BARNSLEY
Metropolitan Borough Council

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

AGENDA

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 Declarations of Pecuniary and Non-Pecuniary Interest

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 Minutes of the Previous Meeting *(Pages 3 - 14)*

To approve the minutes of the previous meeting of the Committee held on 6th December 2016 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 Update on the 0-19 Service *(Pages 15 - 20)*

To consider a report of the Director of Public Health and the Director of Human Resources, Performance & Communications (Item 4 attached) which provides an update on the 0-19 Service.

5 Homelessness in Barnsley *(Pages 21 - 30)*

To consider a report of the Director of Communities and the Director of HR, Performance and Communications (Item 5 attached) on Homelessness in Barnsley.

Enquiries to Anna Morley, Scrutiny Officer

Phone 01226 775794 or email annamorley@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Clements, Franklin, Frost, Gollick, Daniel Griffin, Hampson, Hand-Davis, Hayward, W. Johnson, Lofts, Makinson, Mathers, Mitchell, Phillips, Pourali, Sheard, Sixsmith MBE, Spence, Tattersall, Unsworth and Wilson together with co-opted Members Ms P. Gould, Mr M. Hooton, Ms J. Whitaker and Mr J. Winter and Statutory Co-opted Member Ms K. Morritt (Parent Governor Representative)

Electronic Copies Circulated for Information

- Diana Terris, Chief Executive
- Julia Bell, Director of Human Resources, Performance and Communications
- Michael Potter, Service Director, Organisation and Workforce Improvement
- Ian Turner, Service Director, Council Governance
- Andrew Frosdick, Director of Legal and Governance
- Rob Winter, Head of Internal Audit and Risk Management
- Press

Paper Copies Circulated for Information

- Majority Members Room
- Opposition Members Rooms, Town Hall – 2 copies

Witnesses

Item 4 (2:00pm)

- 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

Item 5 (2:45pm approx.)

- 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

BARNSLEY Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee
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VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis (Chair), G. Carr, Charlesworth, Clements, Franklin, Frost, Gollick, Daniel Griffin, Hampson, Hayward, W. Johnson, Lofts, Mathers, Mitchell, Phillips, Sheard, Tattersall, Unsworth and Wilson together with co-opted members Ms P. Gould and Mr J. Winter

36 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.

37 Declarations of Pecuniary and Non-Pecuniary Interest

There were declarations from: Councillor Ennis as a lay member on the Barnsley Healthcare Federation; Councillors G Carr, Tattersall and Wilson, as members of the Corporate Parenting Panel; and Councillor Unsworth as a Governor at Barnsley Hospital NHS Foundation Trust.

38 Minutes of the Previous Meeting

The minutes of the meeting held on 4th October 2016 were approved as a true and accurate record.

39 Barnsley Place Based Plan and the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP)

The Chair welcomed the following witnesses to the meeting:

- Lesley Smith, Chief Officer, Barnsley CCG
- Jade Rose, Head of Strategy and Organisational Development, Barnsley CCG
- Will Cleary-Gray, Programme Director, NHS Commissioners Working Together
- Julia Burrows, Director of Public Health, BMBC
- Wendy Lowder, Executive Director, Communities, BMBC
- Andrea Wilson, Deputy District Director, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
- Bob Kirton, Director of Strategy and Business Development, BHNFT

Lesley Smith explained the Barnsley Place Based Plan and the South Yorkshire and Bassetlaw (SYB) Sustainability and Transformation Plan (STP) are two documents

that are inextricably linked, with both sharing the same three visions for Barnsley residents, to start life well, live well and to live longer. Whilst the life expectancy in Barnsley is increasing; healthy life expectancy is decreasing and is only 57 years of age. To deliver these three visions and improve healthy life expectancy, the focus of the Barnsley Place Based Plan and Sustainability and Transformation Plan is not just about health but is about improving education levels, the standard of housing, as well as increasing employment, working with partners and other agencies across the health and care system.

Jade Rose continued by advising the committee that the Barnsley Place Based Plan is a building block for the STP, with there being a strong alignment between this and the Health and Wellbeing Board Strategy, as they were developed in parallel. In Barnsley there are gaps in health and wellbeing, care and quality, and finance. We know we have reducing healthy life expectancy, increasing numbers of long term conditions, increasing poverty, increasing rates of smoking, obesity and alcohol related disease, an ageing population, increased complexity of need and increasing patient expectations, all of which is placing increasing demands on health and social care services.

This increase in demand creates financial challenges which when modelled shows that by 2021, the financial gaps between the predicted cost of health and care services against the expected budget in Health and Social Care Services will be £90m. We therefore need to work differently to focus on prevention, reduce service demand and increase productivity. The local plan links to the STP regarding clinical priority areas and how Barnsley systems contribute to these. A number of actions are already in place however we need to strengthen our system-wide approach.

Members proceeded to ask the following questions:

i. There has been speculation central government has placed a ‘pause’ on the delivery of the STPs; can you confirm whether this has happened?

The committee were advised there has been no change in the timescales; the consultation with local people will start later this month and continue through to the end of February 2017. Nationally plans are at different stages, but we are being told to progress our discussions with the public.

ii. Will the plan have any effect on the provision of the Accident and Emergency (A&E) department at Barnsley Hospital NHS Foundation Trust (BHNFT) and will this be subject to scrutiny?

Members were advised any changes to the provision of services would necessitate a public consultation, as well as the need for a business case, and scrutiny.

iii. Closure of this service would be met with strong opposition; would there be a full and open public consultation as there is concern that this would be covered up?

The group were advised there would be consultation with the public, as well as a robust business case and public scrutiny. Consultation is currently being undertaken with the public regarding our vision. The Barnsley Place Based Plan is strongly aligned to the STP. The STP outlines the strategic level over all the areas covered,

but 70% of the work will be done at a local place level. The work will be subject to the usual rules regarding scrutiny and consultation.

iv. A member highlighted a number of key points in both the STP and Barnsley Place Based Plan in relation to the financial figures and timescales for change, stating that the plans lacked credibility and querying that they are just about making financial cuts?

The committee were advised the plans are not about cuts to budgets. The financial gap is created by the projected levels of demand outstripping the projected levels of resource. Current work is being undertaken to support individuals and strengthen support in communities. Doing nothing is not an option and we need to work co-productively with our communities. Primary care and community settings can respond better; we need to use our assets more effectively to get better outcomes. We need to work co-productively with professionals and our communities, and we also need transparency in relation to local government and our communities.

Regarding prevention, the figures sound dramatic but if we can get investment in preventative services such as smoking cessation, a 10-20% reduction in the number of people who smoke would have a dramatic effect on improving health and reducing people attending hospitals and GP appointments.

v. With an ageing population, reductions in funding, local authority cuts, in five years' time, won't further financial assistance be needed, not the impending cuts that the STP suggests?

Members were referred to the previous response that the STP is not about budget cuts, it is about responding to the need for change to ensure continued service delivery.

vi. Whilst eloquently written, are the reports simply eluding to the fact that cuts are going to be made; how will you ensure the proposed changes can be achieved and when will the detail of this be available; also please comment on how you propose to improve health in Barnsley?

The committee were advised ensuring the changes are delivered begins with the Barnsley Place Based Plan, improving public health, building resilient communities and continuing to strengthen out of hospital care. We have been working on reducing smoking prevalence for a long time and we have seen it reduce. We need to focus resources on prevention to tackle smoking, alcohol and improve the health of the working age population to have the biggest impact on the economy. It was acknowledged that there was more work to be done and that challenges would arise in considering the details. However it was also highlighted that this work has already begun, with a partnership group established with representation from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), BHNFT, Healthwatch and Voluntary Action Barnsley (VAB) and the Stronger Communities Team.

Work is ongoing to consult our communities on the objectives and actions from the Place Based Plan. Work will continue across partners to build stronger communities, strengthen primary and community services, particularly as 30% of people who make an appointment to see their GP and 50% of people attending A&E don't need to use these services as their initial source of care. From April 2017 we are implementing

social prescribing for people with non-medical needs. In relation to the shortage of GPs we have taken steps to address demand including having clinical pharmacists, health care assistants and extended GP opening hours.

A member of the committee commented that it has recently been the 30th Anniversary of a Joint Protocol being signed by Barnsley Hospital on anti-smoking which shows how long we have been trying to tackle these issues.

vii. A member of the committee explained the Royal Voluntary Service (RVS) were commissioned by the Central Area Council to provide social prescribing and have tried for two years to engage with GPs; however, have not received any referrals. It was highlighted that this does not give them confidence in organisations working differently and that the timescales proposed are very short, therefore how do you propose to implement the plans?

Members were advised there is a lot of work being done in relation to social prescribing and learning has been taken from this example. As GPs are busy treating health needs, they have not been making referrals for non-health needs therefore we are having link workers available in all practices to spot where social prescribing would be appropriate, therefore making GPs not the only ones who can refer. We want to work with Members to make this work, therefore Carol Brady and the RVS have been consulted on how we can make this process work in future. Social prescribing has been a success in other areas and we are bringing that learning to Barnsley.

viii. Are partners working closely together or is the arrangement more autocratic?

The committee were advised partners are working closely together. The Barnsley Plan is a partnership plan, with an officer group under the Health and Wellbeing Board who own the plan and the actions. GPs are on board with this and feel their skills are not best utilised as there are people in the system who shouldn't be there. GPs are a scarce resource of specialist skills; therefore we need make sure they are used effectively.

ix. With the population increasing and the plan being to educate everyone regarding the appropriate use of services etc.; how will this work and how long will it take to become the 'norm' where people know what to do?

The group were advised whilst there is an increase in the population; we can either take the view that additional resources will come our way or alternatively plan for how we can do things differently. Work with our communities has already started, with examples in Public Health and primary care. This will continue and there will be further activities in autumn 2017 to assist in progressing the plans.

x. What changes will residents see as a result of the plans and what are the timescales in relation to these?

Members of the committee were advised, people will see the services available to them being closer to where they live, and alternatives to attending A&E. Services in communities will have integrated teams so there won't be organisational divides and we will be taking a one Barnsley approach.

xi. The plans appear to be a ‘wish list’ which relies on volunteers, self-care and Area Councils to deliver with a reduced budget. It also seems like a hierarchical process, therefore what will the consultation look like and will CCG Members be taking a pay cut?

The committee were advised the consultation on the high level plan is starting here, the delivery of the local plan will be undertaken by partners. The SYB STP will follow the usual rules of scrutiny and engagement. We know this is currently a vision and ambition and there will be further work to do down the line. The pay of senior staff at the CCG is benchmarked across other CCGs and no higher or lower than equivalent organisations. The success of the CCG should be evaluated on what it delivers and it is currently delivering a number of schemes to support the Barnsley Plan.

xii. It seems the plans are predicated on volunteers, people looking after themselves and Area Councils; why is it everyone else is taking cuts but not management?

The group were advised the CCG is investing in resources that are more local to where people live including extended primary care as well as social prescribing. As you can see in the plans, social prescribing is not being done because it’s cheaper but because it’s better for people’s health. It also improves health when people do things for others. A lot of things in the plan are in relation to healthcare, which is only a small part of a person’s health and wellbeing. We need for example to ensure we strengthen communities through improved housing.

xiii. What is going to be done to improve housing to improve health?

Members were advised housing and health is considered under the Safer, Stronger Communities partnership which is chaired by Cllr Chris Lamb which recognises the points raised. We have a number of good private sector landlords as well as pockets of poor ones; we are therefore hoping to bring a report through Cabinet regarding landlords shortly. The CCG advised they had secured national funding regarding the renewal of boilers in Barnsley and the intention is to do a joint pilot with the CCG and Council to invest in warmer homes and look at the health and wellbeing outcomes this delivers in Barnsley.

xiv. Behavioural change regarding smoking has been ongoing for 30 years and for the last 4 years one of the Area Councils has been working on weight and exercise in particular, however we still have poor outcomes; therefore how can the changes proposed be achieved within 4 years?

The group were advised a lot of good work is taking place both in Barnsley and nationally, such as plain packaging for smoking. We are doing a lot of things to make smoking invisible in Barnsley such as smoke-free play parks and a smoke-free town centre. We also have the best tobacco alliance in the region. The STP enables everyone to be engaged in this work such as enabling doctors to refer to appropriate services.

xv. A member of the committee advised that attempts had been made by the Tobacco Alliance to get the Breathe 2025 campaign video played in local GP surgeries but were told there is a charge for this, however they have no

budget, therefore requested on behalf of the Alliance for this to be enabled to take place at no cost in both GP surgeries as well as in Family Centres?

Both the Director of Public Health and Chief Officer of the CCG agreed to support this and advised it would be discussed at relevant board meetings and would be taken forward through the Tobacco Alliance.

xvi. Page 5 of the Barnsley Place Based Plan refers to the Prime Minister's Challenge Fund which was used for I HEART Barnsley referred to on page 17: when will there be an annual report on this programme; who will continue to pay for it once the funding runs out; and has it made a difference in reducing the number of people attending A&E?

The group were advised monitoring is done through NHS England; the initial funding to extend GP opening hours was from the Prime Minister's Challenge Fund and this has now been extended by GP access funding. The funding is about extending care till 10pm, not about minor injuries. When people attend I HEART and have been asked where they would have gone, they say A&E; however we still have large demand on A&E.

xvii. Has 'I Heart' led to fewer people attending A&E as no-one in the community knows what I HEART is?

Members were advised as Barnsley has relatively few GPs, I Heart as well as any other capacity is welcomed. Demand on A&E services at Barnsley Hospital is up 5.5% this year which is down to a number of factors. Videos should be shown in our A&E department to make people aware of I HEART. The CCG advised they are supporting the hospital to gear up for increased demand over the Christmas period, including having a public campaign.

xviii. We have used volunteers in the past as health ambassadors: how will we fund them in future; often they have felt under-valued; also are there any materials to help them support people in relation to smoking and obesity programmes; it is also concerning that we have been doing these activities for 20 years and it has not made any significant change?

The committee were advised the achievements of volunteers are reported in the Council's Corporate Plan Performance Report where numbers have increased year on year with 16% growth in new community groups which will continue as a result of the STP. We need to have a dialogue however about where volunteers will be best placed. In relation to the funding of volunteers, Barnsley has just been selected as 1 of 9 Shared Lives Plus Sites across the country to support people in their communities with health needs, such as those in respite care.

xix. A member of the committee commented that this approach feels like we're re-inventing the wheel without financial investment as this was done years ago through the Government's 'Sure Start' initiative, therefore how will this be managed?

The member was advised the point in relation to Sure Start was well made.

xx. How will children's and maternity services be funded?

The group were advised the services have a plan of how the relevant service fit together. 70% of what happens in Barnsley is about how to support people differently and move resources across the patient pathway to release funding for new investments.

xxi. Will there be continued support for the Breast Feeding Link Worker approach as a lot of money has been invested but it has made limited difference?

Members were advised that their frustration in relation to breast-feeding rates is shared. Services are currently continuing to look at what evidence there is for different ways of improving this.

xxii. A member raised concerns that: cutting smoking over the next 4 years to raise £90 million would not work as it takes decades; the changes being made to Stroke and Children's Surgery Services is the first part of salami slicing; also that the STP is the Sheffield take-over plan and there will be a loss of services in Barnsley; finally that the establishment of an Accountable Care Organisation has no statutory basis and is this just a re-organisation via the back-door?

The committee were advised if there is a reduction in the number of people who smoke, there is an immediate improvement in their health; since the smoking ban in 2007, hospital admissions in relation to heart attacks has reduced significantly. The Barnsley Place Based Plan and the STP are not about salami slicing; from the outset we want people to live well and scrutiny on these changes will be important. We need to make sure we don't increase health inequalities, therefore services need to be closer to people's homes.

Regarding specialist services, during the pre-consultation held January-April 2016, Barnsley people told us when they want specialist care, they want the same service as Sheffield people, and therefore if this can't be in Barnsley then they will travel. Having financial resources won't solve everything as there aren't enough other resources, for example, consultants to deliver these services.

An Accountable Care Organisation is about a delegated budget and the services within it being brought together without organisational boundaries. Currently patients can fall between organisations and get passed from one to the other which isn't good for patients. The vision for Barnsley is one where patients receive services from a single team with no boundaries.

The Chair updated the Committee that further to the previous OSC meeting and in his role as Barnsley's representative on the Joint Health Overview and Scrutiny Committee in relation to the Consultations on Hyper Acute Stroke Stroke Services and Children's Surgery & Anaesthesia Services, early statistics show from the 120 responses received so far, between 50 and 60 are from Barnsley.

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

40 Barnsley Provisional Education Outcomes 2016

The Chair welcomed the following witnesses to the meeting and advised Yvonne Gray who is the other Joint Chair of Barnsley Schools' Alliance Board has apologised for being unable to attend the meeting:

- Nick Bowen, Principal of Horizon Community College and Joint Chair of Barnsley Schools' Alliance Board
- Margaret Libreri, Service Director, Education, Early Start and Prevention, People Directorate
- Gary Kelly, Head of Service-Barnsley Schools' Alliance, People Directorate
- Liz Gibson, Virtual Headteacher for Looked After Children, People Directorate
- Councillor Tim Cheetham, Cabinet Member, People (Achieving Potential)

Margaret Libreri gave a detailed outline of the provisional outcomes in education in Barnsley for 2015-16 by each key stay, referring to Items 5b and 5c. This was followed by Liz Gibson giving a detailed outline of performance for Children in Care (CiC), referring to Item 5d. This included highlighting good and poor performance, comparisons with different categories of children and national results, as well as areas requiring improvement.

Members proceeded to ask the following questions:

I. Last week Sir Michael Wilshaw criticised the North / South divide in relation to academic achievement; is this something we recognise and what are we doing to address this?

Members were advised there is a gap in relation to both attainment as well as the level of funding between the North and South of the country, which adds to the challenge for Barnsley Schools. The issue is not all about funding but also about what schools, families and communities do, such as challenging poor behaviour. As a region, the improvement challenge has been taken on board and we have gained 5% year on year improvement which is contrary to the national picture which is going backwards.

II. Does the behaviour of today's children have an impact on the results?

The committee were advised poor behaviour in schools has always been an issue; however we now see more extreme behaviour. In general it is good with only a small percentage of students causing problems, but this makes perception poor. Schools continue to work on this, but do struggle.

III. Why have the assessment methods been changed?

The group were advised; historically it was claimed that 'Every Child Mattered' however this was not the case as the focus was for getting children a GCSE Grade C. However, schools now get credit for moving for example a child from a G to an F and from an A to an A* which for the first time means teachers have to focus on every child. We convert the new number system to grades to avoid confusion. There is still a focus on maths and English which shouldn't just be the case as we need to encourage students to do creative arts. Also not all qualifications have to be GCSEs as BTECs are also important.

IV. Not all children are academic and sometimes vocational activities are more suited to their needs, which allow them to excel; are these provided?

The group were advised there is a large group of schools that are working well together and offer a wide-ranging curriculum. Broadly, the way schools work in Barnsley is good but there is still work to do and we are committed to making improvements.

V. Working within the community and supporting extra-curricular activities will often benefit children and improve their academic performance; does this happen with reduced budgets?

The witnesses agreed with the points raised and advised that at Horizon School five years ago they made their focus achievement, teaching and community enterprise. They now have full time staff to ensure community involvement activities in evenings and at weekends. This model is not necessarily the case in all schools but at Horizon they believe pupil attainment improves when pupils are engaged in their communities and get real-life experiences.

The group were advised that they were not aware of any schools in the Borough which did not have extra-curricular activities for children, even despite the reduced budgets. These additional activities enrich a child's education and assist with their development and wellbeing. The voluntary sector and community are invited to link up with schools and create wider opportunities such as the Prince's Trust and National Citizenship Service.

VI. Why has there been a dramatic increase in the number of fixed term exclusions (FTEs) in Barnsley over recent years?

The committee were advised there have been inherent changes as schools transfer to academies. This is not about blame but there were periods of establishing new rules and being black and white about boundaries due to previous poor performance and behavioural issues in schools. During Nick Bowen's first year as Head Teacher at Horizon there were deliberately no FTEs. However there were spikes of extreme behaviour where the policy wasn't being effective and was detrimental on staff; therefore it now uses FTEs. They are only used however where there is evidence of very abusive behaviour where attempts have been made to use other interventions. Barnsley Alliance would like to see reductions in FTEs both at Horizon as well as in other schools, however there is no doubt that extreme behaviour causes problems for the learning of other pupils. In schools where there were a number of FTEs, staff, pupils and parents noted a positive change in the atmosphere at the school.

VII. A Member congratulated the young people of Barnsley on the recent GCSE results and commented that there appears to be a lack of teaching of Modern Foreign Languages in both schools and at Barnsley College. The Member proceeded to ask if it was felt that there should be languages other than French taught at Barnsley College, particularly when for example the legacy of James Hudson-Taylor in Barnsley should mean we should be promoting Chinese as a language to learn given the potential tourist trade?

The group were advised studying a foreign language is now statutory in Primary Schools and changes to the curriculum in Secondary Schools have led to a greater take-up of languages. Schools work hard to get quality provision but there needs to be national improvement in this; however in Barnsley, Secondary Schools are now liaising with Primary Schools in relation to this. In terms of Barnsley College, the witnesses advised that we need to celebrate how good they are and that we have good provision of subjects, however acknowledge that there is still more to do.

VIII. With regards to poor behaviour and exclusions, how many of these children have Special Educational Needs (SEN)?

Members were advised exclusions of SEN pupils are over-represented in both local and national statistics; we are not complacent over these and Barnsley Alliance is planning to take a deep dive investigation into them.

IX. Are there difficulties in recruiting good maths teachers?

The committee were advised, recruiting and retaining good maths teachers is a challenge at both a local and national level. We are currently trying to recruit them from all over the country including using Barnsley Alliance funding to go into universities to recruit them from specific courses. We are working innovatively to solve this this but it remains an issue.

X. A Member gave an example of where a pupil excelled at a subject but there was not appropriate provision in Barnsley to pursue this?

The group were advised that schools cannot focus on specific groups of children; all pupils need to be considered. The Barnsley Alliance is a school-led system of improvement and we're getting sharper at identifying where things aren't good enough and getting appropriate resources in place.

With regards to Looked after Children (LAC) we have looked at processes to ensure we offer the right level of support to our children such as having termly PEPs (Personal Education Plans) and reviewing the use of additional premium funding. The Virtual Head quality assures this work to check it matches identified needs. At the end of the term, requests are made to evaluate the funding, such as ensuring the use of SMART (Specific, Measurable, Attainable, Realistic, Timely) targets and that the voice of the child is evident in the plans. In relation to FTEs of LAC, challenge would be made by the Virtual Head to ensure this was the appropriate course of action, particularly as for LAC, behaviour can be a form of communication and is not necessarily the problem itself. Schools also need to ensure they are 'attachment-friendly' and understand the behaviours of our LAC, such as, a child may want to behave but due to stress and anxiety they are unable to. Staff need to be given a range of strategies to deal with children in this position.

XI. It is disappointing to see the attainment gap between boys and girls has widened; is it due to an attitude amongst white working class pupils that education is not cool?

Members were advised the gap did get wider, however schools are working on this, therefore it should start to reduce. Reading is the key to make a difference therefore we're working with schools to address this.

XII. Every primary school is not offering a modern language on their syllabus even though it's compulsory, why is this?

The committee were advised it is difficult for primary schools to find quality provision for the teaching of languages, particularly due to funding. We are however aware that this needs to improve.

XIII. Is funding a problem in schools?

The group were advised funding is low which has an impact; however Barnsley schools are creative with what they have.

XIV. What provision is there when a child has been excluded?

The group were advised schools can exclude children up to 6 days without alternative provision. If the exclusion is more than 6 days then they are given alternative provision for which schools have their own systems and try alternatives. For example if a short-sharp exclusion doesn't resolve the issues, then a school would look at other support measures.

XV. Why is attainment in relation to reading so low?

Members were advised reading is key, particularly in relation to literacy and language skills. Issues occur in early years as children are starting school with low level language. The context however is an improving picture across the Borough; however we need to keep the momentum of this.

At this point the Chair declared the meeting closed and thanked the witnesses for their attendance and valuable contribution to the meeting.

Action Points

1. Playing of the Breathe 2025 campaign video in both GP surgeries and Family Centres free of charge to be taken forward through discussion with relevant Council and CCG Boards and the Tobacco Control Alliance.
2. Members to consider asking for a report on the I HEART service from NHS England back to the Barnsley public to consider performance and to also help promote service funding.
3. Barnsley Hospital to consider showing a video in their A&E to promote the I HEART Barnsley service.
4. Members to continue to support school improvement in the Borough, particularly with regards to provision of support to Looked After Children (LAC).

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Report of the Director of Public Health and the Director of Human Resources, Performance & Communications to the Overview and Scrutiny Committee (OSC) on 7th February 2017

Update on the 0-19 Healthy Child Programme (HCP)

1.0 Introduction

1.1 On 15th September 2015, the Council's Safeguarding Scrutiny Committee (SSC) considered a report on the commissioning of the 0-19 Healthy Child Programme (HCP) which at that time was out to tender. Recent national changes had taken place therefore Members were given an update regarding this and provided challenge and scrutiny to the proposals and the future running of the programme.

1.2 Since that time a number of changes have taken place; therefore this report provides an outline of the transition of the delivery of the 0-19 HCP to Barnsley Metropolitan Borough Council (BMBC), including the rationale for the transition, the impact on the delivery of the service, programme governance and future plans for the service.

2.0 Background

2.1 Local Authorities became responsible for commissioning the HCP 5 to 19 years in April 2013 which included School Nursing and the National Child Measurement Programme and the HCP 0 to 5 years which includes Health Visiting on the 1st October 2015.

2.2 Published in 2009, the National HCP sets out the recommended framework of universal and targeted services for children and young people to promote optimal health and wellbeing.

2.3 The HCP provides good practice guidance for all organisations responsible for commissioning services aimed at improving health outcomes for children and young people from during pregnancy through to their 19th Birthday, and for frontline professionals involved in delivering these services. The HCP has a particular focus on health visiting from pregnancy to five years and school nursing for 5 to 19 years old.

2.4 The HCP is a prevention and early intervention public health programme offered to all families that lie at the heart of the universal service for children and families. It aims to support parents, promote child development, reduce inequalities, improve child health outcomes and health and wellbeing, and ensures that families at risk are identified at the earliest opportunity.

3.0 Context (Local and National)

3.1 Following the transfer of commissioning responsibilities for the HCP programme a specification was developed for the proposed service model with a view to testing the market in order to secure provision that would best improve health outcomes for the children and young people of Barnsley and ensure improved value for money at a time when the Programme was facing funding challenges.

3.2 The procurement process culminated in the receipt of only one bid, from the incumbent service provider, the South and West Yorkshire Partnership NHS Foundation Trust (SWYPFT). This bid was rejected, firstly, as it failed to meet the Council's affordability criteria and secondly, because the Council was unable to adjust those criteria or negotiate an agreed outcome because that would have been contrary to the public procurement rules.

3.3 At its meeting on 13th January 2016, Cabinet noted the position regarding the 0-19 Years Healthy Child Programme (HCP), the failure of the procurement exercise in 2015 and the various options described within the paper to secure continued service provision for the borough. Cabinet approved Option 4 within the paper which described a proposal to develop a partnership arrangement with SWYPFT which would result in a newly designed service model for the provision of the 0-19 HCP in the Borough.

3.4 Following the 13th January Cabinet decision, senior colleagues from Barnsley MBC and SWYPFT met on a weekly basis to further the partnership approach to developing the new 0-19 service. The meetings addressed the service delivery model, system leadership and interdependencies, finance and legal considerations. In addition, four workshops took place with wider, strategic and operational representation from both organisations and key stakeholders. The workshops focussed on the service delivery model, the staffing numbers and ratios, staff skill mix and deployment and the scope of service provision.

3.5 On the 29th March 2016, the SWYPFT Board agreed the recommendation from the SWYPFT Executive Committee that the organisation should exit the Health Visiting and School Nursing contracts held with Barnsley MBC. This was confirmed to the Council on 30th March. SWYPFT state that this decision was based on clinical and managerial assessment of the sustainability of the service going forward within the financial envelope.

3.6 On the 18th May 2016, Cabinet approved the recommendation to bring 'in house' the 0-19 Healthy Child Programme, approval was also given to extend current contracts with SWYPFT for Health Visiting and School Nursing to 30th September 2016, allowing for safe transition of the service.

3.7 Following the cabinet decision a Transition Board was established along with Transition Steering Groups within both organisations to drive forward the work requirements within a number of work streams. A significant amount of support was required internally to address issues such as IT, information security and governance, estates, HR, clinical governance and so on.

3.8 On 1st October 2016 the staff were safely transferred under TUPE (Transfer of Undertakings [Protection of Employment]) Regulations to Barnsley MBC. The successful transfer was a result of considerable internal support across BMBC.

4.0 Where We Are Now

4.1 Initially it was anticipated that BMBC would have to cover additional one off costs of transition. The transition team have actually managed to complete the transition within the 0-19 budget.

4.2 A new Head of Service (HoS) has been appointed and commenced employment with BMBC on 31st October. The new HoS will lead the design of a new staffing model in order to meet the changing needs of the population, meet the additional requirements as well as delivering the Children and Young People's 0-19 Healthy Child Programme.

4.3 The main challenges during transition have been estates, IT and data transfer. The Transition Board continued to meet post transition and have resolved outstanding issues.

4.4 Despite a number of staff choosing to leave the service prior to transition there has been no significant adverse impact on the delivery of the service. Measures are in place to effectively monitor service delivery and identify and mitigate any risks.

4.5 The transition of the service to BMBC has resulted in a significant reduction in overheads, which will enable us to maximise resources to frontline delivery.

4.6 The changes present an exciting and welcome opportunity for Barnsley Council to influence the way in which these services are delivered in the future, taking the national framework and adapting this to meet local needs with a clear vision for improving the health and wellbeing outcomes of our children, young people and families across the Borough through the HCP.

4.7 The transition of the service into BMBC enables the 0-19 HCP services to better align with the priorities established in the Borough's Public Health Strategy and to explore links with other Barnsley MBC services such as Early Years and Youth Justice Services.

5.0 Future Plans/Challenges

5.1 The challenges to future public health funding mean a level of service delivery remodelling is required to meet the revised financial envelope available for the service and will be formulated in accordance with the following:

- Engagement of all staff across the service.
- Built on strong needs assessments.
- A service designed to achieve improvements in quality, efficiency and value for money.
- Positive engagement of children and young people in their healthcare and the development and delivery of services.
- High quality care and effective targeting of resources to meet specific needs and address health inequalities.

5.2 The service delivery remodelling will:

- Be developed and adapted to meet local needs.
- Provide clarity around the services currently operating within the borough and what provision is delivered.
- Review current referral and care pathways.
- Map need against the existing provision and identify gaps/duplication.

5.3 The timescales for the design, development and implementation of the new delivery model are as follows:

- Delivery model designed by the end of March 2017
- Consultation and Mobilisation April-August 2017
- New model in place September 2017

5.4 Workshops have been established to engage with 0-19 service staff, further workshops are planned to engage with delivery partners and service users.

5.5 A multi-agency stakeholder group will be established to oversee the development of existing and new pathways of care.

6.0 Invited Experts

6.1 The following experts have been invited to today's meeting to answer questions from the committee:

- 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

7.0 Possible Areas for Investigation

7.1 Members may wish to ask questions around the following areas:

- What feedback has been received from service users including children and young people regarding service delivery? Have there been any positive/negative changes to this as a result of the transition?

- Are effective performance management arrangements and infrastructure requirements in place to support the programme, such as ensuring appropriate clinical governance, record keeping, data collection and reporting?

- How do you ensure effective targeted intervention takes place amongst vulnerable, hard to reach groups and for those with complex needs?

- Are all key stakeholders on board and engaged in the Healthy Child Programme to ensure integrated service provision? What impact has the transition had on relationships with our partners?

- To what extent is best practice utilised in the design and delivery of the service? Has there been any shared learning from other local authorities adopting a similar model?

- What impact has the reduced financial envelope had on the delivery of the service?

- What feedback has been received from staff in relation to the service; what impact do they feel the transition has had on service delivery?

- What actions could be taken by Members to assist in the effectiveness of the 0-19 Healthy Child Programme?

8.0 Background Papers and Useful Links

- Safeguarding Scrutiny Committee (SSC) Report for 15th September 2015: http://barnsleymbc.moderngov.co.uk/Data/Safeguarding%20Scrutiny%20Committee/201509151400/Agenda/$Copy%20B%20-%20Healthy%20Child%20Programme%20Report.doc.pdf
- Minutes from the SSC on 15th September 2015: http://barnsleymbc.moderngov.co.uk/documents/s5436/Minutes%20of%20the%20Previous%20Meeting.pdf
- Healthy Child Programme: Rapid Review to Update Evidence, Public Health England (2015): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf

9.0 Glossary

BMBC – Barnsley Metropolitan Borough Council
HCP – Healthy Child Programme
HoS - Head of Service
OSC – Overview and Scrutiny Committee
SSC – Safeguarding Scrutiny Committee
SWYPFT - South West Yorkshire Partnership NHS Foundation Trust
TUPE - Transfer of Undertakings (Protection of Employment) Regulations

10.0 Report Authors and Officer Contacts

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30th January 2017

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Report of the Executive Director of Communities and the Director of Human Resources, Performance & Communications, to the Overview and Scrutiny Committee (OSC) on 7th February 2017

Homelessness in Barnsley

1.0 Introduction

1.1 This report provides an overview of homelessness both at a national level and in Barnsley. The report provides a summary of the key issues relating to homelessness, the trends and statistics, the role of the Housing Options, Advice and Homeless Prevention (HOA&HP) Team, including the legal duties and future challenges faced by the service and homeless people in the borough.

2.0 National Context

2.1 Homeless duties and legislation are complex and whether the council has a responsibility to provide accommodation to a household or individual depends on a number of factors.

2.2 Homelessness in England is continuing to grow, with data showing a 33% rise in people accepted as homeless by councils since 2010. Shelter's analysis shows that nationally there has been a 6% year-on-year rise in the total number of households accepted as homeless up to 2015, including an 8% rise in homeless households with dependent children. The loss of a private tenancy remained the biggest cause of homelessness in 2015, including 17,000 households given emergency accommodation by local authorities after being evicted from a privately rented home.

2.3 The Homeless Monitor, undertaken annually by Crisis, shows that rough sleeper numbers are also up by 55% since 2010. Statutory homeless acceptances in 2014/15 were 54,100, which is an increase of 14,000 across England since 2009/10. The same report acknowledges that local authorities are reporting far greater difficulties providing 'meaningful help' to single homeless people, especially those aged 25-34, and homeless people with complex needs, than they do for homeless families with children. The most up to date government figures for quarter one of 2016/17 shows that nationally there were 14,780 households accepted as statutory homeless, up 2% on previous years and up 9% on the same quarter last year. The total number of households in temporary accommodation on the 31st March 2016 was 71,540, up 11% on a year earlier and up 49% since 31st December 2010 where the numbers in temporary accommodation was 48,010.

2.4 In recognition of this the government is supporting the Homeless Reduction Bill which is currently making its way through parliament. This will place additional responsibilities on councils including, but not limited to: the duty to prevent homelessness for all eligible households; increasing the period during which an authority should treat someone as threatened with homelessness from 28 days to 56 days; and implementation of a new duty on public services to notify a local authority if they come into contact with someone they think may be homeless or at

risk of becoming homeless. Whilst these duties are welcomed they need to be sufficiently resourced both in terms of staff capacity and the availability of accommodation options that can meet the range of presenting needs. The introduction of the Bill for Barnsley is likely to see an increase in homeless applications which in turn has the potential to increase the number of full duty acceptances.

3.0 Local Context

3.1 The council's HOA&HP Team offers comprehensive housing advice and assistance to prevent and resolve homelessness. This involves operating a telephone advice line, assessing customer needs, taking homeless applications in line with the legislation, promoting the prevention of homelessness and working with a range of partners, including but not limited to, relatives, landlords, support providers, social care, mental health and CRC (Community Rehabilitation Company). The team has a lead officer for the private rented sector, working closely with landlords to source properties for vulnerable customers to support the prevention of homelessness. There is also a dedicated Tenancy Support Worker who works across the team providing a range of practical support to tenants in private rented properties and homeless temporary accommodation. In July 2016 a Support Navigator role was appointed to, recognising the need for a targeted resource to respond to rough sleepers and to support those with more complex needs on a one to one basis to address issues preventing individuals from accessing mainstream and supported housing.

3.2 The current contact channels for the service are:

- Public access telephone advice line 01226 773870
- Email – housingadvice@barnsley.gov.uk
- Drop in and appointments at the Civic, Eldon Street, Barnsley.
- Information is available on the council website https://www.barnsley.gov.uk/services/housing/homelessness-and-housing-advice/

3.3 People access the service for a variety of reasons, some require basic housing advice, some require more in depth support and others present in crisis with a range of multiple and complex needs.

3.4 The team has a strong focus on the prevention of homelessness. In its broadest sense this is where 'the council takes positive action to provide housing assistance to someone who considers themself to be at risk of homelessness, and as a result of work undertaken the person is able to remain in their existing accommodation or obtain alternative accommodation, providing a solution for at least the next six months'. The government guidance states that local partners who also provide positive action to prevent homelessness should be included in the recording of figures. In Barnsley, currently the council, Citizen's Advice Bureau (CAB) and Foundation Housing provide quarterly homeless prevention figures.

3.5 Due to the hard work of the team and the continued focus on preventing homelessness the number of homeless approaches in Barnsley has fallen from a high of 658 in 2009/10 to 201 in 2015. In addition, homeless acceptances (full

duty) have fallen from 96 in 2009/10 to 14 in 2015/16. This correlates with the prevention figures increasing over the same time period from 85 to 619.

3.6 The causes of homelessness are varied and will often be due to a combination of factors that go beyond the immediate housing issues; the impact of becoming homeless has significant consequences for individuals and families, which can include:

- Loss of connection to support from friends and family networks
- Physical and mental health impacts on adults and children
- Disruption to schooling for children and impacts on social and educational development
- Worsening of existing problems, whether financial, health or addiction, leading to increased difficulty in returning to and maintaining a stable tenancy and lifestyle
- Difficulties accessing employment
- Increased risk of injury and being a victim of crime
- Reduced life expectancy - for rough sleepers the average life expectancy is 42.

3.7 Apart from the obvious distress that such broad ranging impacts have on individuals and families, there are clearly implications for public services and costs to public finances. This includes increased need for health services (physical and mental), social care involvement, police response to crime etc.

3.8 The top three most common reasons for approaching service in Barnsley have been fairly consistent over the last five years as:

- Other relatives/friends unwilling to accommodate
- Required to leave National Asylum Support Services (NASS)
- Parents no longer willing to accommodate

3.9 However during the first three quarters of 2016/17 the top three reasons for people making a homeless application have changed to:

- Left prison or remand
- Other friends/relatives unwilling to accommodate
- Sleeping rough

3.10 The majority of people approaching the service for assistance are single and are local to Barnsley. A large proportion of the single people will not be owed a statutory homeless duty in terms of accommodation but all options will be explored to prevent rough sleeping/sofa surfing. The options for appropriate placements, particularly for supported or emergency accommodation outside of the borough has been reduced, as most neighbouring local authorities have implemented ‘local connection’ criteria and also allocate all their supported housing through a ‘Gateway’ model i.e. all referrals through one central hub who assess and allocate accommodation based on needs and local connection.

3.11 The table below summarises local homeless trends over the last couple of years:

	2015/16					2016/17			
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Total to date
Total homeless applications i.e. those where we had reason to believe the applicant was homeless or would become homeless in the next 28 days	50	43	66	42	201	44	51	64	159
Full duty cases i.e. eligible, homeless, priority need, not intentional and got a local connection	4	3	4	3	14	5	1	3	9
No of placements into temporary accommodation	29	24	28	20	101	18	17	12	47
No of those above which were B&B placements	11	5	17	13	46	4	3	4	11
Housing advice applications	396	463	384	460	1703	272	262	323	857
No of homeless preventions (this includes stats from Housing Advice, CAB and Foundation Housing)	162	145	163	149	619	115	114	129	385

3.12 In order to determine homelessness the team have to undertake in-depth assessments of the customer's current and historic housing circumstances, gather details of their family composition, any support and health needs etc. This will assist them to make a decision about what legal duty, if any, is owed to the customer. The majority of people who are currently presenting to the service are single people who are often deemed non priority and therefore we have no legal duty to provide accommodation. However in these circumstances we will provide comprehensive advice and support to assist with finding suitable accommodation. If people are eligible, homeless and priority need, we have a legal duty to provide interim accommodation, the amount of time this is provided for depends upon further enquiries undertaken by the team and the decision reached in relation to their application.

4.0 Temporary Accommodation

4.1 Temporary accommodation can take many forms including hostels, supported housing, Bed & Breakfast (B&B) and family accommodation. The B&B accommodation used by Barnsley is out of area, in Sheffield. A summary of the

temporary accommodations placements including B&B for the last couple of years are summarised below:

Year	B&B placement	Total placements in temporary accommodations	Costs (please note this includes placement costs as well as void costs)
2012/13	54	117	£188k
2013/14	46	104	£61K
2014/15	39	94	£77K
2015/16	35	101	£40K
2016/17 (April-Dec)	19	47	£11k

4.2 The significant activity undertaken to prevent homelessness contributes to the ongoing reduction in the use and expenditure of placing households in interim accommodation such as B&B. The majority of placements in temporary accommodation are single people. Temporary accommodation placements can also be seasonal, often seeing increases over the winter months.

5.0 Housing Advice

5.1 The majority of the team's work is focussed on early intervention and prevention through the provision of quality advice at the earliest opportunity, which can often prevent homelessness and reduce the number of homeless applications at a later date. The type of assistance provided includes:

- Responding to affordability issues
- Negotiating with landlords to assist with arrears payment plans
- Assisting with linking customers to wider support services
- Reinstating tenants following illegal evictions
- Exploring and referring to appropriate accommodation providers
- Giving advice and support to a range of professionals around tenancy agreements, the legality of notices etc.

6.0 Local Provision

6.1 Locally commissioned provision for homeless people include a 42 bed hostel, two supported accommodation based schemes specially for young people (16-24), 20 beds, a homeless families unit (8 properties), a refuge (8 units) and a range of floating support schemes, which are delivered to the customer in their own tenancy.

6.2 The trends over the last couple of years have seen an increase in single males approaching the service as homeless/rough sleeping, many of whom have a range of complex needs including offending, substance misuse and mental health. This can mean that placements are difficult to source and sustaining engagement in support services is challenging. The majority of these customers would not meet the statutory homeless threshold, but the team will continue to provide comprehensive support and assistance to source accommodation. In 2015/16 90% of all homeless applications were from single people. There has also been an increase in the number of rough sleepers across the borough and homeless young people particularity in the 16-21 age range. The reasons for these increases are

varied but contributory factors include the impact of welfare reform, parents no longer willing to accommodate due to challenging behaviour, increase in prison releases with no fixed abode, complex needs, availability of services and changes in thresholds to other services such as social care, mental health etc.

7.0 Single Homelessness

7.1 As a result of the increase in presentations with complex needs and the use of out of area B&B placements it was agreed to pilot a crash pad in one of the young person's scheme and six assessment beds in the hostel. These resources provide the team with access to a local resource where an assessment of the customer's needs can be undertaken and future housing options explored. These are temporary placements for no longer than 12 weeks. This model supports prevention work and cases where we have no legal duty to the customer. These commenced in May 16 and to date 49 individuals have been placed. This has led to a significant reduction in the use of B&B and has assisted a number of rough sleepers to come off the streets. The biggest challenge however remains finding suitable move on accommodation and engagement in support services to address wider needs.

8.0 Rough Sleepers

8.1 The numbers of rough sleepers varies often on a weekly basis, as does the length of time anyone spends on the streets. In Barnsley there is a mixture of those who spend a couple of nights on the street and engage well with services offered. However there is a small number of entrenched rough sleepers at any one time, who may be unwilling to engage or have exhausted the resource options available. It must be noted however that particularly in Barnsley town centre there are a number of 'beggars', the majority of whom, after making general enquiries, are not homeless.

8.2 In recognition of the increasing numbers of rough sleepers a Support Navigator post was appointed to in July 16. The aim of the post is to provide a proactive response to rough sleepers across the borough and try to engage them in support and find suitable accommodation. Any reports of rough sleepers from the public or StreetLink, a national website for reporting rough sleepers, are visited by the worker and attempts are made to engage them. For those that want to engage, ongoing support will be provided by the worker until it is no longer required. This postholder has worked with 37 clients to date and a number of these have accessed supported accommodation and have re-engaged with wider services and their families.

8.3 Barnsley Metropolitan Borough Council (BMBC) have recently been successful in a sub-regional bid to the government's Rough Sleepers Grant, which will see the sub region working together to tackle rough sleeping.

8.4 BMBC, like all other councils, operates cold weather provision for rough sleepers where the temperature falls below zero for three consecutive nights. In Barnsley we operate it for any night where temperatures fall below zero. A camp bed in a hostel is offered on a night by night basis and attempts are made to engage and support the individual to come off the streets. In 2015/16 we placed 47 individuals; the majority of these were single males.

9.0 Young People and Homelessness

9.1 There has been an increase in the number of 16-21 year olds approaching the council (HOA&HP and social care) as homeless. This has led to some positive joint working between the two services to assess needs, provide support and where appropriate, accommodation. A joint protocol has been developed and a joint panel meets monthly to discuss and progress cases.

Future Plans

10.0 National Challenges

10.1 Homelessness is firmly back on the government agenda and there are several future changes which will have an impact on how the service is delivered. The major ones include the Homeless Reduction Bill, the review of funding for Supported Housing and the continued implementation of welfare reforms, particularly the roll out of Universal Credit, as well as access to good quality, affordable housing in both private and social housing sectors.

11.0 Re-commissioning of Services

11.1 Locally a lot of work is taking place to support the work of the team. This includes the re-commissioning of all supported housing services (previously Supporting People funded services) to meet complex and multiple needs alongside the recommissioning of substance misuse and domestic violence services. These new services will be in place from April 17 and it is anticipated that all referrals for supported accommodation will come through the HOA&HP Team to ensure that resources are allocated effectively to meet customer needs.

12.0 Public Services Hub (PSH)

12.1 From April 17 the HOA&HP Team will be moving into the Safer Communities Business Unit and will be part of the PSH. This model will provide a fully integrated service offer for housing, anti-social behaviour and vulnerable people. It will take a risk-based approach, share intelligence and co-ordinate targeted responses to complex and multiple need cases. This new way of working will assist with those cases who present with multiple needs, rough sleepers and those that are not engaging with the services on offer. There will also be a focus on early intervention as it is envisaged that the model will support early identification of the potential for homelessness.

13.0 Service Specific

13.1 Within the HOA&HP Team the work with rough sleepers will continue to develop and evolve, some strong partnerships have already been forged and some cases are showing positive outcomes. The team are moving towards assessing and supporting the wider needs of customers and seeking to address these where possible to reduce the number of repeat customers. This will involve closer working, with key statutory and voluntary partners including family centres, criminal justice, credit union, social care and mental health. To support this we are considering more creative ways to use the homeless prevention fund. Work will continue in developing relationships with private landlords to ensure a wide range

of quality accommodation is available and that where possible the private sector is used to discharge our statutory duties. There will also be a schedule of awareness-raising around homelessness for both the public and other professionals to ensure that people are aware of what services are available and also to ensure we are capturing all the homeless prevention work which is taking place across the borough. The service is actively involved and contributing to key council priorities such as the regeneration of the town centre, improving the quality and access to the private sector, actively working to address poverty across the borough and early help.

14.0 Invited Witnesses

14.1 At today's meeting, the following representatives have been invited to answer questions from the Overview and Scrutiny Committee (OSC) regarding work undertaken in relation to Homelessness in Barnsley:

- 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

15.0 Possible Areas for Investigation

15.1 Members may wish to ask questions around the following areas:

- How effective is the integrated working and sharing of intelligence between different teams and agencies? Are all key stakeholders on board?

- What is in place to enable homeless people to access support services, particularly as they have no fixed abode, such as health, housing and social services?

- Are effective performance measures in place? How does Barnsley's performance compare with neighbouring authorities?

- What is being done to ensure services utilise best practice and learning from other areas?

- What preventative work is done to target specific groups at risk of homelessness such as care leavers, asylum seekers and prison leavers?

- What are the reasons for it being more challenging to provide meaningful help to single homeless people and those with complex needs, compared with homeless families with children?

- What are the key areas for development and how will these be achieved, including utilisation of the recently obtained Rough Sleepers Grant?

- What actions could be taken by Members to assist in this work?

16.0 Background Papers and Useful Links

- Housing Corporation & Chartered Institute of Housing, (2006) Homeless Prevention and Housing Associations-Contributing to Efficiency: http://www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/Homelessness%20prevention%20and%20HAs.pdf
- Shelter-Facts and Figures on Homelessness: http://england.shelter.org.uk/campaigns_/why_we_campaign/housing_facts_and_figures/subsection?section=homeless_households
- Crisis: The Homelessness Monitor Report (2016): http://www.crisis.org.uk/data/files/publications/Homelessness_Monitor_England_2016_FINAL_(V12).pdf
- Government Homelessness Statistics: https://www.gov.uk/government/collections/homelessness-statistics
- Homeless Reduction Bill (2016-17) (currently going through Parliament): http://services.parliament.uk/bills/2016-17/homelessnessreduction.html

17.0 Glossary

B&B - Bed and Breakfast
BMBC - Barnsley Metropolitan Borough Council
CAB - Citizen's Advice Bureau
CRC - Community Rehabilitation Company
HOA&HP - Housing Options, Advice and Homeless Prevention Team
NASS - National Asylum Support Services
PSH - Public Services Hub

18.0 Report Author and Officer Contact

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30th January 2017

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