

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 7 February 2017
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Gollick, Daniel Griffin, Hampson, W. Johnson, Lofts, Makinson, Mathers, Phillips, Sheard, Tattersall and Unsworth together with co-opted members Ms P. Gould, Ms J. Whitaker and Mr J. Winter

47 Apologies for Absence - Parent Governor Representatives

Apologies for absence were received from Ms Kate Morritt in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

48 Declarations of Pecuniary and Non-Pecuniary Interest

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

49 Minutes of the Previous Meeting

The minutes of the meeting held on 6th December 2016 were approved as a true and accurate record.

50 Update on the 0-19 Service

The Chair welcomed the following witnesses to the meeting:

- Julia Burrows, Director of Public Health, BMBC
- Alicia Marcroft, Head of Public Health, BMBC
- Carrie Abbott, Service Director, Public Health, BMBC
- Lisa Loach, Public Health Governance and Service Manager, BMBC
- Anita McCrum, Professional Lead 0-19 Service, Public Health, BMBC
- Councillor Jim Andrews, Deputy Leader of the Council & Cabinet Spokesperson for Public Health

Julia Burrows explained the 0-19 Service had previously been discussed at the Council's Safeguarding Scrutiny Committee (SSC) in September 2015, and has subsequently been on quite a journey, meaning today it is now both in a different and better place. Local Authorities' responsibility for commissioning the HCP, 5 to 19 years began in April 2013; this included School Nursing as well as the National Child Measurement Programme. The HCP 0 to 5 years, which includes Health Visiting, began on the 1 October 2015. Following the procurement process being

unsuccessful, the 0-19 Service was brought 'in house'. There have been challenges along the way; however a good service is being delivered with strong leadership and a service review is currently being undertaken.

Members proceeded to ask the following questions:

- i. What are the rules for public procurement, and as detailed in the report why was there conflict?

Members were advised the last time the service went out to procurement with a new specification, there was only one bid received, which was outside the financial envelope, culminating in the process being ended. Cabinet agreed the proposal to form a partnership arrangement with South West Yorkshire NHS Partnership Foundation Trust (SWYPFT) however were unable to get a joint service. Public Health therefore went back to Cabinet for permission to bring the service 'in house' and there was subsequently a six month transition period to transfer staff to BMBC, which was successfully completed by 1st October 2016.

- ii. What have been the key challenges; what services will be delivered with the new service model; and are effective performance management and infrastructure in place to ensure appropriate clinical governance?

The committee were advised the new model is to be re-designed by the end of March 2017; it involves a number of partners but is being led by the 0-19 service. Appropriate governance structures were ensured pre-transfer and the service is looking to enhance this in terms of the new delivery model. The transfer period allowed the delivery model to be embedded, including the transfer of the service manager who has been working to embed good practice such as Care Quality Commission (CQC) and quality marker requirements.

One of the key challenges has been ensuring a safe transition and modernisation of the service to ensure it is fit for purpose and delivers future council outcomes. Other challenges have been estates and data transfer. Colleagues have been working hard on these, including to turn data into intelligence.

- iii. Regarding the HCP, how often are families visited and where do these visits take place?

Members were advised for 0-5 year olds these visits are mandatory; including an antenatal health promoting visit; a review following the birth of the baby, a six to eight week assessment of mum and baby; a 1 year assessment and finally a 2 to 2.5 year assessment enabling planning for any future support. Additional visits are carried out with children aged 10-11 years old as they transition to secondary school. The service needs to ensure set visits are kept and are working with partners to ensure this. There is universal provision as well as tiered support for those who may need more intervention.

- iv. The report advises the new model will be in place by September 2017 therefore please can the Committee receive an update either via a report or attendance at a meeting regarding the new model, its implementation and how effective it is operating?

The committee were advised the service would welcome the opportunity to provide an update.

- v. The 0-19 service states that it will engage with those aged up to 25 if they have a disability; is there much take-up of these services from older customers?

The group were advised there is not much take-up from the older age group; previously the service was 0-18 however even after age 16 services did not have much input, therefore are now looking at how they can target this older age group.

- vi. What plans are in place to engage with people up to the age of 25?

Members were advised there are plans within the Special Educational Needs (SEND) strategy; engagement with other partners within BMBC is currently being undertaken to support their transition across services.

- vii. Initially there was some dissatisfaction from staff regarding their transfer from SWYPFT to BMBC, have these issues been amicably resolved with the trade unions and how many employees have left during this process?

The committee were advised during the transition the service worked closely with Human Resources and the Trade Unions and there was individual and collective dialogue with every member of the service. The service advised 24 of 156 staff (approximately 15%) left the service during transition. Some employees did not want to leave employment with the NHS and others moved to roles in neighbouring areas. The service was mindful of and monitored which staff left to ensure there was coverage and continuation of services. Those employees who have joined the Council are very positive and looking forward to contributing to what the service needs to look like in the future.

- viii. Were staff happy in relation to TUPE (Transfer of Undertaking [Protection of Employment]) and regarding the transfer in general?

The group were advised that many of the staff transferred with NHS terms and conditions, whereas some opted to move to a Council pension. Staff have been much happier compared with the previous tender as they have been engaged and enthused by being involved. As staff moved to the Council the service was clear in telling them what they could expect and made sure the service did what it said it would to ensure staff continued to be engaged. The service has recently advertised for 6 additional bank staff so that employees can be involved in the service re-design; the 6 people that have been taken on previously left the service but have decided to come back.

- ix. In relation to the planned workshops, have all staff attended and how many more sessions are due to be held?

Members were advised the third of 3 workshops is due to be held this week. So far 105 out of 120 employees have attended. Different locations have been used to enable as many staff as possible to attend and the service has also established a closed Facebook group to continue the dialogue. The service will also be holding an additional 'mop-up' session for those who were unable to attend the other sessions.

- x. Has there been the implementation of new practices; if so, has there been any feedback on these?

The committee were advised there have been no changes; it has been business as usual. There has been no increase in negative feedback and the service is working with Healthwatch to look at service user feedback. Problems identified have been in relation to the administration of the single point of access (SPA) however the service is working on its review to address these.

- xi. How do you ensure effective targeted intervention takes place amongst vulnerable, hard to reach groups?

The group were advised there have been no changes to the services that are being provided. Universal provision is now accessed in group sessions rather than one to one but this has been the only change. Through the HCP there are mandated contacts, and for each contact an individual assessment and pathway is completed. Regarding vulnerable families, it is about what they need and how this can be strengthened in the delivery model.

An example of a pathway would be an antenatal contact which would be a pregnant mum seen by a midwife. If there were concerns, a Health Visitor could then initiate the mental health pathway and also infant feeding support and join up with the midwifery service. The person would also be invited to sign up to an information sharing agreement and could be signposted to our Family Centres.

- xii. Are there instances where people could 'slip through the net'?

Members were advised there are core contacts which are mandated which enables the service to see people at critical times and also in-between if appropriate. If someone is seen by another service e.g. a GP could refer someone into the service who had low mood. Visits would be made as appropriate and clients could either be e.g. referred to mental health services or have low level interventions in relation to mood if there was a long waiting list.

- xiii. Regarding the 0-19 service; are there any ages where people tend to face more challenges or where the service has to focus, such as young children/teenagers?

The committee were advised the first year of a child's life is the most important; as they are being set up for life, such as their bonds and early nutrition. It is also however about enabling children to be school-ready as well as at senior school to avoid risky behaviours and ensure they have good self-esteem.

The service advised that there has not been much work done with those aged 16-19 years, therefore this is something they are currently looking to improve.

- xiv. Will resources be allocated to the more deprived areas within the borough?

The group were advised the cost of the transition was carefully managed and undertaken within the budget envelope. It was important for the service to protect the front-line which it continues to be committed to and has therefore reduced costs such

as those for estates. The service is now in a strong position to consider its next steps. Staff across the borough are working to normalise support in parenthood.

xv. Is there any use of the Third Sector or volunteers to deliver services?

Members were advised the service would like to consider a community parenting model which has been used in Derbyshire. Research has shown that service users are more accepting of delivery within the Third Sector. Community parenting has been done in some areas of our Borough, for example Home Start has worked. Also, peer support in infant feeding is already being utilised.

The Chair thanked all the witnesses for their attendance and helpful contribution, and declared this item closed.

51 Homelessness in Barnsley

The Chair welcomed the following witnesses to the meeting:

- Wendy Lowder, Executive Director of Communities, BMBC
- Michelle Kaye, Service Manager - Housing and Welfare, BMBC
- Ruth Newton-Scott, Housing Options Team Leader, BMBC
- Diane Lee, Head of Public Health, BMBC
- Councillor Jenny Platts, Cabinet Member for Communities

Michelle Kaye advised the committee that nationally there has been an increase in the number of people who are homeless; according to Shelter, since 2010 there has been a 33% rise. Similarly, there has been an increase in those who are rough sleeping; as of January 2017 there has been a 16% increase on the previous year. In Barnsley there are 6 Housing Advisors whose priority is homelessness prevention. Support for this is needed from both members of the community as well as partners to alert the service as to when someone may be at risk of homelessness.

If someone is at risk of homelessness an in-depth assessment is made, which will determine if the Local Authority has a homeless duty to them or will provide them with comprehensive housing advice. In either situation the service goes above and beyond their legal obligation to provide support to try and prevent or resolve homelessness. In Barnsley the number of applications from those who consider they are at risk of becoming homeless has fallen from a high of 658 in 2009/10 to 201 in 2015/16; this corresponds with the prevention figures increasing over the same time period from 85 to 619.

In Barnsley the predominant group approaching for assistance is single people, a number of whom have complex and enduring needs. Support is available for families from a range of sources including Family Centres. In Barnsley, we have recently seen an increase in single females approaching the service for support. There is an officer in post who engages with rough sleepers as soon as the service is made aware of them, however for some individuals it is a lifestyle choice. There needs to be a clear distinction between those who are seen begging/rough sleeping as not all of these are homeless, but support will still be offered through the outreach worker.

Members proceeded to ask the following questions:

- i. If the service was able to do even earlier intervention work, to what extent would this enable the service to be even more effective in preventing homelessness?

Members were advised analysis has shown that the earlier the intervention, the more likely it is that homelessness is prevented. For example, the service needs to re-establish its links with the probation service to ensure those leaving prison have accommodation on release. Between 2016 and January 17, 23 single males were discharged from prison with no fixed abode. The service has therefore written to the senior officers in the CRC (Community Rehabilitation Company) and National Probation Service to ensure this is addressed and is able to work in partnership with other agencies. The service has also seen an increase in the number of young people presenting as homeless however there is now a joined up approach to managing this with Children's Services.

- ii. At what sub-regional level has the Rough Sleepers Grant been awarded?

The committee were advised the service was keen to bid for this financial assistance, enabling work to be done with the 4 South Yorkshire Authorities, to look at innovative ways to support entrenched rough sleepers and those with complex needs. This starts from April 2017 with a financial investment of £400k over 2 years to be shared between the four authorities.

- iii. How will you ensure contact is made with those families who are hard to reach as they believe they are resilient, therefore won't access the support available even though they need to?

The group were advised there are a number of pressures on families, including welfare reforms, insecure employment, and poverty etc. Concerns around housing need to be raised at the earliest opportunity through partners such as health visitors, housing officers and other professionals visiting properties and noticing that 'something isn't right'. The service is predominately focussed on Housing Advice and so would encourage people to engage with the service as soon as possible.

- iv. There has been a suggestion those who are under 21 years of age will not be able to claim Housing Benefit any longer; do you think this will lead to an increase in homelessness for this age range?

Members were advised this is an area for concern. A number of people aged 16-21 currently access the service and it works in partnership with Children's Social Care services. New regulations are due to come into force where 18-21 year olds will be unable to claim housing benefit. There are some exemptions such as care leavers; however it will put pressure on the service in finding accommodation for this group.

- v. We have a number of families on low incomes and are at risk of losing their home but are not currently visited by any support services; how do we engage with these families?

The committee were advised there is a Local Welfare Assistance Team who deal with families in crisis and can refer to food banks. The service can also refer people to other services such as those commissioned by Area Councils. If a family returns to a food bank for a third time, the service will look at how it can support them as this

indicates they are likely to be in need and may be at risk of homelessness. In terms of trying to reach these families we need to ensure our services are widely advertised and link more into places like schools and GPs to try and encourage referrals to the team.

- vi. How effective are the Community Rehabilitation Company (CRC)?

The group were advised these were introduced following the dismantling of the probation service, and their remit is to supervise low and medium risk offenders. Although it has taken time for them to adjust to their role, they are working hard to link in with local services. The Police Crime Commissioner has oversight of their services.

- vii. How effective are Foundation Housing?

Members were advised currently the Council, Citizen's Advice Bureau (CAB) and Foundation Housing provide quarterly homeless prevention figures to the government. From April next year the service is hoping to gather more information about the amount of prevention activity taking place.

- viii. Has there been an impact following the reduction in the CAB budget?

The committee were advised the service has undertaken proactive discussions with CAB regarding their reduced budget, working relationships and avoiding duplication. Area Councils are also commissioning service from CAB.

- ix. There have been incidents with tenants in privately rented properties who have contacted their landlord for improvements to be made, then are subsequently threatened with eviction; is this something the service is aware of?

The group were advised the service has been contacted by people who have experienced this, however legislation has now been put in place to try to prevent this, it is referred to as retaliatory evictions. The difficulty is sometimes in getting enough evidence to take this forward. Therefore the service works closely with Regulatory Services and Community Safety teams to gather intelligence. As a service we have and will undertake legal proceedings against illegal evictions.

- x. Following the service moving to the Safer Communities Business Unit and part of the Public Service Hub (PSH) will this affect front door access to services?

Members were advised the move to the PSH will not change front line access as this will still be based in the Civic. The new structure makes more sense so that this service is located with other operational services such as the police and other key operational partners.

- xi. What is the eligibility criteria for homelessness?

If someone accesses the service, they are assessed based on five criteria. As a result of this they would either be eligible for homelessness support, they may be given priority need in terms of housing and the service may need to provide them with temporary accommodation. If someone was found to be intentionally homeless,

for example they had knowingly not paid their rent, then the service would only be required to provide them with accommodation for a reasonable period.

The Homelessness Reduction Bill is currently going through Parliament which would change how priority need is assessed and means the service will need additional resources to respond to this. It will also ensure that a more proactive approach is taken to homeless prevention, by taking homeless applications at 56 days rather than the current 28 days. Barnsley has temporary accommodation for families in the borough but only a small amount for single people.

- xii. Does the service work closely with the Probation Service, to ensure homeless prevention measures are in place, also is work done for care leavers and those leaving the armed forces?

The committee were advised accommodation and support following discharge from prison is not currently joined up as well as it could be, hence the letter which has been sent from BMBC. The service manager is on the armed forces covenant group and the service also asks people if they have been in the armed forces as it helps the service access support for them. Periodically, the service uses out of area bed and breakfast accommodation in Sheffield, although whenever possible these are not used and work is continuing to minimise this. The service has 1 crash pad for young people and is looking to continue to develop provision.

- xiii. Does the service work with Holden House?

The group were advised Holden House is one of the commissioned services the service uses. It is often full, therefore the service is looking at how it can utilise this resource better. A new specification has been drawn up to deliver services at this location so that it is able to deal with those with multiple and complex needs. This should also help the service avoid having to use other accommodation in Sheffield.

- xiv. How effective is the integrated working and sharing of intelligence between different teams and agencies, or is it a 'one stop shop'?

Members were advised the integrated working is getting much better. The service works with a range of key partners to provide support and accommodation. These partners include social care, landlords, public health, mental health, substance misuse, domestic violence and the voluntary sector. The move to the Public Service Hub will ensure more opportunities for integrated working. The service manager is currently devising a presentation to go to all relevant partners so they understand what the service can offer and where to refer to. For example, this will be shared with private sector businesses in the town centre to raise awareness.

- xv. There are people visible in the town centre that are begging but present themselves as being homeless; what is being done to address this?

The committee were advised the service has an outreach worker who liaises with those identified as rough sleepers and beggars. They are able to check systems for information, identify where there may be issues such as housing benefit, and provide support. The service is also working with partners such as the police to move people on where appropriate.

- xvi. Can you provide information on the supported accommodation on the periphery of the town centre?

The group were advised the CRC subcontracts to NACRO who look after a number of low and medium supported accommodation properties in Barnsley. The Council has written to NACRO so it can better understand their offer and how it can work with them to support clients. There was some suggestion that this property could belong to NACRO but this has yet to be confirmed.

- xvii. It is concerning to hear that NACRO are not engaging with the Council, particularly as local residents are concerned about these properties?

Members were advised that the service is aware of the changes which CRCs have gone through and the complexity of service provision. The service is trying to engage with them, however highlighted that problems such as this arise when you have nationally commissioned services which don't understand the local area or undertake dialogue with local services.

- xviii. What is done when rough sleepers won't engage with support services?

Members were advised the service is very persistent in trying to engage with rough sleepers. The outreach worker goes to engage with them every day if needed, even though they will regularly not engage. Recently the service engaged with an individual who had been rough sleeping for some time but has now engaged with services and has a tenancy; therefore this is used as a positive example to others.

The service has provision to invoke cold weather protocols when the temperature is due to be 0° or below on any one night. Nationally, this is only invoked after 3 consecutive nights at 0°. The service's protocols will provide a bed for the night and an opportunity to engage with support services. Barnsley Churches Project offers a hot meal 3 times per week and the service also has a food voucher scheme it operates with a local provider.

- xix. How will the newly commissioned services ensure they record contacts with clients, for example recording where a support worker has attempted to engage with someone, however they have refused to open the door to them?

The committee were advised the commissioned service is expected to record and monitor their contact with all clients, which will include evidencing what has been done to try to move clients on, such as from Holden House. Once the Homelessness Reduction Bill comes in, a personal support plan will need to be kept for every client.

- xx. What is done when people move into a community?

The group were advised the service monitors all clients who have transferred into accommodation, for example so the service can continue to support those with complex needs. A number of clients have managed moves rather than going through the eviction process. There is also floating/resettlement available.

- xxi. What is the service's relationship like with Action Housing?

Members were advised Action Housing is the current commissioned provider; however a new provider will be in place from April 2017. This service will offer support for those with multiple and complex needs. Work is currently being undertaken to ensure a smooth transition between providers.

- xxii. When undertaking the Roadshows to promote what the service is able to offer, will work be done with Barnsley Clinical Commissioning Group (CCG) to take this out to GPs also it would be helpful to have an All Member Information Briefing on this?

The group were advised the service will take these comments on board and also advised that they have plans in place to work with the new social prescribing contract.

The Chair thanked the witnesses for their attendance and valuable contribution and declared the meeting closed.

Action Points

1. The 0-19 service to either provide an update report or attend a future meeting of the Overview and Scrutiny Committee during early 2018 following the implementation of the new model.
2. The 0-19 service to look at support for those aged 16-19 and how this can be increased.
3. When undertaking roadshows, the Housing Options Team should engage with GP surgeries as well as undertake an All Member Information Briefing to raise awareness of available support services.