

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 2 February 2016
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

AGENDA

- 1 Declarations of Pecuniary and Non-Pecuniary Interests
- 2 Minutes of the Board Meeting held on 8th December, 2015 (HWB.02.02.2016/2) *(Pages 3 - 6)*
- 3 Minutes from the Children and Young People's Trust Executive Group held on 18th December, 2015 (HWB.02.02.2016/3) *(Pages 7 - 14)*
- 4 Minutes from the Barnsley Community Safety Partnership held on 11th November, 2015 (HWB.02.02.2016/4) *(Pages 15 - 22)*
- 5 Minutes from the Provider Forum held on 9th December, 2015 (HWB.02.02.2016/5) *(Pages 23 - 30)*
- 6 Minutes from the Stronger Communities Partnership held on 9th November, 2015 (HWB.02.02.2016/6) *(Pages 31 - 36)*

For Decision/Discussion

- 7 Better Care Fund - Plan for 2016/17 (HWB.02.02.2016/7) *(To Follow)*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf
- 8 Anti Poverty Action Plan (HWB.02.02.2016/8) *(Pages 37 - 56)*
- 9 Sport and Active Lifestyle Strategy (HWB.02.02.2016/9) *(Pages 57 - 68)*
- 10 Update on Multispeciality Community Providers (Presentation)
- 11 Health and Wellbeing Strategy development - update (Oral report)
- 12 Barnsley Health and Social Care System Financial and Economic Modelling (HWB.02.02.2016/12) *(Pages 69 - 80)*

For Information

- 13 NHS Planning Guidance 2016/17 – 2020/21
<https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

To: Chair and Members of Health and Wellbeing Board:-

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson for Communities
Diana Terris, Chief Executive
Rachel Dickinson, Executive Director People
Wendy Lowder, Interim Executive Director Communities
Julia Burrows, Director Public Health
Nick Balac, NHS Barnsley Clinical Commissioning Group
Lesley Smith, NHS Barnsley Clinical Commissioning Group
Tim Innes, South Yorkshire Police
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Steven Michael OBE, South West Yorkshire Partnership NHS Foundation Trust
Richard Jenkins, Barnsley Hospital NHS Foundation Trust

Please contact Peter Mirfin on 01226 773147 or email governance@barnsley.gov.uk

Monday, 25 January 2016



MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 8 December 2015
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present

Nick Balac, NHS Barnsley CCG (in the Chair)
 Councillor Jim Andrews BEM, Deputy Leader
 Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
 Councillor Jenny Platts, Cabinet Spokesperson for Communities
 Carriane Stones, Healthwatch Barnsley
 Rachel Dickinson, Executive Director People
 Wendy Lowder, Interim Executive Directors Communities
 Julia Burrows, Director of Public Health
 Sean Rayner, South West Yorkshire Partnership Foundation Trust
 Richard Jenkins, Barnsley Hospital NHS Foundation Trust
 Bob Dyson, Chair Adult Safeguarding Board

21 **Declarations of Pecuniary and Non-Pecuniary Interests**

There were no declarations of pecuniary or non-pecuniary interest.

22 **Minutes of the Board Meeting held on 13th October, 2015 (HWB.08.12.2015/2)**

The meeting considered the minutes of the previous meeting held on 13th October, 2015.

RESOLVED that the minutes be approved as a true and correct record.

23 **Minutes from the Children and Young People's Trust Executive Group held on 6 November, 2015 (HWB.08.12.2015/3)**

The meeting considered the minutes from the Children and Young People's Trust Executive Group held on 6th November, 2015.

The meeting noted the progress in developing the CYP Plan for 2016-19. The focus of all partners in tackling persistent absence from school was particularly welcome, given the clear links between levels of educational attainment and good health.

RESOLVED that the minutes be received.

24 **Notes from the Anti-Poverty Board held on 12th October, 2015 (HWB.08.12.2015/5)**

The meeting considered the notes from the Anti-Poverty Board held on 12th October, 2015.

The meeting noted the transition of the Board into a delivery group, which was progressing an action plan, to be submitted to the Health and Wellbeing Board in February 2016.

RESOLVED that the notes be received.

25 Adult Safeguarding Board - Annual Report (HWB.08.12.2015/6)

The Chair of the Adult Safeguarding Board, Bob Dyson, presented the Annual Report and paid tribute to the out-going chair, Cllr Platts, and Kath Harris for the progress made that time. The Board arrangements had only become statutory in the past year, with the implementation of the Care Act, and was looking to build on the progress made to-date.

The meeting noted that the priorities and challenges for the next year, particularly to implement the Care Act and the pressure arising from assessments required under the mental capacity act. The Board was also conscious of their counter terrorism responsibilities. However, Bob Dyson acknowledged the strong commitment from partners to meeting the objectives of the Board.

The meeting noted that the Annual Report had already received Cabinet consideration, followed by a robust session at the Safeguarding Scrutiny Committee, where the efforts to deal with the issue of neglect had received specific challenge.

RESOLVED:-

- (i)** that the contents of the Safeguarding Adults Board Annual Report, 2014-15 be noted;
- (ii)** the future policy and legislative changes and the ways in which these impact on the Safeguarding of Vulnerable Adults be noted;
- (iii)** that the progress made in 2014-15 by the Safeguarding Adults Board be noted.

26 Public Health Strategy (HWB.08.12.2015/7)

Julia Burrows, Director of Public Health, introduced a presentation by Rebecca Clarke, Public Health Specialist Practitioner, on the vision set out in the proposed Public Health Strategy, with the key aim of improving the health for people living in Barnsley. The presentation summarised the key points of the Strategy, noting in particular the continuing disparities in the healthy life expectancy of people in different parts of the Borough. Whilst identifying four long term Public Health outcomes in relation to longer and healthier lives and adopting a more preventative agenda, in the short term the Strategy proposed focusing on improving the overall health of children; creating a smoke-free generation; and increasing levels of physical activity.

The meeting noted the commitment of the Council's partners to supporting the objectives in the Strategy, and the specific action being taken by the Hospital and SWYPFT particularly in relation to smoking was commended. The need to identify the unique contribution that each partner could make was acknowledged.

Members also commented that the Health and Wellbeing Board should take the opportunity to hold partners to account for the delivery of the Public Health Strategy within their organisation's strategies and plans.

The meeting discussed the extent to which actions would be targeted towards specific neighbourhoods and groups and the importance that interventions such as fluoride varnishing of children's teeth was actively offered. Members discussed the extent to which the impact of smoking on infant health was not widely understood and the need to undertake more communications activity in this area. Although the links between Public Health and safeguarding, particularly in relation to neglect, were acknowledged, some specific reference should be made in future strategies.

RESOLVED:

- (i) that the Public Health Strategy 2016-18 be endorsed;
- (ii) that the Director of Public Health work with partners to identify their unique contribution to achieving the Strategy's objectives and communicating and promoting these with the community, including through School Governing Bodies;
- (iii) that the need for the Health & Wellbeing strategy to be reflected fully in the Public Health Strategy be acknowledged.

27 Stronger Communities Partnership Presentation

Wendy Lowder, Interim Executive Director Communities, gave a presentation on work being undertaken under the auspices of the Stronger Communities Partnership to develop preventative strategies in acknowledgement that increasing demands on health and social care cannot be met within the current treatment model. The presentation identified the steps towards achieving co-production of services with the local community and the work done so far to develop this approach. The presentation concluded by setting out the desired outcomes for the approach, which among other things would see greater participation in developing solutions and improved access to early help.

The meeting discussed the proposed approach and the extent to which levels of service might be dependent upon the community capacity in each area. Members commented that the extent of community capacity in the Borough was often underestimated, and considerable co-production was already taking place. It was important to communicate real stories of people's experiences to demonstrate and promote the approach.

Members commented on the need to clarify the reporting lines within the governance, in particular how the Health and Wellbeing Board would hold partners agencies to account for delivery of the intended outcomes. In particular, there was a need to focus on those areas where the Health and Wellbeing Board could add value.

RESOLVED that the approach outlined in the presentation be endorsed and further reports be submitted on the development of the action plan to deliver desired outcomes and the operation of the governance framework.

28 Patient Flow (HWB.08.12.2015/9)

Richard Jenkins and Sean Rayner gave a presentation on the adoption of Medworxx, a utilisation management tool of the type used in the USA, to analyse the background to hospital stays and check whether this was necessary for the type of care or treatment patients were receiving. The CCG had funded the acquisition of the system and was working in partnership with the Hospital and SWYPFT to develop

the use of the tool and undertake analysis using one source of common data, under the auspices of an Effective Utilisation Board.

Initial analysis suggested that up to 30% of patients might be ready for discharge. However, the meeting noted that a number of factors might prevent this at present. For this reason, it was important to secure representation from both the Council's People and Communities Directorates on the Effective Utilisation Board.

Use of Medworxx would allow a project plan to be developed by the end of March 2016, then moving on to identify issues in services and possible corrective actions.

RESOLVED:

(i) that report be received and the project plan and proposed actions be submitted to a future Health and Wellbeing Board;

(ii) that the Hospital / SWYPFT liaise with the Council to ensure appropriate representation and / or engagement in the proposed Effective Utilisation Board.

29 BCF Update (HWB.08.12.2015/10)

Rachel Dickinson presented a report setting out the performance against the BCF targets for quarter 2 and the anticipated position at year-end as a consequence. The meeting noted that the BCF would continue in 2016/7 and work was currently being undertaken to consider the requirements to take this forward.

RESOLVED that the report be noted.

30 Development Session (HWB.08.12.2015/11)

Rachel Dickinson presented a report summarising the discussion at the Health and Wellbeing Board development session. The meeting noted that work was in hand to join up the various strategies that contribute to the delivery of the Health and Wellbeing Strategy, but also to develop a strategy for the Board. Work was also required to map progress of the project to achieve better integration of the health and social care system.

RESOLVED that the report be noted.

31 Sheffield City Region Devolution Deal Update (HWB.08.12.2015/12)

The meeting received information setting out the proposal for devolution to the Sheffield City Region. The meeting noted that the proposal related only to economic regeneration and related matters, rather than incorporating health and social care as in Greater Manchester. The importance of the economic focus at this stage was noted, although the template this perhaps provided to move on to other services was acknowledged.

RESOLVED that the report be noted.

Chair



Minutes of the Children and Young People’s Trust Executive Group Meeting held on 18 December 2015

Present

Core Members

Rachel Dickinson (Chair)	BMBC, Executive Director: People
Bob Dyson	Independent Chair of the Barnsley Safeguarding Children Board
Margaret Libreri	BMBC, Service Director for Education, Early Start and Prevention
Mel John-Ross	BMBC, Service Director of Children’s Social Care and Safeguarding
Brigid Reid	Barnsley CCG, Chief Nurse
Penny Greenwood	BMBC, Head of Public Health
Gerry Foster-Wilson	Executive Headteacher, Representing the Barnsley Association of Headteachers of Primary, Special and Nursery Schools
Anna Turner	BMBC, School Models and Governor Development Manager
Sean Rayner	SWYPFT District Director Barnsley/ Wakefield
Wendy Lowder	BMBC, Service Director for Stronger, Safer and Healthier Communities
Amanda Glew	BMBC Organisation Development Manager

Deputy Members

Deborah Mahmood	South Yorkshire Police (for Tim Innes)
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Advisers

Richard Lynch	BMBC, Head of Commissioning, Governance and Partnerships
Julie Green	BMBC, Strategic Lead, Procurement and Partnerships

In attendance

Kaye Mann	BMBC Public Health Practitioner (for item 5)
Carol Ward	BMBC Multi-agency Coordinator (for item 7)
John Rooke	SWYPFT, Specialist Health Visitor (Disabilities) (for item 7)
Anita McCrum	SWYPFT, Professional Lead 0-19 Children’s Universal Services (item 7)
Catherine Warrener	BMBC, Workforce Development Strategy Officer (for item 8)
Julie Govan	BMBC, Integrated Systems & Strategy Manager (for item 9)
Denise Brown	BMBC, Governance, Partnerships and Projects Officer

		Action
1.	<p><u>Apologies</u></p> <p>Tim Cheetham Cabinet Member: People (Achieving Potential)</p> <p>Cllr Margaret Bruff Cabinet Member: People (Safeguarding)</p> <p>Nigel Middlehurst Voluntary Action Barnsley, External Services Manager</p> <p>Dave Whitaker Executive Headteacher, Representative of Secondary Headteachers</p> <p>Sue Gibson Barnsley Hospital NHS Foundation Trust, Head of Midwifery/ Nursing</p> <p>Tim Innes South Yorkshire Police Chief Superintendent (Barnsley Commander)</p> <p>Angela Kelly BMBC, Targeted Youth Support Operations Manager</p> <p>Jenny Miccoli Barnsley College, Vice Principal Teaching, Learning and Student Support</p>	

		Action
2.	<p><u>Identification of confidential reports and declarations of any conflict of interest</u></p> <p>Rachel requested that the Continuous Service Improvement Plan, which had been uploaded onto the website as part of the papers for consideration at today's meeting, be removed from the website.</p>	Denise
3.	<p><u>Minutes of the Trust Executive Group meeting held on 6 November 2015</u></p> <p>The minutes of the meeting were approved as an accurate record.</p> <p>It was noted that the TEG minutes are also presented to the Health and Wellbeing Board, which provides a useful link.</p>	
3.1	<p><u>Action log / matters arising</u></p> <p>Actions arising from 6 November 2015:</p> <ul style="list-style-type: none"> Minute No. 5: Margaret stated that the reason for putting an item on the Schools Forum agenda was to seek funding for a Safeguarding lead post for schools, however schools had agreed to re-delegate certain functions back to the local authority. Margaret suggested consideration be given to putting together a traded package and would discuss this further with Monica. <p>Bob informed the meeting that Alison Wilks, from Kings Oak Primary Learning Centre, is the new schools representative on the Barnsley Safeguarding Children Board.</p> <ul style="list-style-type: none"> Minute No. 6(i): Margaret to ensure that a notice is included in the next Schools bulletin to reiterate the role of the school nurse in terms of CAMHS referrals. Minute No.6(iii): A light touch learning event to consider the issues raised during a discussion re. 'improving education, achievement and employability' to be considered in the new year. Minute No.10(i): The timescales to receive comments on the Short Breaks Strategy for children and young people with a disability had to be extended to allow more detailed feedback from the Parent Carer Forum, and will be presented to the Executive Commissioning Group. Minute No.13.1(i): Behaviour and Attendance Group membership now includes a representative from SWYPFT, but not for PCSOs yet. Deb Mahmood undertook to follow this up. Minute 13.1(iv): A truancy sweep had taken place successfully in the town centre. A number of young people and their parents had been stopped and the importance of attending school was reiterated. Gerry queried whether schools had been contacted regarding those young people who had been stopped in town, and Mel undertook to confirm this. The suggestion that GPs ensure that appointments for young people are made outside normal school hours had been raised at the Health and Wellbeing Board. 	<p>Margaret</p> <p>Margaret</p> <p>Rachel</p> <p>Richard</p> <p>Deb</p> <p>Mel</p>

		Action
4.	<p><u>Barnsley Safeguarding Children Board Meeting held on 20.11.2015 – highlights</u> (Bob Dyson)</p> <p>The following items discussed at the BSCB meeting were highlighted:</p> <ul style="list-style-type: none"> • Representatives of South Yorkshire Police had been invited to present the outcomes of inspections that had taken place, particularly around child sexual exploitation (CSE), which provided reassurance to the Board. A new toolkit for CSE will be put in place. • The BSCB meeting had been attended by a young person who had found the meeting interesting and the answers to questions raised are being followed up. As a care leaver, the young person had also reported into the care leavers group about her personal experience, and had met with Monica to follow up some of the issues that had been raised. Members felt it had been a very useful experience. It had been suggested that Monica be asked to write a reflective brief for the Board. • Bob stated that following a government announcement, arrangements around local safeguarding children boards will change, although it is unclear at this stage what the changes will be. <p><i>[Wendy Lowder arrived]</i></p>	
5.	<p><u>RU Different</u> (Kaye Mann, Public Health Practitioner)</p> <p>During 2014/15 Public Health commissioned a social norms programme called 'RU Different' which was offered to all secondary schools in Barnsley, with the aim of reducing young people's engagement with risky behaviours. The approach attempts to correct misperceptions of their peers behaviours, and is also a means of engaging with young people to gain their views to inform future commissioning decisions. The programme was delivered to year 9 pupils in partnership with participating schools.</p> <p>The following outcomes were noted:</p> <ul style="list-style-type: none"> • There was a 50% uptake by secondary schools in the baseline survey and 33% completed the full programme. • 651 students received the baseline survey, and 425 completed the second survey. • The perception was that 56% don't smoke at all, whereas 89% of students never smoke. • The perception is that 13% don't drink at all, whereas 52% don't drink at all, and 37% drink once a month. • Barnsley's self-harm rate was 30%, which is higher than the 21% national average. <p>During the discussion the following points were recorded:</p> <ul style="list-style-type: none"> • A celebration event had been held which was well attended. The outcomes of the programme had not yet been shared with all schools, and it was suggested that a presentation be given to Secondary School Headteachers. • The programme is relatively new and therefore not yet able to provide evidence to demonstrate that change is sustainable over time. • A co-production approach would be preferable, to get schools engaged in the process at the start rather than be a recipient of a programme. • Different ways of engaging with young people in future are being explored. • Bob asked that questions about safeguarding be included in future surveys. • It is important not only to collect data but to help young people to be aware 	

		Action
	<p>of 'normal' behaviour amongst their peers to prevent any misconceptions which will hopefully impact on their own choices and behaviour.</p> <p>The Trust Executive Group</p> <ul style="list-style-type: none"> • Noted the contents of the report; • Agreed that a presentation be given to Secondary School Headteachers; • Proposed a more co-productive approach to commissioning in future. 	Public Health
6.	<p><u>Early Help Peer Review and contacts to the front door</u> (Mel John-Ross/ Wendy Lowder/ Margaret Libreri)</p> <p>The report informed TEG members of the key outcomes of the sector led peer review of early help conducted in October 2015. The review had been undertaken by senior managers from Bradford and Leeds, managed by the sector led Improvement Manager for Yorkshire and the Humber. The focus of the review was whether there had been improvement in early help since the Ofsted inspection in 2014.</p> <p>The review identified 110 strengths and areas for development which were considered by TEG, and the following comments recorded:</p> <p>6.1 <u>Vision, Strategy and Leadership</u></p> <ul style="list-style-type: none"> • It is important to use consistent language to ensure that the vision, strategy and priorities for early help are clearly understood. • Need to replace the use of 'CAF' with 'Early Help Assessment'. • Rachel suggested creating a story board which explains what 'early help' means in Barnsley. • How we are recording what we are doing is important. • The 2015-18 Early Help Action Plan will be driven by an existing delivery group. <p>6.2 <u>Effective practice, service delivery and the voice of the child</u></p> <ul style="list-style-type: none"> • The peer review team were impressed with the use of the Family Star tool to measure progress. This needs to be fed back to staff, that their idea of a simple assessment tool has enabled parents to get the help that they need, and provide a positive shift. It is important to continually test the processes in place in order to learn and develop further. • From 1 April 2016 the local offer will be coordinated through Family Centres. There needs to be effective communication before the final implementation of Family Centres. • An area for development is the need for referral pathways to early help and social care to be clearly understood. There is more work to be done with schools to ensure a clear understanding of the various roles and clarity about signposting. • Tracking early help activity is currently under discussion and needs further consideration. • The Partnership News publication needs to be developed across the partnership to capture the impact that is being made. <p>6.3 <u>Outcomes, impact and performance management</u></p> <ul style="list-style-type: none"> • Consideration needs to be given to having a central repository of information, although there is an issue in relation to data protection which rests with Social Care. • There needs to be further discussion around thresholds, particularly from a school's perspective, and an understanding of what to do if an issue 	

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<p>6.4</p>	<p>does not meet social care thresholds. A Safeguarding Lead post for schools would help with this.</p> <ul style="list-style-type: none"> • It is important to have live-time qualitative discussions about inappropriate contacts into Social Care, and Rachel suggested having an escalation policy to enable inappropriate referrals to be challenged. • It was noted that a report re. contacts into Social Care will go to the BSCB meeting in January, and TEG in February. • An area for development is to clarify priority performance indicators. • Critical success factors include: engagement with services; measures of changes in behaviour as a result of engagement; outcomes for children and families. It is important to be able to articulate how early help will impact on key areas, e.g. persistent school absence. • Rachel suggested that it would be helpful for this to be part of the themed discussion around early help at the next meeting. • It is important to understand and monitor levels of engagement and behaviour change which impact on outcomes. <p><u>Working together</u></p> <p>It was noted that the Multi-agency Co-ordinator (MAC) role, providing advice and support to practitioners, had been a valued support function which was now being decommissioned.</p> <p>Aligning early help functions and activities with the emerging Multi-Agency Safeguarding Hub (MASH) is an important area for development.</p> <p>6.5</p> <p><u>Workforce, capacity and managing resources</u></p> <p>It was noted that Amanda Glew, Organisation Development Manager, is a member of the Early Help Steering Group.</p>	
<p>7.</p>	<p><u>Early support pathway for children with additional/complex needs</u> (Carol Ward/ John Rooke/ Anita McCrum)</p> <p>The purpose of the early support pathway is to provide a smooth transition from early pregnancy, through midwifery and postnatal care to year 5. The pathway follows 7 steps and aims to ensure that early intervention and support is in place if there is an abnormal scan or blood test result during pregnancy.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> • Service users had been involved in developing the pathway. • Gerry suggested that supporting transition into nursery school needs to be included. • Consideration to be given to continuing assessment up to 19 years of age. • The audit of the pathway will begin in January 2016. • No barriers had been identified as yet. <p>It was agreed that:</p> <ul style="list-style-type: none"> • Further amendments would be made to the early support pathway to include transition into nursery and to extend assessment to age 19. • A report would be received in six months to consider the effectiveness of the pathway. • The presentation would be circulated with the minutes. 	<p>Carol/ John/ Anita</p>

		Action
8.	<p><u>Children's Workforce Development</u> (Catherine Warrener/ Amanda Glew)</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • There had been a lot of learning and development activity in the council in the last six months and participation has been commendable. • The aim is to continue to maximise training opportunities and skills in the workforce, to evaluate the impact of learning and to track improvement. • The core areas are induction and supporting the collective workforce. • Evidence of the impact of training is still an area for development. <p>It was agreed that a proposal would go to the BSCB that the Safeguarding Workforce Development Group, chaired by Sharon Galvin for the Barnsley Safeguarding Children Board, be expanded to include the wider remit of workforce development, and that the terms of reference be amended accordingly.</p>	Brigid
9.	<p><u>Continuous Service Improvement Plan</u></p> <p>The Continuous Service Improvement (CSI) Plan had been reviewed at the joint BSCB/TEG event in October 2015.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • As at November 2015 there were no areas RAG rated 'red'. • Priority actions include: focus on the front door; early help; education of children in care. • The Officer Group that drives the CSI Plan has been highly successful and Brigid suggested sharing some of that good practice. Mel undertook to arrange for partners to attend the next Officer Group meeting. • The CSI plan will be reviewed at the next joint TEG/BSCB meeting in October 2016. <p>It was agreed that:</p> <ul style="list-style-type: none"> • Detailed discussions would be held on specific themes in the plan. • The theme at the next TEG meeting in February would be 'Early Help', split into separate elements to focus on the different aspects of that work. 	Mel Margaret
10.	<p><u>Draft CYP Plan 2016–2019 – update on progress</u> (Richard Lynch/ Julie Green)</p> <ul style="list-style-type: none"> • The Children and Young People's Plan had been further revised, taking into account comments made at the last TEG meeting and subsequent meetings. • Following a steer from Rachel, the plan had been slimmed down to include 5 main sections: foreword; introduction, which explains the 365 concept; a more diagrammatic version of what young people said with comments taken from the young people during consultation about the priorities; key challenges facing the Trust and opportunities; an introduction to the high level plan on a page with a focus on 3 key areas for improvement: <ol style="list-style-type: none"> 1. early help; 2. emotional health and wellbeing; 3. behaviour and attendance • The high level plan is supported by a more detailed version of key ambitions against each of the six strategic priorities, how these will be achieved and how we will know if a difference is being made. 	

		Action
	<ul style="list-style-type: none"> • An appendix to the plan contains more detailed information and context. • Following this meeting the draft plan will be circulated for comment and completion, and a final version will be prepared for the next meeting. • Comments and suggested amendments to be sent to the CYPTrust mailbox or Denise Brown by 15 January 2016. <p>TEG members were asked to:</p> <ol style="list-style-type: none"> 1. Approve the format of the plan 2. Provide further input regarding the content and identify anything that is missing 3. Provide comments and suggested amendments. 4. Offer help with graphic presentation of the report. 5. TEG champions who have been nominated for each of the priorities to confirm the ambitions going forward and how those will be achieved <p>The following comments were noted:</p> <ul style="list-style-type: none"> • It is important to get feedback from young people. • Further input is needed to identify anything that is missing and to improve the content. • The current version is not far off being accessible to young people. • It was suggested that Secondary School and Barnsley College students be asked to provide graphics/ design the CYP Plan. Further thought would be given to holding a competition that young people could enter. <p>It was agreed that:</p> <ul style="list-style-type: none"> • The format of the CYP Plan was approved. • Members to submit comments on the plan by 15 January 2016. <i>(Plan circulated 18.12.2015)</i> • Thought needs to be given to endorsing the CYP Plan at Cabinet; CCG and key partnership Boards including the Alliance Board and the Stronger Communities Partnership. • Further thought would be given to graphics/ design of the CYP Plan. <p>The Commissioning, Governance and Partnership team, in particular Denise Brown and Sarah Sinclair, were thanked for this excellent piece of work.</p>	Members
11.	<p><u>Local Transformation Action Plan</u></p> <p>It was agreed that this item be deferred to the next meeting when Patrick was available to attend.</p>	
12.	<p><u>Central Government's budget announcement and devolution</u></p> <p>Rachel stated that from the Council's perspective the situation was slightly better than anticipated.</p>	
13.	<p><u>Proposed agenda items for next meeting: 5 February 2016</u></p> <ul style="list-style-type: none"> • Continuous Service Improvement Plan (Rachel Dickinson/ Julie Govan) • Children and Young People's Plan strategic priority theme: Tackling child poverty and improving family life • Stillbirths in Barnsley (Sue Gibson) • Work of Healthwatch (Presentation by Carrienne Stones) 	

Revised dates of future TEG meetings:

Date	Time	Venue
17 March (Thursday)	14.00 – 17.00	Westgate Plaza Boardroom, Level 3, Room 3
29 April (Friday)	9.30 – 12.30	Westgate Plaza Boardroom, Level 3, Room 3
17 June (Friday)	13.30 – 16.30	Westgate Plaza Boardroom, Level 3, Room 3
*4 August (Thursday)	09.00 – 12.00	Westgate Plaza Boardroom, Level 3, Room 3
6 October (Thursday)	09.00 – 12.00	Westgate Plaza Boardroom, Level 3, Room 3
24 November (Thursday)	14.00 – 17.00	Westgate Plaza Boardroom, Level 3, Room 3



**BARNSELY COMMUNITY SAFETY PARTNERSHIP
EXECUTIVE COMMITTEE MEETING MINUTES**

**Thursday 11th November, 2015
10am-12.00am**

Westgate, Plaza, Level 3, Room 4

Present:

Tim Innes SYP (Chair)
Paul Brannan, Barnsley MBC
Gill Blake, SYP
Melanie Fitzpatrick, Barnsley MBC
Jennie Milner, BMBC
Dave Fullen, Berneslai Homes
Linda Mayhew, South Yorkshire Criminal Justice Board
Julian Horsler, Barnsley MBC
John Hallows, Barnsley Neighbourhood Watch Liaison Group
Carrie Abbott, BMBC/Public Health
Councillor Jenny Platts, Barnsley MBC
Jade Francis-Rose, BCCG
Tony Dailide, BMBC
Jamie Smith, Office of Police & Crime Commissioner
Mark Lidster, South Yorkshire Fire Service
Max Lanfranchi, National Probation Service
Deb Mahmood, SYP
Maryke Turvey, South Yorkshire CRC
Lorna Naylor, BMBC (Minutes)

Introduction - Chair

The Chair welcomed everyone to the meeting and introductions were made.

1. Apologies

Apologies were received from Cheryl Winn and Wendy Lowder.

**Barnsley Community Safety Partnership
Executive Group meeting**

2. Minutes of Previous Meeting –13th August 2015

The minutes of the meeting of 13th August 2015 were agreed as a true record.

Action Schedule

- 1.1 Re-offending Sub Group – the group have reviewed the membership and the Terms of Reference have been refreshed.

All other actions on the schedule were discharged or covered on the agenda.

**3. Target Setting Presentation (Office of SY Police & Crime Commissioner)
– Jamie Smith**

Jamie Smith delivered a presentation on the use of targets and the move towards an assurance framework rather than a traditional performance framework. This has seen the removal of previous targets in the Police and Crime Plan. The framework is currently in draft form and it is anticipated to be fully implemented early in the new year.

This approach signals a sea change with a broader more holistic assessment of performance and the CSP decided to consider this approach in the production and delivery of the revised Partnership Plan for 2016.

Tim asked if the Home Office work by Irene Curtis had been considered. Jamie stated they are aware of this work and are taking the key messages into consideration.

Max Lanfranchi agreed with the general approach of the assurance framework but raised queries as to whether targets should be replaced with direction of travel.

Action: The approach to performance management and assurance to be considered as part of the Partnership Plan (2016-2019) review process.

4. Meeting the challenges of Community Cohesion

Jules Horsler presented the report on behalf of the Hate and Harassment Partnership on the Challenges of Community Cohesion, the key challenges highlighted were :-

- Racist, anti-immigrant and Islamophobic posts on social media;
- A significant increase in the number of hate incidents where the alleged perpetrators are young males between the age of 10 and 18;
- A planned demonstration in December through the streets of Barnsley which has received considerable publicity in the media;
- The apparent increase in the number of migrant workers in the borough in recent months (albeit still significantly lower than most other comparable towns);
- Media attention on the Syrian refugee crisis has changed the nature of the debate around immigration. Whilst many have welcomed the idea of giving more support to those fleeing war, oppression and destitution in Syria others have opposed this and encouraged suspicion of those seeking refuge.

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The report seeks endorsement to widen the remit of the Hate and Harassment Partnership and produce an action plan incorporating community cohesion and seeks permission to review the terms of reference of the Hate and Harassment Partnership and report back to the CSP Board in February 2016.

Action: The CSP endorsed the changes to the Hate and Harassment Partnership, permitting the sub-group to review its Terms of Reference and report progress back into the CSP Board in February 2016.

5. Domestic Homicide Review (DHR) Update

Tim Innes sought clarification of the governance of DHRs. He continued to state that the lead should be the CSP with linkages to the Safeguarding Boards and that the Domestic Abuse and Sexual Violence Partnership be nominated to take ownership of the key actions and recommendations identified from DH reviews.

Tony Dailide stated that the final report regarding the first DH Review is now complete and a workshop will be held to review the actions and learn from the process and key findings. Linda Mayhew added that there is a national document which also has recommendations around lessons learnt which may help with the process and inform service improvements going forward.

Action: Tim Innes/Tony Dailide to arrange a meeting with Colin Brotherston to discuss the DHR process and governance and report back to the CSP Board.

6. Draft unauthorised/illegal Encampment Protocol

Paul Brannan presented the draft unauthorised/illegal encampment protocol for Barnsley. The document specifies the process that should be followed by all agencies involved. Paul thanked Mel Fitzpatrick for producing the protocol.

Paul requested any comments be sent to Melanie Fitzpatrick by Friday 20th November, 2015. The final document will be sent to partners identified in the protocol for signature. Once all protocol is signed off, the final version will be circulated to CSP Board members for information.

Action: Any comments on the Unauthorised/Illegal Encampment Protocol to be sent to Melanie Fitzpatrick by 20th November 2015.

7. JSIA

Gill Blake gave an update on the JSIA. The document is in two parts – the front end narrative and the data evidence base. The draft front end narrative has been circulated for comments. Gill asked members to note it is a sensitive document not for the public domain. The documents should help set the future priorities for the CSP.

Tim thanked Gill Blake, Mel Fitzpatrick and their teams for their work on this document.

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Dave Fullen questioned the protective marking status of 'official sensitive'. Gill explained as Barnsley is a relative small place some of the data may go to point level, and therefore individuals may be able to be identified.

Maryke Turvey suggested that a public-facing summary should be produced.

Action: Any comments on the JSIA document to be sent to Gill Blake by 23rd November, 2015.

Action: The CSP Board to consider a public facing document as part of the Visioning Conference.

8. Strategy and Performance Group (S&PG) Highlight Report

Mel Fitzpatrick presented the highlight report of the Strategy and Performance Group detailing the exceptions from Quarter 2 2015/16. It was recommended that the CSP Board members:

- Endorse the recommendations of the report;
- Task the S&PG to oversee performance remedial actions highlighted in section 4.1 and bring highlight reports to each CSP Board meeting;
- Agree that the performance dashboard is disaggregated to Priority Leads for inclusion in sub-group reports to look holistically at performance, activity, risk, escalations and remedial action; and,
- Endorse the visioning conference planned for December 10th 2015.

Two escalations from the Sub-Group update reports were highlighted; one from the Domestic Abuse and Sexual Violence Group and one from the Hate and Harassment Group for the CSP Board to consider.

Domestic Abuse and Sexual Violence Group - MARAC governance arrangements are being reviewed and a report will be brought back to the S & PG Group in January 2016.

Hate and Harassment Group -Funding contributions for 2016-17 to support communications and marketing campaigns from April 2016 were requested.

With regards to MARAC, Max Lanfranchi stated that the MARAC governance currently sits with the MAPPA Strategic Management Board but questioned whether this is the correct place. He also felt that there was merit to explore the governance arrangements on a South Yorkshire footprint.

Mel Fitzpatrick informed the group that the membership and Terms of Reference of Reducing Re-offending Sub-Group had recently been reviewed. However, due to national data issues, re-offending data is limited. The Ministry of Justice have recently undertaken a consultation exercise in relation to how re-offending statistics will be calculated going forward and results from this are expected in January 2016.

Maryke Turvey expressed some concerns with the Reducing Re-offending Sub-Group and stated that the CRC would no longer be able to support and contribute to its functionality. Tim Innes requested clarification as to whether Jan Hannant, CEO of CRC had approved this course of action and Maryke Turvey confirmed Jan Hannant was in support of this course of action.

At 11:50am both Max Lanfranchi and Maryke left the meeting.

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The CSP Board expressed concern at the CRC's decision but acknowledged the reduction in available resources for all partners will provide some challenges going forward. Tim Innes agreed to clarify this matter with Jan Hannant.

Mel Fitzpatrick informed the meeting a visioning conference is being planned for 10th December 2015 to review the CSP strategic direction and priorities and all partner agencies will be invited to attend.

Action: The CSP Board endorsed the recommendations of the report and requested that specific highlight reports by brought back to the CSP Board from the Strategy and Performance Group.

Action: Paul Brannan to send an e-mail to partners asking if they would be willing to contribute funding to support the communications work of the Hate and Harassment Partnership. Partners to respond directly to Paul Brannan.

Action: Tim Innes as Chair of CSP to speak to Jan Hannant at the CRC to request further clarity of the CRC's position in relation to the Reducing Re-Offending Sub-Group.

Action: Members to note the date of the Vision Conference 10th December 2015. Post meeting agreement that the date of the conference be amended to 15th January 2016.

9. Crime Performance Overview

Deb Mahmood gave an overview of crime performance. Barnsley District overall is performing well at present. Key points highlighted:

- Slight increase in burglary both home and cars;
- Slight increase in vehicle crime;
- Increase in arson to vehicles; and,
- Increase in ASB within the town centre.

There has been no increase in criminal damage during the dark nights.

Deb Mahmood informed the meeting that the Christmas operation within the town centre will start on 18.11.15, officers will be offering advice on crime prevention.

Action: CSP Board Members to note the Christmas Operation is taking place on 18.11.15.

10. Updated CSP Sub-Group Terms of Reference

Mel Fitzpatrick informed the Board that refreshed Terms of Reference were still outstanding from 2 of the CSP Sub-groups being the Silver Prevent Partnership and Reducing Re-offending. Refreshed Terms of Reference were presented to the CSP Board for endorsement from the Drug and Alcohol Action Board and the Domestic Abuse and Sexual Violence Partnership.

The CSP Board deferred the approval of the presented refreshed Terms of Reference until the Visioning Conference had taken place.

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Action: Refreshed Sub-Group Terms of Reference to be considered by the CSP Board after the CSP Visioning Conference.

11. Future Operations/Events

Planned demonstration on 12.12.15.
Christmas Lights switch on 18.11.15.

12. Any other business

Jennie Milner informed the meeting that a steering group has been established to review Domestic Abuse Services across the Borough. The groups remit is to review the current service provision and to define a new service delivery model from April 2016.

Tim Innes requested that a presentation be given to the next meeting.

Action : Jennie Milner to prepare a presentation regarding the domestic abuse service review for the next CSP Board meeting on 9.2.2016.

12. Date and Time of Next Meeting

The next meeting will be held on Wednesday 9th February, at 10:00 to 12:00 in Westgate Level 3 Boardroom.

Action schedule from minutes (11 November 2015)

1	<u>Target Setting</u>
1.1	The approach to performance management and assurance to be considered as part of the Partnership Plan (2016-2019) review process
2	<u>Hate and Harassment Partnership – Community Cohesion</u>
2.1	The CSP endorsed the changes to the Hate and Harassment Partnership, permitting the sub-group to review its Terms of Reference and report progress back into the CSP Board in February 2016.
3	<u>Domestic Homicide Review</u>
3.1	Tim Innes/Tony Dailide to arrange a meeting with Colin Brotherston to discuss the DHR process and governance and report back to the CSP Board.
4	<u>Unauthorised/Illegal Encampment Protocol</u>
4.1	Any comments on the Unauthorised/Illegal Encampment Protocol to be sent to Melanie Fitzpatrick by 20th November 2015.
5.	<u>JSIA</u>
5.1	Any comments on the JSIA document to be sent to Gill Blake by 23rd November, 2015.
5.2	The CSP Board to consider a public facing document as part of the Visioning Conference.
6	<u>Strategy and Performance Group Highlight Report</u>
6.1	The CSP Board endorsed the recommendations of the report and requested that specific highlight reports be brought back to the CSP Board from the Strategy and Performance Group.
6.2	Paul Brannan to send an e-mail to partners asking if they would be willing to contribute funding to support the communications work of the Hate and Harassment Partnership. Partners to respond directly to Paul Brannan.
6.3	Tim Innes as Chair of CSP to speak to Jan Hannant at the CRC to request further clarity of the CRC's position in relation to the Reducing Re-Offending Sub-Group.
6.4	Members to note the date of the Vision Conference 10th December 2015. Post meeting agreement that the date of the conference be amended to 15th January 2016.

**Barnsley Community Safety Partnership
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7	<u>Crime Performance Overview</u>
7.1	CSP Board Members to note the Christmas Operation is taking place on 18.11.15.
8	<u>Updated CSP Sub-Group Terms of Reference</u>
8.1	Refreshed Sub-Group Terms of Reference to be considered by the CSP Board after the CSP Visioning Conference.
9	<u>Any other business</u>
9.1	Jennie Milner to prepare a presentation regarding the domestic abuse service review for the next CSP Board meeting on 9.2.2016.

DRAFT

Health and Well Being Provider Forum

Minutes of the meeting held on Wednesday 9th December 2015

Present:-

Helen Jaggar	Berneslai Homes (Chair)
Sean Rayner	SWYPFT
Kevan Riggett	BPL
Sharon Clarke	BMBC
Sam Higgins	Phoenix Futures
Andrew Peace	Caremark
Sharon Brown	DIAL
Carolyn Ellis	Healthwatch
Teresa Gibson	VAB (Social Prescribing Service)
Nigel Middlehurst	VAB
Phil Parkes	SYHA
Anne Simmons	Alzheimer's Society
Richard Walker	TLC
Pauline Kimentas	Age UK
Jamie Wike	CCG
Jayne Hellowell	Healthy Communities BMBC

<u>Item 1 – Apologies</u>	<u>ACTION</u>
Apologies were received from Jo Clark, CAB and Matt Wright, Barnsley Hospice.	
<u>Item 2 – Minutes of the meeting held 9 September, 2015</u>	
The minutes were agreed as a true and accurate record.	
<u>Item 3 – Matters Arising</u>	
<p><u>Item 3 Health and Wellbeing Board 12/8/15</u> - With regard to Pioneering Status HJ stated she feels further information is not required, as the information being provided today on the Stronger Communities Partnership Governance Framework would cover this item.</p>	
<p><u>Item 4.2 – Frequent Flyers</u> - HJ advised the Safeguarding Policy would be a future agenda item once finalised.</p>	
<p><u>Item 5 – Sport and Active Lifestyle Strategy</u> – SB advised the information she shared with Adam Norris was the intelligence gathered on people getting active. PK advised she had also shared the evaluation programme they carried out on designing physical activities for older people.</p>	

<p><u>Item 6 – Forum Value Set</u> – SR advised he had circulated the value set. The meeting confirmed their agreement to these.</p> <p><u>Item 7 – Future Agenda items</u> – HJ referred to the comment made at the last meeting of the importance of CCG and the Council attending future meetings. HJ advised CCG and the Council do not have the capacity to attend and the link is via the Senior Strategic Development Group which HJ and SR attend.</p>	
<p><u>Item 3 – Health and Wellbeing Board</u></p> <p>Since the last meeting of the Forum, 2 Board meetings have taken place:-</p> <p><u>13/10 Meeting</u> HJ reported that the main items presented were:</p> <ul style="list-style-type: none"> - Annual Report from the Safeguarding Children’s Board - Report for providers on female genital mutilation in Barnsley - Better Care funding budget - Detailed report of winter deaths - Action plan focussing on elderly people keeping warm, vaccinations, trips and falls <p>The reports discussed are on the Council website to view.</p> <p><u>8/12 Meeting</u> SR reported on the areas of discussion:-</p> <ul style="list-style-type: none"> - The main item was the Public Health Strategy for Barnsley. J. Burrows provided a presentation. This covered 3 key areas – improving oral health, creating a smoke free generation, increasing the levels of physical activity (report on Council website). A support action plan will be developed for each of these priority areas. He said he would like to pursue how providers get involved and what is the expectation. It was agreed to invite Julia Burrows to the next meeting. - Hospital patient flow. - Better Care Fund Budget - Feedback was presented from the Board Development Session. - Update given on the Sheffield City Region devolution deal. 	<p>HJ</p> <p>HJ</p>
<p><u>Item 4 – Strong Communities Governance Framework</u></p> <p>Jayne Hellowell updated the Forum on the governance framework (slides attached).</p> <p>The main focus of discussion was on the 3 new delivery groups - Resilient and Healthy Communities, Anti Poverty and Early Help (2 Steering Groups, one for adults and one for Children and Families).</p>	

JH gave a brief summary of each of the groups, all which are at different stages. Partners across Barnsley will be involved.

Resilient and Healthy Communities – Volunteering Barnsley, Love where you live are involved. Important to capture what is good and what improvements can be made. Will be working on solutions to enable transformation in Barnsley.

Lead Officer – Phil Hollingsworth

Anti Poverty – This is a well functioning group with an action plan already in place. Targets/outcomes still to be developed. Good multi-agency working taking place.

Lead officer is Anne Hoyland. Chair – Councillor Platts

Early Help Adults – This originates from the Think Family work flow. Focus is on early interventions, preventing homelessness, sexual violence etc and dealing with issues at a lower level. This group has not yet met.

Lead Officer – Tony Dailide

Early Help Children and Families - Key priority is around identifying at an early stage where things are going wrong so that solutions can be put in place. This group has its first meeting in December. Sure Start will be in attendance. To note is that the de-commissioning of the Think Family Board will not be occurring imminently.

Lead Officer – Nina Slater

Some members of the Forum expressed an interest in being involved on the groups. HJ requested expressions of interest be directed to JH.

HJ requested JH to ask each group how they intend engaging with providers and If discussing specific issues who are they going to consult with?

Assistive technology was discussed. It was felt there could be a lack of knowledge in this area as many advancements have been made. Felt this needs to be embedded, suggestion made to include in assessment criteria and tendering documents.

As the partnerships members are mainly health and BMBC it was also suggested that different groups need to be involved who could provide a different view. SR to take through 7 day service task group and involve a care provider.

SR

<p>The Forum requested an action plan for each task group be presented to future meetings. HJ to liaise with JH</p>	<p>HJ/JH</p>
<p><u>Item 5 – Better Care Fund Presentation</u></p> <p>JW presented the information which had been circulated. This shows performance in Quarter 1, April to June 2015. September’s information is now known, showing a worse position in respect of emergency admissions.</p> <p>The key points were summarised.</p> <p>The performance payment elements with regard to reducing emergency admissions and reducing the number of emergency (none elective) admissions have not been met, therefore no performance payments have been received. There has been a significant increase in non-elective admissions than in 2014/15</p> <p>With regard to how the fund was allocated, the £439K shown against supportive technology development was utilised to purchase beds in care homes.</p> <p>He advised that £18M of health funding is pooled, including money top sliced from the NHS. This is transferred to local authorities to deliver services for vulnerable people, with better outcomes . A significant proportion of services are commissioned by BMBC.</p> <p>BCF will continue into 2016/17, but guidance is awaited. He referred to the Spending Review which identified £1.5bn of extra funding being made available, some of which will be new money. It is not yet known when this will come into the system and it could be 2017/18.</p> <p>RW expressed concern with regard to the lack of communication of the Better Care Fund to providers. The Forum acknowledged that Care Homes play a significant role in reducing attendance and admissions, and it is important that conversations on how they can get involved commences. HJ advised that questions had been raised at the SSDG on Care Home involvement. CCG has funded additional social works to support discharge, however this may not be successful if Care Homes do not have their processes in place, through lack of communication.</p> <p>HJ /SR recommended that SSDG be made aware that there are people of the Forum who have solutions/ideas and need to be involved.</p>	<p>HJ/SR</p>

<p>PP made reference to patient flow data. SR agreed that data needs to be circulated wider so that work is not taking place in isolation and link into 7 day service task group.</p>	<p>SR</p>
<p><u>Item 6 Health Watch Barnsley Annual Report</u></p> <p>CE Circulated the Annual Report and gave an overview of the service.</p> <p>Barnsley Healthwatch has 2300 members of these 700 are children and young people. There are 32 active volunteers. The Strategic Officer is responsible for directing the work. DIAL carry out the independent complaints and advocacy service.</p> <p>Priorities for 2015/16 include:-</p> <ul style="list-style-type: none"> • expanding the programme, • developing health watch champions, • looking at opportunities to create funding, • working in partnership with the Social Prescriptive Service, • GP access, • asylum seekers – working with 360 Engagement to hold an event to look at issues, • children/adolescent mental health services <p>With regard to the data collected. This is passed on to relevant providers. If anyone requires data this can be requested from anyone in the Healthwatch Team.</p>	
<p><u>Item 7 – Social Prescribing Project Update</u></p> <p>TG provided an update on the work this pilot service has been carrying out.</p> <p>3 surgeries are involved, Walderslade, Hoyland which is also the flagship, Royston and Woodland Drive, Barnsley.</p> <p>Walderslade is working well, with 5 GP's and community nurses making referrals. Key to the success is a good contact communications worker. Royston and Woodland Drive are just starting to make their referrals. Barnsley Hospice have expressed an interest in being involved.</p> <p>There have been 26 cases, 11 of which are ongoing. Some cases have also been closed.</p> <p>The process was outlined on what occurs once a referral has been made i.e. visiting the client, follow up, research, regularity of visits etc.</p>	

<p>A meeting has taken place with BMBC Area teams which has proved beneficial as they are more aware of what is taking place in the communities and a good working relationship exists</p> <p>AS said the Alzheimer's Society would be interested in using the service. TG agreed to attend the Dementia Strategy Meeting.</p> <p>The service was a 12 month pilot to January 2016, funded by CCG. There is a will to continue and expand and this is being looked into, together with the most appropriate model for Barnsley. PP advised he had experience of the Doncaster Social Prescribing Service and could provide thoughts and ideas if required.</p>	<p>TG</p>
<p><u>Item 8 – Task Group Updates</u></p> <p><u>8.1 Health and Housing</u></p> <p>HJ advised this group has been recently formed. One meeting has taken place, where they discussed the inequalities in health and housing, predominantly in the private rented and owner occupied sector. Attendees are PP, HJ and representatives from Housing Support, Energy and Public Health. They will be focussing on fuel poverty and hope to take a report to the Health and Wellbeing Board and Strategy Housing Partnership Board.</p> <p><u>8.2 7 Day Service</u></p> <p>JW reported that an initial meeting had taken place. They have mapped out where there are 7 day services in place in relation to emergency/urgent care. Different services have been identified, some very limited in capacity. Information to be fed back to SSDG. They have also done work around of how effective those are that do not have a 7 day service and an update will be provided at the next meeting. JW/SR to discuss how links can be made with area providers (see item 4 and 5).</p> <p><u>8.3 Frequent Flyers</u></p> <p>PP attended the meeting which was mainly focussed on enforcement. Does not feel it necessary to attend every meeting. Information may come through via patient flow. PP to liaise with Darren Taylor on the VAB Social Prescribing service. I</p>	<p>JW/SR</p> <p>PP</p>

Item 9 – Future Agenda Items

1. Safeguarding Policy
2. Stronger Communities Partnership Task Groups
 - Anti Poverty (March)
 - Early Help Children and Families
 - Early Help Adults
 - Resilient and Healthy Communities
3. Public Health Strategy Presentation (Julia Burrows)

2016 Dates:-

9th March 10 a.m. Meeting Room 1 Town Hall
15th June 10 a.m. “ “ “
14th Sept 10 a.m. “ “ “
7th Dec 10 a.m. “ “ “

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**STRONGER COMMUNITIES PARTNERSHIP – INAUGURAL MEETING
MONDAY, 9TH NOVEMBER, 2015**

Attendees:-

Councillor Lamb, BMBC (Chair)
Wendy Lowder, BMBC
Dan Carver, CCG/BMBC
Margaret Libreri, BMBC
Sue Smith, BMBC
Marie Hoyle, Barnsley GP Federation
Dr Mistry, Barnsley GP Federation
Helen Jaggar, Berneslai Homes
Philip Spurr, BMBC
Sean Rayner, SWYPFT
Nigel Middlehurst, VAB
Tony Dailide, BMBC
Adrian England, Healthwatch
Andrea Hoyland, BMBC
Phil Hollingsworth, BMBC
Jade Rose, CCG
Carrie Abbott, BMBC
Jill Bills, BMBC
Jacqui Bradley, BMBC – Minute Taker

Apologies:-

Julia Burrows, BMBC
Keith Dodd, BMBC

MINUTES

1	Welcome and Introductions
2	<p>Stronger Communities – Introduction and Where We Are Now</p> <p>Wendy Lowder opened the session by explaining the rationale behind the concept of the Stronger Communities Partnership and they can be summarised as follows :</p> <ul style="list-style-type: none"> - Multiple meetings taking place but not connecting as well as they should - No singular outcomes plan - In the context of austerity the need to better envisage how services will look in the future and put systems in place to co-produce this change. - We need a collective approach. The need for preventative strategies that mitigate or defer the need for costly interventions. <p>Refer to slides.</p> <p>The ‘perfect storm’ slide shows that we need to be sited on the issues relating to demand management, demographics, behaviour change, welfare changes, financial and housing challenges, integration and cohesion.</p> <p>Recognition that we are already testing different approaches to tricky problems eg MCP, I Heart, Care Barnsley.</p> <p>The Stronger Communities Partnership may develop time however initially has four primary delivery groups :</p> <ul style="list-style-type: none"> - resilient and healthy communities - anti-poverty - early help for adults - early help for children and families. <p><u>Questions</u></p> <p>Dr Mistry confirmed that we need to be fPage 31 prevention and working together.</p>

	<p>Helen Jaggar confirmed that it is critical as a group that we are open to challenge. The Barnsley Enterprise for Living Well group (BELW) is already established and is an example of co-production.</p> <p>Marie Hoyle reported that they manage services to patients and carers, but the key is to work with them to help them manage their own care and well-being.</p> <p>Councillor Lamb referred to the personalisation agenda where people take control of their own care arrangements.</p> <p>Dr Mistry reported that it is sometimes difficult and dependant on a patient's ability to do that. We would need to look further down the line to see what is causing this. We need to empower people. It is about having information available for them to make these decisions.</p> <p>Sean Rayner stated that we need to quantify some of the issues or we will not have a focus on what we need to do. Councillor Lamb confirmed that it is about measuring success.</p> <p>Philip Spurr responded to say that it is about people's own economic development. It is difficult to know the starting point.</p> <p><u>I Heart</u></p> <p>Councillor Platts asked for some further clarity on the I Heart development.</p> <p>Jade Rose confirmed that a soft launch was held last week and is being tested with a small number of patients. Leaflets will be distributed shortly</p> <p>Marie Hoyle confirmed that I Heart isn't available everywhere and advised that the 111 Service are directing people to I Heart.</p>
3	<p>Stronger Communities Partnership – Terms of Reference</p> <p>Dan Carver confirmed that we need to own this as a group.</p> <p><u>Membership</u></p> <p>Wendy Lowder is to arrange a discussion with Tim Innes at South Yorkshire Police and the Fire Service regarding membership.</p> <ul style="list-style-type: none"> - That Helen & Sean act as voice of HWB Provider Forum and that this is reflected in TOR Action – Dan Carver - That deputies are identified – all to inform Dan Carver Action – All <p><u>Accountability/Governance</u></p> <p>Early Help and Prevention has been split into there are two separate groups – one for Adults and one for Children & Families.</p> <p>Councillor Lamb asked everyone to respond back to Dan if they had comments on the TOR.</p>
4	<p>Resilient & Healthy Communities (DG1)</p> <p>Phil Hollingsworth explained the five themes.</p> <p>Impact of volunteering – need to stretch this much further beyond environmental activities and better connect this work into health and wellbeing.</p> <p>Market Development – this is particularly important in terms of capacity building as traditionally Barnsley has not had a very buoyant market.</p> <p>Area Governance Arrangements – lea</p>

	<p>the value we gain from this approach and what opportunities this brings going forward.</p> <p>Community Engagement – to improve the approach to engagement and to better connect this as a system.</p> <p>Values/Aspiration – improved health and well-being outcomes by working closely in partnership</p> <p><u>Progress to date</u></p> <p>A new group</p> <p>The Terms of Reference have been approved and monthly meetings have been established. Membership is being extended to involve the CCG and SWYPFT.</p> <p><u>Next Steps</u></p> <p>Formalise membership and agree the name of a Chair. Determine skills criteria and performance management and avoid duplication. Scope the work programme in more detail. Move towards action and delivery rather than just coming together as a group for a discussion.</p> <p><u>Questions</u></p> <p>VCS review. – this is nearing its conclusion and would report in in due course.</p> <p>Wendy Lowder referred to the behaviour change and self-care as an element of the work of this group. Marie Hoyle gave an update following a patient council meeting last week. The people in attendance really wanted to make a difference in their community and change their lifestyles. We need to empower them to be able to do this.</p> <ul style="list-style-type: none"> - To ensure membership of group includes SWYFT / relevant health colleagues - To ensure self-care and behaviour change is included in scope of this group <p>Action - Phil Hollingsworth</p>
5	<p>Early Help (DG2) – Children – Margaret Libreri</p> <p>Refer to slides</p> <p>Key messages :</p> <ul style="list-style-type: none"> - It is not just about changing the service but changing behaviour. - Early Help is about the right involvement at the right time with universal and targeted services. We can find a situation every day where a family have been sign-posted to a service early before they get into crisis. - An Early Help assessment doesn't need to take place before you can take action. We work with families to bring stability and affect change. Every practitioner takes responsibility for managing early help. - We need clear pathways that are understood by all partners. <p>A recent peer review on early help has taken place</p> <ul style="list-style-type: none"> - To ensure the delivery group takes the actions into their planning <p>Action – Margaret Libreri</p>
6	<p>Early Help (DG2) – Adults – Tony Dailide</p> <p>The concept of the 'Inverted Triangle' was described – universal services, targeted services and specialist services. Adult services sit between targeted services and specialist services. If universal services and targeted services didn't work, it would have an impact on specialist services and it couldn't cope.</p> <p>We need to promote and maintain indep</p>

	<p>services. Avoid unnecessary admissions to care homes and hospitals. Reduce the risk of crisis and harm arising from these is very important. Pooling and making the best of limited resources. By identifying need early, we are preventing and promoting good health. Being clear who is leading, and who is delivering. We want to be involved to ensure that our objectives are being met.</p> <p>Importance of the evidence base was discussed alongside an investment strategy..</p> <p>Progress to date :</p> <p>The least developed group.</p> <ul style="list-style-type: none"> - To identify group membership and TOR. Action – Tony Dailide - To develop schedule of meetings. Action – Tony Dailide - Further consider performance metrics Action – Tony Dailide
7	<p>Anti-Poverty (DG3) – Andrea Hoyland</p> <p>Councillor Platts reported that they have been working as a Partnership Board for many years and have developed an anti-poverty plan with partners recently discussed at Overview and Scrutiny Committee.</p> <p>It is vital for this work to continue and the Anti-Poverty Delivery Group will oversee it. The Strategy will evolve as more Government pressures arise.</p> <p><u>Why fight poverty</u></p> <p>It is costly. It stops people reaching their potential and damages their future prospects. There is associated stress, which causes depression and anxiety and leads people to drink and use other substances to relieve the stress. People in poverty have no money, so they are unable to buy food and clothing for their families. It also damages relationships.</p> <p>The number of people in poverty is expected to rise. The Living Wage will not have an impact on people in Barnsley as the majority are already on benefits.</p> <p>Progress to date :</p> <p>The first meeting of the delivery group will take place on 23rd November, 2015. The Terms of Reference and action plan have been drafted.</p>
8	<p>Measuring Success</p> <p>12 draft outcome statements were posted around the walls on flipchart paper are :</p> <p>Poverty is having an impact on a strong involvement in the community sector An increase in local participation and volunteering, BCF outcomes, increased social capability, The business community is contributing to strong and sustainable communities Increased social capability Ownership of early help and understanding the impact information about the early help service is easy to access Increased funding coming into the Borough People in Barnsley are making healthy life choices Increased community cohesion and inclusion. Child poverty is reducing Our engagement project are working well</p> <p>A brief challenge / critique of the outcomes took place.</p>

	<ul style="list-style-type: none"> - To develop into a second draft. Action – Jill Bills - To schedule a focussed session purely on outcomes framework in January. Action – Dan Carver
9	<p>Any Other Business</p> <p><u>Pioneer Investment Programme Guidance</u></p> <p>Jade Rose circulated information for organisations who are part of the Pioneer programme to bid for monies up to £50,000, to be spent within this financial year. If anyone is interested please could they let Jade know by email.</p> <p>Action – All</p> <p><u>Other Items</u></p> <p>As they had run out of time, Councillor Lamb asked colleagues to forward any other items they want to raise to Dan Carver.</p> <p>He closed the meeting by thanking everyone for their attendance and looked forward to seeing them again in January.</p>

Date of next Board Meeting:- 16th February, 2016 at 1.30 pm in Meeting Room 2, Town Hall

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REPORT TO THE HEALTH AND WELLBEING BOARD

2nd February 2016

Anti-Poverty Action Plan Report

Report Sponsor: Wendy Lowder
Report Author: Andrea Hoyland
Received by SSDG: 8th December 2015 (Previous version)
Date of Report: 19th January 2016

1. Purpose of Report

To update the Health & Wellbeing Board on Anti-Poverty Delivery Group developments and present the Anti-Poverty Action Plan for consideration and comments.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Approve the Anti-Poverty Action Plan

3. Introduction/ Background

3.1 The Anti Poverty Needs Evidence Base and Key Findings reports https://www2.barnsley.gov.uk/media/3774175/pnakey_findings.pdf identified local needs associated with poverty.

This includes activity to discharge the LA and partner responsibilities under the Act which includes the commissioning of a local Child Poverty Needs Assessment. In Barnsley this is incorporated into the Poverty needs Assessment Evidence Base and Key Findings Report.

3.2 This evidence alongside local insight helps us to better understand what living and growing up in poverty in Barnsley is like today for our residents, a workshop of Anti-Poverty members and associated colleagues came together to develop the attached Anti-Poverty Action Plan.

3.3 This includes activity to discharge the LA and partner responsibilities under the Act which includes the commissioning of a local Child Poverty Needs Assessment. In Barnsley this is incorporated into the Poverty needs Assessment Evidence Base and Key Findings Report.

The Act also requires that any amendment to a LA Child Poverty Strategy includes consultation with families as stakeholders. This activity is referenced in the Action Plan.

4. Anti-Poverty Action Plan 2015 - 2018

4.1 A draft Action Plan has been considered by the Overview and Scrutiny Committee on September 1st, SMT on 14th September 2015, SSDG on 21st September 2015 and at the Anti-Poverty Delivery Group most recently on 11th January 2016. The action points raised in these have been incorporated into the final Action Plan attached.

4.2 This practical, task oriented action plan sets out the next stage of joint council and partner activity to combat and tackle poverty in Barnsley. The action plan is a live document detailing activity for the first of the next three years under four key challenge areas. It will be updated regularly to reflect progress and include next actions and milestones as the work develops.

4.3 The four challenge areas are to:

1. To increase early take up of financial advice & support for skills and employability, to help Barnsley people to make the most of the money that they have and improve their potential income.
2. To reduce child poverty, to help Barnsley parents to give their children the best start in life.
3. To the Poverty Challenge, to ensure that our strategies and plans are poverty proof.
4. To evaluate our joint impact, to understand if we are getting the results we expected.

5. Governances of this plan

5.1 Within the auspices of the Stronger Communities Partnership an Anti-Poverty Delivery Group has now been established with an initial meeting on 23rd November 2015.

5.2 Representation from key partners ensures that where applicable they each bring the delivery of their own strategies, plans and services to bear against the objectives of the Anti-Poverty Action Plan to combat and tackle poverty in Barnsley.

5.2 In doing so each partner is challenged to ensure that where their activities align to the challenge areas, they take account of, and respond to the needs of those resident groups and communities most affected by poverty and low income.

5.3 The Performance Measures are also attached for information however it is to note that these are still being refined with our partners.

5.4 The Plan is scheduled for further consultation and formal approval processes via

Cabinet on 10th February 2016.

6. Financial Implications

6.1 There are no financial implications arising from this report as the plan seeks to utilise the total resource currently in the system to best effect.

7. Consultation with stakeholders

7.2 Many partner agencies have been involved in the production of this plan and will continue to be involved in delivering the outcomes.

8. Appendices

8.1 Barnsley Anti-Poverty action Plan

8.2 Potential Performance Measures

9. Background Papers

9.1 Anti-Poverty Delivery Group Terms of Reference

Officer: Andrea Hoyland

Contact: andreahoyland@barnsley.gov.uk 01226 773839

Date: 19th January 2016

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Working together to tackle Poverty in Barnsley

Barnsley Anti-Poverty Action Plan 2015-18



Poverty in numbers, comparing Barnsley and England data:

Barnsley Poverty in numbers

£11.91 is the median hourly pay for a full-time worker in Barnsley
(ONS, 2014, Annual Survey of Hours and Earnings)

44.1 percent of part time workers earn less than the living wage in Barnsley

(Annual Survey of Hours and Earnings, 2013, proportion of employee jobs with hourly earnings below the Living Wage: £7.45)

22.8 percent of children in Barnsley are in poverty

(HMRC, 2012, Children in Low-Income Families Measure)

9.7 percent of households in Barnsley are in fuel poverty

(DEC, 2013 Low Income High Costs)

7,500 people are unemployed in Barnsley

(ONS, Annual Population Survey, model-based estimates, July 2014-June 2015)

8.3% of people have no qualifications in Barnsley

(Annual Population Survey, Jan 2014-Dec 2014, aged 16-64 years)

3.9% of young people are not in education, employment or training (NEETs) in Barnsley

(CYFS, September 2015)

England Poverty in numbers

£13.21 is the median hourly pay for a full-time worker in England
(ONS, 2014, Annual Survey of Hours and Earnings)

40.6 percent of part time workers earn less than the living wage in the UK

(Annual Survey of Hours and Earnings, 2013, proportion of employee jobs with hourly earnings below the Living Wage: £7.45)

18.6 percent of children in England are in poverty

(HMRC, 2012, Children in Low-Income Families Measure)

10.4 percent of households in England are in fuel poverty

(DEC, 2013 Low Income High Costs)

Over 1.5 million people are unemployed in England

(ONS, Annual Population Survey, model-based estimates July 2014-June 2015)

8.6% of people have no qualifications in England

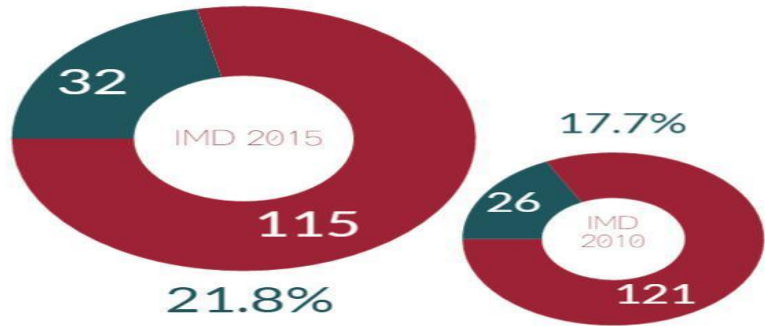
(Annual Population Survey, Jan 2014-Dec 2014, aged 16-64 years)

5.2% of young people are not in education, employment or training (NEETs) in England

(CYFS, September 2015)

Indices of Multiple Deprivation 2015 Barnsley

Proportion of Barnsley Lower Super Output Areas (LSOAs) in 10% Most Deprived in England



Calculated using the rank of average score measure

39th

most deprived local authority of the 326 in England



*There were 354 local authorities in England during these IMDs

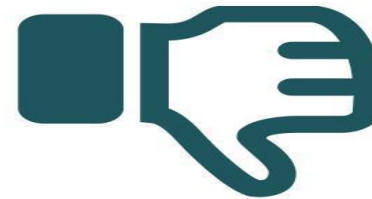
The Seven Domains of Deprivation and How Barnsley Performs

The IMD is calculated based on seven domains of deprivation composed of a number of indicators that are scored and ranked to produce an overall domain score. Below are the rankings for Barnsley relative to the other 325 local authorities using the rank of average score by domain:



Income Deprivation Affecting Children and Older People

The percentage of LSOAs that fall within the bottom 10% in England



Relative deprivation has increased in Barnsley

Source: IMD 2004, 2007, 2010 & 2015 - Department for Communities and Local Government

Produced by the Research and Business Intelligence Team: Research&BusinessIntelligenceTeam@barnsley.gov.uk

Partnership Principles

During the development of this action plan the following the following overarching principles have emerged. These will guide all aspects of the partnerships work to reduce poverty in Barnsley.

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Sustainability		Good practice and innovation	
<p>Making sure that actions undertaken by the partnership are sustainable and look to the long term, creating resilience in families and communities, particularly in the light of reducing resources.</p> <p>Adopting a long term approach is more likely to have a lasting impact and should avoid scarce resources being spent on actions which ultimately do not meet the underlying needs of individuals and communities.</p>	<p>Partners will :</p> <p>Ensure the partnership response is flexible and agile whilst considering the long term impact of decisions and activities</p> <p>Make sure that agreed actions and approaches have sustainable solutions</p>	<p>We are very proud of all of the partnership efforts that have taken place over the recent period.</p> <p>We can and will learn from others, apply that good practice on the basis that this can help us to be more effective together.</p>	<p>Partners will :</p> <p>Take shared responsibility for sharing ideas and learning together</p> <p>Make sure our communications are working well</p> <p>Try different things, some will work others won't.</p>
Challenge		Value	
<p>Negative perceptions of those affected by poverty and inequality dominate the media.</p> <p>They divide communities, widen the gap between the 'haves' and 'have nots' and divert attention from the real issues at play in communities.</p> <p>These perceptions do not reflect the circumstances and position of the majority of families in the borough.</p>	<p>Partners will :</p> <p>Ensure there is a shared understanding of poverty within their own organisations</p> <p>Identify opportunities to promote real stories of those experiencing poverty in Barnsley</p> <p>Robustly challenge negative perceptions</p>	<p>Work to tackle poverty will be taking place at a time when resources are tight. To keep a focus on value, partners will need to work together to reduce duplication of effort and resource.</p> <p>We need to ensure we focus on impact and look to drawing in other resources outside of public sector resources to support this work.</p> <p>We must be brave to stop the activities where impact and outcomes aren't demonstrated in full.</p>	<p>Partners will :</p> <p>Agree priorities for action and allocate our resources</p> <p>Identify and eradicate duplication</p> <p>Keep a focus on impact before we replicate activities.</p> <p>Decommission activities where is evidence that outcomes aren't being achieved</p>

KEY: RAG rating & expected action impact on outcome

C	On Track no concerns	IP	In progress	R	At risk	S	Short term, 1-6 months	M	Medium term, 6-12 months	L	Long term, typically 12 months plus
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Challenge 1: To increase early take up of financial advice & support for skills and employability

Aim: To help Barnsley People make the most of the money that they have and improve their potential income

Objective	Outcome	Action	Deadline	Leads	Progress & date reviewed	RAG
1.1 Improve skill levels and work readiness for those on benefits and low income	To increase the skills and employment levels of those most affected by poverty and low income	JobCentrPlus (JCP) will continue to refer new claimants identified as having low English, Maths and IT skills to a formal assessment leading to mandation to a relevant course. (L)	Ongoing: Review 31st March 2016	Joanne Dearnley		L
		JCP will continue to support claimants into work through a range of programmes including: sector based work academies, work experience placements, volunteering etc.(L)	Ongoing: Review 31st March 2016			
		Continue to work with and encourage Children Centres to develop cooking courses etc integrated with English and Maths to support parents in preparing for work. (L)	Ongoing: Review 31st March 2016			
		Economically inactive people are better able to enter the labour market (L)	Ongoing Review: 31 st March 2016	Tom Smith		L
1.2 To improve welfare advice and guidance offer to residents	Redesigned service that is productive and accessible to customers though a range of methods, so that our most deprived communities have access to support	Welfare Review Completed (S)	31st March 2016	Jayne Hellowell		S
		Implement Phase 1 – integrate LWA, Housing Options Team and Welfare Rights.(S)	31st March 2016	Michelle Kaye		S
		Potential co-location of key Welfare services into one Town Centre building.(L)	31st March 2017	Michelle Kaye		L

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	to help them out of poverty and our collective resources are efficiently deployed.	Complete initial feasibility study for integrated on-line product 'Better Off' (S)	31 st March 2016	Michelle Kaye	S
		Co-design new service of welfare advice provision covering all areas of enquiry (L)	March 2017	Jo Clark Michelle Kaye	L
		Review Customer Services links -Customer Need for telephone access (M)	31st March 2016	Hazel Shaw	M
		Be Well Barnsley Family providers target their support interventions to quit smoking and for healthy eating in areas of highest deprivation(L)	30th December 2016	Carl Hickman	L
Page 46 3 Improve access to schemes and support residents to reduce the impact of poverty premium i.e. higher cost of essential items such as <i>food, electricity, gas and white goods due to lack of bank account, internet access, and access to credit.</i>	Tackle Fuel Poverty	Support the Implementation of Energise Barnsley Phase 1 completed 18.12.2015 (S) Phase 2 (M-L)	31st March 2016	Rob Clark	M-L
		Support the development of fuel poverty schemes through EB Community Fund (Note: scope of EB CF is broader than Fuel Poverty)(L)	Ongoing: Review 31 st March 2016	Rob Clark	L
		Improved energy efficient housing, DEC Central Heating fund to be targeted for vulnerable families (M-L)	Ongoing: Review 31 st March 2016	Phil Ainsworth	M-L
		Provide advice and support to front line workers and consumers in the community via energy Best Deal Schemes (M)	Ongoing: Review 31st March 2016	Jo Clark	M
	Improved Access to Affordable Credit Residents have improved knowledge	Undertake Event to publicise and promote take up of Credit Union offer across range of support organisations (S)	30th December 2015	Jayne Hellowell Murdo McLeod	S

	and understanding of the credit union offer	Wider use of existing communication mechanisms to promote affordable credit through Credit Union e.g. <ul style="list-style-type: none"> • Council Magazine • Leaflets and information through Foodbanks • Link SYCU to Y&H Financial Capability Forum (M) 	Throughout 2016	Murdo Macleod		M
		Support the development of additional Credit Union hubs in the Borough (L)	31st March 2017	Murdo Macleod		L
		Implement Alpha Project: <ul style="list-style-type: none"> • Budget Account Facility • Digital Identity • Transactional account for Universal Credit (links to 1.5)(M) 	31 st March 2017	Murdo Macleod		M
		Develop White Goods Scheme "My Living" as part of the Credit Union Offer <ul style="list-style-type: none"> • Open Wombwell 'My Living' Store (S) 	31 st March 2016	Murdo Macleod		S
		Improved access to low cost food and access to appropriate financial advice and support	Community Shop expansion to second premises in Athersley.(S)	31st March 2016	Gary Stott	
1.4 Review of current Debt Management Strategy and processes to support earlier take up of financial advice.	Improve the range and reach of debt management provision to ensure that appropriate support is offered to affected residents	Assess impact and effectiveness of current debt management support. (L)	30th June 2017	Carole Roby Murdo Macleod Jo Clark		L
		Review council Debt management Strategy to identify opportunities to minimise debt creation within customer journeys. Link to work of Corporate Payment and Debt Group.(M)	Throughout 2016	Lisa Smith		M
	To improve early identification of residents who need	Review BOLD course for the wider workforce to support signposting and referral to financial advice & support services, identify gaps and	31st March 2016	Michelle Kaye		M

	financial advice and support to promote access to support services and self help.	develop resource as appropriate.(M)				
		Review online self-help and advice for service providers, residents and schools, to support those affected by poverty. Identify gaps and develop resources as appropriate.(M)	31st March 2016	Michelle Kaye		M
1.5 Ensure access to appropriate support is provided to help residents to transition to Universal Credit (UC)	Residents are better able to manage the Universal Credit process and effectively manage the transition to Universal Credit	Universal Credit Support Programme to be delivered to residents who are transferring to UC. (S) Link to SYCU at 1.3 (Alpha Project)(M)	31st March 2016	Michelle Kaye Joanne Dearnley Murdo Macleod		S- M

Challenge 2: To reduce Child Poverty in Barnsley

Objective: To help Barnsley Parents give their children the best start in life

Objective	Outcome	Action	Deadline	Leads	Progress & date reviewed	RAG
2.1 Support and challenge partners delivering services and support to children and families. 'Monitor the gap' in relevant outcomes between those children in Barnsley who are affected by	To ensure that partner strategies and plans target their support towards children and families which are most affected by poverty	Identify families who are in poverty and low income through assessment process (M)	31st March 2016	Nina Sleight Annette Martin-Meigh		M
		Support Elements to be identified in Family Support Journeys (M)				M
		Family Star Plus will measure "distance travelled" against relevant measures in action plans (S)				S
		Link to Early Help Delivery Group (M)				S

poverty and those who are not.		Maximise opportunity to target support to families in poverty through Family Centres and Allied Teams (M)				M
2.2 Maintain up to date poverty profile for the borough as part of the RABIT data dissemination.	Up to date borough-wide Poverty Needs Assessment Evidence Base available to inform Anti-Poverty Delivery Group monitoring and challenge processes	Refresh evidence base data relating to Child Poverty Needs Assessment as required (L)	Live intranet data system by RABIT	Elizabeth Pitt		S
2.3 Discharge of Responsibility under the Child Poverty Act 2010		Consult with stakeholders if any changes are made to the child poverty strategy (L)	As required	Andrea Hoyland	N/A	

Challenge 3: The Poverty Challenge

m: To Ensure that our strategies, plans and services are poverty proof

Objective	Outcome	Action	Deadline	Leads	Progress & date reviewed	RAG
3.1 To ensure that partner strategies and plans target their activities in communities which are most affected by poverty	Strategies, plans, cabinet reports have clearly considered the poverty needs assessment and plans demonstrate targeted efforts in most deprived areas of our communities.	Incorporate anti poverty considerations into the covering report for cabinet (S)	31st March 2016	Ian Turner		S
		Provide guidance for completion of anti-poverty considerations in reports for cabinet via SMT to cascade to authors (M)	31st March 2016	Andrea Hoyland		M

3.2 To ensure that the Council's commissioning and procurement processes are supportive of our joint anti-poverty objectives	The Council's commissioning and procurement specifications include an anti-poverty statement as standard.	To manage the expectations of potential suppliers, anti-poverty considerations in line with Council Strategy are added into the Strategic Commissioning and Procurement Service communication platform. (M)	28 Feb 2016	Simon Toplass		S
	Anti-poverty considerations are included in specifications for commissioning and procurement of services	The Strategic Commissioning and Procurement Group will determine if/how anti-poverty considerations can be included where applicable as part of the evaluation of future bids. (M)	30 th July 2016			M

Challenge 4: To evaluate our joint impact

Aim: To understand if we are getting the results we expected

Objective	Outcome	Action	Deadline	Leads	Progress & date reviewed	RAG
4.1 We have a better understanding of what it is like for Barnsley families living in poverty and on low income and what support and services they may need.	The Anti-Poverty Action Plan Performance Measures including storytelling framework are agreed, in place and monitored so that we understand what is working and the	To develop an evaluation plan that demonstrates through hard and soft measures that the changes we are seeking are made.(S-M) <ul style="list-style-type: none"> Ensure that appropriate KPI's are established Develop an impact tool Develop story telling framework including Case Studies/client 	June 2016	Jill Bills		S

<p>Anti-Poverty activities are better targeted and informed by service user views and experiences. We understand when our efforts are not achieving the desired results – so we can adjust or change approach.</p>	<p>difference it is making.</p>	<p>stories and feedback that provide evidence of our joint impact on their lives.</p>				
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KEY: RAG rating & expected action impact on outcome

Page 51	On Track no concerns	IP	In progress	R	At risk	S	Short term, 1-6 months	M	Medium term, 6-12 months	L	Long term, typically 12 months plus
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Anti- Poverty Action Plan 2015-18 - Performance Measures

Ref	Objective	Outcome	Possible Indicator	Data Owner	Frequency of Collection			
Challenge 1: To increase early take up of financial advice & support for skills and employment								
1.1		To increase the skills and employment levels of those most affected by poverty and low income	16-18 NEETS	Tom Smith / Tracey Herbert	Monthly			
			Number of 18-24 year olds referred to and completing JOBS provision	Chrissie Harfield/Matt Lowe	Quarterly			
			Number of out-of-work benefits recipients who have been referred by JCP and attended Basic Skills (English/Maths) IT support	Joanne Dearnley	Quarterly			
			Percentage of working age population with Level 2+ qualification	Tom Smith / Tracey Herbert	Annually			
			Percentage of working age population with Level 3+ qualification	Tom Smith / Tracey Herbert	Annually			
			Employment rate	Tom Smith / Tracey Herbert	Annually			
			Job density level (and types of employment)	Tom Smith / Tracey Herbert	Annually			
			16-18 NEETS	Tom Smith / Tracey Herbert	Monthly			
1.2	To improve the welfare advice and guidance offer to residents	Redesigned service that is productive and accessible to customers through a range of methods, so that our most deprived communities have access to support to help them out of poverty and our collective resources are efficiently deployed	Citizens Advice Bureau - Debt managed	Jo Clark	Quarterly			
			Citizens Advice Bureau - Benefit gain	Jo Clark	Quarterly			
			Referrals to foodbanks	Jo Clark	Quarterly / year to date			
			Take up of food parcels via foodbank	Alan Ruane				
1.3	Improve access to schemes and support residents to reduce the impact of poverty premium ie. higher cost of essential items	Tackle Fuel Poverty	Number of Macmillan grants for fuel costs	Susan Oliver Jacqui Goodridge				
			Number of vulnerable families supported by DEC Central Heating Fund (Target 150 households)	Phil Ainsworth	Monthly			
			Number of CAB clients assisted with fuel problems	Jo Clark	Quarterly / year to date			
		Improved access to affordable credit	LWA: Successful applications for loan for gas & electricity	Haydn Frost	Quarterly			
			a. Value of Credit					
			b. Value of loan given					
Take up of credit union:	Murdo Macleod	Quarterly						
a. Value of Credit								

Anti- Poverty Action Plan 2015-18 - Performance Measures

Ref	Objective	Outcome	Possible Indicator	Data Owner	Frequency of Collection			
			<i>b. Value of loan given</i>		Quarterly			
			<i>c. Proportion of loans repaid</i>		Quarterly			
			<i>Number of people who report a difference(?) (To be explored further for future reporting)</i>					
		Improved access to low cost food and access to appropriate financial advice and support	Community Shop – Number of people into full-time work	Gary Stott				
			Community Shop – Number of people gaining a formal L2 qualification	Gary Stott				
			Number of smoking 'quits' in routine / manual category ie. in lower income bracket.	Carl Hickman	Quarterly			
1.4	Review of current Debt Management Strategy and processes to support earlier take up of financial advice	Improve the range and reach of debt management provision to ensure that appropriate support is offered to affected residents	% of Berneslai Homes tenancies sustained after 6 months	Murdo Macleod Janice Antonini	TBC			
			% of Berneslai Homes tenancies sustained after 12 months		TBC			
			Homelessness Preventions	Michelle Kaye	Quarterly			
		To improve early identification of residents who need financial advice and support to promote access to support services and self help	Number of Berneslai Homes tenants with more than 7 weeks of gross rent outstanding as a percentage of the total number of tenants.	Carole Roby	Quarterly			
			<i>Number of people in Council tax arrears – not currently available in a meaningful form needs a measure working up and/or extraction routine for report for a future measure</i>	Lisa Smith				
1.5	Ensure access to appropriate support is provided to help residents in transition to Universal Credit	Residents are better able to manage the Universal Credit process and effectively manage the transition to Universal Credit	Number of residents claiming UC	Joanne Dearnley	Quarterly			
			Numbers (and %) accessing internet support and personal budgeting support	Michelle Kaye				
2.1	Support and challenge partners delivering services and support to children and	To ensure that partner strategies and plans target their support towards children and families	Take up of 2, 3 and 4 yr old early education entitlement	Nina Sleight	Termly			
			Public Health Outcome Framework	Emma White				

Anti- Poverty Action Plan 2015-18 - Performance Measures

Ref	Objective	Outcome	Possible Indicator	Data Owner	Frequency of Collection			
	families and 'monitor the gap' in relevant outcomes between those children in Barnsley who are affected by poverty and those who are not	which are most affected by poverty	measure – School readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception					
			Reduction in persistent absence from school by disadvantaged pupils	Margaret Libreri				
			Public Health Outcome Framework measure – Pupil Absence (% of half days missed)	Emma White				
			Closing the gap between the highest achieving children and the rest in Early Years Foundation stage Good Learning & Development measure (GLD)	Nina Sleight	Annually			
			Closing the attainment gap for pupil premium pupils at Key Stage 2 and 4	Margaret Libreri				
2.2	Maintain up to date poverty profile for the borough as part of the RABIT data dissemination	Up to date borough-wide Poverty Needs Assessment evidence base available to inform Anti-Poverty Delivery Group monitoring and challenge processes	Poverty Needs Assessment Evidence is maintained and up to date	Liz Pitt	Ongoing			
2.3	Discharge of responsibility under the Child Poverty Act 2010	Up to date borough-wide Poverty Needs Assessment evidence base available to inform Anti-Poverty Delivery Group monitoring and challenge processes						
3.1	To ensure that partner strategies and plans target their activities in communities which are most affected by poverty	Strategies, plans, cabinet reports have clearly considered the poverty needs assessment and plans demonstrate targeted efforts in most deprived areas of our communities	Poverty Impact statement in reporting process for cabinet	Ian Turner	Once			
3.2	To ensure that the Council's commissioning and procurement processes are supportive of our joint anti-poverty objectives	The Council's commissioning and procurement specifications include an anti-poverty statement as standard	Anti-Poverty Statement included as standard in Council's commissioning and procurement specifications	Simon Toplass	Once			
4.1	We have a better understanding of what it is like for Barnsley families living in poverty and on low income and what support and services they may need	The Anti-Poverty Action Plan performance measures including storytelling framework are agreed, in place and monitored so that we understand what is working and the difference it is making	Anti-Poverty Action Plan performance measures including storytelling framework are in place and monitored	Jill Bills Andrea Hoyland Anti-Poverty Delivery Group	Quarterly			

REPORT TO THE HEALTH AND WELLBEING BOARD

2nd February 2016

Sport & Active Lifestyle Strategy Action Plan

Report Sponsor: Julia Burrows
Report Author: Adam Norris
Date of Report: 2nd February 2016

1. Purpose of Report

- 1.1 To provide an opportunity for Health & Wellbeing Board to consider the Sport & Active Lifestyle strategy action plan 2016-2018, given that a system wide co-ordinated planning and action is required by many agencies to tackle this agenda.
- 1.2 To outline recommendations to establish commitment amongst key stakeholders to tackle physical inactivity amongst Barnsley residents.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Note the content of the action plan with recommendations
- Provide any feedback
- Agree next steps for action and communication of the action plan

3. Introduction/ Background

- 3.1 Barnsley Sport and Active Lifestyle Strategy previously approved at Health & Wellbeing Board, sets out a broad vision and key priorities for the Council and its partners, to increase physical activity across the Borough for the next three years. It builds on the progress Barnsley has made towards achieving its long term goal of everybody in the Borough being active across the life-course regardless of age, gender, income, or disability.
- 3.2 The Sport and Active Lifestyle Strategy and action plan supports the Public Health Strategy priority to improve physical activity levels across the borough, particularly amongst groups who are least active.
- 3.2 Across Barnsley there are high levels of chronic disease such as cardiovascular disease, obesity and type II diabetes. Levels of physical

activity and sport are significantly lower than the national average for both children and adults.

- 3.3 Leading a physically active lifestyle has been proven to offer opportunities to improve both the length and quality of life for individuals, but also offers huge social and economic benefits for society as a whole.

4. Barnsley's Sport and Active Lifestyle Action Plan

4.1 Following approval of the strategy, the high level action plan makes use of available data and evidence to identify where activity should be targeted to best effect, and to enable internal and external partners to align available resources. The aim is for more residents to take care of their own health and wellbeing, which will prevent longer term health problems and reduce the need for expensive intervention by the Council and its partners in the future.

4.2 The focus of the plan is to improve physical activity levels amongst our most inactive groups, using evidence based approaches. We have identified four enablers of physical activity with supporting objectives and proposed actions:

- **Places** – creating the right physical environments for activity to take place including safer walking and cycling routes to parks and open spaces to sport specific built facilities.
- **People** – creating a skilled and motivated paid and volunteer workforce able to inspire, promote and lead others to an active lifestyle.
- **Community** – supporting and developing awareness of the opportunities that already exist within local communities.
- **Communication and Advocacy** – ensuring that everyone is aware of the benefits and opportunities to be physical active. Ensuring that the decision makers in the Borough promote physical activity and sport to achieve specific outcomes.

4.3 The action plan has been developed in consultation with Barnsley Sport & Active Lifestyle Partnership, comprising key providers e.g. Barnsley Premier Leisure. This partnership will be responsible for monitoring the progress against key indicators/measures.

5. Conclusion/ Next Steps

5.1 It is recommended that Health & Wellbeing Board discuss the progression of the Sport & Active Lifestyle action plan, provide a commitment where relevant to progress key actions, and agree next steps.

6. Financial Implications

- 6.1 There are no direct financial implications arising from this report. Any financial implications associated with any of the priority actions identified will be subject to further reports where necessary.

7. Consultation with stakeholders

- 7.1 The action plan has been prepared in consultation with Barnsley Sport & Active Lifestyle Partnership. Cllr Miller and Cllr Andrews have been briefed and key Council officers have been involved in preparing the action plan.

8. Appendices

9. Background Papers

- 9.1 Barnsley Sport & Active Lifestyle Strategy Action Plan

Officer: Adam Norris Contact: 01226 787431 Date: 19/02/2016

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Barnsley Sport and Active Lifestyle Action Plan 2016 -2018

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*A high level action plan for improving physical activity in
Barnsley*

Barnsley Sport and Active Lifestyle Action Plan 2016-2018

Developing the Action Plan

The following action plan details recommendations for the delivery of the Sport and Active Lifestyle Strategy over the next two and half years (2016 -2018).

Focus of the Action Plan

Across Barnsley we have high levels of physical inactivity - 37.8% of adults are classified as inactive (PHOF, 2015). Only 39% of boys and 20% of girls achieve the recommended levels of at least 7+ hours of physical activity a week (Year 10 Health & Lifestyle Survey, 2013). Levels of inactivity follow a similar pattern to that of deprivation with lower levels of participation in the East of the Borough to that of the West.

The action plan has been developed through a series of facilitated workshops with stakeholders, from those organisations represented on the Barnsley Sport and Active Lifestyles Partnership (BSALP). The action plan is informed by national and local strategies such as Everybody Active, every day: an evidence-based approach to physical activity (PHE, 2014), Barnsley's Joint Strategic Needs Assessment (2013) and Barnsley's Health and Wellbeing Strategy.

Targets of the Action Plan

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Success of the action plan will be measured through the Public Health Outcomes Indicators 2.13i Percentage of active adults and 2.13ii percentage of inactive adults. We have defined within the Barnsley CCG and Local Authority Shared Ambitions to Reduce Health Inequalities Report, proposed trajectories to reduce inactivity to 36% by 2018.

Structure of the Plan

The plan outlines recommendations and details of implementation (lead, progress, timeframe etc) for each of the four themes identified (Place, People, Communities, Communication & Advocacy)

Objective – Desired statement that the action is intend to achieve.

Action – Provides details of the recommended actions.

Lead/ Action Owner – Outlines the organisations and/or departments responsible for taking a lead and overseeing the delivering of the recommendation /action

Timescale- Short 6 – 12 months, Medium 12 – 18 months, Long 18 – 30 months

Indicator - relates to suggested measure of success

Linked to SALS Aims – Relates to the aims the action links to in the Sport and Active Lifestyle Strategy.

Performance Measure (RAG) – Indicates if action/project is on track

Place - Creating the right physical environment for activity to take place						
Objective	Action	Lead & Partners	Timescale	Indicator	Linked to SALS Aims	Performance Management (RAG)
Ensure opportunities for physical activity are incorporated within transport strategy and active travel plans	Develop collaborative approach between transportation / highways and public health for consideration of new and proposed schemes	Public Health (Place) BMBC – Highways & Transportation	Short	Number of new projects / schemes including health outcomes	1. 4.	Amber – Involved in initial consultation on a number of future cycle routes.
	Develop a systematic approach to delivery of walking and cycling opportunities	SWYFT		Economic value of mortality rate improvements - Health Economic Assessment Tool (HEAT)		
Ensure Sports Facility and Playing Pitch Strategy is compliant with National Planning Policy Framework (NPPF)	Produce a new Sports Facility and Playing Pitch Strategy that includes an up to date evidence base.	BMBC – Sport and Active Recreation BMBC –Planning Strategic Leisure	Short (end March 2016)	Completion of the strategy	1. 4.	Green – in progress draft to be delivered in March 2016
	Use the evidence and recommendations identified in the Sports Facilities and Playing Pitch Strategy to develop a prioritised timetable with partners	BMBC -Planning	Medium (Jan 2017)	Number of completed recommendations	1. 4.	Green
Maximise health outcomes by accessing external funding opportunities for sport and physical activity	Develop hierarchy of priority projects for allocation of section 106 / community infrastructure levy (CIL) funding based on maximising health impact and achieving public health outcomes	BMBC – Sport and Active recreation BMBC – Planning	Short	Amount of funding accessed with sport or physical activity outcomes	1. 4.	Amber

Continue to develop access to parks and open spaces to provide opportunities for sport and physical activity	Share and make greater use of parks user profiling data across relevant services.	BMBC- Parks	Medium	Number of park runs delivered	1. 4	Amber
	Develop standard approach to evaluating parks projects.	BMBC – sport and active recreation		Number of attendances		
	Evaluate initiatives and usage of equipment to demonstrate impact on regular participation					
People – Creating a skilled and motivated paid and volunteer workforce who are able to inspire, promote and lead others to an active lifestyle						
Objective	Action	Lead	Timescale	Indicator	Links to SALS Aims	Performance Management (RAG)
Workplaces encourage and support, physical activity, sport and active travel	Support workplaces to encourage employees to be physically active	BMBC Sport Active Recreation	Short	Number of work places with active travel plans Number of people trained to support workplace physical activity Number of workplaces signed up to deliver the workplace health charter	1. 4.	
For paid staff to access behaviour change training that includes physical activity support	Explore opportunities to build physical activity behaviour change messages into training	BMBC	Medium	Number of training sessions that incorporate messages for improving physical activity	3	

Develop a culture of self help physical activity programmes using volunteers	Raise awareness of physical activity and sporting opportunities available to volunteers	BMBC – sport and active recreation	Short	Number of volunteers involved supporting physical activity programmes	2 3	
	Identify and recruit local health champions who are willing to promote messages, support delivery of activities or be trained up to lead sport and physical activity sessions in their area	VAB SWYPHT PSS –Be Well Barnsley CCG Area Teams		Number of volunteer hours related to physical activity		
Community – Support, develop and raise awareness of the opportunities that already exist within our communities						
Objective	Action	Lead	Timescale	Indicator	Linked to SALS aims	Performance Management (RAG)
Early Years- All early years 0-5 across Barnsley to have an active start to life	Develop a plan that ensures all agencies working with early years provide opportunities for parents and carers to be active with young people	BMBC – Sport and Active Recreation	Medium	Development of a plan	4	
		BMBC- communities BSALP				
Improve awareness	Ensure all agencies working with early years incorporate key	SWYFT	Short	Number of messages included in training	2. 3.	

amongst parents and agencies working with early years sector of the benefits of being physically active	messages for physical activity within training courses and programmes	Schools CCG BSALP		courses		
Children & Young People – To increase the engagement of children and young people in physical activity	Ensure clubs and community organisations are supported to access funding to improve their offer	BMBC – Sport & Active Recreation	Short	Number of clubs / organisations supported to apply for funding	1. 4.	
	Ensure pathways are in place for young people to achieve personal success in physical activity and sport	BMBC – Communities Schools	Medium	Number of children increasing physical activity as a result of a specific project	3. 4.	
	Ensure systematic approaches for increasing physical activity in children and young people are built into school based programmes	Schools alliance BSALP	Medium	Number of schools demonstrating approaches to increase physical activity		
	Ensure opportunities are available to support children and young people to learn to swim		Medium	Number of swimming lessons delivered Number of children/young people attending sessions	3. 4.	
Adults – Develop interventions that improve activity amongst inactive groups of adults	Work with National Governing Bodies to develop adult specific programs i.e. Back to Netball	Pss – Be well Barnsley BMBC Yorkshire	Short	Active People Survey – Increase in number of active adults Active people survey – reduction in Inactive		

	<p>Be Well Barnsley supports its clients to be physically active by delivering community based physical activity session's</p> <p>Establish an Inclusive sport Funded project - Creating Connections within Barnsley</p> <p>Develop pilot programmes that engage the least active adults and those with long term conditions to be active</p> <p>Develop physical activity offer within already existing programmes/initiatives</p>	<p>Sport Foundation</p> <p>BSALP</p> <p>BPL</p> <p>Team Active</p> <p>Barnsley FC Community Trust</p> <p>Area Teams</p>	<p>Short</p> <p>Short</p> <p>Medium</p> <p>Medium</p>	<p>Adults</p> <p>A 2% increase in those physically active over the lifespan of the Be Well contract (3 year contract)</p> <p>Number people referred into service</p> <p>Number people supported to access sport or physical activity opportunities.</p>	<p>1.</p> <p>2.</p>	
<p>Adults -Improve awareness of the benefits of physical activity in the health & care setting</p>	<p>Ensure all agencies working with adults incorporate key messages for physical activity within training courses and programmes such as falls prevention</p>	<p>SWYFT</p> <p>BMBC</p> <p>BSALP</p> <p>CCG</p>	<p>Medium</p>	<p>Number of courses covering physical activity and falls prevention</p>	<p>2.</p> <p>3.</p>	

Communication and Advocacy – ensure that everyone is aware of the benefits and opportunities to be active. Ensuring that the decision makers in the Borough promote physical activity and sport to achieve specific outcomes.						
Objective	Action	Lead	Timescale	Indicator	Linked to SALS aims	Performance Management (RAG)
Ensure Barnsley residents are aware of the positive benefits of sport and physical activity and opportunities to take part	Produce a collective communications plan between organisations	BSALP	Short	Production of a plan	1. 4.	
	Utilise national Campaigns to inspire people to be active such as This Girl Can, Change 4 Life	BSALP	Medium	Number of interventions / programmes delivered that are linked to national campaigns	1. 4.	
Research & data						
Objective	Action	Lead	Timescale	Indicator	Linked to SALS Aims	Performance Management (RAG)
Co-ordinate research on where physical activity can make the greatest health impact.	Explore feasibility of conducting and co-ordinating a specific health needs assessment to identify our priorities	BMBC	Short	Completion of needs assessment	1. 2.	

Barnsley Health and Social Care System - Financial and Economic Model

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Barnsley Clinical Commissioning Group

HWB.02.02.2016/12

The Financial and Economic Modelling Tool

Model summary:

- The Financial and Economic Modelling Tool is a strategic planning tool intended to support system-wide planning to meet the financial challenge facing the Barnsley health and social care system
- It is constructed in MS Access Database and is intended to enable:
 - a year on year analysis of finances and capacity and demand across a care economy
 - the development of a baseline position for all providers and commissioners in the Barnsley system
 - demonstration of the impact of efficiency plans for both providers and commissioners
 - demonstration of the impact of cross provider and commissioner strategy

How the model works

Inputs

Detailed Activity, Income, Cost Information Timeframe

Capacity Information i.e. Bed and Theatre (Optional)

Financial factors i.e. Inflation, tariff, MFF

Demand changes resulting from population, demographic, impact of QIPP

Provider CIP's impact of Cost pressures impact of significant financial adjustments i.e. impairments

Activity Shifts and Capacity Changes resulting from Proposals and Programmes of Change

Modelling Process

Modelling Process –

- Apply financial variables to the costed activity
- Apply impact of demand growth over given timeframe
- Apply known impacts i.e. CIP's QIPP plans, Cost pressures.
- Apply interventions onto revised base data i.e. Programmes of Change, Proposals etc

Outputs

Activity, Income and Cost Forecast

Capacity vs Demand Forecast

Commissioner & Provider Impact Analysis

Work to date

- Initial reporting of the indicative baseline financial challenge for all partner organisations and the system as a whole was undertaken during 2014/15
- Work has been ongoing across all partners to revise and update baseline positions to reflect known pressures since 2014/15 and projected future challenges
- This work identifies an indicative level of financial challenge facing the Barnsley Health and Social Care economy from 2015/16 to 2020/21
- Work regarding capacity and demand forecasting and the impact of system developments has not been undertaken due to the lack of robust assumptions and data

The baseline position

- The development and refinement of the baseline position has involved representatives from Barnsley CCG, Barnsley Metropolitan Borough Council, Barnsley Hospital NHS Foundation Trust and South West Yorkshire Partnerships NHS Foundation Trust
- All organisations have submitted finance and activity data for the baseline year (2015/16) and assumptions regarding future financial challenges and pressures
- This data has been used to construct the baseline financial challenge for the whole economy as well as individual organisations
- The figures outlined are the **gross** financial challenge facing the health and social care economy

The indicative financial challenge to the system

- The conclusion of this revised baseline position is that the system in Barnsley is projecting a financial challenge of £235.6m by 2020/21. The challenge by year is detailed below:

Financial Year	Financial Challenge £m
2015/16	21.4
2016/17	60.7
2017/18	96.8
2018/19	139.1
2019/20	186.6
2020/21	235.6

The indicative financial challenge by organisation

- The financial challenge by 2020/21 for each organisation is detailed below:

Organisation	Financial Challenge £m
Barnsley Hospital NHS FT	56.3
South West Yorkshire Partnerships NHS FT	52.6
Barnsley CCG	75.0
Barnsley MBC	48.0
NHS England	3.7
Total System	235.6

Assumptions and caveats underpinning the data utilised to derive the indicative baseline

Barnsley Hospital NHS FT and South West Yorkshire Partnerships FT

- Based upon initial five year plan for 2016/17 to 2020/21. This will be revised during February to April in line with submission of plans to Monitor
- Projected demographic and non-demographic activity pressures
- Figures do not reflect efficiency programme delivery beyond those schemes currently in progress
- Figures reflect national planning guidance and tariff assumptions prior to January 2016/17 announcements. Specifically this assumes tariff deflation rather than inflation

Assumptions and caveats underpinning the data utilised to derive the indicative baseline

Barnsley MBC

- Predicted demographic changes (numbers / cost) in relation to adult social care i.e. Older People; Learning Disabilities, based on activity trend and population changes
- Anticipated impact of increases in provider fee in respect of residential / nursing care and domiciliary care due to the introduction of the national living wage
- Likely increase in hourly cost of care (residential and domiciliary care) due to the pressure to move to a 'fair fee' arrangements
- Recurrent cost pressures relating to increased number of children in external residential care and with independent fostering agencies
- Impact of planned interventions such as the LD transformation project has been reflected within the forecast – as mitigations
- Efficiency requirement on ASC arising from future years' funding cuts to the council

Assumptions and caveats underpinning the data utilised to derive the indicative baseline

Barnsley MBC

- Does not reflect proposed actions that may be taken by the Council through the 2016-17 budget planning process to address some of the pressures (council budgets yet to be approved)
- No assumptions made in relation to increases in council tax income;
- Further details from the 2015 spending review are required to confirm the council's Medium Term Financial Strategy for 2017/18 and beyond

Barnsley CCG

- Based upon initial five year plan for 2016/17 to 2020/21. This will be revised during February to April in line with submission of plans to NHS England
- Considers projected demographic and non-demographic activity pressures
- Reflects known changes in commissioning intentions, efficiency programmes and cost pressures



Barnsley Clinical Commissioning Group

Assumptions and caveats underpinning the data utilised to derive the indicative baseline

Barnsley CCG

- Does not take into account the impact of contributions required to regional and national efficiency requirements
- Does not take into account commissioning changes regarding wider system change across a South Yorkshire foot-print
- Assumptions and financial values utilised will require update for the following:
 - NHS Planning Guidance and Business Rules published December 2015
 - NHS three-year firm and two-year indicative allocations announced January 2016
 - Revised national tariff prices for 2016/17

Conclusion and Next steps

Conclusion

- Significant financial challenge faces the system over the next five years
- System-wide transformation and delivery of efficiencies is required to meet this challenge

Next steps

- Short-term
 - Undertake a model test for a service development to demonstrate functionality
 - Revise baselines and assumptions as appropriate
- In the longer-term, the Financial and Economic Model can support the development of system-wide planning and modelling of impacts but will only be able to do so if:
 - the full functionality to map demand and capacity and model financial impact of system change is developed
 - modelling data and provided by partners is sufficiently granular and routinely updated
 - Assumptions regarding the impact of developments or system changes are adequately defined and understood
 - All partners 'own' the model and play a full part in model development