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BARNSLEY Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 17 January 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 8th November 2016 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 Support to Families in Barnsley Including the Troubled Families Programme and Changes from Children's to Family Centres *(Pages 15 - 30)*

To consider a report of the Director of People, the Director of Communities and the Director of HR, Performance & Communications (Item 4 attached) in respect of Support to Families in Barnsley.

5 Exclusion of Public and Press

The public and press will be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

6 Children's Social Care Reports *(Pages 31 - 68)*

Reason restricted:
Paragraph (2) Information which is likely to reveal the identity of an individual.

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

Paper Copies Circulated for Information

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

Witnesses

Item 4 (2:00pm)

- Paul Hussey, Service Director, Safer, Stronger, Healthier Communities, BMBC
- Jayne Hellowell, Head of Commissioning, Healthier Communities, BMBC
- Rachel Dickinson, Executive Director of People, BMBC
- Margaret Libreri, Service Director, Education, Early Strat and Prevention, BMBC
- Nina Sleight, Head of Early Start, Prevention and Sufficiency, BMBC
- Claire Gilmore, Early Start & Families Strategy and Service Manager, BMBC
- Councillor Jenny Platts, Cabinet Member for Communities
- Councillor Margaret Bruff, Cabinet Member for People (Safeguarding)

BARNSLEY Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 8 November 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis (Chair), G. Carr, Charlesworth, Clarke, Frost, Daniel Griffin, Hayward, W. Johnson, Lofts, Makinson, Mathers, Philips, Pourali, Sheard, Sixsmith MBE, Spence, Tattersall and Unsworth together with co-opted members Ms P. Gould and Ms J. Whitaker and Ms K. Morritt

29 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

30 Declarations of Pecuniary and Non-Pecuniary Interest

There were declarations from Councillors G. Carr and Tattersall as members of the Barnsley Safeguarding Children Board and Councillor Unsworth as a Governor at Barnsley Hospital.

31 Minutes of the Previous Meeting

The minutes of the meeting held on 13th September 2016 were approved as a true and accurate record.

32 NHS Consultations on Proposed Changes to Hyper Acute Stroke Services and Non-specialised Children's Surgery & Anaesthesia Services

The Chair welcomed the following witnesses to the meeting which included the following:

- Lesley Smith, Chief Officer, Barnsley Clinical Commissioning Group (CCG)
- Helen Stevens, Associate Director of Communications and Engagement, NHS Commissioners Working Together
- Diane Wake, Chief Executive, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Dr Richard Jenkins, Medical Director, BHNFT

Lesley Smith advised the committee, consultations are currently ongoing for the proposed changes to Hyper Acute Stroke Services and Non-specialised Children's Surgery & Anaesthesia Services. These started on the 3rd October 2016 and will conclude on 20th January 2017; members were encouraged to engage the public in this process. Currently, there have been 48 replies for the stroke consultation and 47 for children's surgery; with a high proportion of these being from Barnsley residents.

Following the materials being approved by the Joint Health Overview and Scrutiny Committee (JHOSC), the proposals are now open to public consultation. The key points of these proposed changes are not about saving money; with the changes likely to cost more; also neither the stroke unit nor children's surgery services are being closed. The proposed changes are being driven to increase the survival rates for stroke patients, as well as improving their long term outcomes. Also, they are not linked to the NHS Sustainability and Transformation Plan (STP); the preparation work for changes to these services began two years ago, involving clinicians both locally and nationally as well as undertaking a pre-consultation.

Members proceeded to ask the following questions:

I. Will Doncaster Hospital have the capacity to treat the increase in patients or would it be better to send them to Mid-Yorkshire?

The committee were advised capacity numbers have been worked up to ensure these are right and that we continue to be able to attract staff.

II. The ambulance service is key; therefore will these changes cause a delay in ambulances knowing where to take Barnsley patients?

Members were advised ambulances are already fitted with a sophisticated system, enabling them to be guided to the hospital they can get to quickest. The time to treatment is not just about the ambulance journey but also needs to consider the time to treatment, therefore the whole pathway needs to be considered.

III. If patients attend the Accident and Emergency (A&E) unit at Barnsley Hospital, is it realistic to transfer them to another hospital when they could have been seen in Barnsley?

The group were advised only 1 in 4 stroke patients present themselves at the A&E unit and it is in the patient's best interest for them to be transferred to a specialist Hyper Acute Stroke Unit (HASU). London hospitals have done work on this and found the first 2 to 3 days are critical as this considerably improves patient recovery.

IV. What support will be given to families to be with their loved ones, particular those who are elderly or distressed?

The committee were advised an equality impact assessment has been undertaken, which is documented on the Commissioners Working Together website. The discussions recognised a greater number of elderly people would be affected by the proposed stroke service changes; however after the initial crucial 72 hours patients will be transferred back to their local hospital, in this case to Barnsley.

V. Are the proposed changes, practice or finance driven and how do they relate to the STP?

Members were advised the preparatory work for these proposed changes began around 2 years ago, with the pre-consultation stage conducted from January to April this year, therefore preceding the STP. The proposed changes are being driven clinically and not financially, as the proposed changes are likely to cost more. The

priorities are to improve a patient's quality of care, survival and help to reduce the impact of any permanent disability.

A member commented that savings could be made in the future to wider society by people being treated sooner, thereby avoiding disabilities and being enabled to return to work.

VI. A member of the committee explained they had received a letter from a paediatric doctor advising they had only been consulted at the same time as the public. Therefore the member asked to what extent staff have been engaged through the consultation process. Also, will these proposed changes risk in there being a loss of clinical expertise as there will be less children's surgery procedures at Barnsley Hospital?

The group were advised the proposed changes would result in 10% fewer operations being carried out at Barnsley Hospital. Following a meeting with consultants in paediatrics and anaesthetics, there was consensus that this small reduction would not adversely affect the skills of these staff. Doctors could get called to a sick child in A&E 24 hours per day; we have doctors who are competent but their competence varies. For the most sick children they need to be receiving the highest level of medical expertise.

VII. Would a reduction of 10% in patients, gradually affect a clinician's ability to identify illnesses?

Members were advised the recognition of illness is done by A&E doctors. The proposed changes would result in there being no evening or weekend surgery, which there is a strong clinical case to stop. However, all other emergency admissions requiring an overnight stay will still be carried out at Barnsley Hospital.

VIII. How much consultation has there been with staff and have they 'bought' into the proposed changes, as a paediatrician has advised, they had only been consulted at same time as the public?

The committee were advised this process started 2 years ago with a core group coming together across South and Mid-Yorkshire, Bassetlaw and North Derbyshire regions to discuss data and take this forward. Employees have been invited to attend various workshops which are continuing to take place, with clinicians being involved at every level. There are also plans to hold a staff roadshow during the consultation. Staff from each organisation affected have been invited to workshops throughout the process therefore we need to make sure staff in the units are involved in the discussions.

IX. There are concerns and apprehensions over the NHS Sustainability & Transformation Plans (STPs) as there are billions of pounds to be saved across the country and there has been no public engagement in developing them. Therefore it is understandable that people are suspicious that these proposed changes are the first cuts, particularly as the local STP was due to be published in October and is still not available?

The group were advised, it is understandable there are suspicions over STPs; the South Yorkshire and Bassetlaw Plan is due to be published on 11th November 2016 and we will then consult the public on the plan, which includes bringing it to the

Overview and Scrutiny Committee (OSC). It will be sad if we confuse this work which is about quality and survival with the STP. These business cases are not about reducing money and spend and will cost us more in the short term.

X. There are patients in Wakefield and their services have been considered in the review however it states they are not being consulted; why is this the case?

Members were advised Wakefield has been included in some of the actions and the witnesses advised that they have consulted directly with the Trust. Some patients will be taken to Wakefield, however there won't be any changes to the services there for patients; therefore Wakefield has not been included in the public consultation.

XI. To what extent has there been learning from good practice in the delivery of these services in other areas?

The committee were advised that in relation to stroke, over the last 10 to 20 years treatments have improved. There are now treatments for clots and other things that can be done to help survival. London has reconfigured their stroke services with significant improvements in patient recovery being seen following admittance to a HASU.

XII. Would additional funding in the NHS, such as increasing the cost of prescriptions, or means testing, negate the need for these proposed changes?

The group were advised the motivation for the proposed changes is not financial; therefore additional money for stroke service would not make a difference. We're struggling to recruit stroke doctors in Barnsley and there aren't enough consultants in the region. Even if we have enough consultants for each centre there wouldn't be enough patients for them to treat to get the expertise and practice to achieve better patient outcomes,

XIII. Following the vote to leave the European Union (EU) if this then led to increased funding in the NHS, would this mean the proposed changes would not need to be considered?

Members were advised the issue is not funding related; even with all the money in the world and doctors at each centre, they would only see 450 stroke patients per year which is less than 5 per week, which is not enough to keep up specialist skills.

XIV. What rehabilitation services will be provided for stroke patients who need further support as this is vital; also what support is there in relation to travel?

The committee were advised ongoing recovery remains an important part of the process, including with speech, language and occupational therapy. Following travel by ambulance to a HASU and following the first critical 2/3 days patients would be transferred back to their local hospital with no changes to rehabilitation services.

XV. As well as the consultation with the public, has this been extended to include the unions?

Members were advised awareness is being raised to as wide an audience as possible and this has included unions. The consultation period of 16 weeks has not yet reached its midpoint with its objective to hear from as many people as possible. The feedback received will be analysed mid-point during the consultation to ensure we are hearing from different parts of the system. There will be a further push in early December to re-raise the public's awareness of the consultation.

XVI. A member raised concerns regarding the de-skilling of our doctors and implying that we do not have quality staff at Barnsley Hospital due to the low number of stroke patients seen. The member also highlighted that 20 minutes is critical in relation to stroke; it can take 25 minutes to get to Barnsley Hospital from around the Borough never mind travelling further afield?

The committee were advised Barnsley Hospital has excellent staff, but appreciates clinicians need to be regularly treating patients to maintain their skills. Currently, with 2 stroke consultants, it is difficult to provide expert cover 24 hours, 7 days a week; whereas a HASU staffed by 8 stroke consultants would ensure better outcomes.

In relation to travel the group were advised whilst travel time is relevant, it is also about how quick a patient can receive treatment and undergo checks. It is the first hour which is critical to stroke patients not the first 20 minutes; this is in guidance put together by national leads in stroke, therefore we believe this reconfiguration of services is the right thing to do.

XVII. In relation to a bleed or clot, surely it is a disadvantage if a patient has to be seen further away which could take 1.5 hours to get there?

The group were advised only 1 in 10 patients are eligible for the clot busting drug as this can only be administered in the first few hours. Good nursing care and fluid management is also important. It is about the whole package; therefore travel to a specialist centre is worth it as may avoid the need for a transfer.

XVIII. Are patients offered the choice of the hospital they are taken to when they ring 999 and would this be the case after the changes took place?

Members were advised patients in the North of Barnsley will be taken to Wakefield. The Overview and Scrutiny Committee in Wakefield decided not to take part in the consultation as services won't change for patients; however Wakefield have been considered in the proposals.

XIX. If Barnsley Hospital is not to deliver the specialist stroke and children's surgery services then what will they become specialists/a centre of excellence for instead?

The committee were advised Barnsley Hospital has lots of excellent services including midwifery, with patients coming from outside the area due to the excellent staff and facilities. There is also a good A&E team which is fully recruited therefore we don't rely on locums like other similar services have to. We also have an excellent critical care team. We don't want to list off all our services, these are just 3 examples. There are services that are only available in Barnsley and not elsewhere such as some of our Urology procedures. Barnsley Hospital does not just want to deliver services just because we can when they can be done better elsewhere.

Commissioners have encouraged us to do more planned operations in Barnsley, for example as a result of our Urology services we have seen the market share of people choosing Barnsley Hospital increase over the last 12 months.

XX. What areas have been covered by the consultation and how have these performed. Also, the recruitment of staff being difficult is a concern, as if we have specialist centres won't all staff want to move to those?

Members were advised Barnsley, Bassetlaw, Doncaster, Rotherham, Sheffield, North Derbyshire and Wakefield have been involved, with the process being led by 8 CCGs coming together to look at improving patient outcomes. The consultation itself has been led by the engagement teams in each of the 8 CCGs, and having conversations with their local communities. The information collected will be analysed independently. Full use is being made of social media and local press to ensure as wide an audience as possible is consulted.

In relation to recruitment we believe the best action in future is the joint-recruitment of consultants. Doncaster and Wakefield Hospitals are interested in this arrangement and it would mean for example a consultant could spend most of their time in Barnsley but would get opportunity to work in the specialist units during out of hours work. Similar appointments have already been made in other services and have been very successful with high satisfaction from doctors.

XXI. Using social media as part of the consultation process will undoubtedly appeal to a wider audience however is less likely to be used by the elderly community; will any public meetings be held?

The committee were advised social media is not the only method being used and there are 3 public meetings in Barnsley, the details of which will be circulated to the committee.

XXII. If the proposals are agreed, could this potentially lead to job losses if there are fewer patients being seen in the stroke department at Barnsley Hospital?

The group were advised there will still be a stroke department at Barnsley Hospital; the changes are only to Hyper Acute Stroke services, therefore they still need the staff they've got. This is a hard area to recruit to therefore Barnsley Hospital has had to use bank staff to support stroke and elderly care. There will only be 2 less beds in the unit therefore we will have appropriate staff numbers with the ones we have; therefore there will be no unemployment as a result.

XXIII. A member asked if there will be support for families with limited financial resources, where it will take several busses to travel to the alternative hospitals; also stated it is important that ambulance service journey times improve; and also asked what impact the closure of Huddersfield A&E will have on Barnsley Hospital?

Members were advised there are systems in place to support families and when their relatives are well enough to be transferred back to Barnsley; this will be done as quickly and efficiently as possible. The service shares the same concerns and will take these on board however note that it is important to balance short-term inconvenience to increase patient survival.

XXIV. A recent article in the Yorkshire Post highlighted a lack of response to red calls with only 68% being met within targets; how confident are you the ambulance service will be able to deal with these pressures?

The committee were advised for response to red calls the target is 75% in 8 minutes. The year to date average is currently 69%. 95% of cases are being attended within 14 minutes; therefore there is a 6 minute difference in time which doesn't make a difference to the care stroke patients receive. The proposed changes would mean patients went straight into an admittance unit and straight to scans etc. and would not be affected by turnaround times which are currently the reason for ambulance service delays.

XXV. With an increasing population and the possible closure of Huddersfield A&E, will this have implications in the future?

The group were advised with the proposed changes only 2 beds would be affected, therefore the changes will not have a significant impact. We review beds to ensure there are the right numbers in the right specialities, particularly over the winter period.

XXVI. During peak traffic periods will ambulances be able to get to the hospitals in Chesterfield and Doncaster within 45 minutes?

Members were advised this is an important point; however in an emergency situation an ambulance will always be directed to the nearest hospital. The ambulance services have looked at this in detail and are already taking patients to particular areas if they require thrombolysis. The ambulance services are due to attend the JHOSC shortly therefore further questions can be asked of them there.

XXVII. A member of the committee commented on the consultation papers explaining they ought to be clearer and easier to understand. Also, with the children's surgery and the three options suggested, it is not easy to follow these proposals.

The committee were advised the consultation papers were taken to different reader groups beforehand. Also, on the website from this week there will be an animated version of the proposed changes as well as an 'easy read' version of the consultation papers, which can be circulated to the members of the committee.

XXVIII. With the proposals for Children's Surgery, three different options have been put forward but none include basic day care surgery which then excludes Barnsley as a potential centre of excellence in future if we down-skill our staff; why did you not include all the options?

The group were advised there would not be any down-skilling; they are just trying to provide the best outcomes for Barnsley residents. Already the hospital does not provide certain services which are elsewhere. Children's surgery is becoming increasingly complex therefore it is better having a specialism in one unit. If there is only a 10% reduction in the overall number of procedures taking place, this will not lead to the down-skilling of clinicians.

XXIX. With the continual building of new homes, many of which will be occupied by young families with children, who potentially could place further demand on

children's surgery, why are we getting rid of this service when we may have advancing need?

Members were advised this is about the availability of experts, planned surgery is able to be provided, it is the out of hours (evening and weekends) where it is a struggle to provide cover. If it was a 40% reduction in our work then we would be concerned however it is only a 10% reduction therefore won't impact.

A member commented that these proposals appear to be about the sustainability of services and not because of finances. Media play a key role in ensuring the right messages are given out, therefore we need to make sure people are given the right information not just to create headlines.

The witnesses advised the first public meeting will be held on Thursday 17 November 2016 at 6.00pm at the Core Building in Barnsley and encouraged attendance from Members and their communities.

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

33 Barnsley Safeguarding Children Board (BSCB) Annual Report 2015-16

The Chair welcomed the following witnesses to the meeting which included the following:

- Bob Dyson, Independent Chair, BSCB
- Rachel Dickinson, Executive Director, People Directorate, BMBC
- Brigid Reid, Chief Nurse, Barnsley Clinical Commissioning Group (CCG)
- Sharon Galvin, Designated Nurse Safeguarding Children, Barnsley CCG
- Mel Palin, Detective Chief Inspector, South Yorkshire Police (SYP)
- Shelley Hemsley, Superintendent, SYP
- Mel John-Ross, Service Director, Children's Social Care and Safeguarding, BMBC
- Nigel Leeder, BSCB Manager, BMBC
- Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding), BMBC

Bob Dyson gave a brief introduction to the committee explaining the report has now been published some time and demonstrates the achievements of the Board and the work of its sub-committees.

Members proceeded to ask the following questions:

i. How many cases of Female Genital Mutilation (FGM) have there been in this country and what is in place to prevent them?

Members were advised following the introduction of new legislation, this led to the questioning and reporting of an initial 6 cases in the first 3 months of reporting. To the present date we are aware of 14 cases in Barnsley, however they had all taken place in the country of origin not whilst in the UK. Checks are also made with the ladies regarding their children.

ii. Have there been any successful prosecutions for cases of FGM; what checks/procedures are in place, and following finding evidence of FGM and enquiries being made, how are these acted upon?

The group were advised one case which made the headlines was related to a surgeon correcting a previous FGM procedure. There have been no prosecutions in this country, only in France. The parents of these children in every other aspect are loving and not abusive. Therefore in this aspect we need to re-educate them and make them aware of the law in this country and that it carries a custodial sentence. Although they are loving parents this does not excuse this act.

iii. It is important is it not that we don't let over-sensitivity to culture over-ride sense when it comes to prosecuting these crimes?

The witnesses confirmed it is illegal and we would seek to prosecute any offenders. It is set out as child abuse under our safeguarding procedures and we would investigate it as a safeguarding matter. Work has been done by our Designated Nurse by attending events by a range of religions to raise awareness and educate them in relation to the legalities of this crime.

iv. What has been learnt from Serious Case Reviews (SCR) and how has this influenced practice?

Members were advised three SCRs have been published in the last 12 months; however there were no fundamental failings of services. Some recommendations emerged from each of the reviews which are highlighted in the annual report, for example where children had not attended medical appointments. Another issue has been the lack of curiosity around men and women's lives who are connected with the young person as these people may have played an adverse part in a child's life. We have followed up these recommendations and have an action plan in place including new elements built into training courses.

v. The report indicates there have been a high number of pupils who have been expelled; what support is being provided to them in schools?

The committee were advised exclusions have featured as part of the BSCB report; however this is monitored through the Children's Trust Executive Group (TEG) which is chaired by the Executive Director of People. The BSCB Chair and Executive Director have however met with a specific school regarding their concerns. Support is available to schools such as behavioural support plans put in place. All our schools have policies in relation to exclusions and the schools are challenged on these. Concerns have been raised regarding the rise in fixed term exclusions in schools and we have undertaken some managed moves. Barnsley Alliance has also undertaken some work regarding fixed term exclusions and best practice has been shared regarding managing behaviour.

vi. Nationally there has been an increase in private schools, which can mean there are 3-4 children in one house at a charge of £25K each per year upwards and they are not on the Ofsted radar. This practice has been widespread amongst those of ethnic minorities. Is this an emerging problem in Barnsley?

The group were advised if there are less than five pupils then establishments don't have to register with Ofsted. We have good communication arrangements with schools and although the board is not aware of any such establishments, in Barnsley, it remains alert to it.

vii. What has been the impact of the Multi-Agency Safeguarding Hub (MASH)?

Members were advised this is situated in Worsbrough, and due to the partner agencies working together in the same building, this allows for instant access to and communication of information to keep children safe. SYP work across the County and there is a MASH in each area; Barnsley's of which has been running since July 2016. There will be a review next year to look at the work being done in all the MASHs. This new way of working took time to embed however the benefits of being co-located and the information sharing which takes place cannot be overstated. Also, by different agencies working so closely together helps them to understand the needs and objectives of each organisation including health, social care, education and the police. The biggest concern regarding serious case reviews (SCRs) was regarding timely information sharing; therefore the MASH arrangements enable this.

viii. Are the voices of children being heard?

The committee were advised the BSCB uses school settings to hold their meetings in, which enables young people to share their experiences and for board members to hear from them. During child protection conferences there is now more of a focus on hearing from the family including the children. Case file audits have also been undertaken to look at the quality of work; the voice of the child of which is a specific component. In relation to Child Protection Plans, we invest in an advocacy service in Barnsley to ensure the voice of the young person is heard.

ix. How effective are our strategies and plans in relation to safeguarding children and what are the key challenges for BSCB for the next 12 months?

The group were advised we have sub-groups to look at our policies and procedures, such as those in relation to FGM. Similarly we have a group which looks at CSE and drives this action plan. The challenges moving forwards include the level of available resources that partners can bring to safeguarding. Most agencies have seen reductions in their budgets however we need to ensure that child safeguarding is a priority. We need people to raise concerns regarding children if they have them and we are also taking the opportunity to raise awareness amongst the public where possible. This includes writing articles in Barnsley Chronicle as well as holding Safeguarding Awareness Week, which we held this year and we plan to repeat next year.

x. Are plans effective and fit for purpose?

Members were advised that Barnsley has good practice in relation to service improvement. There is a comprehensive improvement plan in place which follows the journey of the child. It is a robust process which enables us to be self-critical, with people being held to account regarding issues which are not signed off until evidence is shown that actions are complete. People are also constantly asking what else needs to be included in the plans. A joint meeting is being held between BSCB and

the Children's TEG to go through the improvement plans so people can see the work undertaken.

xi. Have the recommendations from what has happened in Rotherham and best practice from other areas been incorporated into our ways of working?

The committee were advised BSCB has a dedicated CSE sub-group which Mel Palin from SYP chairs. Beneath the strategy is an action plan which looks at local findings as well as recommendations from SCRs nationally being fed into our sub-group. In Barnsley, our CSE profile is different to Rotherham; we tend to have older males in their early twenties being in inappropriate relationships with younger females. There is good practice in this area, including the MASH but we also have a social care investigations team, multi-agency CSE team, health and police teams as well as Barnsley Sexual Abuse and Rape Crisis Services (BSARCS) who provide therapeutic support. The service is very proactive and doesn't wait for children to become victims; they look for the signs and intervene. SYP's strategy in relation to operational delivery is to look at offenders of CSE and target them as well as specific locations.

xii. Is there regular contact with children who have been taken out of mainstream education and are being home-school educated?

The group were advised the BSCB Chair wrote a recent article in Barnsley Chronicle regarding children being home-schooled as we have recently seen an increase. BSCB's key concerns in relation to this are that schools provide an early-warning in relation to safeguarding concerns, therefore if a child is not in school there are less people able to make sure the child is safe.

Previously, if there was a breakdown in the relationship between a school and a child/parent, a 21 day 'cooling off' period was in place, to allow for the situation to improve. However, there is now legislation in place which means we can no longer have this local arrangement. We can't inspect to see if a child is getting an effective home education, however our Education Welfare Team do try to engage with these parents.

xiii. Does the board work closely with Berneslai Homes, and do front-line officers report any concerns they find?

Members were advised the board has been very impressed with Berneslai Homes. For example one of the managers in the Trades Services ensured that every member of staff, such as plumbers, were aware that if they saw something they were concerned about then they were to report it. Berneslai Homes do make referrals to BSCB and also to Barnsley Safeguarding Adults' Board (BSAB). They have relevant policies and procedures in place and also have Family Intervention Officers.

xiv. Has the review of the role and functions of Local Safeguarding Children Boards, identified in the Wood report, led to any recommendations the board will need to implement?

The committee were advised the report suggests the removal of a statutory requirement for a local safeguarding board, but it will be up to BMBC, SYP and NHS representatives to decide on this. The BSCB Chair advised he is due to meet with the

SY Police Crime Commissioner and this item is on the agenda, however there are concerns that a SY one would lose focus. BSCB has discussed the issues raised in the Wood report and were in agreement that it is local relationships and local understanding of roles which helps keep people safe.

xv. Are we confident we know which children are in private fostering arrangements?

The group were advised the board cannot be sure of these and we rely on information from others such as schools and local residents; however we continue to try and raise awareness regarding this.

The Chair commented he was impressed by the work being done by the board; thanked them for their attendance and helpful contribution, and declared this part of the meeting closed.

Action Points

1. Members to encourage the public to participate in the NHS consultations on proposed changes to Hyper Acute Stroke Services and Non-specialised Children's Surgery & Anaesthesia Services.
2. NHS Sustainability and Transformation Plan (STP) to be brought to the Overview and Scrutiny Committee for discussion.
3. Dates and times of the public consultation meetings to be circulated to the Overview and Scrutiny Committee.
4. 'Easy read' version of the consultation papers to be circulated to members of the committee.
5. All to promote awareness of safeguarding being everyone's business and to report any concerns.

34 Exclusion of Public and Press

RESOLVED that the public and press be excluded from the meeting during consideration of the following items, because of the likely disclosure of exempt information as described by the specific paragraphs of Part I, of Schedule 12A of the Local Government Act 1972, as amended as follows:-

Item Number	Type of Information Likely to be Disclosed
10	Paragraph 2

35 Children's Social Care Reports

Members reviewed and provided challenge to Children's Social Care performance information in relation to early help assessments, contacts, referrals, assessments, section 47 investigations, child protection, looked after children, and caseloads. Witnesses gave further information on issues raised by the report submitted in response to questions from Members.

Report of the Director of People,
the Director of Communities and
the Director of HR, Performance & Communications,
to the Overview and Scrutiny Committee (OSC)
on 17th January 2017

Support to Families in Barnsley: Troubled/Think Families Programme and Family Centres

1.0 Introduction

1.1 The report provides an overview of work in relation to support to families in Barnsley specifically including the Troubled Families Programme (known locally as the Think Family Programme) and changes from Children's Centres to Family Centres. The first part of the report will focus on the work of the Troubled/Think Families Programme; the second part will outline work in relation to Barnsley Family Centres.

Troubled/Think Families Programme

2.0 Background

2.1 The Government's objectives for the national Troubled Families Programme are to support Local Authorities (LAs) to effectively target their support to families with specific needs; it is a payment by results programme that offers funding on both a grant, and by-results basis to support LAs in transforming the way that they deliver family support.

2.2 In order to access Troubled Families funds, LAs must comply with the stringent requirements for participation in the programme. They must deliver family support that meets the Programme Principles, be able to verify family eligibility, monitor family progress, and provide auditable evidence of the impact of their interventions. The Government specifically requires Local Authorities to:

- Prioritise those families most at need
- Focus on early identification and intervention
- Promote the transformation of local public service
- Deliver cost reduction by developing new ways of working with families through effective, targeted early intervention.

(Details of Family eligibility criteria and the Programme Principles are set out at Appendix 1).

2.3 The current Phase of the Troubled Families Programme sets out a five year (2015-20) service transformation ambition for family support - to improve integrated service delivery whilst reducing costs to the public purse, and specifically requires targeted early intervention with families who have multiple and complex needs.

2.4 To ensure the maximum benefit from our local delivery of the national Troubled Families Programme both financially, i.e. potential income available, and more importantly in terms of added value; this work has been strategically aligned to Barnsley's local service transformation developments related to the delivery of

early help, family support, and targeted interventions for vulnerable residents in Barnsley. It also reflects the Council's objectives of effectively targeting resource and providing the best value and most effective family support by identifying need, and intervening early to support the reduction of demand upon statutory services.

2.5 Barnsley's Think Family Programme is therefore the local delivery mechanism for the national Troubled Families Programme and aligns the national programme ambitions with the strategic plans of the Council and its partners to develop and deliver 'the right support at the right time' for families.

2.6 For these reasons, Barnsley has used this Programme and the funding it generates to drive our Think Family approach since it started in 2012. The funding has been used to embed that support within existing delivery structures, pump priming new ways of working, and to develop new processes to identify families, verify eligibility, deliver support, and demonstrate impact so that the Troubled Families Programme funds can be accessed to continue to improve support for Barnsley families.

3.0 Family Support Activity to Date: Barnsley Think Family Programme

3.1 Troubled Families Programme funding has been and continues to be used to develop and embed new ways of working with eligible families, and to align current ways of working to support families so that they can be identified and monitored in the same way. It has also supported the development of the data management processes that ensure that the Troubled Families Programme requirements are met in order to continue to access the funding available over the programme lifetime, and inform our understanding of 'what works' to support eligible families so that we can effectively target these resources.

3.2 Four family support providers in existing Council services are funded specifically to develop their model of support for target families to reflect the Think Family Programme requirements. They deliver a range of family support models from early help to high intensity and specialist support to respond to eligible families' multiple and complex needs. In doing so they also model and embed the aligned BMBC, Think Family and Troubled Families Programme service transformation objectives in their integrated family support delivery. As part of their service level agreement they are required to co-operate with each other to support access to appropriate levels of support for families referred to their provision, and provide programme management and evaluation data as required by the funders.

3.3. The models of family support that have been funded include:

- Children's Centre development work (2015-16); this supported the trial and development of Family Centre models of practice, which have been developed and form part of the 2016 onwards implementation model for Family Centres, and responds to early help needs.
- Family Mediation; offers additional support to families where relationship issues prevent progress.
- High Cost Families work; specialist support where crime and anti-social behaviour are key issues.
- Family Intervention; intensive family support for higher need families.

3.4 All interventions provide direct support to identified eligible families by:

- Taking a whole family approach; looking at each family member's issues and how they affect the whole family.
- Working with the family to negotiate a shared action plan
- Where required, bring together and co-ordinate a team around the family to help them to access support and treatment to change their problem behaviours for a sustained period of time so that they can go on to manage their families and their issues and lives differently in the future.

3.5 Access to funded support for eligible families is sited within existing referral pathways and allocation mechanisms for intervention work with families in Barnsley, and is being supported through ongoing integrated pathway developments.

3.6 Examples of successful work range from the co-ordination, facilitation and delivery of early help interventions, to supporting compliance with statutory service plans and enforcement, for example:

- managing morning routines to help parents get children to school on time and ready to learn;
- supporting access to Debt Management Services to relieve financial difficulties and associated family stresses;
- support with tenancy management issues;
- access to employment and skills development,
- work alongside Children's Social Care
- work alongside offender services
- Family mediation for relationship difficulties

3.7 As reported in the Council's quarterly performance reports, the table below shows our performance regarding the number of claims made to the Department for Communities and Local Government (DCLG) for significant and sustained improvement regarding 'troubled families' in Barnsley:

2015/16 Actual	Q1 2016/17	Q2 2016/17	2016/17 Target
82	33	25	100

4.0 Evaluation – Barnsley Think Family Programme

4.1 The Think Family Programme reports to the Stronger Communities Partnership, and regularly updates and consults with this forum and both the Early Help Steering Groups (Children's & Adults'). The planned evaluations of funded interventions are being reviewed. Consultation has taken place with all providers prior to the next round of funding allocation from April 2017. The outcome of this is that each provider has submitted a business case setting out how they will deliver interventions over the next 3 years and how they will ensure that the interventions are sustainable once the funding stops in 2020.

4.2 Business cases are being evaluated to ensure that the delivery of interventions is aligned to the Public Services Hub (PSH). This is an integrated multi-agency approach being designed in partnership with South Yorkshire Police (SYP) to reduce vulnerability by co-ordinating and tailoring interventions across partners to address a range of individual, family or community issues. This will include the co-location of Safer Communities with SYP Teams. The alignment of interventions is particularly important because the PSH will be the key place where the coordination of support to the most troubled families takes place. Work is taking place to ensure that as we design the PSH we ensure that the referral pathways are understood and do not duplicate pathways already in place. It is equally important that the case management of families is understood across the system to ensure that the right and most appropriate and timely interventions are put in place.

4.3 In October 2016 a National Evaluation of the Troubled Families Programme was published regarding its impact on a range of outcomes including benefit receipt, employment, educational participation, child welfare and offending. The findings showed that overall participation in the programme had no significant or systemic impact relative to non-participation in the programme. This does not mean that there were no changes in the relevant outcomes for families but that the changes could not simply be attributed to the programme. A House of Commons Briefing Paper was also published in December 2016 which outlines the programme, the evaluations undertaken as well as the caveats to the findings including the timing of the review, the variance of implementation of the programme in local areas and inaccuracies of some of the data. Links to both of these documents can be found in section 20.0 of this report.

4.4 It is clearly important to ensure that interventions are working and that we have sustainable change in Barnsley. During early 2017 we will be using the Maturity Model that the DCLG has designed to test the success of the changes. We need to really understand if we have transformed the way that public services work with families with multiple problems and that providers are taking an integrated whole family approach.

Children's to Family Centres

5.0 Background

5.1 On the 9th September 2015, Cabinet agreed to implement a new model of early help for families through a network of Family Centres, supporting children pre-birth to 19 years (or up to 25 years if the young person has a disability) and their families. This was achieved by undertaking a full service transformation and a Future Council saving of £2.5 million. This was within a context of significant reductions in funding nationally and locally with neighbouring local authorities taking a range of approaches to achieving the required savings. This included in some areas drastic cuts to services and significant Children's Centre closures through to the adoption of similar models to Barnsley whereby there was a move to a whole family focused, all age approach.

6.0 Where Are We Now

6.1 The Family Centre service has built on the strengths, expertise and infrastructure within the Children's Centre programme to ensure that:

- Family Centres provide a range of early help services for families with children pre-birth to 19 years (25 years old if the young person has a disability) through a streamlined pathway
- Services include support with physical and emotional health, practical advice on keeping children safe, developing social networks through groups, support with education and learning, parenting behaviours, positive family routines, home and money, work, training and volunteering
- Family Centres are based in areas where there is a high level of need with the continuation of some services for all families delivered in partnership with health and education
- Family Centres are aligned to Area Councils

6.2 Under the re-shaped model services continue to be available across Barnsley and are accessible through Family Centre main, linked and outreach sites including community venues and in the home. Services continue to work in a whole family way and are targeted according to need with a focus on early intervention and prevention. The philosophy underpinning service delivery is a strengths based approach building family resilience and aspirations.

6.3 Family Centres are a non-stigmatised gateway to services for all families in their local community recognising that targeted interventions and outreach services are vital in supporting families who need it most in order to narrow the gap in outcomes between those experiencing the most disadvantage and the rest.

6.4 Early help services delivered through Family Centres are developed with families, partners and stakeholders to ensure they are firmly rooted within the community, building resilience and self-efficacy. The model provides continuity of support for families across age phases ensuring accessible, non-stigmatised, personalised and seamless services from pre-birth to 19 years old (25 years if the young person has a disability) recognising the vital nature of early help services in relation to children's future development and life chances.

6.5 The council is required as a statutory duty to ensure that there are sufficient Children's Centres. In order to meet this duty Family Centre main sites are designated as Children's Centres and as a result they will be inspected under the Children's Centres Ofsted inspection framework, in particular, relating to services for children and families pre-birth to five years old.

6.6 The new model of early help for families through Family Centres builds upon the arrangement of integrated services with health, education, social care and Job Centre Plus. There are opportunities for further co-location and joint delivery of integrated service across the age range in order to provide local holistic family services. Since April 2016 midwives are co-located on a full time basis in 4 of the Family Centre sites with plans to expand this to 5 over the coming months. This has further strengthened the delivery of key integrated services within

communities, working with families and prospective parents at the earliest opportunity.

6.7 Family Centres continue to grow the network of professionals to better support families by building knowledge, confidence and trust between a wider group of professionals to facilitate integrated working and where appropriate referrals in line with thresholds of need. The service continues to work closely with the 0-19 years health service following its transfer into the Council on the 1st October 2016 in order to maximise opportunities this may bring.

6.8 This builds on the premise that the safeguarding of children and young people and outcomes for families will be improved, when providers work effectively together with families, guided by shared principles, quality performance indicators and information sharing protocols. The information sharing protocols currently in places are to be extended to accommodate the expanded age range.

6.9 Any further alignment of services will be based upon meeting gaps in service and avoiding duplication in order to maximise resources, target investment and ensure ongoing value for money.

7.0 Targeted Youth Support – Early Intervention and Prevention (EIP) Team

7.1 Integral to the early help offer to families is the Early Intervention and Prevention team in the Targeted Youth Support service who work with young people from 11-19 years old (and up to 25 if there are additional needs).

7.2 Any young person can access EIP community based services and opportunities. Families and young people can self-refer to the Early Help Panel or they can be referred with their consent by other agencies. The EIP communities team delivers targeted provision in the evenings through the six 'I Know I Can' Centres along with detached, mobile and outreach sessions where there is an identified need. Bespoke programmes are developed often in conjunction with partners to meet specific needs and are designed to be delivered in a group setting e.g. to address anti-social behaviour in a specific community. The service also provides dedicated support to young people who are Lesbian, Gay, Bisexual and Transgender (LGBT). In addition, the EIP team offers specialist provision for children and young people with mild to moderate learning difficulties and disabilities (LDD) through evening sessions and the Short Breaks Programme. Through one to one support, services are available to young people who are most vulnerable and need additional support for themselves and their family. Young people are engaged voluntarily and are assessed using a strengths based tool to demonstrate progress in making positive choices and behaviour change.

7.3 The service also works closely with the police and other agencies to support young people who are found safe and well after going missing from home or from care as part of the Council's statutory duty. The MISPERS (Missing Persons) team provide young people and families with the offer of a return home interview to identify any underlying causes of the missing episodes and to provide information, support and access to more specialist and targeted services where appropriate.

7.4 The EIP non-court team work closely with young people who are referred by the police to the Youth Justice Service to assess their suitability for diversion, youth cautions or youth conditional cautions as an alternative to court action. The service provides highly personalised young person and family led interventions against an evidence based 'good lives' model to reduce the likelihood of young people entering the criminal justice system and to promote positive lifestyle choices.

8.0 Access to Early Help Services

8.1 Since the implementation of the new model it is evident that families continue to access provision through Family Centres. By the 30th September 2016, 5,292 families with children aged 0 to 19 years old (25 years old if the young person has a disability) had accessed a Family Centre service compared with 4,380 in quarter 4 (January-March 2016). The figure does not include the number of young people aged over 11 years old accessing targeted group or detached work led by the Targeted Youth Support service. In addition, there has been a continued increase in multi-agency early help activity in the borough when considering the number of Early Help Assessments being instigated by Family Centres and multi-agency partners. This provides targeted one to one support to families who need additional support as part of a team around the family.

8.2 As the new model has only been in operation for 8 months it is too early to evidence the impact on longer term outcomes for children and families however it is encouraging that families, young people and children are continuing to engage in the service. Moreover, the service offer is developed using evidence based practice and is evaluated and performance managed rigorously at a local and borough wide level.

9.0 Co-ordination of Early Help Assessments

9.1 On the 16th March 2016 the Early Start and Families Service became responsible for the borough wide coordination of early help assessments on behalf of agencies. This provided the service with the opportunity to streamline pathways to early help. There is now a single pathway to access early help through Family Centres and the provision of co-ordination of Early Help Assessments which are initiated by a range of agencies. Crucially this is set within a multi-agency context through the Early Help Steering Group for Children and Families and therefore both challenges and solutions are being developed collaboratively and agencies are constructively holding each other to account.

9.2 As part of the transfer of responsibility from Children's Social Care the Early Start and Families service has reviewed and updated the framework for co-ordination including:

- Tracking of early help assessments
- Performance management
- Workforce development
- Information, advice and guidance – web based including early help toolkit
- Communications and raising the profile
- Development of early help champions

- Strengthened arrangements with children's social care as part of continuous improvement
- Quality assurance through multiagency audit
- Increase in Early Help Assessment activity

10.0 Family Support

10.1 Family Centres including the Targeted Youth Support Service, provide where appropriate, one to one support to children, young people and families. This is part of a wider team around the family and the Early Help Assessment is used as part of the process. Through the early help pathway agencies can refer for extra support for children and young people across the expanded age range. Being able to engage families with children across age phases has provided the opportunity for more holistic packages of support with no service imposed age boundary. Further developing the partnership with schools is a priority for the service and raising awareness of the service offer and pathways has commenced. Progression will continue to be made in relation to the co-production and delivery of services. The core training matrix for Family Support Workers has been revised to ensure that staff are required to access appropriate training to enable them to better support families with older children.

11.0 Troubled/Think Families Programme in Family Centres

11.1 As outlined above the Family Centre delivery model is aligned to carry out work in accordance with the four Think Family (Troubled Families) Programme principles:

1. There is an assessment that takes into account the needs of the whole family – Family Star Plus, Early Help Assessment (EHA)
2. There is an action plan that takes account of all (relevant) family members – Family Star Action Plan, EHA action plan
3. There is a lead worker for the family that is recognised by the family and other professionals involved with the family – Family support worker allocated to each family
4. The objectives in the family action plan are aligned to those in the area's Troubled Families Outcomes plan. The action plan is aligned and Think Family criteria are prioritised

11.2 Moreover the Targeted Youth Support service is developing an increasing level of expertise in parenting and family support. The service is pioneering the use of parenting orders through the Youth Court and it hosts the Barnsley and Rotherham Multi-systemic Therapy team. The service has developed the use of restorative justice and mediation in services to families. The service has contributed to the development of a community of parenting and family workers which, as it grows, offers a deeper and broader pool of expertise, experience and knowledge about how to work effectively with parents. Over the last two years the service has managed on behalf of the Think Family programme the following models:

- **Anti-social Behaviour Parenting Practitioner Model:** this post works with the parents of young people, referred by the Youth Offending Team, in a focussed intervention. Drawing on systemic therapy, cognitive behavioural

therapy and other behavioural interventions the service works with parents to help them parent their children better. The postholder also supports professionals sustaining a Multi-systemic Therapy sustainability plan. In this role the post holder works with professionals who are directly in touch with the parents of the young person to help them devise strategies with the family to implement change and sustain MST programmes.

- **Family Mediation model:** Working in partnership with Remedi, two staff are employed, through joint funding from Targeted Youth Support Youth Justice and Troubled Families, to work with families. Drawing on approaches developed through mediation work the Family Mediators help families to overcome conflict within the family enabling parents to develop more control and influence over their children.

11.3 Both models fit within the overall offer of support to parents managed through Targeted Youth Support. They sit alongside Multi-systemic Therapy and other parenting workers enabling staff within TYS and from without to have access to a range of interventions, as appropriate. Co-location with each other enables a community of practice to evolve. The models are delivered in a way that is congruent with the TF Programme Objectives and to families who meet the eligibility criteria.

12.0 Multi Systemic Therapy (MST)

12.1 The services for families include Multi Systemic Therapy. The goal of MST is to break the cycle of behaviours by keeping young people safely at home, in school, and out of trouble. MST therapists work intensively with families, meeting with the family and other people in the young person's life several times a week. They are there when needed, and since problems don't have office hours from 9-5pm, therapists on the team are on call 24 hours a day, seven days a week. Family members collaborate with MST therapists in designing a treatment plan over three to five months. This is based on what the family and others involved would want to achieve. The plan make sense to the family and builds on the strengths in their lives, which makes it more likely the family will be successful in the future and that any changes made are maintained. The plan is bespoke. MST works to increase the skills and resources of the parents and carers to manage their young person's behaviours more effectively. It blends the best clinical treatments—cognitive behavioural therapy, behaviour management training and family therapies to reach this population.

13.0 Universal and Targeted Group Provision

13.1 Due to the remit of Family Centres being expanded to include pre-birth to 19 year olds (25 years if the young person has a disability) a full remodelling of the evidence based, outcome focused service offer/programme is underway alongside a comprehensive scheme of workforce development. Services continue to be integrated and delivered in partnership with a range of private, voluntary, maintained and statutory agencies. Consultation has been undertaken with stakeholders and as a result there is an increasing focus upon emotional health and wellbeing as a golden thread through provision and opportunities are being explored in relation to the Future In Mind transformation programme.

13.2 Through the previous delivery of services through Children's Centres and the Targeted Youth Support Service there is an already embedded programme of delivery for children and families pre-birth to 5 years old and 11 years old and older respectively. This is reviewed and refreshed as part of a continuous improvement programme. The current focus of this expansion of group provision is aimed at families with children in the 5-11 year old age group. The approach in Family Centres is to offer families a holistic session(s) delineated by age range called the 'Now I am …' programme. A 'Now I am 5-7 years old' has been developed and will launch in September 2016 closely followed by a 'Now I am 7-11 years old'. The sessions aimed at children starting their secondary phase of education (11-12 years old) and teenagers are also being reviewed by the Targeted Youth Support service. The sessions are aimed at both children and families using a variety of means of engagement including outreach. In addition to the Now I am programme there are bespoke sessions being undertaken including Kids Cook and Eat and parenting programmes for families with teenagers.

13.3 The summer programme in 2016 included services for children and families across the age range and proved effective in raising awareness of the Family Centre wider offer and as an engagement initiative. There continues to be the delivery of the Solihull Parenting Programme for families with children from across the age range and this has been differentiated to provide sessions for families with similar age children as opposed to all age. This has proved effective in engaging families in discussion around how they address particular issues in relation to sharing of issues/experiences, developing and implementing strategies and general peer support.

13.4 Links with schools and in particular Primary Schools are being strengthened as this was previously focused on the transition from Children's Centre to school at age 5 years. It is imperative that the links and information sharing with Parent Support Advisors in schools is strong in particular where there is an Early Help Assessment in place and Team around the Family.

13.5 Group provision is delivered across the range of main, linked and outreach sites. There has been some building work/refurbishment in some areas during July to September 2016 however where possible this has been mitigated by delivering in other suitable sites. Moreover, where appropriate other community venues are utilised on a longer term basis.

14.0 Early Education and Care within Family Centres

14.1 The Council continues to directly deliver early education and care on a sessional and term time only basis on six Family Centre sites and this is targeted at children accessing their two, three and four year old early education entitlement. In accordance with the recommendations agreed at Cabinet in September 2015 this is in the areas of Barnsley where the private and voluntary sector either do not or will not step in to meet need, in line with the council's duty to ensure access to sufficient early education and childcare. The following Family Centres offer early education and childcare:

- Darfield Family Centre
- Thurnscoe Family Centre

- Grimethorpe Family Centre
- Athersley Family Centre
- Kendray and Worsbrough Family Centre
- Dearne Family Centre

14.2 Worsborough Common Primary School governing body took the decision to continue to provide early years and childcare provision which was previously operated under the auspices of Rising Star's Children's Centre. This provided children and families with a continuity of care following the transformation to the Family Centre model on the 1st April 2016.

14.3 For those areas where the Council ceased to be a direct deliverer of childcare all children and families were supported on a one to one basis to secure alternative provision prior to the 31st March 2016. An initial analysis of children and families accessing the provision suggests that the Council is acting in accordance with its statutory duty in that the large majority of families are very local to the provision and that sessional care meets their needs. This provides the Family Centre as a means of building a relationship with families and then to encourage their engagement in other services provided by the centre.

14.4 At the time of the Children's Centre statutory consultation in 2015, the vacancy rate in full day care (as recorded in the 2015 Childcare Sufficiency Assessment) was 38%. The annual audit of childcare settings undertaken during June 2016 shows a vacancy rate of 36% in full day care. In addition there remains a vacancy rate within sessional term time care (32%) and under 5's childminding places (58.1%). Further analysis shows that the Dearne South and Darton West wards show pressure on 3 and 4 year old places*, however, those areas have vacancies in other age ranges, which Ofsted now allows in-house flexibility to redefine the age categories to meet changing demand and local pressures.

(*This is not due to any change in the service offer from Family Centres as early years and childcare provision operated by the Council remained unchanged in the Dearne South and Darton West area).

14.5 The quality of the sector remains high and the current rate of good and outstanding provision in Barnsley is above national average at 88%.

15.0 Governance and Performance Management Arrangements – Locality

15.1 Locality governance continues to be provided by the statutory Family Centre Advisory Boards and the service is reaching out to stakeholders that engage with families across the wider age range to become members of the boards. The Advisory Boards are aligned with Area Councils to ensure greater co-ordination across a range of priorities. Appropriate officers supporting Area Councils have been invited to attend their local Advisory Board. There is a requirement for Family Centres to ensure that the voice of children and families is heard and that they influence, support and provide challenge to their local Family Centre. A range of strategies are employed in order to secure this including attendance at Advisory Boards and sub groups including parent forums and one off provision based consultation. Family Centres are focusing efforts on expanding the membership of boards to include families with children across the age range. A local performance

framework underpins borough wide priorities in order to ensure that Family Centres are firmly rooted in their communities. Knowing communities and their particular needs is vital in ensuring that services reflect and impact upon priority needs. Advisory Boards monitor performance at a local level and provide valuable support and challenge.

16.0 Youth Voice and Participation

16.1 The service supports both children and young people to get their voices heard and try to work towards making things better for them, their peers and their communities. There are lots of ways for young people to get involved and the team works across the borough to enable young people to have a greater say in deciding the types and shape of services they receive by encouraging them to exercise their rights and to participate in decision making processes which affect them. The service supports Barnsley's Youth Council which is a group of local young people who are elected to represent the views of young people locally, regionally and nationally. The Youth Council works closely with Barnsley Council and other service providers to ensure that young people's views can influence future services and delivery and to ensure that Barnsley provides a sufficient local offer for young people in terms of opportunities, services and support. To further support this the service support young people in care or care leavers through Children's Rights who advocate on their behalf.

17.0 Future Plans/Challenges for Both Areas

17.1 Regarding the Think Family Programme, in the short to medium term the next stage of development for the local Think Family Programme delivery will need to respond to the evolving national Troubled Families Programme requirements which include a revised five year target and financial model in 2017, and a new 'Maturity Model' against which to benchmark local service transformation for sustainability of delivery so that the potential funding available can be accessed to continue to support local developments in family support.

17.2 The key objective is to secure the continued delivery of the improved models of family support beyond the funding period. To do this the Think Family Programme will continue to support wider service transformation developments, embedding activities within local developments affecting access to, and delivery of early help and family support. As such it is intrinsically linked to the implementation and ongoing development of the Family Centre model of delivery of family support as set out in the Family Centres Service Development plan. The process for the next round of local funding allocation from 2017 is in progress.

17.3 In relation to Family Centres, the work and services for children, young people and their families outlined above continue to embed and develop. This includes continued alignment and support from the Think Families programme. Consideration is currently being given as to how services continue to integrate and align through a number of key developments including an integrated service for adolescents, Public Service Hub and an externally funded Growing the Futures bid which focuses on system change and service offer for families experiencing domestic abuse. There continues to be funding pressures in this area and it will be

critical to ensure that the positive service transformation gained is sustained through any further re-shaping of services required.

18.0 Invited Witnesses

18.1 At today's meeting, the following representatives have been invited to answer questions from the Overview and Scrutiny Committee (OSC) regarding support to families in Barnsley:

- Paul Hussey, Service Director, Safer, Stronger, Healthier Communities, BMBC
- Jayne Hellowell, Head of Commissioning, Healthier Communities, BMBC
- Rachel Dickinson, Executive Director of People, BMBC
- Margaret Libreri, Service Director, Education, Early Strat and Prevention, BMBC
- Nina Sleight, Head of Early Start, Prevention and Sufficiency, BMBC
- Claire Gilmore, Early Start & Families Strategy and Service Manager, BMBC
- Councillor Jenny Platts, Cabinet Member for Communities
- Councillor Margaret Bruff, Cabinet Member for People (Safeguarding)

19.0 Possible Areas for Investigation

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

- To what extent do the findings in the national evaluation of the Troubled Families Programme reflect local findings?

- How effective are the initiatives in place in Barnsley as a result of the Troubled Families Programme Funding and what evidence is available regarding this?

- What impact have the changes (positive and negative) from Children's to Family Centres had for families in Barnsley?

- To what extent do our Early Help Assessments and interventions prevent problems from escalating for our families in Barnsley?

- What is being done to ensure services utilise best practice across different areas?

- How effective are relationships amongst partner agencies involved in the different services?

- What are the key areas for development and how will these be achieved?

- What actions could be taken by Members to assist with providing support to families in Barnsley?

20.0 Background Papers and Useful Links

- Appendix 1 – Troubled Families Programme Eligibility Criteria (attached)
- National Evaluation of the Troubled Families Programme: National Impact Study Report (October 2016):

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/560504/Troubled_Families_Evaluation_National_Impact_Study.pdf

- The Troubled Families Programme (England)-House of Commons Briefing Paper (December 2016): http://researchbriefings.files.parliament.uk/documents/CBP-7585/CBP-7585.pdf

21.0 Glossary

BMBC - Barnsley Metropolitan Borough Council
DCLG – Department for Communities and Local Government
EHA - Early Help Assessment
EIP - Early Intervention and Prevention
LAs - Local Authorities
LDD - Learning Difficulties and Disabilities
LGBT - Lesbian, Gay, Bisexual and Transgender
MST - Multi Systemic Therapy
PSH – Public Services Hub
SYP – South Yorkshire Police

22.0 Report Authors and Officer Contact

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9th January 2017

Appendix 1

Troubled Families Programme eligibility criteria

To be classified as 'on programme' a family must experience at least 2 of the following:

Parents and children involved in crime or antisocial behaviour	Adults out of work or at risk of financial exclusion and young people at risk of worklessness
Children who have not been attending school regularly	Families affected by domestic violence and abuse
Children who need help	Parents and children with a range of health problems

Troubled Families/Think Family Principles

In order to qualify for payment by results, the support interventions that they receive must comply with the following Programme Principles:

There will have been an assessment that takes into account the needs of the whole family	There is a lead worker for the family that is recognised by the family and other professionals involved with the family
There is an action plan that takes account of all (relevant) family members	The objectives in the family action plan are aligned to those in the area's Troubled Families Outcomes plan (Barnsley Think Family Outcomes Plan)

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