

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 14 March 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 - 10*)

To approve the minutes of the previous meeting of the Committee held on 17th January 2017 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 Adult Social Care Local Account 2015-16 (*Pages 11 - 36*)

To consider a report of the Director of HR, Performance and Communications (Item 4a attached) in respect of the Adult Social Care Local Account 2015-16 (Item 4b attached).

5 Update on Licensing and Safeguarding (Report For Information Only) (*Pages 37 - 40*)

An update report for information only of the Director of Place and the Director of HR, Performance and Communications (Item 5 attached) regarding Licensing and Safeguarding in Barnsley.

6 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.

7 Children's Social Care Reports (*Pages 41 - 76*)

Reason restricted:

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

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
- Press

Paper Copies Circulated for Information

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

Witnesses

Item 4 (2:00pm)

- Lennie Sahota, Interim Service Director, Adult Assessment & Care Management, People Directorate
- Jane Wood, Head of Adult Joint Commissioning, People Directorate
- Glynn Shaw, Head of Service, Adult Assessment & Care Management, People Directorate
- Claire Edgar, Head of Service, Adult Disabilities and Mental Health, People Directorate
- Will Boyes, Performance Improvement Officer, HR, Performance & Communications Directorate
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 17 January 2017
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VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

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

3 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.

4 Declarations of Pecuniary and Non-Pecuniary Interest

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

5 Minutes of the Previous Meeting

With reference to item (ii) relating to the Barnsley Safeguarding Children Board (BSCB) Annual Report 2015-16, the Chair advised that the case of Female Genital Mutilation (FGM) occurred elsewhere and not in Barnsley. The minutes should therefore read 'The Group were advised of one case elsewhere which made the national headlines was related to a surgeon correcting a previous FGM procedure'.

The Chair also advised that the NHS consultation on proposed changes to Hyper Acute Stroke Services and Children's Surgery and Anaesthesia Services has been extended to 14 February 2017.

A Member of the committee queried how the hospitals who are proposed to deliver the Hyper Acute Stroke Services coped over the Christmas period with demand for services. The Chair confirmed once this information has been received from the hospitals, this will be forward to all Elected Members.

The minutes of the meeting held on 8th November 2016 were then approved as a true and accurate record.

6 Support to Families in Barnsley Including the Troubled Families Programme and Changes from Children's to Family Centres

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

- Rachel Dickinson, Executive Director of People, BMBC
- Jayne Hellowell, Head of Commissioning, Healthier Communities, BMBC

- Margaret Libreri, Service Director, Education, Early Start 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 Tim Cheetham, Cabinet Member, People (Achieving Potential)

Jayne Hellowell introduced the report, explaining that it is in two parts; firstly providing an update on the Troubled Families Programme (TFP), for which we need to consider its sustainability; followed by an update on our Family Centres.

Nina Sleight confirmed the change from Children's to Family Centres could be considered as largely successful and that services continue to be available on a borough wide basis. Due to the expanded age range, work has been undertaken to both engage and strengthen partnership working, in particular with schools and health practitioners. These changes support the Think Family approach. Family Centres are part of the Early Start, Prevention and Sufficiency Service within the council and this brings together other services which support children and young people and their families including the Targeted Youth Support Service including the Early Intervention and Prevention Team, Youth Offending Team and the Multi-Systemic Therapy Team. In the future the service will need to explore how the developments around early help and specialist services align with the Public Services Hub. Additionally, we have statutory local Family Centre Advisory Boards which provide Members with an opportunity to become involved in the local governance arrangements for their respective Family Centre.

Members proceeded to ask the following questions:

- i. Following the introduction in 2012 of the TFP has this led to any changes in working practices?

The committee were advised the changes have instigated better integrated working amongst different services. For example Family Centres used the funding to challenge existing systems. The TFP is a complex programme; it's not just about one caseworker working with one family, it is wrap-around support which requires a number of different organisations. The funding from the TFP has enabled the strengthening of partnerships through the work we've done.

- ii. How do you rate the relationships amongst partner organisations involved in the different services, such as the Clinical Commissioning Group (CCG), Berneslai Homes (BH), South West Yorkshire NHS Partnership Foundation Trust (SWYPFT) etc.?

Members were advised relationships are patchy in areas. However, we have a good relationship with BH who are integrated with the Think Family approach. Our relationship with 3rd sector providers is also good; although, with the CCG there is still work to be done to align commissioning at a strategic level; however the Sustainability and Transformation Plan (STP) is a good forum for these discussions. Full engagement amongst all partners has not yet been achieved; there is good engagement with the Think Family approach which we need to continue to strengthen.

- iii. After the funding ceases in 2020, how will you ensure these services continue to be delivered and a good standard of service is maintained?

The group were advised the sustainability of the programme is essential. As the funding is only for a limited period, we are currently working with services to ascertain what the implications will be when the funding ceases. To ensure sustainability, the majority of the funding has been assigned to transform services rather than set up new ones. We have currently increased capacity to make improvements so that when funding ceases the good practice will continue and be sustained.

- iv. How reliant are the Family Centres on receiving continued funding?

The committee were advised one-off funding is available through the government, for example the Department for Communities and Local Government (DCLG) has made some available in relation to domestic violence against women and girls which we have bid for. If we are successful we will use this money to transform areas for improvement such as to our systems. £15 million is available nationally; however this is not a lot across the whole country. Some bids have to be joint, for example in relation to rough sleepers funding has been awarded for 2 years across the South Yorkshire Authorities.

- v. The national evaluation of the TFP could not directly attribute whether changes made by families were as a direct result of the programme or not; in view of this, how does Barnsley compare?

Members were advised there is some merit in the criticism of the programme, as, if we are honest about the figures, it is difficult to say that we have 'turned around' a family in 6 months, even though the national TFP says this is expected. In Barnsley we need to show sustained progress and be realistic about how many families we can support, as well as monitor sustained change to ensure those families are not coming back into the system after 2 years. We want to use the funding to support the use of the Maturity Model as an audit tool to establish baselines so we can understand the progress of our families.

- vi. Are secondary schools, including academies and our colleges aware they are able to utilise the facilities provided by the Family Centres?

The group were advised one of the benefits in the transition to Family Centres is the range of early help services for families is now provided up to the age of 19 years and 25 years old if the young person has a disability. This is overseen through a borough wide multi-agency steering group which our secondary schools are a key part of, particularly as they are able to identify issues at early opportunities. Currently, a multi-agency deep dive analysis is being done to ensure delivery of services is evidence-based. The service is also going to undertake work with secondary head teachers to inform them of what support is available in relation to their work with young people and families. Stakeholders from the local community, for example from health, care, education, voluntary sector with parents/carers, come together on Family Centre Advisory Boards and look at the needs of that community, what services are being offered and what else may be needed or improved to have a positive impact. Members can help support this work by raising awareness of early help services on offer to people in our communities and also encourage our partner agencies to engage in this work.

- vii. What happens outside in communities often affects how children behave in schools; what is done to consider this?

The committee were advised that support to families is important as behaviour in school, and engagement in education can be attributed to other issues and needs. As part of the performance framework one of the indicators that is monitored is persistent absence from school figures, as this can be an indication of engagement and a sign of whether support or intervention is working. Data and local knowledge are also utilised to consider if what is in place to support pupils is effective.

- viii. The report confirms there are four Troubled Families/Think Family Programme family support providers, are these public, private, third sector or former employee providers?

Members were advised these are all provided by the public sector and within the Council's ownership as one is from our Family Centres, another from the Youth Offending Team, another from Safer Communities and another from Berneslai Homes.

- ix. Will there be a move towards utilising both the private and third sector to administer the Think Family programme in the future?

The group were advised the Think Family Programme plan is to continue the services in place for the next few years, but also put some of the money into the Public Service Hub. Although the service funds four family support advisors there are a lot of other organisations in the community which are not mapped. In terms of Domestic Abuse services, another public sector agency delivers this, however we provide the funding, therefore we need to take the credit for this as we also obtained this funding as part of the TFP.

- x. A member of the committee advised over the potential closure of the Barnsley Churches Drop-in Project who provide help and support to troubled families in Barnsley, and whether the service was aware of this?

The committee were advised that the Churches Project is currently operated from John Street where Addaction is located. Addaction was funded to provide our needle exchange programme but this has recently been awarded to another provider. However Addaction did not bid for it, therefore will lose their funding and will no longer rent the building from the Council which they then allowed the Churches Project to use. As the building is the Council's we have a commercial interest, however we have now got confirmation that the Churches Project will lease Temperance House. This is by Sarah's Flower Shop and she does training to help people obtain employment therefore this will create additional useful links. We are not currently clear what the Churches Project are supporting as their ethos is that they don't judge, however we're currently trying to work with them so we can understand support requirements and have given some assistance to their staff.

The Chair of the committee commended the response from the service which indicates how well informed and responsive our officers are.

- xi. A Member raised concerns that there had been a new manager at their local Family Centre since April 2016, however they were only scheduled to meet

them in January 2017, however the manager is now leaving and therefore this creates difficulties with them engaging with the service?

The committee were advised that the service were aware of the concern when the member had raised this previously and the service promptly contacted the manager involved. Whilst the service understood the manager had contacted local members since, all concerned were sorry that this had not happened sooner. The service commented that due to the significant transitions that had taken place including streamlining previous Children's Centre Advisory Boards into Family Centre Advisory Boards there had been some delays in some areas. The service advised that it is very important to them that they support Members to be involved in their local Family Centre and would encourage their ongoing participation. The service confirmed that recruitment was underway for a new manager in the relevant centre; and apologised for the gap during the transitional period.

- xii. How many families do we expect to be a part of the TFP and what measures are in place to ensure their improvement is assured?

The group were advised that to date there have been 908 families on the programme against a target of 1196; however, the service is confident this target will be achieved. To date, 68 families have been successfully turned around, which is short of the target of 100 however we're confident this will be achieved by the end of March 2017. In relation to sustainability, we will be working with providers to review if changes have been sustained by families by reviewing them on a periodic basis so that we can re-engage with families if we need to. We have ambitious targets over the next 3 years and we are aware that for some, it will not be possible to turn them around as the problems are so complex. We plan to engage with 800 families this year, 600 the next, then 400, with outcomes being 250 turned around in the first year, then 350, then 450, with numbers accumulating to our target of 1000 TF turned around over the 5 year programme. It will take years to review the sustainability of the changes and for some families we know there will not be an end point.

In relation to Family Centres and the wider offer, from 1st April 2016 to 30th September 2016, 5292 families have been engaged with, compared with 4,380 in quarter 4 of 2016. Some families only need a little support, whereas some families need a lot more which can be more intensive. These figures don't include the young people aged 11+ who have been engaged with as part of the offer from the Targeted Youth Support Service. Through the new model, families continue to access provision and we try to ensure this is in a timely way. For example, within three weeks of an Early Help Assessment (EHA) being started we follow up with agencies to check they have a clear plan for the family. We also have an 'outcomes star' which looks at how a family feels on a range of indicators and ensure interventions are appropriate by measuring how they feel at certain points to assess the distance they have travelled. We also audit cases to ensure the quality and timeliness of interventions which also helps us to keep an eye on long term outcomes. All this creates a rich picture in terms of service access, quality and outcomes.

- xiii. It is difficult to get volunteers to come in and engage in the Family Centre Services, as some find it boring just attending a meeting therefore how can we involve people differently?

The committee were advised that we need to focus on the involvement of volunteers as they are a key part of the service strategy and we need to encourage them to work in our communities. Some people may only want a short voice and influence on the service, whereas there are others who want to be engaged on an ongoing basis. We need to ensure that Family Centres continue to be non-stigmatised and gateway to other services including facilitation of peer-support.

The Chair reiterated this and highlighted that this is where Members can take a lead role in encouraging volunteers to participate even though this can be difficult.

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

Members were advised we have received anecdotal feedback from parent forums and advisory boards regarding the improvements the changes have made. By expanding the age range to cover the whole family this has strengthened the holistic support to families and avoids silos. The new model has also helped with relationship-building and has particularly strengthened our relationship with Primary Schools, helping us to make a difference across the Borough.

- xv. In relation to TF and the evaluation of Phase 1: how 'troubled' were the families; when a family is 'turned around' what does this mean; and what has been done to evaluate the impact of Phase 1?

The group were advised the service don't have the specific data to hand as it covers a number of areas but the figures can be provided to the group in relation to the outcomes and evaluation. We know that 36% of families had evidence of domestic violence; therefore we want to get meaningful data on this so we can focus on it in future and bid for government funding. The data for the first two years was in relation to payment by result; we have not yet looked at the detail of this which we will be doing, so we can identify what were the key things that made a difference.

In terms of evaluation, we plan to use the Maturity Model so we can use this for the next Phase of the programme. It has taken some time to set up the programme; however we are now in a good place to make a difference and evaluate what are the key things which have worked.

- xvi. Approximately how many troubled families are living in social and private-rented sector housing?

The committee were advised this information can be forwarded to Members.

- xvii. In relation to the TFP criteria in Appendix 1, are all family members considered as part of the plan, for example if there was an absentee parent?

Members were advised that what constitutes a family is a complex picture, therefore all would be considered. Some families may have 100 contacts therefore support can be very complex, particularly as some people may not live in the house but play an important role in the family.

A member of the committee commented that it is important that we dispel the myth that troubled families are only seen as being endemic in social housing, as they can also be found within private sector housing.

Another committee member explained there needs to be consistency and regular attendance within the Advisory Boards; this comment was echoed by the service.

- xviii. In terms of young people at risk of entering the criminal justice system, parenting orders were being utilised; is there any evidence that the new methods are helping pre-court diversion and keeping young people out of trouble?

The committee were advised Parenting Orders are one tool available. We are exploring whether this is something we could use in the right circumstances, however we don't expect a spike in their use. We now have an early intervention team who undertake work with specific groups. Also, we provide one to one support in family centres who are able to take a holistic view of a child.

The structural transformation has enabled work to be done in a whole family way and provide age-appropriate support, such as for teenagers. Over the next few months we will review if the roles we have created are working and will amend other roles if we need to.

- xix. Historically Children's Centres have been seen as a local resource where new mums can obtain general support; are we continuing this ethos with Family Centres?

The group were advised this continues with the Family Centres and we're still subject to Ofsted regarding provision of services from pre-birth to 5 years. It is important that Family Centres are seen as a resource for all families and that it is a non-stigmatised access to services and an opportunity to build up relationships with our communities.

The Chair thanked all the witnesses for their attendance and helpful contribution and declared the public part of the meeting closed.

7 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

8 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.

Action Points

1. Patient numbers for over the Christmas period for the Chesterfield Royal Hospital, Doncaster Royal Infirmary and The Royal Hallamshire Hospital, Sheffield, the proposed alternative care providers for Hyper Acute Stroke Services to be provided to all Elected Members.
2. Members to support the work of our services by raising awareness of early help services on offer to people in our communities and also encourage our partner agencies to engage in this work.
3. Members to engage with their local Family Centre by participating in the relevant Advisory Board and encouraging the engagement of volunteers.
4. Service to provide details of the Phase 1 data and work done with troubled families.
5. Service to provide data on the number of troubled families living in social and private rented sector housing.

Item 4a

Report of the Director of Human Resources,
Performance & Communications,
to the Overview and Scrutiny Committee (OSC)
on 14th March 2017

Adult Social Care Local Account 2015-16

1.0 Introduction

1.1 The Barnsley Adult Social Care Local Account is an annual review of performance and achievements of services. The attached report (Item 4b) is the fifth report of this kind and reviews the service over 2015/16 as well as sets out future plans and challenges for 2016/17.

2.0 Background and Local Account Content

2.1 The annual local account is an integral part of the national sector led improvement approach for adult social care. It is a public facing document designed to enable transparency, scrutiny and accountability to adult social care service users and the public in Barnsley, as recipients and funders of public sector services.

2.2 The review of Local Accounts undertaken in 2014/15 by the Towards Excellence in Adult Social Care (TEASC) Board concluded that there are three challenges that Local Accounts should try to address, these are:

- To build genuine, widespread and continuous dialogue with local people
- To use feedback from people to drive improvement and reflect this in the Local Account
- To explicitly identify weaknesses as well as strengths, and to set out the improvement priorities in a way that allows progress to be assessed
- To view Local Accounts as a public-facing summary - and not as a substitute for a more comprehensive system of performance management and public reporting.

2.3 This year the council service user and carer engagement team worked with the Local Account editors to undertake a more meaningful consultation, involving a focus group of 25 service users and carers, to inform the design and content of this and of future reports. This has enabled improvements to be made to both this report as well as highlighted considerations for future.

2.4 The report is published on the Council's website and the number of 'hits' the document receives will be monitored to inform the future marketing strategy for the report. The service has expressed that it genuinely wishes to see the Local Account become an important vehicle for dialogue and improvement and welcomes feedback from service users, carers and the public.

2.5 The local account is structured around the following sections and provides performance data, information on what has been achieved, future improvements as well as case studies:

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support

- Safeguarding adults whose circumstances make them vulnerable and protecting them from harm
- Efficiency and value for money

3.0 Key Developments

3.1 Adult social care services have made changes to make sure the Care Act requirements are fully implemented and also introduced a new way of working in April 2015. Key developments include:

- A single point of access
- A new brokerage and personalisation team, which helps people to direct their own support, write their support plans and get the support that they choose
- An improved Personal Assistant (PA) Finder website
- Further improvements to the e-Marketplace, soon to be relaunched as 'Live well Barnsley'
- 'Be Well Barnsley' has been launched, with 930 people already supported to achieve personal health goals
- New processes to strengthen the response to safeguarding concerns have been introduced
- Adult social care costs have been reduced by £2 million by improving efficiency and effectiveness and redesigning services

4.0 Improvement Plans

4.1 These include:

- Procurement of new services to help adults with learning disabilities, including those with more complex needs, live well in the community. New services will be available from early 2017
- Implementation of the Accessible Information Standard, which helps to ensure that disabled patients, service users and, where appropriate, carers and parents, receive information in formats that they can understand, and that they receive appropriate support to help them to communicate
- Review of the training plan to support staff involved in managing and investigating safeguarding concerns
- From 2017 onwards, we plan to streamline our Local Account to make it much more accessible to service users, carers and other key stakeholders. Given the resources involved in producing the Local Account, we need to ensure we achieve value for money by maximising the number of people who access the document, find it informative and reflective of their own experiences of adult social care services, in Barnsley

5.0 Invited Witnesses:

5.1 At today's meeting, the following representatives have been invited to answer questions from the OSC regarding this area of work:

- Lennie Sahota, Interim Service Director, Adult Assessment & Care Management, People Directorate
- Jane Wood, Head of Adult Joint Commissioning, People Directorate
- Glynn Shaw, Head of Service, Adult Assessment & Care Management, People Directorate

- Claire Edgar, Head of Service, Adult Disabilities and Mental Health, People Directorate
- Will Boyes, Performance Improvement Officer, HR, Performance & Communications Directorate
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)

6.0 Possible Areas for Investigation

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

- What are the future key challenges for the service and what plans are in place to address these?
- To what extent are our carers satisfied with the support they receive and would agree they can balance their caring role and maintain their own quality of life?
- Has any feedback been received on the online Self Help Guides and to what extent do you feel they have prevented potential customers from contacting the service?
- How confident are you that we are safeguarding vulnerable adults in the borough and implementing the Making Safeguarding Personal (MSP) agenda?
- How effective is the integrated working between different teams and agencies including local health service providers and the police?
- To what extent is the annual adult social care survey reflective of our customers or is this only reflective of a small percentage of this population?
- What changes do you expect to be made to the Local Account in future in relation to feedback received?
- What actions could be taken by Members to continue to assist in improvements to Adult Social Care Services in Barnsley?

7.0 Background Papers and Useful Links

- Item 4b - Adult Social Care Local Account 2015-16 - interactive pdf version available on the following link:
<http://barnsleymbc.moderngov.co.uk/documents/s15545/Appendix.pdf>
- Care Act (2014): <http://www.legislation.gov.uk/ukpga/2014/23/contents>

8.0 Glossary

ASC - Adult Social Care Service
 DOLs - Deprivation of Liberty Safeguards
 MSP - Making Safeguarding Personal
 OSC - Overview and Scrutiny Committee
 TEASC - Towards Excellence in Adult Social Care Board

9.0 Officer Contact

Anna Marshall, Scrutiny Officer (01226 775794), 6th March 2017

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Performance information in this document relates to April 2015 to March 2016, unless stated otherwise. Most of the performance information is taken from our contributions to national data collections, which NHS Digital publish every year. We regularly review our own performance throughout the year. We have a number of performance indicators relating to adult social care that we report on every three months. Further information is available on our website:

<https://www.barnsley.gov.uk/services/our-council/our-performance/how-we-measure-our-performance/>

Our performance reviews include a focus on the quality of our services, including how well they are meeting the needs of people in Barnsley. We use this information to make sure that we are offering the most appropriate services at the right time.



Foreword

Welcome to the fifth edition of our annual Local Account, which tells you about how well our adult social care services performed last year. It also sets out how we plan to improve our services in the future.

Like most other councils, we are faced with significant budget pressures. At a time when budgets are reducing and the pressures of an ageing population are increasing, it is essential that we continue to work closely with our partners, particularly NHS organisations. This helps us make best use of our budgets and make a real difference by helping people to live longer, better lives.

When people do develop care and support needs, we work with our partners to support them to regain their confidence, helping them to live in their own homes for as long as possible. If people do need more care and support, we try to make sure they have as much choice and control as possible over how their needs are met.

Our biggest priority is to make sure we continue to safeguard the wellbeing of people who may be at risk of harm. We implemented the Care Act 2014 and new ways of working in 2015 to help us do this.

The Care Act introduced new legislation built around people's wellbeing, promoting them to maintain their independence, choice and control. Government has delayed the second phase of implementation and we will report back to you as we know more.

We hope you find this Local Account interesting and that it answers any questions you may have about adult social care in Barnsley. If you have any comments or suggestions you would like to feedback, please send them to us via our website, at:

<https://www.barnsley.gov.uk/services/our-council/our-performance/adult-social-care-performance/>



Rachel Dickinson, Executive Director, People – Barnsley Council

Councillor Margaret Bruff, Cabinet Spokesperson for People (Safeguarding)

Enhancing quality of life for people with care and support needs

What does this mean?

- People can manage their own support as much as they want.
- Carers can balance their caring role and maintain their own quality of life.
- People can find employment when they want, maintain a family and social life, contribute to their community and avoid loneliness and isolation.

Page 19 How are we doing in meeting these standards?

We provided over 4,728 older and vulnerable people with care and support services. 74% of those people were over the age of 65.

Key

- ↑ Performance improved since last year
- = Performance unchanged
- ↓ Performance declined since last year

↑ 96% of people who use services said they helped them to have a better quality of life. This is the best performance regionally and better than the national average.*

↑ We connected just under 5,000 people to a Central Call service via a lifeline community alarm, with 1,000 new people accessing the service.

↑ 38% of people in Barnsley who need care are directing their own support using a direct payment. This is a big improvement on the previous year and well above the national and regional averages.

↑ 50% of people who use services told us they had as much social contact as they would like. This puts Barnsley above the national average and amongst the best performers in the region.*

↑ 81% of people using our services say they have control over their daily lives. This is the best performance regionally and better than the national average.*

↑ 81% of people using our services receive self directed support. Although this is an improvement, our performance is below the national and regional averages.

= 83% of service users with a learning disability live in their own homes or with their family. This is above the national and regional averages.

= 5% of adults in contact with community mental health services are in paid employment at or above the national minimum wage. This is below the national and regional averages.

↓ 2.2% of adults with learning disabilities are in paid employment. This is well below the national and regional averages.

↓ 60% of people in contact with community mental health services live independently. Our performance is just above the national average but below the regional average.

↓ 75% of service users in Barnsley have a personal budget, allowing them to choose and direct their own care arrangements.

**Based on those responding to our annual adult social care user survey*

What we said we'd do in 2015/16 and did we achieve it?

We successfully introduced new ways of working in April 2015. One example is our new Brokerage and Personalisation team, which is now helping more people to direct their own support, write their support plans and get the support that they choose.

We introduced our new Personal Assistant (PA) Finder website* in October 2015. This helps people who want to employ PAs, as well as helping PAs themselves to update their status and availability.

*www.barnsley.gov.uk/services/adult-health-and-social-care/barnsley-pa-finder/

We approved nearly 240 PAs through our approval scheme, giving people in Barnsley much more choice over their care.

We promote personalised care in our mental health services. We offer personal budgets to eligible people who need support, helping them to choose the services they need for their recovery and wellbeing.

We are continuing to develop our eMarketplace, which is a directory that brings together information about groups and organisations that offer services to people of all ages. It allows people to find information about services that can help to meet their needs. We have been working to improve this directory and have now replaced it with our new www.livewellbarnsley.co.uk website.

We worked with the Autism reference group to design a sanctuary space for the new library in Barnsley, which we expect to complete by 2017. We also worked with the National Autistic Society to provide awareness-raising sessions for frontline staff in 2015.

Our employment and volunteering service 'Way to Work' helps to increase the number of people with disabilities in paid work through weekly job searches and offering help to write a CV. It also helps people with disabilities stay in work by providing support and training where needed, such as food hygiene.

Way to Work and Barnsley College worked together on a project to increase the number of young people with additional learning needs and disabilities in paid work. Barnsley College now plan to expand the project and will support three job coaches from Way to Work.

We have helped the Carers and Friends forum to grow. The forum helped to provide activities for carers week and carers rights day in 2015. They were also involved in the production of a carers newsletter, which provides information about activities and support available in Barnsley, helping to market new groups and inform carers of changes affecting them through the Care Act. The forum is represented on the Service User and Carer Board. This enables them to influence strategies and services that might support carers, ensuring the Carers Voice is represented.

The Carers and Friends forum also managed the carers grant last year, assessing applications and challenging organisations receiving funding to demonstrate what they've achieved with it. The grant was also marketed to individuals but only two applications were approved. Requests to support individuals were picked up instead via care assessments or through involvement with organisations receiving carers grant.



What we said we'd do in 2015/16 and did we achieve it?

Continued

The carers grant is also used to provide opportunities for carers to be treated as individuals in their own right, outside their caring role. Opportunities have been developed for carers to undertake learning, recreational and therapeutic activities, supporting them to lead a healthy life. We have given carers information about volunteering roles through the Love Where You Live newsletter and via carers week.

Voluntary Action Barnsley piloted a social prescribing project with three GP surgeries, which they now provide across Barnsley. This helps people to access activities they might benefit from in the community, reducing the need for medical support. Healthwatch also supported this by helping to identify and refer carers.

Service users and carers of people with dementia have given us positive feedback about the new Memory Assessment and Dementia Adviser service. We estimate that over two thirds of people in Barnsley with dementia have had a diagnosis and are receiving support from dementia services.

Following consultation with the Dementia Forum, there are now two new providers of support for people with dementia and their carers. SYHA provide the Barnsley Dementia Support services, which offers individual

support as well as group events. Making Space provide the Dementia Carers Outreach Support Service, which offers help and advice to people caring for friends or family members with dementia.

Dementia champions continue to increase awareness in care homes and improve support for residents with dementia. Care home residents and staff are now working more closely with the Memory Assessment and Dementia Adviser service.

The new Be Well Barnsley service was launched in November 2015. This helps to reduce the impact of ill health in Barnsley, including conditions such as: obesity, diabetes, smoking related ill health, inactivity, poor mental health etc. The service has already supported 930 people to achieve their personal health goals including: 240 people losing between 3%-5% in weight, 391 people quitting smoking, 37 families completing a healthy eating / healthy weight course, and recruiting 32 new volunteer Be Well Health Champions.

Our partners in the Clinical Commissioning group worked with local organisation DIAL Barnsley to review support for people with diabetes. They focused on improving information on self care options.

How will we improve in 2016/17?

We have developed a new way to help adults with learning disabilities live well in the community. This will include new services to support people with complex needs, including intensive 'trainer flats' for young people moving from school into adult life. These will help them to learn the skills they need to be as independent as possible in the future. We expect these new services to be in place later this year.

We will be getting new contracts with home care services in place from 2017 onwards. We will work with home care providers to identify how to make these services more responsive to people's needs. The new services will focus on helping people to regain their independence; supporting people to do more for themselves and finding new ways of managing things instead of just doing things for them.

We will assess by how much the older population of Barnsley will grow in the next five years. This will help us to identify the most appropriate services to help people age well and be as independent as possible for longer.

We will create two supported apprenticeship placements for young people with special education needs and disabilities, starting September 2016.

We are working on a Dementia Needs Assessment for Barnsley, involving our partners, service users and carers. This will help us to decide what services need to be in place in future to help those with dementia and their carers.



Managing transitions from children's to adult services

Case Study

Miss R is a young person making the difficult transition to becoming a young adult. She has been discussing with her social worker how she will be supported to make this transition as successful as possible, given that she has a diagnosis of Autistic Spectrum Disorder (Autism).

Miss R would like to live independently in her own flat. She has found many things hard to cope with in life and so will need support to help her learn how to live in her own tenancy.

We found some suitable flats for Miss R and discussed the idea of finding a support provider to help her to do the things she wants to do, including maintain a tenancy and find employment, as well as helping her to deal with the challenges of living independently. Miss R was happy with these plans and we managed to identify a support service and suitable flat for her to live in.

Now Miss R is looking forward to finishing education and hopes to find suitable paid employment. Miss R is also looking forward to remaining involved in her favourite hobbies including music and performance.

Way to work

Case Study

Mark has a diagnosis of autism and a lower level of social functioning relating to communication, daily living skills and socialisation. Mark had attended a catering course at Barnsley College but didn't complete it due to the pressures of the academic work. Mark wanted paid work in either a catering or retail environment.

We helped Mark to get a free travel pass to allow him to attend appointments. We also supported him to complete his Level 2 Food Safety Awareness. Due to his limited literacy skills, we provided Mark with accessible training over two days.

Mark prefers his own company and is shy around strangers; it took a long time for him to trust us. We supported Mark to gain work experience at a café. Although he remained quiet, he was punctual, motivated and showed a high standard of work. This experience allowed us to work alongside Mark and train him in the role, as well as completing a detailed assessment of his skills and abilities to understand what roles he would be most suited to.

When the School Catering Service advertised a Relief Cook position, we helped Mark to apply. The employer agreed to our suggestion of using a supported interview as a recruitment method. This meant we could attend to help if Mark had difficulty understanding any of the questions.

Although Mark enjoyed the job, he wasn't coping well with the size of the kitchen and the number of employees. Mark wasn't communicating well with other staff members, but this was inevitable given his shyness. We supported Mark to apply for a transfer to a primary school. He was successful and was offered one hour of work a day; Mark has worked there ever since.

Mark is committed to working and enjoys earning his own money, which he has used to buy a Barnsley FC season ticket. He would like to work more hours and is currently receiving support to look for further work in the catering industry. We supported him to develop his CV and distribute it at Meadowhall. He also attends a weekly job search appointment to help him progress in the future.



Delaying and reducing the need for care and support

What does this mean?

- Everyone has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
- Support is provided earlier, including access to the reablement service (helping people get back on their feet/regain their independence after illness or crisis), so that people can remain independent and in their own homes for longer.
- ▶ When people develop care needs, we provide support in the most appropriate place, enabling them to regain their independence.

Key

- ↑ Performance improved since last year
- = Performance unchanged
- ↓ Performance declined since last year

How are we doing in meeting these standards?

- ↑ Barnsley continues to be one of the best areas in the country for getting people home quickly and safely after a spell in hospital.
- ↑ 1,168 people started a short period of help (reablement service) to regain daily living skills and get back on their feet after a spell in hospital, an increase of 82% on the previous year.
- ↑ Most (90%) of these people were still living independently 3 months later. This is better than the national and regional averages.
- ↓ We helped 2,772 people by providing pieces of equipment or through their property being adapted in some way to help with daily living.
- ↓ 8 patients were delayed in their transfers from hospital into adult social care services. This is an increase from last year, but Barnsley remains one of the best performing councils nationally and better than all but one council in our region.



What we said we'd do in 2015/16 and did we achieve it?

Our Free to Go Service continues to promote independent travel options for adults with a range of support needs or vulnerabilities. This supports individuals to meet personal goals and aspirations, giving them enhanced skills, confidence and independence, within a risk managed and supported environment.

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We commissioned the Independent Living at Home Service (ILAHS) to support people to live as independently as possible in the safety and security of their own homes. 981 people completed a period of rehabilitation, of those, 70% of people left the service with either no care package or a reduced care package. The service has also increased the number of individuals with access to assistive technology services such as carelines. ILAHS also now supports the Newsome Vale housing association properties in Wombwell.

Thanks to improved working between hospitals, adult social care, care homes and community health services, more people now receive intermediate care in a timely way. This has a positive impact on discharges from hospital, as well as helping more people to complete their rehabilitation in less than six weeks.

The Eye Clinic Liaison Officer helps people who are blind or partially sighted to get information and support. The Clinical Commissioning Group agreed to fund this until March 2017; after that, it will become part of the Ophthalmology department at Barnsley Hospital.

How will we improve in 2016/17?

Our Free to Go travel service is working on a pilot with the Independent Living at Home service. This is looking into whether people recovering from illness or other setbacks can benefit from support to help them travel independently. Early feedback from service users and professionals has been extremely positive.

We have reviewed our welfare rights service and will be testing out a new way of working in 2016. We have changed our needs assessments to ensure that vulnerable people can access services and support as early as possible.

We will introduce new contracts for home care services, these will support a reduction in the number of people with care and support needs.



Ensuring that people have a positive experience of care and support

What does this mean?

- People who use social care and their carers are satisfied with the care and support services they access.
- Carers feel they are respected as equal partners throughout the care process.
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
- ▶ People respect the dignity of individuals and ensure support is sensitive to their needs.

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How are we doing in meeting these standards?

- = Of the service users that tried to find information and advice about support, services or benefits, 76.7% found it very easy or fairly easy. This puts Barnsley above the national average (73.5%) and amongst the best performers in the region (75.3%)*.
- = 69% of people who use our services are satisfied with their care and support. This keeps Barnsley above the national average (64.4%) and amongst the best performers in the region (63.8%)*.

Key

- ↑ Performance improved since last year
- = Performance unchanged
- ↓ Performance declined since last year

A mystery shopping exercise rated our services as follows:

- ↑ Out of hours customer rating as 'excellent'. "The call handler was very helpful and understanding."
- ↑ Telephone contact customer rating as 'good'. "Call handler was confident and assertive. Clear advice was given in a manner which I understand".
- ↑ Website: customer rating as 'good'. "Connect to Barnsley is very informative and colourful. Easy to navigate with lots of information."
- = Face to face services as 'fair'; "I was given a phone number to ring to speak to someone."
- ↓ Reception services (at a co-located health and social care office base) rated as 'unsatisfactory': "Reception closed sign displayed with two telephone numbers to contact."

**Based on those responding to our annual adult social care user survey*

What we said we'd do in 2015/16 and did we achieve it?

We significantly improved our website content. We aim to have one single source of information, helping customers to find what they need as quickly as possible. We improved the language we use on our websites, reducing jargon wherever possible.

We have increased the amount of information we make available using Facebook and Twitter, via 'Barnsley Help'. Launched in February 2016, this allows us to share information about recurring themes, including self-help guides, which contain advice about social care and other useful information.

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The Barnsley Libraries Facebook and Twitter accounts have also increased their followers and each. We also introduced a Barnsley Libraries Instagram account for customers to follow.

Our 'Device Doctors' are now well established, providing support across Barnsley and particularly to vulnerable people, helping them to access information and services online. We also implemented free public Wi-Fi across all our libraries in 2015/16, which helped with the work of the Device Doctors, as well as allowing customers to use their own devices in public libraries.



Quotes from community engagement events with Device Doctors:

"Excellent. Informative. Clear information. Hands on. Clear answers to questions. Thorough obvious good background knowledge. Sensitive to my needs."

"I was very unsure before I came. Now I have a little more confidence. I'm glad I came. It was a very good session with an excellent teacher."

We have introduced links to the Sound Doctor website via our libraries web pages. This helps people to understand their long-term conditions better so they can cope more effectively at home and improve their quality of life.

How will we improve in 2016/17?

We are working with our partners to see how we make information easier for the public to find the information they need.

We are committed to developing our online help and expect our online social care contribution calculator to be available by late 2016. This will be supported by our other online offers, which include an online assessment tool so that people can explore their care and support needs, as well as the new eMarketplace.

We will make sure information about our services is in line with the NHS Accessible Information Standard. This tells us how we can make sure that disabled patients, service users and, where appropriate, carers and parents, receive information in formats that they can understand, and that they receive appropriate support to help them to communicate.

More information on this is available via this link: www.england.nhs.uk/wp-content/uploads/2016/07/access-info-stdndrd-er-upd-jul16.pdf

We will introduce a live web chat option on our website in 2016. This will focus on helping customers to complete online self-service transactions and information searches.

We will continue to review the information we publish on the council website throughout the year. We are simplifying and reducing the content, focusing on customers needs and making information easier to access.

Safeguarding adults whose circumstances make them vulnerable, and protecting them from avoidable harm

What does this mean?

- Everyone enjoys physical safety and feels secure.
- People are free from physical and emotional abuse, harassment, neglect and self-harm.
- People are protected as far as possible from avoidable harm, disease and injury.
- People are supported to plan ahead and have the freedom to manage risks however they wish.

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Key

- ↑ Performance improved since last year
- = Performance unchanged
- ↓ Performance declined since last year

How are we doing in meeting these standards?

- ↑ 73% of people who use our services say they feel safe. This is the third best performance in the region and above the national average.*
- ↑ 95% of people who use services say that those services contribute positively to their feeling of safety. This is the best performance in the region and above the national average.*
- ↑ 1,084 Deprivation of Liberty Safeguards (DoLS) applications were processed during 2015/16, a significant increase on the previous year. When calculated as a rate per 100,000 people over the age of 18, only one other council in the region received more DoLS applications than Barnsley.

**Based on those responding to our annual adult social care user survey*



What we said we'd do in 2015/16 and did we achieve it?

We now regularly provide the Barnsley Adult Safeguarding Board with updates on the use of Deprivation of Liberty Standards (DOLS). This is a set of checks that we use to make sure that any care that restricts the liberty of someone without mental capacity is both appropriate and in their best interests. We have developed an action plan to improve the way we manage DoLS and are making good progress on reducing the numbers of outstanding DoLS referrals.

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We now work towards the South Yorkshire Safeguarding Adults procedures, which were updated last year in line with the introduction of the Care Act.

We have improved our annual report for the Barnsley Adult Safeguarding Board. The 2015/16 annual report is more accessible to a public audience than previous versions.

We provided safeguarding training to frontline staff, including training on Making Safeguarding Personal. This ensures individuals are clear about the Care Act's safeguarding requirements, the new South Yorkshire Procedures and how best to respond to safeguarding concerns.

We continue to work closely with individuals employing their own Personal Assistants (PAs) to encourage take up of safeguarding courses. This has involved helping them to understand how important it is for their PAs to attend, as well as providing training in more varied ways so more people can attend.

We offered a Crisis course last year to raise awareness of homelessness and how to prevent it. Take up was low however, so we are working with our partners to promote this better in future. We may also look to make attendance on the course a requirement for organisations we fund to provide support services.

We organised a successful conference linked to our successes and challenges about hate and harassment in Barnsley. Improvements in hate crime were reported, but more needs to be done to challenge hate and harassment of asylum seekers, refugees and migrant workers.

With the assistance of the Hate Crime Community Challenge Board and the Youth Council, we continue to ask victims of hate and harassment how well they felt we responded to their incidents. We will use their feedback to make improvements to our reporting website, www.barnsley.gov.uk/hate.

How will we improve in 2016/17?

We are currently reviewing the effectiveness of our safeguarding arrangements to make sure we are embedding Making Safeguarding Personal. We will develop more local guidance to sit alongside the South Yorkshire procedures.

We are planning to develop a new Barnsley Safeguarding Adults Board website this year, which will contain information for board members, professionals and members of the public.

We are developing a new training plan, which will help to ensure that we train the workforce involved in managing and investigating safeguarding concerns to the right level.



Case Study

Safeguarding

Brenda, a lady in her eighties, was admitted to a care home for respite at the request of her family, following an admission to hospital. She has dementia and a number of complex physical problems that mean she needs a high level of support. She is mostly immobile and needs staff to help her with washing, dressing, eating etc.

Brenda made it very clear that she wanted to return home as soon as possible, but she was unable to understand the amount of care she needed or the implications of returning home. Her family did not agree that she should return home.

Brenda was assessed as not having the mental capacity to make a decision about where she should live, due to her dementia. She was independently assessed under Deprivation of Liberty Safeguards (DoLS), which was authorised. This allowed us to decide that, in her best interests, that she should stay in the care home.

Under DoLS, individuals have the right to an advocate to represent their best interests. Brenda's advocate mounted a legal challenge so that the Court of Protection could decide whether she should remain in care or not. The judge ultimately determined that it was not in Brenda's best interests to return home, as the complexity of her needs meant that there would be too many risks.



Efficiency and value for money: every penny counts

- Ensuring all spend provides value for money.
- Ensuring the right processes are in place and are consistently applied.

Reducing costs and being more efficient

In 2015/16, we continued to look at ways to reduce our costs and achieve value for money, in response to the Government's austerity plans. We reduced the cost of our adult social care services by £2 million by:

- Reviewing how we work with our partners, including South West Yorkshire Partnership Foundation NHS Trust.

Reducing the number of long-term placements and admissions into residential care.

Making the most of the flexibility with the Better Care Fund to change how we fund and provide intermediate care beds.

- Making these savings was not easy. We had several changes to make because of the Care Act 2014, which gave us a number of new responsibilities. We also had to increase our contract costs and fees to care providers; this was to ensure we have a good range of sustainable providers in Barnsley, offering services at the right quality and standards.
- Finally, we know that the number of older people, people with disabilities and people with mental health problems in Barnsley is increasing every year, many of whom need care and support.
- It is clear that the pressures we experienced in 2015/16 will continue into 2016/17 and beyond. We will continue to improve outcomes for local people, whilst trying to manage increasing cost pressures to ensure we don't overspend on our budget.

How much we spend on services





Case Study

Promoting Personalised Services

Chris was referred to our transition team in May 2015 when he reached the age of 18. At that time, he was still in full time education at a specialist school for children and young people on the Autistic Spectrum. He also received respite from the same provider for one night per week, which cost the council £375 per night.

Chris has a diagnosis of Autism, as well as a diagnosis of learning disability. His behaviour can be very challenging and is usually aimed at his mum. Not long after we picked up his care there was a serious safeguarding incident, which resulted in Chris attacking his mum.

The respite placement could no longer accommodate him, so we had to find another specialist placement in the Barnsley area. We tried two more placements, costing between £475 and £500 per night. Neither placement kept him particularly active. Chris is a well built young man who benefits from a lot of exercise. His parents spend most of their free time walking, cycling or swimming with Chris, which helps him keep calm. When in respite, this was not happening.

We helped Chris to employ a Personal Assistant (PA) and looked into different ways to meet his needs. We asked a local hotel with both a swimming pool and a gym for the cost of a room, once a week. One night for both Chris and his PA is £75, including access to the pool and gym during his stay. We now pay £81 a night for Chris's PA, bringing the total cost to £156 per night. Chris loves the hotel, the staff have got used to him going. His parents get much needed rest and a night off from exercise.



Consultation with service users and carers

Before publishing our Local Account, we shared it with a group of service users and carers. The aim of this was to check that it reflected their own experiences of accessing social care services in Barnsley.

We received some feedback on the presentation of the document, as well as the language used. More information was also requested to help explain some of the figures we have used. We have taken on board those comments, which will help to ensure that our Local Account is accessible to as many people as possible.

We also received feedback about people's wider experiences of social care services. We will review those issues through our own service improvements processes. We will also work with our partners, particularly in the NHS, to review any issues that need to be addressed across the whole health and social care system.

Please use the contact details below if you would like to provide your own feedback on this Local Account:

By e-mail: Lenniesahota@barnsley.gov.uk

By telephone: 01226 772347

By Post: Adult Social Care & Health, Barnsley
Metropolitan Borough Council, Town Hall, Church
Street, Barnsley S70 2TA



Information about Healthwatch Barnsley

Healthwatch Barnsley is an independent, community-led organisation, which exists to make health and social care better for local people. We believe that the best way to do this is by ensuring services are designed around their needs and experiences.

Our connections to local people inform everything we say and do. Our expertise is grounded in their experience. We are the only organisation looking into people's experience across health and social care services for children and adults in Barnsley.

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As an independent watchdog, our role is to ensure that local health and social care services, and local decision makers, put the experiences of people at the heart of their care.

Our work is supported by our Strategic Advisory Board, volunteer Healthwatch Champions and Healthwatch Young Champions. We are always looking for people who are interested in health and social care to volunteer for us and get involved in our work.

The feedback we gather from the public, through our research and engagement work, inform our priorities. We then check these against the Joint Strategic Needs Assessment and the Health and Wellbeing Board Strategy for Barnsley. This allows us to identify trends, look at areas to focus on, identify where work is already taking place and seek opportunities to work in partnership and avoid duplication.

Last year our work focused on:

- Looking at access to Children and Adolescent Mental Health Services (CAMHS).
- Working with the local Mental Health Crisis Care Concordat.
- Working with the DEAForum to look at access to assessment and care management services.
- Accessing GP services in the Dearne.

This year, our priorities are to:

- Continue working with the DEAForum to look at access to assessment and care management services.
- Carry out our final Enter and View to CAMHS to check on progress and service user experience.
- Focus on dentistry to children and young people, looking at their experiences of accessing services and what improvements could be made to encourage regular attendance.
- Look at access to health care services for refugees and asylum seekers and their experiences of engaging with our health care system.

We want to see real change in health and social care services in Barnsley. It is also important that we celebrate what is working well. If you would like to share your views about any of the services you access, please use our Feedback Centre website, which allows you to leave anonymous reviews and comments on the site. You can access the site at www.healthwatchbarnsley.co.uk

If you would like to speak to a member of the team, or would like to find out more about volunteering, please contact us in the following ways:

Telephone: 01226 320106

Text: 07870 599445

Email: healthwatch@vabarnsley.org.uk

Website: www.healthwatchbarnsley.co.uk

Twitter: @HWatchBarnsley

Facebook: HealthwatchBarnsley



Adult social care

Adult social care covers a wide range of services or help, provided by local authorities and the independent sector to people, either in their own homes or in a care setting.

Area Council

There are six area councils in Barnsley; each is made up of the locally elected councillors that support your ward alliances. The area councils use the information that you've told them about where you live, as well as national sources of information, such as the Census 2011, to decide what the priorities are for your area. You can ask your locally elected members for more information about area councils, attend a meeting to observe what happens, or read the minutes to see what decisions are made.

Carers

Carers are people who look after a relative, neighbour or friend of any age who has a long-term illness, disability or is older or frail.

Commissioning

Commissioning is an ongoing process, which applies to all services, whether they are provided by the local authority, the NHS, other public agencies or the independent sector. It covers assessing the needs of a population, setting priorities and developing commissioning strategies to meet those needs in line with local and national targets, securing services from providers to meet those needs and targets and monitoring and evaluating outcomes. There is an explicit requirement to consult and involve a range of stakeholders, patients/service users and carers in the process.

Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act Deprivation of Liberty Safeguards were introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007 and are a series of safeguarding standards that apply to anyone who is aged over 18, who suffers from a mental disorder or who lacks capacity to give informed consent for their care and for whom deprivation of liberty is considered, after an independent assessment, to be necessary in their best interests to protect them from harm.

Direct payment

Cash payments given to people who buy their own support services such as personal care, respite and day services, minor home adaptations, and specialist equipment. Direct payments give people more choice in their care. The payment must be sufficient to enable the person to purchase services to meet their needs and must be spent on services that he or she needs.

Equipment and adaptations

Specialist items and/or property adaptations to help with daily living provided following an assessment by an occupational therapist or physiotherapist.

HealthWatch

A government funded organisation, acting as an independent consumer champion created to gather and represent the views of the public for all aspects of health and social care. It can also offer signposting and advice services to patients and people who use social care services.

Personal budgets

Money allocated to someone who needs support that they can determine themselves how to spend on meeting their needs. It may be managed by the person themselves as a direct payment or alternatively by the local authority or other third party.

Intermediate care

A range of services provided in the home and in care homes to help people to stay independent, prevent unnecessary hospital admission, and help people to return home quickly and safely after a stay in hospital.

Outcome

The changes, benefits or other results that happen as a result of getting support from social care.

Partner agencies

Partner agencies can be companies, not-for-profit organisations, charities, public sector organisations (such as other local authorities, the police, fire service) who work together to achieve a common goal.

Personal assistant (PA)

A personal assistant is someone employed by an individual to help them achieve their agreed outcomes. This may be in the form of providing hands-on personal care and/or assistance to access community facilities, social events or employment and putting them at the centre of their own care and support.

Personalisation

A modern approach to adult social care tailored to people's needs and putting them in control. Personalisation means recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support.

Reablement

Short-term, intensive therapy and care in a person's home to help them regain daily living skills such as getting up, getting dressed and preparing meals and having the confidence to manage independent, daily living.

Residential care

Care provided in a care home.

Safeguarding

Safeguarding is the term used to explain how agencies work together to protect vulnerable adults in the borough from abuse, ill-treatment and exploitation.

Abuse can take many forms such as physical, sexual, emotional, neglect or financial, and can take place in many different settings.

Self-directed support

Support that a person chooses, organises and controls to meet their needs in a way that suits them, using an individual / personal budget.

Signposting

Giving a person information about another organisation or service available to them.

Voluntary sector

A term used to describe those organisations that focus on wider public benefit as opposed to statutory service delivery or profit. They are also known as Third Sector or not-for-profit organisations.



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Item 5

**Report of the Director of Place and
the Director of Human Resources,
Performance & Communications,
to the Overview and Scrutiny Committee (OSC)
on 14th March 2017**

Licensing & Safeguarding in Barnsley - Update Report For Information Only

1.0 Introduction

- 1.1 At the Safeguarding Scrutiny Committee (SSC) meeting in March 2016, Members considered and provided challenge to work undertaken regarding Licensing and Safeguarding in Barnsley. This report is provided for information, in response to Members' request for an update on this area of work during the following year.

2.0 Background

- 2.1 Following the publication of the Jay report regarding Child Sexual Exploitation (CSE) in Rotherham, Councils were asked to consider whether they had adequate measures in place to ensure the same failings would not occur. Barnsley Metropolitan Borough Council (BMBC) has undertaken this work, including the completion of an internal audit review, focusing on both taxi and premise licensing. This work was undertaken to consider and ensure adequate measures are in place to safeguard our communities, particularly vulnerable children and adults.
- 2.2 Both the Jay and subsequent Casey reports acknowledge that Safeguarding is everyone's responsibility and different services and agencies have the opportunity to impact upon the protection of vulnerable people in our communities.
- 2.3 The Casey report also specifically acknowledges that:

'Licensing, regulation and enforcement functions exist to protect the general public from harm across areas ranging from food safety to houses in multiple occupation, to licensed premises for entertainment. Safety is one of the principles of licensing which informs legislation. The safety of the public should be the uppermost concern of any licensing and enforcement regime: when determining policy, setting standards and deciding how they will be enforced'.

3.0 Barnsley Context

- 3.1 Prior to the publication of the Jay and Casey reports, work was undertaken by BMBC with regards to licensing and safeguarding. For example, BMBC's Licensing Service has a number of policies and procedures in place to ensure those licensed to drive vehicles are 'fit and proper' and in doing so ensure the safety of passengers and members of the public alike.

- 3.2 BMBC's Head of Regulatory Services continues to be a member of the Barnsley Safeguarding Children Board (BSCB) CSE Strategic and Operational Sub-group which enables the sharing of intelligence and consideration of licensing activities with regards to the safeguarding of vulnerable people in our communities.
- 3.3 The publication of the reports provided a further opportunity for the Licensing Service to examine its internal practices and identify where further improvements could be made. Examples of specific work streams underway include:
- Review of licensing policies and procedures
 - Review of appropriate systems to share intelligence with other local agencies (complete)
 - Review of ensuring the appropriate collation of information and action taken in relation to complaints, investigations and inspections (complete)
 - Elected Member training delivered to both new and existing Members (complete)
- 3.4 In addition to the above considerations, a specific Internal Audit Review was undertaken regarding Taxi and Premises Licensing which resulted in a number of recommendations and actions being put in place by the Licensing Service and other agencies, all of which have been successfully completed.
- 3.5 The service was reassured that there was clear evidence of good practice being undertaken including appropriate policies and procedures in place as well as links with other agencies. In response to the findings and to ensure further improvement, the Licensing Service has also undertaken the following key actions:
- Ensured regular submission of Casey Report update papers to the General Licensing Regulatory Board (GLRB)
 - A GSX (Global Service Exchange) account has been established for the secure exchange of sensitive data between agencies
 - Private Children's Homes Provider meetings are regularly attended by the Licensing Service, Safeguarding Children's Services, South Yorkshire Police (SYP) and other partner organisations
 - Formalisation of a BMBC and SYP information sharing protocol ensuring the timely exchange of sensitive data including action meetings to discuss safeguarding issues
 - Continual liaison with SYP regarding the planning of proactive enforcement operations
 - GLRB and Statutory Licensing Regulatory Board (SLRB) Terms of Reference reviewed to ensure Elected Members' role and responsibilities in relation to safeguarding is explicit
 - Taxi and premise licence checklist procedure in place for the approval/authorisation of taxi and premises licences
 - Development of procedures in relation to the undertaking of taxi and premise licence inspections

- 3.6 In addition to the above actions taken, in relation to hackney carriage and private hire driver licences, the Licensing Service is currently undertaking a full review of the Council's Guideline Policy regarding Criminal Convictions and application process, to build upon and strengthen how the Council deals with drivers/applicants who have been convicted or investigated for sexual offences. The revision of such policies and procedures will, in turn, strengthen the stance taken in dealing with cases relating to safeguarding.

4.0 Training

- 4.1 In addition to the actions listed above, specific work has been undertaken to ensure that appropriate training is in place. This has included the delivery of training to Elected Members in relation to the duties and functions contained within the GLRB and SLRB, including safeguarding. Training will continue to be delivered to Elected Members with the offer of additional refresher training in March 2017.
- 4.2 As part of a national working group delivering safeguarding training across the country, Sheffield Futures have delivered safeguarding training to both new and existing licensed drivers, Licensing Officers and Elected Members. Timescales set to ensure the achievement of key actions in accordance with recommendations arising from the previously mentioned internal audit review have been met and the work completed.
- 4.3 Further training extended across a number of other licensing activities including late night refreshment establishments is underway in conjunction with Sheffield Futures.

5.0 Future Plans

- 5.1 The Licensing Service plans to undertake continual review of taxi licence policies and procedures in consultation with the licensed trade. They will also continue to build upon working relationships with neighbouring local authorities; sharing best practice along with regular attendance at appropriate safeguarding meetings.

6.0 Glossary

BMBC - Barnsley Metropolitan Borough Council
BSCB - Barnsley Safeguarding Children Board
CSE – Child Sexual Exploitation
GLRB - General Licensing Regulatory Board
SLRB - Statutory Licensing Regulatory Board
SSC - Safeguarding Scrutiny Committee
SYP - South Yorkshire Police

10.0 Report Author and Officer Contact

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6th March 2017

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