles.

3.1. Cardiovascular disease

Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. It's usually associated with a build-up of fatty deposits inside the arteries – known as atherosclerosis – and an increased risk of blood clots. It can also be associated with damage to arteries in organs such as the brain, heart, kidneys and eyes. CVD is one of the main causes of death and disability in the UK, but it can often largely be prevented with a healthy lifestyle.

The 2017 January Commissioning for Value (CfV) 'Where to Look Pack' states that Circulatory disease (CVD) is the biggest opportunity for the Barnsley health and care economy in terms of both improving health outcomes and reducing spend on services. Analysis also shows that CVD is a significant contributor to health inequalities in Barnsley.

The CfV data has been used as a basis for a health needs assessment undertaken by colleagues in public health locally that focused on risk factors for CVD and the identification and management of heart diseases.

The findings of the report include -

- There is potential, and a need to, make improvements throughout the care pathway from primary prevention onwards
- The biggest gains overall will come from improving primary care identification and management of CVD risk factors and conditions, and through primary prevention addressing lifestyle risk factors and wider work to address the broader determinants of health
- There needs to be much better systematic implementation of NICE guidance within primary care and throughout the care pathway
- By taking collective action we have a real opportunity to make a marked difference in a short time scale to health outcomes and inequalities, while at the same time decreasing A&E and non-elective hospital admission spend.

The detailed findings of the report provide a firm basis for the partnership to develop and deliver a programme of work that will improve outcomes for this patient group.

3.2. Frailty

In medicine, frailty defines the group of older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care. Older people with moderate to severe frailty are often well known to local health and social care professionals. They usually have weak muscles and also usually have other conditions like arthritis, poor eyesight, deafness and memory problems.

A recent review of services provided for frail elderly patients found –

- The offer from general practice to care homes is inequitable and inconsistent
- Rates of emergency department attendances and emergency admission from care homes vary widely
- Percentage of over 65yrs living alone is similar to comparator sites
- Adult improving access to psychological therapies (iAPT) referrals for over 65yrs is significantly lower than comparators and England overall
- Barnsley is among the best performing systems for tackling fuel poverty
- Across a range of indicators, management in primary care is similar to comparator sites, however, Barnsley is among the low performers in terms of the proportion people with Long Term Conditions (LTCs) who have a written care plan and use it.

Our collective understanding of the experience of frail elderly patients, their individual needs and preferences, their clinical outcomes and the associated costs is not as well developed as for other groups, for example patients with diabetes or respiratory disease. There are opportunities now to generate greater insights that can shape this work going forward.

The review found that there are a number of programmes and initiatives already underway both nationally and locally to address some of the issues outlines above and recommended that a whole system Frailty programme is developed.

4. Improving Emergency Care for Frail Older People - the Acute Frailty Network

Colleagues from the partnership joined the fifth cohort of the Acute Frailty Network at the launch event in October 2017. The Acute Frailty Network is a 12 month improvement programme designed as a professional network to support participating sites to rapidly adopt best practice to improve emergency services for frail older people. The programme is fully supported by NHS England and NHS Improvement working with partners from Association of Directors of Adult Social Services (ADASS), Age UK, the British Geriatrics Society, the Royal College of Nursing and the Royal College of Physicians. The programme includes national collaborative events, workshops, virtual visits, webinars and individual support for participating communities.

It is hoped that this network will support our work in Barnsley to improve provision for this group across a broad scope of services. The network launch highlighted the growing body of evidence that ‘hospital at home’ for selected patients offers significant benefits in terms of lower mortality and reduced functional decline which reaffirms our collective vision to provide the care and support these patients, their carer’s and networks need so that they can remain in their own homes and neighbourhoods.

Dr Suzi Orme will be clinical lead for this programme.

5. Cardiovascular Disease (CVD) Prevention event

Colleagues attended a workshop focussed on what the NHS needs to do to realise the benefits of cardiovascular disease prevention with Dr Matt Kearney, National Clinical Director for Cardiovascular Disease Prevention in England. Dr Kearney restated the commitment of the NHS nationally to CVD prevention illustrated by the NHS Prevention Board endorsement of CVD prevention as a priority for the Health and Social Care systems and the commitment of NHS RightCare will work with Clinical Commissioning Groups (CCGs) and Sustainability and Transformation Partnerships (STPs) to improve detection and management in the High Risk Conditions for CVD and Public Health England will work with STPs and NHS RightCare to support the implementation of identified preventative interventions at scale.

Dr Kearney offered Bradford's Healthy Hearts (BHH) programme as a good practice of systematic improvement at scale and pace and emphasised the role community pharmacy can play in blood pressure management demonstrated by successful programmes in Dudley and Lambeth and Southwark.

Dr Kearney also highlighted the "key ingredients of success".

1. Clarity of vision - relentless focus on the size of the prize - how many strokes and heart attacks could we prevent by doing better?
2. Local leadership – clinical, public health, commissioner, patient, local authority
3. Coordinated support – RightCare, STP, third sector, NICE, AHSNs, NCVIN, PHE
4. Real time local intelligence – how many local people have high risk conditions that are undiagnosed or under-treated?
5. Doing things differently – new pathways and models of detection and treatment

These are important examples and lessons that will be adopted as part of this work.

6. Engagement and mapping events

Engagement and mapping events with partner clinicians have been organised for each of the priority areas on 16 November.

These meetings will explore the opportunities to work better in collaboration through –

1. Sharing knowledge and insights from service reviews and benchmarking information, including NHS RightCare Commissioning for Value Packs
2. Considering the value proposition for patients and professionals
3. Sharing current and planned initiatives in this area at system, place and organisation levels
4. Identifying gaps in current provision and share ideas that will help to better meet the needs of people, patients and services
5. Agreeing clear objectives
6. Agreeing next steps

Due to these meetings taking place only a week before this Board meeting a verbal update will be provided to the Board outlining the progress made.

7. Wider stakeholder engagement

The workstream leaders recognise the benefits of adopting an inclusive approach to service improvement and redesign and the real value of insights from service users,

carer's and families, groups that represent the interests of patients and the wider community and voluntary sector.

Following on from the engagement and mapping events it is proposed that a wider group of stakeholders is convened to contribute to the development of the programme logic model(s) that will guide the collective work on these priority areas and the evaluation of how effective if has been. It is hoped that this will start an ongoing dialogue with stakeholders that supports true co-production. This is an approach that has been followed by many of the new care model vanguards.

8. Work-stream plans

The workstreams will present plans to the Board when they meet in January 2018 for decision.

If the proposals include changes to commissioning arrangements these will need to be taken through the CCG governance structures and likewise if they involve significant pathway redesign the plans will have to be agreed by partner Boards.

Whilst the partnership arrangements exist in shadow form the need for sign-off by individual organisations will persist unless the decision is within the scope of delegated authority of Board members. The decisions of partner Boards will be informed by the recommendations of their senior officers who represent them at the Board and Accountable Care Partnership Board.

9. Summary

The process of developing a shared understanding of the work required, agreeing priorities and objectives and engaging with clinicians and other stakeholders has begun.

The workstream leaders look forward to presenting clear plans for consideration and decision at the January 2018 meeting of the Board.

The Accountable Care Shadow Delivery Board is asked to consider:

- **Receive this update on the priority areas**