Public Document Pack

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 3 October 2017
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

AGENDA

1 Declarations of Pecuniary and Non-Pecuniary Interests

2 Minutes of the Board Meeting held on 8th August, 2017 (HWB.03.10.2017/2) *(Pages 3 - 6)*

3 Minutes from the South Yorkshire and Bassetlaw STP Collaborative Partnership Board held on 14th July, 2017 (HWB.03.10.2017/3) *(Pages 7 - 18)*

4 Public Questions (HWB.03.10.2017/4)

Performance

5 Performance Dashboard (HWB.03.10.2017/5) *(To Follow)*

For Decision/Discussion

6 Annual Report of the Barnsley Local Safeguarding Adults Board (HWB.03.10.2017/6) *(Pages 19 - 54)*

7 Annual Report of the Barnsley Local Safeguarding Children Board (HWB.03.10.2017/7) *(Pages 55 - 90)*

8 Better Care Fund (BCF) (HWB.03.10.2017/8) *(Pages 91 - 178)*

9 Local Digital Road Map (HWB.03.10.2017/9) *(To Follow)*

For Information

10 CLeaR Peer Assessment (HWB.03.10.2017/10) *(Pages 179 - 198)*

11 CQC Local System Reviews (HWB.03.10.2017/11) *(Pages 199 - 202)*

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

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group (Vice Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson – People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson – Communities
Rachel Dickinson, Executive Director People
Wendy Lowder, Executive Director Communities
Julia Burrows, Director of Public Health
Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group
Scott Green, Chief Superintendent, South Yorkshire Police

Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust
Rob Webster, Chief Executive, SWYPFT
Helen Jaggar, Chief Executive Berneslai Homes

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

Monday, 25 September 2017

BARNSLEY
Metropolitan Borough Council

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 8 August 2017
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present

Councillor Sir Stephen Houghton CBE, Leader of the Council (Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson - Communities
Wendy Lowder, Executive Director Communities
Julia Burrows, Director Public Health
Lennie Sahota, Interim Service Director - Adult Social Care and Health
Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust
Sean Rayner, District Director, South West Yorkshire Partnership NHS Foundation Trust

11 Declarations of Pecuniary and Non-Pecuniary Interests

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

12 Minutes of the Board Meeting held on 6th June, 2017 (HWB.08.08.2017/2)

The meeting considered the minutes of the previous meeting held on 6th June, 2017.

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

13 Minutes from the Children and Young People's Trust Executive Group held on 9th June, 2017 (HWB.08.08.2017/3)

The meeting considered the minutes from the Children and Young People's Trust Executive Group meeting held on 9th June, 2017.

RESOLVED that the minutes be received.

14 Minutes from the Safer Barnsley Partnership held on 28th June, 2017 (HWB.08.08.2017/4)

The meeting considered the minutes from the Safer Barnsley Partnership meeting held on 28th June, 2017.

RESOLVED that the minutes be received.

15 Minutes from the Provider Forum held on 14th June, 2017 (HWB.08.08.2017/5)

The meeting considered the minutes from the Provider Forum meeting held on 14th June, 2017. The meeting noted the positive work plan developed by the Provider Forum and the engagement of all Forum members in taking this forward.

RESOLVED that the minutes be received.

16 Minutes from the South Yorkshire and Bassetlaw STP Collaborative Partnership Board held on 12th May and 9th June, 2017 (HWB.08.08.2017/6)

The meeting considered the minutes of the South Yorkshire and Bassetlaw STP Collaborative Partnership Board meetings held on 12th May and 9th June, 2017.

RESOLVED that the minutes be received.

17 Public Questions (HWB.08.08.2017/7)

The meeting noted that no public questions had been received for consideration at today's meeting.

18 Feel Good Barnsley Video (HWB.08.08.2017/8)

The Board viewed the Feel Good Barnsley video, identifying the need for agencies to work with local people to deliver the health priorities within the Barnsley Place Based Plan. The message in the video was specifically designed to engage with those people not previously involved in activity, and the Board commented on the importance of using the video in a range of venues, for example at local events, on screens in the Interchange and shops and cinemas, rather than only in Council buildings and GP's surgeries.

RESOLVED that the Feel Good Barnsley video be welcomed and arrangements be made for its dissemination as widely as possible.

19 Health and Wellbeing Board Action Plan Highlight Report (HWB.08.08.2017/9)

The meeting received a report highlighting progress against the Health and Wellbeing Board Action Plan, setting out specific progress against the Board's priorities and incorporating case studies from the "My Best Life" social prescribing service. The meeting noted that all 50 actions had been RAG rated as amber or green, with no significant risks identified.

The meeting noted the intention to support the Action Plan with a performance dashboard, which would be presented to future Board meetings, and will focus in particular on reducing health inequalities and improving healthy lifestyle.

Particularly in relation to improving services for older people, whilst the Board welcomed activities to provide a first line of treatment following a fall, Members commented on the importance of pursuing measures for frail older people that would prevent a fall in the first place.

RESOLVED:-

(i) that the progress being made to deliver the Health and Wellbeing Strategy and Barnsley's Integrated Place Based Plan be noted; and

(ii) that SSDG establish a task and finish group to focus on preventative measures in relation to frail older people.

20 Better Care Fund: Guidance & Principles (HWB.08.08.2017/10)

The meeting received a report giving an overview of the 2017-19 integration of the Better Care Fund planning requirements and timescales and giving an update on the local planning processes and proposed principles in developing the Barnsley Better Care Fund plan. The meeting noted that whilst there were relatively few delays in the transfer of care in Barnsley, the number of admissions to hospital of people aged 65 and over remained an area for improvement and this was receiving attention as part of the planning process.

RESOLVED:-

(i) that the principles and planning requirements for the integration of Better Care Fund, as set out in the report submitted, be noted; and

(ii) that, in view of the need for the plan to be submitted by 1st September, 2017, the final plan be circulated to Board members for comment and the Chair of the Board and the Accountable Officer of Barnsley Clinical Commissioning Group be authorised to sign off the plan for submission on behalf of the Board.

21 Carers' Strategy 2017 - 2020 (HWB.08.08.2017/11)

The meeting received a report and presentation on the development and progress in the implementation of the Carers' Strategy 2017-20. This highlighted the work with carers to co-produce the Strategy, based on their experiences, and identify the gaps in provision to take the Strategy forward. The Strategy was built around a vision for carers who were informed, empowered and individually resilient, and could be supported to provide good quality care. The Strategy sought the support of all agencies and partners to create a carer friendly Barnsley.

The meeting discussed the importance of support from carers to social care provision, and the importance of taking action to maximise its impact. It was noted that most carers' assessments were undertaken alongside those of the service users, rather than by way of a separate carers' assessment, and the need for further data to confirm this was noted. Whilst the concept of making Barnsley "carer friendly" was supported, the need for a more holistic approach with other initiatives, such as dementia friends, was important.

The meeting discussed the importance of understanding best practice in relation to support for carers, not necessarily taking affordability into account initially, and giving consideration to how any gaps were filled.

RESOLVED:-

(i) that the progress and development of the new Carers' Strategy 2017-20 be noted, particularly in relation to the wider contribution it makes to health and wellbeing priorities; and

(ii) that the importance of understanding best practice, and how progress might be made towards this, be agreed and each agency seek to examine how they might contribute to the implementation of the Strategy.

22 Healthwatch Annual Report (HWB.08.08.2017/12)

The meeting received the Healthwatch Barnsley Annual Report for 2016/17, setting out activities through the year and plans for 2017/18. The report identified in particular work with GPs and carers on the Carers Identification Scheme, work with mental health services and Barnsley's deaf community and learning from seven announced Enter and View visits undertaken during the year.

RESOLVED that the Healthwatch Barnsley Annual Report 2016/17 be received and the important contribution made by Healthwatch to health and wellbeing in Barnsley be acknowledged.

23 Pharmaceutical Needs Assessment (PNA) 2018-2020 (HWB.08.08.2017/13)

The meeting received a report outlining proposals for a combined South Yorkshire approach to support the four local authorities develop their own 2018-20 Pharmaceutical Needs Assessment for approval by individual Health and Wellbeing Boards before the end of March 2018.

RESOLVED that the requirements for a Pharmaceutical Needs Assessment to be undertaken before the end of March 2018, and the process outlined in the report for this, be noted.

Chair

South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

Minutes of the meeting of

14 July 2017

The Boardroom, 722 Prince of Wales Road

Decision Summary

Minute reference	Item	Action
73/17	**Matters arising** **65/17** Sharon Kemp informed members that a meeting will take place in August for Local Authorities and CCG Chairs to discuss the work each organisation is progressing in their respective areas. Sharon Kemp added that proposals emerging from the meeting will be useful to feed into the Collaborative Partnership Board (CPB) and a paper will be brought for members consideration at the meeting in September 2017.	SK
74/17	**National Update** Kevan Taylor suggested that it would be useful to know the impact on workforce shifts and an agreement that there should be a no banding approach. Kevan Taylor should approach Ben Chico for information relating to this matter. Will Cleary Gray added that the planned engagement meetings will be part of the wider communications strategy that will be coming to the Oversight and Assurance Group meeting and the Collaborative Partnership Board for discussion. The Chair added that there will also be a report brought to the Collaborative Partnership Board regarding the rebranding for the ACS in September.	KT HS HS
75/17	**ACS Memorandum of Understanding** Sharon Kemp informed members that Local Authorities are meeting together mid-August 2017 and will therefore provide feedback on the MOU by mid-September 2017. The Chair added: • The MOU was not a legal document, it is a high level	Local Authority CEO’s

	framework allowing us to negotiate with the Centre. • The MOU will have gone through most governing bodies for support by the end of July 2017. • Local authorities will liaise with Will Cleary-Gray outside this meeting regarding their timeline and a form of words to support the MOU. • Will Cleary-Gray should draw up a shortened version of this MOU that could be used by Local Authorities for their meeting during August. • Will Cleary-Gray will bring any issues back to the next Board meeting.	ALL LA CEO's WCG WCG
76/17	**Acute Hospital Services Review** Professor Welsh presented to the Collaborative Partnership Board (slides will be circulated after this meeting). The Chair informed members that: • Will Cleary-Gray will liaise with Alexandra Norrish to ensure Chief Executives are contacted regarding discussions that she needs to progress. • Will Cleary-Gray and Jackie Pederson will review the process regarding Overview and Scrutiny – testing out that in each place all organisations are included. • Ensure timescales to approach Healthwatch are brought forward. • The Acute Hospital Services Review should be an agenda item on the providers meeting on 31st July 2017. • AO's and CCG's to consider if they require a similar meeting to the providers meeting that is happening on 31st July 2017.	JA WCG WCG/JP HS WCG CCG AO's
78/17	**Connection and Workforce Framework** Peter Hall added the draft report is out for review and comments and contributions are welcomed. A report will be brought to Collaborative Partnership Board members regarding strategic proposals.	PH, TG, BC
80/17	**Commissioning Reform and Development of Accountable Care Partnerships** Idris Griffiths was invited to present the paper on this subject (the presentation will be circulated to members).	JA

South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

Minutes of the meeting of

14 July 2017

The Boardroom, 722 Prince of Wales Road

Name	Organisation	Designation	Present	Apologies	Deputy for
Sir Andrew Cash CHAIR	South Yorkshire and Bassetlaw ACS	ACS Lead/Chair and CEO, Sheffield Teaching Hospitals NHS FT	✓		
Adrian Berry	South West Yorkshire Partnership NHS FT	Deputy Chief Executive		✓	Rob Webster CEO
Adrian England	Healthwatch Barnsley	Chair	✓		
Ainsley Macdonnell	Nottinghamshire County Council	Service Director	✓		Anthony May CEO
Alison Knowles	Locality Director North of England,	NHS England		✓	
Amy Fell	Yorkshire Ambulance Service NHS Trust	Planning and Development Trainee Manager	✓		Accompanied Matthew Sandford
Anthony May	Nottinghamshire County Council	Chief Executive		✓	
Ben Chico	Working Together Partnership Vanguard	Project Manager	✓		
Ben Jackson	Academic Unit of Primary Medical Care, Sheffield University	Senior Clinical Teacher		✓	
Brian Hughes	NHS Sheffield Clinical Commissioning Group	Director of Commissioning	✓		Maddy Ruff
Catherine Burn	Voluntary Action Representative	Director	✓		
Chris Edwards	NHS Rotherham Clinical Commissioning Group	Accountable Officer		✓	
Chris Welsh	South Yorkshire and Bassetlaw ACS	Independent Chair of the Acute Hospital Services Review	✓		
Debbie Hilditch	Healthwatch Doncaster	Representative		✓	
Des Breen	Working Together Partnership Vanguard	Medical Director	✓		
Diana Terris	Barnsley Metropolitan Borough Council	Chief Executive		✓	
Greg Fell	Sheffield City Council	Director of Public Health	✓		John Mothersole CEO
Frances Cunning	Yorkshire & the Humber PHE Centre	Deputy Director – Health & Wellbeing	✓		

Helen Stevens	South Yorkshire and Bassetlaw ACS	Assc. Director of Comms & Engagement		✓	
Ian Atkinson	NHS Rotherham Clinical Commissioning Group	Deputy Chief Officer	✓		Chris Edwards
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	✓		
Jackie Holdich	NHS Barnsley Clinical Commissioning Group	Head of Delivery (Integrated Primary/Out of Hospital Care	✓		
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer	✓		
Jane Anthony	South Yorkshire and Bassetlaw ACS	Corp Admin, Exec PA, Business Manager	✓		
Janette Watkins	Working Together Partnership Vanguard	Director	✓		
Jeremy Cook	South Yorkshire and Bassetlaw ACS	Interim Director of Finance		✓	
John Mothersole	Sheffield City Council	Chief Executive		✓	
John Somers	Sheffield Children's Hospital NHS Foundation Trust	Chief Executive		✓	
Julia Burrows	Barnsley Council	Director of Public Health	✓		
Kathryn Singh	Rotherham, Doncaster and South Humber NHS FT	Chief Executive	✓		
Kevan Taylor	Sheffield Health and Social Care NHS FT	Chief Executive	✓		
Lesley Smith	NHS Barnsley Clinical Commissioning Group	SYB ACS System Reform Lead, Chief Officer, NHS Barnsley CCG		✓	
Louise Barnett	The Rotherham NHS Foundation Trust	Chief Executive	✓		
Louise Nunn	SYB ACS	Assistant Head of Finance	✓		
Maddy Ruff	NHS Sheffield Clinical Commissioning Group	Accountable Officer		✓	
Matthew Groom	NHS England Specialised Commissioning	Assistant Director		✓	
Matthew Sandford	Yorkshire Ambulance Service NHS Trust	Associate Director of Planning & Dev	✓		Rod Barnes
Mike Curtis	Health Education England	Local Director	✓		
Neil Taylor	Bassetlaw District Council	Chief Executive		✓	
Paul Moffat	Doncaster Children's Services Trust	Director of Performance, Quality and Innovation		✓	
Paul Smeeton	Nottinghamshire Healthcare NHS Foundation Trust	Chief Operating Executive	✓		
Peter Hall	Peter Hall HR	HR Consultant	✓		
Richard Henderson	East Midlands Ambulance Service	Chief Executive		✓	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust	Chief Executive	✓		

Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS F T	Chief Executive		✓	
Richard Stubbs	The Yorkshire and Humber Academic Health Science Network	Acting Chief Executive	✓		
Rob Webster	South West Yorkshire Partnership NHS FT	Chief Executive	✓		
Roger Watson	East Midlands Ambulance Service	Consultant Paramedic Operations	✓		Richard Henderson
Rupert Suckling	Doncaster Metropolitan Borough Council	Director of Public Health	✓		
Sharon Kemp	Rotherham Metropolitan Borough Council	Chief Executive	✓		
Simon Morritt	Chesterfield Royal Hospital	Chief Executive	✓		
Steve Shore	Healthwatch Doncaster	Chair		✓	
Tim Gilpin	TG HR Ltd	HR Consultant	✓		
Will Cleary-Gray	South Yorkshire and Bassetlaw ACS	Sustainability & Transformation Director	✓		

Minute reference	Item	Action
70/17	**Welcome and introductions** The Chair welcomed members to the meeting.	
71/17	**Apologies for absence** The Chair noted apologies for absence.	
72/17	**Minutes of the previous meeting held 9th June 2017** The minutes of the previous meeting were agreed as a true record.	
73/17	**Matters arising** **67/16 SCR/STP Health Led IPS Employment Service.** The Chair informed members this was a huge £8m project coming into our Accountable Care System (ACS). Kevan Taylor informed members this would be a 3 year funded project which would help people with mental health and learning disabilities to secure and retain work. Procurement for the project will be starting soon and will be using the Sheffield CCG and combined authorities. Health representation concerning the governance of this project will be via Kevan Taylor and Jackie Pederson. **65/17** Sharon Kemp informed members that a meeting will take place in August for Local Authorities and CCG Chairs to discuss the work each organisation is progressing in their respective areas. Sharon Kemp added that proposals emerging from the meeting will be useful to feed into the Collaborative Partnership Board (CPB) and a paper will be brought for members consideration at the meeting in September 2017.	SK

	All other matters arising would be picked up as part of the agenda.	
74/17	**National Update** The Chair gave members the following update on national issues concerning the ACS: There will be an all day meeting with the Secretary of State on 19th July 2017 that he will be attending with Will Cleary-Gray. The meeting will cover discussions on: • Metrics for measuring the 44 STP's (national scorecards). • A capital announcement. • Development of ACS and National support. The Chair and Will Cleary-Gray attended a meeting on 13th July 2017 with NHS England and NHS Improvement and had discussions on the context of the programme with regards to: • The post-election legal framework. • Workforce and industrial relations. • Financial discussions. The Chair added that at the NHS England and NHS Improvement meeting he conveyed that he envisages this ACS will: • Have a development phase (1st October 17 to 31st March 17), a shadow phase (1st April 18 to 31st March 18) and an operational phase (1st April 2019). • Focus on the 3 major projects at place level: the Acute Hospital Services Review, the Commissioning Review and pushing back office functions all supported by transformation programme in each place/ACP and across the ACS. • Progress when it is ready, and therefore, there is the facility in the MOU to extend the phases if required. It is important that we are a cohesive organisation. NHS England and NHS Improvement have agreed the national scorecards and we want to determine the elements of our local scorecards e.g. educational attainment, career ladders within our organisations, addressing health inequality issues. Kevan Taylor suggested that it would be useful to know the impact on workforce shifts and an agreement that there should be a no banding approach. Kevan Taylor should approach Ben Chico for information relating to this matter. The Oversight and Assurance Group met on 12th July 2017 and decided to progress arranging the following meetings in the coming months: • Audit Committee Chairs to discuss governance • Bringing Non Executive and lay members of boards and governing bodies together to discuss the common agenda of working together. • Governors of Foundation Trusts. • Councillors in local authorities. • Arranging a conference for 200-300 people (something with a similar membership of the old Guiding Coalition group) to	KT

	ensure membership is up to date on matters. Suzy Brain England and Helen Stevens will be leading on the last four meetings identified above. Will Cleary Gray added that the planned engagement meetings will be part of the wider communications strategy that will be coming to the Oversight and Assurance Group meeting and the Collaborative Partnership Board for discussion. The Chair added that there will also be a report brought to the Collaborative Partnership Board regarding the rebranding for the ACS in September.	HS HS
75/17	**ACS Memorandum of Understanding** Will Cleary-Gray updated members on the progress of the Memorandum of Understanding (MOU). The MOU has been developed in conjunction with Collaborative Partnership Board members from March 2017 to June 2017. Feedback has been incorporated into the MOU and a final document has been circulated to Collaborative Partnership Board members to obtain support from their governing bodies and this process should be complete by the end of July 2017. The MOU formed part of the assessment of South Yorkshire and Bassetlaw STP and it was required in order to become an Accountable Care System. Sharon Kemp informed members that Local Authorities are meeting together mid-August 2017 and will therefore provide feedback on the MOU by mid-September 2017. The Chair added: • The MOU was not a legal document, it is a high level framework allowing us to negotiate with the Centre. • The MOU will have gone through most governing bodies for support by the end of July 2017. • Local authorities will liaise with Will Cleary-Gray outside this meeting regarding their timeline and a form of words to support the MOU. • Will Cleary-Gray should draw up a shortened version of this MOU that could be used by Local Authorities for their meeting during August. • Will Cleary-Gray will bring any issues back to the next Board meeting.	Local Authority CEO's ALL LA CEO's WCG WCG
76/17	**Acute Hospital Services Review** The Chair welcomed Professor Chris Welsh who is the South Yorkshire & Bassetlaw Accountable Care System Independent Director of the Acute Hospital Services Review to the meeting. Professor Welsh presented to the Collaborative Partnership Board (slides will be circulated after this meeting). The presentation provided members with an update of the Review's design principles, objectives, working definition of sustainability, approach and high level programme plan, communications and engagement strategy, methodology for initial short-listing of services. Professor Welsh added the following comments:	 JA

	• The final report is due with the Oversight and Assurance Group on 28th April 2018 and there is zero time contingency in the plan to accommodate any delay. • Drafts will be brought to Collaborative Partnership Board in due course. • The number of people involved in this review is significant and due to time constraints involved conversations may not be in person therefore technology will be used to assist in the process. • The recommendations for one service could be applicable to others in the region. • Work will carry on after the review and it could take 5-10 years to create a cultural change. • The majority of people requiring hospital care will still receive their care locally. Members commented: • Peter Taylor from the workforce steering group should be approached for information regarding workforce issues e.g. reporting on services now and forward look on issues. • There is a meeting on 31st July at Don Valley House for Medical Director, Directors and CEO's and a viewpoint from the providers at this meeting could be obtained. • It is important that Healthwatch is included in the approach to ensure the community is engaged in the process. The Chair informed members that: • Will Cleary-Gray will liaise with Alexandra Norrish to ensure Chief Executives are contacted regarding discussions that she needs to progress. • Will Cleary-Gray and Jackie Pederson will review the process regarding Overview and Scrutiny – testing out that in each place all organisations are included. • Ensure timescales to approach Healthwatch are brought forward. • The Acute Hospital Services Review should be an agenda item on the providers meeting on 31st July 2017. • AO's and CCG's to consider if they require a similar meeting to the providers meeting that is happening on 31st July 2017. The Chair thanked professor Chris Welsh for his presentation and his attendance at this meeting.	WCG WCG/JP HS WCG CCG AO's
77/17	**Finance Update** Louise Nunn presented the Finance Update paper for July 2017 on behalf of Jeremy Cook. Louise asked Collaborative Partnership Board members to note the following key issues: • The ACS financial refresh work is ongoing. The new financial modeling tool was reconciled to the Price Waterhouse Coopers (PWC) Model and identified understated savings by £6.5m. • The actions agreed to take forward work on the Hyper Acute Stroke business case i.e. the project will be managed through the 3 groups – the finance group, commissioning/contracting group and the operational group.	

	• The ACS has been selected as one of six nationally to participate in the strategic estates planning and implementation project set up to assist ACS's develop and implement their estates strategy. The key actions agreed were to undertake a prioritisation process, improve utilisation of estate, review options for the provision of CAMHS tier 4, consider estates implications for housing developments and surplus estates and rebuild options across South Yorkshire and Bassetlaw. Will Cleary-Gray informed members that Yorkshire Ambulance Service (YAS) had made assumptions regarding flow in the Hyper Acute Stroke business case. ACS is working through the assumptions with YAS and these are being flagged to Collaborative Partnership Board members today as they could have implications on the business case. The Collaborative Partnership Board noted the contents of the finance paper presented and thanked Louise Nunn for presenting the finance report.	
78/17	**Connection and Workforce Framework** The Chair welcomed Tim Gilpin, Peter Hall and Ben Chico to the meeting and invited them to give their presentation. Peter Hall presented the information to the meeting. Members were very supportive of this work area and noted: • The impact on primary, community and social care that needs to be quantified and aligned within the strategy. • The importance of changing behaviours. • The voluntary sector and unpaid sector and how the people involved could be engaged. There are 47,000 volunteers in our area. • Prevention is also key. • The horizontal integration with back office functions must be considered. Peter Hall added the draft report is out for review and comments and contributions are welcomed. A report will be brought to Collaborative Partnership Board members regarding strategic proposals. The Chair thanked Tim Gilpin, Peter Hall and Ben Chico for their presentation and attendance at this meeting.	PH, TG, BC
79/17	**Development of a Single Accountability Framework** The Chair welcomed Mark Janvier to the meeting and invited him to present this report on behalf of Alison Knowles. Mark Janvier identified: • The developments made on external oversight where SYB ACS is represented on the national working group to design the new arrangements. • The internal assurance arrangements which consisted of two elements: our operating model and the structure of the assurance framework. • That SYB ACS needs to design the operating model and governance, to support assurance within the system. • The tiered structure of the assurance framework.	

	Collaborative Partnership Board members were agreed that it is essential to get the outcome metrics right. The Collaborative Partnership Board received the Update on Single Accountability Framework and noted this is work in progress.	
80/17	**Commissioning Reform and Development of Accountable Care Partnerships** Idris Griffiths was invited to present the paper on this subject (the presentation will be circulated to members). The Collaborative Partnership Board noted the progress presented on the emerging model for accountable care in South Yorkshire and Bassetlaw based on: • Collaboration rather than competition. • Integration of commissioning and provision, both at ACS and in local place. • An integrated ACS at STP level, underpinned with Accountable Care Partnerships (ACPs) in place, each with a single management structure across primary, community, mental health and acute care and (and possible social care and public health) ready to take a capitated budget for their population. Members added: • That good progress has been made across 'place' and it is good for communities to see a simpler mechanism. • The voluntary sector/Healthwatch should be included as they have a wealth of experience that can be utilised. • There is something for everyone to get everyone around the table which we can then test, this is a learning environment and if something is not right we can resolve it. The Chair thanked Idris Griffiths for presenting this paper that was also accredited to Chris Edwards, Jackie Pederson, Maddy Ruff and Lesley Smith. Collaborative Partnership Board members noted the plans for commissioning reform and the progress on ACP development in each of the five places.	JA
81/17	**Summary Update to the Collaborative Partnership Board** The SYB ACS Collaborative Partnership Board received and considered the summary update for the ACS workstreams and will use this information to inform local discussion.	
82/17	**Any Other Business** There was no other business brought before the meeting.	
83/17	**Date and Time of Next Meeting** Members were informed there will be no Collaborative Partnership Board meeting in August 2017.	

	The next meeting will take place on 8th September 2017 at 9.30am to 11.30am in the Boardroom at 722 Prince of Wales Road, Sheffield.	

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BARNSLEY METROPOLITAN BOROUGH COUNCIL

This matter is not a Key Decision within the Council's definition and has not been included in the relevant Forward Plan.

Report of the Executive Director (People)
to Cabinet

(20th September 2017)

ANNUAL REPORT OF THE SAFEGUARDING ADULTS BOARD (2016- 17)

1.0 Purpose of the Report

1.1 To inform Cabinet of the work undertaken by the Barnsley Safeguarding Adults Board (BSAB) during 2016/17 and the publication of its latest Annual Report.

2.0 Recommendations

2.1 Cabinet is recommended to note the Annual Report, together with the progress made by the Board in relation to its role and responsibilities, concerning the protection of vulnerable adults.

3.0 Introduction

3.1 Following the implementation of the Care Act in April 2015, adult safeguarding has been put on a statutory footing through the publication of detailed Care and Support Statutory Guidance. This requires each local authority to set up a Safeguarding Adults Board, the main objective of which is to assure local safeguarding arrangements and partners act to help and protect adults in its area, who meet the safeguarding criteria.

3.2 The BSAB is a multi agency partnership with an independent chairperson who, through working closely with the Council's Executive Director (People) is able to hold partner organisations to account. The Board has three core duties which are summarised below: -

- To publish a strategic plan for each financial year, developed with community involvement and in consultation with Healthwatch
- To publish an annual report detailing what the BSAB has done to deliver its main objective, namely, to assure itself that local safeguarding arrangements and partners protect adults who meet the criteria for being helped
- To conduct Safeguarding Adults Reviews (SARs) when these are required.

3.3. The BSAB's latest annual report was signed off by the Board on 24 July 2017 and is attached as Appendix 1. The Cabinet's Spokesperson (People: Safeguarding) attends meetings of the BSAB as an active member and receives all its reports.

3.4 <u>Summary Of The BSAB's Annual Report (2016/17)</u>

3.5 In linking to the BSAB strategic plan, the Annual Report summarises on Page 8 the Board's vision and priorities, with a focus on *Making Safeguarding Personal (MSP).* A number of case studies evidence this approach in practice and demonstrate that MSP is becoming embedded in practice.

3.6 On Page 10, the views of the Lay Member are captured for the first time and the plan to create a customer forum will strengthen the voice of our customers in future years.

3.7 Pages 13 – 21 evidence the work completed by the Board, its sub groups and partner organisations as part of achieving its priorities. Our partners have demonstrated a high level of commitment to embed person centred safeguarding into their daily practice. The sub groups have achieved a significant amount of work and commissioned some valuable resources to assist practitioners in delivering high quality safeguarding services.

3.8 Page 30 summarises the BSAB's plans for 2017-18. There is a detailed business plan for each of the Board's sub groups and these plans are reviewed at every meeting to evaluate progress.

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3.9 The achievements of the Board during 2016/17 included the following:

- Holding a development event to evaluate our progress in implementing the principles of the Care Act, including Making Safeguarding Personal.
- The successful launch of Barnsley Safeguarding Awareness Week (2016/17).
- Producing a strategic plan on a page, to improve our ability to obtain the views of the public.
- Completing two lessons learned events concerning two cases where the adults died, but which did not meet the threshold for a SAR or DHR. Full details of these can be found on Pages 27 – 29 of the Annual Report.
- Producing and launching a set of operational guidance to assist practitioners to deliver high quality, consistent, safeguarding responses.
- Developing a communication strategy to maximise the flow of information about safeguarding to the public.
- The launch of the Barnsley Safeguarding Adults Web site, which is updated on a regular basis.

3.10 The Board is committed to ensuring the level of challenge and accountability which will help enable individual partner organisations to fulfil their important role in keeping adults safe in the Borough.

3.11 As part of improving engagement and ownership, the Annual Report will be produced as an interactive document and has been scheduled to be considered by both the Health and Wellbeing Board and the Overview and Scrutiny Committee.

4.0 Consideration of Alternative Approaches

4.1 This has not been necessary as the purpose of this report has been to highlight the work of the BSAB in compliance with its role and responsibilities under National Statutory Guidance.

5.0 Proposal and Justification

5.1 In particular, please see Paragraph 3.2.

6.0 Implications for Local People and Service Users

6.1 Keeping people safe is one of the Council's highest priorities. It is vital that local people have confidence in safeguarding services and also know what to do when they are concerned about someone. The SAB's work is vital to ensuring that people are effectively safeguarded and that the Care Act guidance is fully implemented in Barnsley.

7.0 Financial Implications

7.1 The main costs of the BSAB relate to funding the role and responsibilities of the Independent Chair, the SAB Manager, together with business support. This amounted to £89,519 for the 2016/17 financial year.

7.2 The Council is the largest funder (64%) with partners, including the South Yorkshire Police and Crime Commissioner and the Barnsley CCG contributing around 36% of the cost of maintaining the BSAB.

8.0 Employee Implications

8.1 There are no workforce implications arising through consideration of this report.

9.0 Communications Implications

9.1 The BSAB Annual Report will be published and made widely available through the Council and partners.

10.0 Consultations

10.1 BSAB partners, together with the Council's Senior Management Team have been consulted on the compilation of the Annual Report.

11.0 The Corporate Plan and the Council's Performance Management Framework

11.1 As with the Barnsley Local Safeguarding Children Board, the role and responsibilities of the BSAB support the Corporate Plan priority of 'People Achieving Their Potential' in which a key outcome is to keep children and adults safe from harm.

11.2 The progress and achievements indicated in the Annual Report, re-inforce the Borough's commitment to this priority.

12.0 Promoting Equality, Diversity and Inclusion

12.1 In accordance with the Public Sector Equality Duty and the Six Principles Of Adult Safeguarding, as incorporated in The Care Act, the BSAB will ensure that its responsibilities are informed by having due regard to the promotion of equality and the elimination of unlawful discrimination.

13.0 Tackling the Impact of Poverty

13.1 There are no implications for tackling the impact of poverty, emerging through consideration of this report. However, for this purpose, it would be useful for future annual reports to be submitted for the consideration of the Borough's Stronger Communities Partnership.

14.0 Tackling Health Inequalities

14.1 The Annual Report has been the subject of consideration by the Health and Wellbeing Board as part of ensuring any specific issues, concerning the health and wellbeing of vulnerable adults are acknowledged and, where necessary, addressed within the Health and Wellbeing Strategy Action Plan.

15.0 Reduction of Crime and Disorder

15.1 Following the Winterbourne View case; the recommendations of the Francis Review and, ultimately the safeguarding provisions in the Care Act, the BSAB not only ensures that vulnerable adults are safeguarded from harm, it can perform an important role in helping identify and bring to account those responsible for harming such adults, including through cruelty and neglect.

16.0 Risk Management Issues

16.1 As part of the governance arrangements for the Board, any slippage in progress which is noted through the Adult Social Care and Health Business Unit Operational Risk Register is reported for its attention and, if necessary, remedial action is taken to ensure there is no impact upon the protection of vulnerable adults or in meeting their specific needs.

17.0 Health, Safety and Emergency Resilience Issues

17.1 There are no such implications emerging through consideration of this report

18.0 Compatibility with the European Convention on Human Rights

18.1 The role and responsibilities of the BSAB accords with the EU Convention, particularly the right of the individual to be protected from serious harm.

19.0 Conservation of Biodiversity

19.1 There are no implications for the protection of the local environment or the conservation of biodiversity emerging through this report.

20.0 Glossary of Terms and Abbreviations

20.1 None, applicable.

21.0 List of Appendices

Appendix 1: Barnsley Safeguarding Adults Board Annual Report 2016 – 17
Appendix 2: - BSAB strategic plan 2016-17

22.0 Details of Background Papers

Background papers used in producing this report are available to view by contacting the BSAB Manager, PO Box 634, Barnsley, South Yorkshire, S70 9GG or e-mail CathErine@barnsley.gov.uk.

Officer Contact:	Lennie Sahota (Interim Service Director: Adult Social Care and Health)
Tel. No.	01226 775650 or e-mail lenniesahota@barnsley.gov.uk

BARNSLEY SAFEGUARDING ADULTS BOARD

Annual Report

2016-17

Contents

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to visit the page

Independent Chair's Foreword

Bob Dyson QPM, DL

As the Independent Chair of the Barnsley Safeguarding Adults Board, I welcome the opportunity to publish information on the work of the board and its sub committees.

It is vital that we communicate with the public to both raise awareness on safeguarding issues but also to provide information on the actions being taken and the results being achieved. With that in mind, I am pleased to introduce the annual report.

2016/17 was a busy year for the board with considerable work being completed in support of our vision to ensure that every adult - irrespective of age, race, gender, culture, religion, disability or sexual orientation - has a right to live a life free from abuse, neglect, exploitation and discrimination.

This report provides detail on the actions taken during the year but just to mention a few of the achievements:

- A continued focus on embedding Making safeguarding Personal, not only for the board but also by the agencies that are represented on the board. This was the primary feature of the board's development day.
- Considerable work on improving policies and procedures and, very important, issuing practice guidance to staff working with vulnerable adults.
- Improved guidance on the application of thresholds for access to services.
- Work to develop a service user/customer forum; this will continue into 2017/18.
- A communication strategy that has been written to ensure we do what we can to raise public awareness of safeguarding issues. This has seen the launch of a new and much improved web site that contains further information and advice.
- The first Safeguarding Awareness Week (SAW) was held in July 2016. It saw events being held across the week, supported by press releases that engaged the public on a wide range of topics. This year's SAW was launched on 3 July 2017.
- Continued improvements to performance management and the data. This includes the quality audit of case files so that we pick on not just the numbers but also the quality of the service being provided. There is an acceptance that we still have more to do on data quality but I am confident that we are on course to deliver.
- A strong focus on Care Homes in recognition that they are of interest to the public. They provide services to vulnerable adults so it is right that the board understands how well they are performing.

There have been no cases in the last year that met the criteria for commissioning a Safeguarding Adults Review (SAR). (A SAR is commissioned when an adult with care and support needs dies as a result of abuse or neglect ,or is known or suspected to have experienced serious abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult) However, as part of the commitment to improving practice, two learning the lessons reviews were completed. They led to action plans that are being completed.

As the chair, I am satisfied that the agencies that are represented at the board and its sub committees continue to demonstrate their high level of commitment to keeping people safe.

I hope that you find this report both interesting and of reassurance that the board is being very active in driving forward improvements.

Introduction

This report explains

- What we mean when we talk about Safeguarding Adults
- Who are the members of the Barnsley Safeguarding Adults Board and how we work together to keep adults in Barnsley safe?
- What the Board and its member organisations have done between April 2016 and March 2017 to prevent abuse and harm and to protect adults who have been hurt or abused
- How we have worked to embed the 6 Care Act principles into practice
- What this has meant for adults who needed help to stay safe
- What our key priorities are for the coming year.

How we will keep adults safe?

- Providing the public with information to keep them safe and report concerns
- Supporting adults to feel confident to speak up about harm or abuse
- Working with the adult or their representative to agree what we need to do to keep them safe and who might need to be involved to achieve this?
- Respecting the wishes and feelings of adults and helping them to stay safe by providing them with information and support
- Supporting workers and organisations to deliver safe services and checking they are safe by visiting all the services we commission to provide support or care to adults
- Making sure that all staff and volunteers know that we will not tolerate abuse
- Working with local communities to support them to prevent or identify harm and abuse in a timely manner
- Holding individual organisations, who sit on the Board, to account every year by asking them to tell us what they are doing to deliver these commitments?

What is adult safeguarding?

Our safeguarding duty to safeguard adults applies to all adults aged 18 and over who:

1. Have a need for care and support, whether or not the Local Authority is meeting any of those needs
2. Is experiencing, or at risk of, abuse or neglect
3. And as a result of their care and support needs is unable to protect themselves from either the risk of abuse or the experience of abuse or neglect.

Adults who are unable to make decisions for themselves or unable to tell someone when they are frightened of being harmed or are being harmed are particularly vulnerable and we need to make sure that everyone is able to speak up on their behalf.

What is abuse?

Any action, deliberate or unintentional, or a failure to take action or provide care that results in harm to the adult (this is called neglect). There are many different types of abuse; more details about abuse can be found on the Safeguarding Web site (**https://barnsleycouncil-test.azurewebsites.net/services/children-families-and-education/safeguarding-families-in-barnsley/**)

When can abuse or harm happen?

When people deliberately take actions that they know will hurt an adult e.g hitting or hurting someone, refusing to feed someone or give them their medications, calling them names or threatening them

Without people meaning to (unintentionally). This might happen when staff have not been trained to do something (e.g. use a hoist) or if family member fails to recognise that their relative needs medical support or needs help to keep them safe in the home

If an adult refuses care or services they need to keep them well (this is called Self Neglect)

How do you recognise self-neglect?

Adults who self neglect may not wash/eat or clean their clothes, not keep medical appointments necessary to keep them physically well, allow workers into their home to provide support or care and/or not take medications prescribed to keep them well

In some cases the lack of self care can result in death. The cause of self neglect may be the use of illegal substances, mental ill health, personal choice, social isolation etc and may follow a traumatic or life changing event.

Who may hurt or abuse adults?

Anyone can hurt or abuse adults; sadly the majority of abuse/harm experienced by adults is as a result of actions by family members, or people they know and trust. The abuse can happen anywhere – in the home, in the community, in day or residential care, in hospital or at college

What is adult safeguarding?

The Care Act (2014) asks the Safeguarding Board and its partners to prevent and/or respond to harm/abuse, by working with the adult to agree what they would like us to do to stop the harm (these are called outcomes).

The Care Act asks us to use the following six principles to keep adults at the centre of all the work we do with them.

Principle one - Empowerment

People being supported and encouraged to make their own decisions and informed consent

I am asked what I want to happen (my outcomes) as part of the safeguarding journey and these directly shape what happens.

Principle two - Prevention

It is better to take action before harm occurs

I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

Principle three - Proportionality

The response by external agencies is directly linked to the risks and the wishes of the person

I am sure that workers involved with me will keep my views at the centre of all their actions and that I will only see them when it is needed

Principle four - Protection

Support and representation for those in greatest need, who may not be able to protect themselves

I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process - as much or little as I want

Principle five - Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

I have control over what personal and sensitive information is shared and if I can't make these decisions that this information will only be shared in my best interests and to get the best results for me

Principle six - Accountability

We are accountable to the adults we help to stay safe and to other agencies working with the adult.

I understand the role of everyone involved in my life and so do they

Safeguarding is everyone's business and all of us can help keep adults safe by looking out for our neighbours and family members. Workers and volunteers can keep adults safe by talking to them if they are worried about their safety and if necessary sharing their concerns with the police, adult social care

Case Study: How we work in partnership to keep adults safe

The Board encourages its members and local services to work together to spot those at risk of abuse or neglect and take action to protect adults who might be at risk of harm. This may mean working together to make sure that all services have the right policies, guidance and training in place for their staff to follow or sharing information and helping each other to put things right when they are not as good as they could be. This is a regular feature of the work that takes place.

The Care Quality Commission (CQC) asked Barnsley Clinical Commissioning Group (CCG) and Barnsley Metropolitan Borough Council (BMBC) to help them with an inspection at a local care home as they were unhappy with some of the things they had seen there. These included how clean the home looked and smelled, the way that medicines were stored and given, how people's care was planned and the amount of activities that were available for the people living in the home. The CQC were happy that staff working in the home did care and were kind to the people who lived there.

Specialist staff from the CCG and BMBC went to visit the care home with CQC and found that the home was working hard to improve things but that they were in need of some extra help to make all the improvements needed. An action plan was agreed between the home and BMBC, CCG and CQC to make things better and to make sure that the people living in the home were kept safe. This included looking at people's care plans and giving advice about how the home could make these match exactly what the person needed, helping the home to plan how to improve the furniture and decoration to make the home look and smell clean and to help prevent people from getting infections. Support was also given to staff about best management of medicines.

The home worked hard to improve things. The CCG and BMBC staff visited the home regularly to make sure that the home was completing the actions agreed. Things are now much better, the home looks and smells clean, the care plans are up to date, there is an activity coordinator to make sure that people living in the home have plenty to do during the day and the way that care home staff look after people's medicines has improved.

Barnsley Safeguarding Adults Board
structure, vision and achievements

The Board's vision is that every adult - irrespective of age, race, gender, culture, religion, disability or sexual orientation - has a right to live a life free from abuse, neglect, exploitation and discrimination.

Residents of Barnsley are entitled to a strong commitment from BSAB and its partner agencies to ensure that they are safeguarded. BSAB will do everything possible to maintain a robust and effective inter-agency safeguarding response directed at safeguarding and promoting the welfare of adults at risk in Barnsley.

The Board's strategic priorities are as follows:

- Making Safeguarding Personal and supporting the adult at risk to achieve the outcomes they want.
- Preventing abuse and neglect from taking place and supporting people to feel safer.
- Making sure safeguarding works effectively.
- Making sure that all children, at risk, who transition into adult services, are protected from further abuse and neglect.
- Making sure the Safeguarding Adults Board provides effective leadership and strategic direction for safeguarding in Barnsley.

How are we going to deliver these priorities?

- Keep the structure and membership of the Board and its sub groups under review to maximise our effectiveness
- Examine our current funding to establish if our resources support delivery of the priorities
- Maximise our learning opportunities locally and regionally by working with partners and Boards across Yorkshire and Humberside. This will include developing a culture of constructive challenge of all Board members and developing our skills and knowledge by creating and attending local and regional learning events.
- The Board will promote an environment that encourages examination of examples of good practice and evaluation of cases, when things have not gone as well as we would have liked or we believe we can improve practice.
- Managing risks. The Board keeps a risk management framework that measures and reports threats and risks to the delivery of its key priorities. This will be reviewed by the Board regularly. A dashboard of local needs and issues will be produced to support us to take early action to prevent harm and abuse. We will continue to learn from case audits and support the development of staff to equip them to respond to safeguarding concerns in a person centred way
- Maintaining the Safeguarding Adults Web Site. To update the public with information and updates on what has been achieved via our news page.
- Developing and maintaining effective partnerships and information sharing agreements. The Board can only make some things happen by working in partnership with other Boards and committees. The Board will draw up a transparent framework of how we will work with other Boards to keep adults safe. This will include reviewing of our terms of reference, if necessary.

Barnsley Safeguarding Adults Board Structure

Barnsley Safeguarding Adults Board

Independent Chair Bob Dyson
Meets bi-monthly

- Develop and implement Board strategy and business plan
- Produce an annual report
- Ensure partners work closely at strategic level
- Oversee Safeguarding Adult Reviews and lessons learned events

Performance Management and Quality Assurance Sub Group

Chair Michael Potter
Meets bi-monthly

Responsibilities:

- Develop performance framework including collecting and analysing data
- Carry out quality assurance audits
- Monitor and evaluate new initiatives

Pathways and Partnership Sub Group

Chair Sarah MacGillivray
Meets bi-monthly

Responsibilities:

- Develop and monitor policies and procedures
- Training plan
- Communication and engagement strategy
- Maintaining good practice, e.g. making safeguarding personal and learning from research

Safeguarding Adults Review/ Domestic Homicide Review Executive Group

Chair Bob Dyson
Meets as and when necessary

Responsibilities:

- Considers requests for Safeguarding Adult Reviews (SAR's) and Domestic Homicide reviews

Views of the Lay Member

The Lay member is a member of the public who is keen to contribute to the work of the Safeguarding Board. Lay members are often a member of other groups and our current lay member is an unpaid carer for a relative and a member of the Barnsley Carers' Group.

Lay members don't receive payment for their time, but their travel costs are covered. Going forward in 2017/18, we aim to create a safeguarding customer forum to support the Board to be aware of the range of issues and challenges faced by adults in Barnsley

From a Lay member perspective this has been a positive year and the highlights are:

- The first Safeguarding Awareness week held in July 2016
- The Board's agreement to fund the development of a new customer forum in 2017.
- The Board's commitment to design and promote new publicity materials
- The production of guidance to help staff work with adults who have been harmed or abused in a person centred way

Challenges for the Board in the coming year:

- Making sure that the customer forum is fully represented in all the activities of the Board and its sub groups
- Obtaining honest feedback from adults who have been safeguarded to allow the Board to develop additional training, policies and guidance to assist all staff to deliver person centred safeguarding

Work plan for 2017/18:

- Creation of a customer forum with its own terms of reference and work plan
- Working with other customer forums in South Yorkshire to share learning and best practice.

What have we achieved?

In April 2017 we set ourselves an ambitious plan which we have updated to show our progress

What we set out to do / by when	What we have achieved
Devise new data collection methods and user surveys to monitor 'Making Safeguarding Personal'. (March 2017).	Significant improvements have been seen in practice; however the data collection methods still require improvement. This will continue to be an action for the Board in 2017/18
Carry out regular file audits, single and multi-agency to quality assure frontline practice (March 2016).	Regular file audits have taken place and a rolling programme is in place for 2017/18. Briefings on the key learning have been provided to Board members
Review and refresh our approach to 'Making Safeguarding Personal, putting the adult at the centre of safeguarding. (June 2016)	Operational guidance was produced and signed off for all workers and cascaded to all organisations
Audit how partner organisations prevent abuse and deal with low level concerns (September 2016)	Audits have been completed and work has commenced regionally to improve the response of organisations who work across South Yorkshire and/or Yorkshire and Humber. This work will continue into 2017/18
Develop framework and policies for people in positions of trust who pose a risk (December 2016)	We know what our partners are doing and have commenced work to establish what other organisations do to manage workers or volunteers who pose a risk to adults. A policy will be developed and signed off in 2017/18
Update the communications strategy and develop new ways of engaging with stakeholders and communities. (September 2016)	A communication strategy is in place, it is reviewed every two months. The Board committed some funding to support this work. The new safeguarding web site was produced.
Work with the other three local councils to ensure South Yorkshire Safeguarding Procedures are effective and up-to-date and develop local guidance for Barnsley (March 2017)	Local guidance has been produced and positively received. The South Yorkshire Safeguarding Procedures have been launched to test in practice. They will be reviewed by the four South Yorkshire authorities in 2017/18 and if necessary changes agreed
Review use of thresholds to screen concerns and decide what needs a safeguarding enquiry (September 2017)	Decision Support Guidance has been produced to support staff to respond proportionately to safeguarding concerns. The impact on safeguarding practice will be reviewed in 2017/18
Address gaps in our performance reporting so that the Board has a good understanding of how well people are being safeguarded and can take action where necessary. (March 2017)	Work has started on a multi agency, person centred, performance dashboard. This will be completed in 2017/18

What we set out to do / by when	What we have achieved
Carry out a training needs analysis and develop safeguarding training plan, so that partners have a competent workforce (September 2016)	Training needs analysis completed and some training has been identified to meet these needs. Additional work will take place in 2017/18 to address outstanding training needs
Consider how to strengthen the delivery of and access to safeguarding adults training. (September 2016)	Funding for a safeguarding adults multi agency trainer has not been identified. Use of the multi agency children's trainer and regional resources have addressed some of the needs identified
Monitor child protection incidence for young people in transition, to ensure they are protected while moving into adulthood (September 2016)	An audit of Child Protection cases involving 17 year olds has been completed. Joint work with the Children's Board has commenced to identify the need for additional policies, guidance and training
Partner organisations to carry out self assessment on their safeguarding work, with The Board chair holding check and challenge events (October 2016)	All Board partners completed the self assessment and met with the Chair of the Board and Board Manager to identify any areas for development or good practice. This self assessment will continue annually
Agree new safeguarding adult review protocol and develop methods for carrying out learning (September 2016)	Joint protocol written and approved. Learning exercises have been held and action plans produced. These will continue as necessary in 2017/18
Publish annual report for 2015/16 year (July 2016)	Completed – see web site for 2015/16 report
Develop and launch SAB website as resource for partners, professionals and the public (July 2016)	Web site went live in May 2017.
Review budget and how much statutory partners contribute to pay for the Boards work (November 2016)	Budget reviewed and some additional contributions have been agreed. This will continue to be reviewed in 2017/18

Sub Group and Partner activity
to deliver our priorities

Priority one

Making Safeguarding Personal (MSP) and supporting the adult at risk to achieve the outcomes they want.

Significant progress has been made this year to support workers, volunteers and organisations to "put the adult" at the centre of all the work we do to help keep them safe. The six principles of the Care Act can be seen demonstrated in the summaries shown below from the sub groups and the Board member organisations. The Board will continue to identify and implement Making Safeguarding Personal to empower all Barnsley residents to stay safe or stop harm in a timely way. Operational Guidance has been developed, to support workers and volunteers to work with adults in a person centred way, this may include supporting the adults to stay in situations that are not safe.

Pathways and Partnerships have:

Committed to include Making Safeguarding Personal (MSP) on every meeting agenda; MSP now forms a "golden thread" running through all newly developed policies and guidance, such as the new Operational Guidance which was developed and released in 2017. The guidance reinforces the need to keep the adult at the centre of all safeguarding activity by listening to them, agreeing a set of outcomes they believe will help keep them safe and reduce the risk of future harm.

Included in its work plan is a commitment to develop an "aide memoire" to help managers deliver high quality supervision that equips workers to deliver MSP focussed safeguarding practice.

Performance Management and Quality Assurance have:

Supported Barnsley Council (Adult Social Care) and South West Yorkshire Partnership Foundation Trust (Mental Health) to start developing Care Act and Making Safeguarding Personal compliant recording systems, which will start to deliver data in 2017/2018.

Included MSP questions in our audit tools to test how well workers and organisations are working to the principles of MSP, results of these audits are shared with the Board on a regular basis.

Our Partners have demonstrated their commitment to keeping adults safe and providing person centred responses throughout the year, some examples are shown below. (Additional examples are included on our web site)

Making Safeguarding Personal and the Care Act, asks all Boards and their partners to pro-actively respond to risks to prevent harm, when possible and to work with the adult to agree a plan to stop harm and abuse in an empowering way to reduce the risks of further abuse and harm.

Our partners have demonstrated this throughout the year, examples include:

- Berneslai Homes' scheme managers' work with tenants on a pro-active basis to reduce the risk of harm and this reduces the need for a more formal response.
- Barnsley Council has established, in collaboration with South Yorkshire police, a Safer Neighbourhood Service; the service will work with local communities to identify adults and families who may be at risk of harm and to provide an early intervention service. This is a new service and the impact of this will be included in future reports.
- Mental Health (SWYPFT) has a Safeguarding lead nurse for Barnsley who offers advice and support to workers on an individual and a team basis.

Priority Two

Preventing abuse and neglect from taking place and supporting people to feel safer.

The Board, its partners and other agencies in Barnsley work hard to deliver safe high quality services that prevent harm and abuse to adults, who may struggle to keep themselves safe.

We do this by:

- Providing education and training to workers and volunteers
- Providing information and guidance to workers and the public
- Making sure that adults have information about support services that might help prevent them from harm and abuse (e.g. scam mails/bogus callers etc.)
- Working with care providers to help them deliver high quality services that keep adults safe and well.

We have looked at:

- What sort of harm/abuse adults in Barnsley have experienced
- Where the alleged harm took place
- What worked to keep them safe

Sadly, in spite of our best efforts, we are not able to keep all adults safe and we continue to work to identify ways we can do more to prevent harm and abuse.

What other actions we could take to prevent harm and abuse in the coming year:

This information will assist us to prioritise our efforts and resources in the coming year and to develop partnerships when the actions of the Safeguarding Board will not be enough to keep adults safe.

Examples of this include Mate, Hate Crime and Domestic Abuse, which are addressed by the Safer Partnership Board, Adults who have care and support needs may be more vulnerable to becoming a victim of these crimes, we share information between Boards to prevent harm.

We have taken joint action to help care providers, to improve the quality of care to the most vulnerable adults in Barnsley. The Pathways and Partnerships sub group work in tandem with the Performance Management and Quality Assurance, sub group, to identify risks and take action to address these.

The Board has supported and contributed to a review of the effectiveness of the MARAC, (Multi Agency Risk Assessment Conferences) who develop risk plans to protect adults who are experiencing Domestic Abuse, this will support the development of guidance for MARAC chairs and an audit programme to evaluate the impact in 2017/2018.

Pathways and Partnership Sub Group

Approved and launched a multi-agency self-neglect policy and procedure to help workers to address the risks faced by adults who self neglect. A number of these adults also hoard, it was agreed that a policy would help workers to address the risks to the adult and people around them

Members have actively contributed to the review, development and dissemination of a number of important policy and guidance documents relating to adult safeguarding such as the Yorkshire and Humber Persons in Positions of Trust Policy and the recent refresh of the Barnsley Covert Administration of Medicines in Care Homes Policy.

Included in their action plan lessons from two multi agency learning events that were held to examine the deaths of two adults to identify any learning and improvements to practice.

Led on the creation of a new Safeguarding web site, this provides easy access to information for the public, workers and volunteers about safeguarding adults – including what abuse is, how to recognise it and how to report it/stop it. The web also makes public the work of the Board and its sub groups

PMQA have overseen case file audit to make sure that we did make adults feel safer Included actions from the two lessons learnt events into their work plan.

Barnsley Safeguarding Adults Board

Held their first joint Safeguarding Awareness week with the Barnsley Safeguarding Children's Board in July 2016; The week included training for staff and volunteers, education and advise for the public with the aim to support adults, children and families to keep themselves safe. A larger scale Safeguarding Awareness week will be held in 2017/18, with events being held across the Borough.

Our Board partners have embedded the need to keep adults safe in their daily practice:

Berneslai Homes have:

- Completed over 3,800 visits as part of their vulnerability strategy – "Something doesn't look right", which lead to over 1,700 supportive interventions, some of these interventions led to a safeguarding concern being shared with BMBC Adult Social Care.
- Employed a number of Mental Health Housing Support workers to work with tenants with mental ill health issues. The aim of the posts is to increase the chances of the person keeping their tenancy and to intervene at an early stage to prevent or respond to abuse.

Northern College have:

- Maintained their commitment to employ Safeguarding Leads within the college and they have delivered regular safeguarding sessions for staff and students and explored how they will prevent students who might be at risk of radicalisation.

NHS England have:

- Launched "React to Red", a competency based training package for care home staff to prevent pressure ulcers. Since its launch in 2016 a high number of care homes, domiciliary care providers etc have expressed interest in it. NHS England will continue to encourage adoption and use in 2017/18

South Yorkshire Police have:

- Established their Safeguarding Adults Team at Wombwell Police Station, the officers in the team are highly skilled and deal with the most serious and complex abuse cases, working closely with other Barnsley partners to deliver high quality responses.
- Provided training to the majority of their officers in the new Safer Neighbourhood Service.

South Yorkshire Fire and Rescue have:

- Introduced a "Safe and Well Check", in addition to checking an adults home for fire safety they will also give advice or signpost adults to services to prevent falls, crime and identify concerns about the adult's sight.
- Introduced High Risk Coordinators who manage high risk fire cases linked to self neglect or safeguarding

Barnsley Council have:

- Agreed four new contracts for services to deliver support for adults who are homeless, who need help with substance misuse or need help to reduce or remove the risks of domestic abuse. All of the contracts include a requirement to demonstrate an ability to work to keep adults safe and to report safeguarding concerns.
- Created a new steering group to refresh and extend the Barnsley Safe Places scheme.
- Supported their Trading standards colleagues to engage in a national scheme to highlight the risks of "scam mail" and bogus callers.

Case Study: Early intervention by Barnsley College and social care resolved family issues without the need for formal safeguarding

A 23 year old College student with a learning disability disclosed to a member of staff that his Dad had been "cross" with him when they were at home and he said his Dad had grabbed his arm and hit him. Dad has learning difficulties and the family is supported by a social worker. College staff listened to the adult who was keen to stay at home but wanted help to prevent his Dad causing him any further harm. The college staff worked with the family social worker to agree a plan to keep the student safe and meet any support needs for Dad. Dad and son agreed to the mediation offered by the social worker and college and this was successful. Dad and son continue to live together happily. The student reports that he feels happy and safe at home

Priority Three

Making Sure that Safeguarding Works Effectively

The Board receives reports at each meeting from both sub groups, including copies of their work plans, which show how well they are doing. The chairs of the two sub groups bring a report of any issues they would like help to complete or to identify that this action may not be possible to deliver. Pathways and Partnership have identified that we are not able to deliver the volume of level three training to equip staff to be involved in safeguarding enquiries and to oversee the quality of level one and two training delivered within partners agencies. They recommended that this could be addressed by the creation of a multi agency trainer post (in common with Safeguarding Children), however a lack of finances has prevented this and alternative approaches have been agreed to address some of the risks, including the use of multi agency learning groups to review cases. This will continue to be reviewed and addressed in the coming year.

Annually all partners are asked to complete a self assessment to identify areas of good practice and areas of risk or development. In the last year, meetings were held with representatives from each of the Board partners and the Independent Chair and Board Manager to discuss their self assessment and identify any areas that would need to be addressed by the Board. The meetings offered an opportunity to identify any growth areas for individual partners and good practice that it would be beneficial to share with other Board members.

Feedback from front line staff has demonstrated that adults are feeling more confident in telling us what they want from safeguarding and what help they want in staying safe. This is essential to support us all to keep adults safe in a way that empowers and enables them to take control of their lives.

The Board and the Sub group have committed to review the South Yorkshire Safeguarding Adults procedures and this work will continue into 2017/18 with our South Yorkshire Safeguarding neighbours (Doncaster, Rotherham and Sheffield). Locally operational guidance has been produced to demonstrate how we will work with adults and in a multi agency way to keep adults safe. The guidance is included on the Safeguarding Adults Web Site and training was delivered to a wide range of organisations, including advocacy services, care homes, colleges etc.

Pathways and Partnerships have:

- Completed a training needs analysis and business case to the Board, to meet the training needs of staff who are required to complete part or all of safeguarding enquiries. (Level three training)
- Attended a wide range of regional working together events and/or received feedback from them to keep the group updated on best practice
- Received presentations from Trading Standards on scams and rogue traders, South Yorkshire Fire and Rescue, who described their Home Safety and Fire safety checks and the Prevent Coordinator who helped us to assess our ability to stop radicalisation of vulnerable adults.
- Produced and launched a comprehensive set of operational guidance, supported by free training sessions, which were attended by over 150 staff. The guidance will be reviewed in July 17 to confirm that they are effective. Staff feedback included ***"they help me to better understand how some decisions are made, particularly some to exit safeguarding"*** and ***"I am now much clearer about what I need to do when I am asked to do a S42 enquiry and why I have been asked to do it."***

Performance Management and Quality Assurance (PMQA) have:

- Completed a number of case file audits to make sure that practice is in line with our policies and expectations.
- In partnership with BMBC Contract and Compliance department, provided the Board with information about the quality of care homes in Barnsley.
- Completed an audit of our Board partners' ability to respond to allegations about People in Positions of Trust. This showed that robust processes were in place to reduce the risk of "unsuitable" workers who pose a risk to vulnerable adults being able to move from one job to another.

Board Partners have demonstrated their commitment to making sure that they deliver effective safeguarding within their organisations by appointing named staff for Safeguarding who provide advice and support to staff employed or commissioned by them. A number of these leads hold internal safeguarding adults meetings to share information and learning and to develop practice. South Yorkshire Fire and Rescue have an internal Safeguarding Executive Board and Reference subgroup to strengthen governance by looking at how we work and challenge each other to learn and improve internally and in how we work with other agencies to keep adults safe.

Board partners are committed to commissioning safe services and they receive regular information from their commissioned services to reassure them that adults who are provided with care are kept safe; this information is shared with a range of forums e.g. Barnsley Clinical Commissioning Group share information with the Quality and Patient Safety Committee.

NHS England regularly review all commissioned health organisations (e.g. Hospitals, GP surgeries etc.) and make sure that they are working to safeguard adults by defining and leading safeguarding practice via documents such as the Safeguarding Vulnerable People Accountability and Assurance Framework.

Provision of high quality education and training is essential if staff are confident to deliver high quality safeguarding support to adults in Barnsley. A range of in-house, multi agency and regional events were held in 2016/17 to meet the wide range of needs of staff

Barnsley Council is a key partner in the design and delivery of the regional "Working Together" programme which delivers a two day safeguarding course (four times a year) and up to four conferences a year. In 2016/17 these have included modern slavery, hate crime, working with the Disclosure and Barring service etc.

In 2017/18 the NHS England document detailing competencies required by Health staff will come into force. (The Safeguarding Adults: Roles and Competencies for healthcare staff – intercollegiate document.) South Yorkshire Fire and Rescue have an established a training programme for all frontline staff, including volunteers, to improve knowledge and confidence to respond to adults who may need safeguarding; including adults experiencing domestic abuse and, modern slavery.

Barnsley Council workforce development support the independent sectors (Care Homes, Home Care, voluntary and charitable organisations) by delivering multi agency safeguarding courses and providing access to National Vocational Qualifications. Independent sector forums are held quarterly and safeguarding adults is a regular topic of discussion. PMQA have agreed with the BMBC contracts department a set of data to each Board meeting about the quality of Care Homes in Barnsley. This will be extended to Home Care providers in 2017/18.

Barnsley Hospital delivered level one training to 92% of its staff and level two training to 87% of staff in 2016/2017.

SWYPFT staff in Barnsley has a training target for level one and two training of 80%. In 2016/17 91.76% attended level one training and 88.98% completed level two training *.

**- (Level one training is provided for staff who have no patient contact, level two is provided for staff with patient contact.)*

Many of the organisations with safeguarding leads provide advice and support to staff and some screen safeguarding concerns to improve our person centered focus; , Barnsley Hospital have a team of three nurses who support staff to respond proportionately to harm and abuse. In 2016/17 the hospital safeguarding team screened 471 concerns and they shared 64 of these with Adult Social Care.

NHS England have updated and circulated the Safeguarding Adults pocket guide, which is very popular with health professionals, an App has also been released for staff who prefer to view via their mobile phones or laptops.

Many of our partners are inspected by the Care Quality Commission (CQC), SWYFPT were inspected in 2016/17 and CQC commented that:

"'The trust had robust governance arrangements in place to safeguard adults and children. Staff had good knowledge of how to identify a safeguarding concern and the procedures to follow. At this inspection, we reviewed the trust's approach to safeguarding to assure ourselves that safeguarding remained one of the trust's highest priorities and that governance approaches continued to be robust. We also reviewed the trust's on-going actions in relation to the Saville report, and the trust's whole family approach to the 'think family' agenda'

The Safeguarding Board recognise the value of a Board Manager to coordinate its activities and to support the development of their strategic agenda, despite financial pressures this post was recruited to after the departure of the last permanent Board manager.

South Yorkshire Police have a regional safeguarding hub that coordinates all the Safeguarding Adults Reviews and the Domestic Homicide Reviews. The Hub also works with the South Yorkshire Board Managers to agree policies, performance measures and to address any issues relating to practice

NHS England have developed a Safeguarding Quality Assurance Tool for use with the Clinical Commissioning Groups in the North of England; the Designated Nurses completed a review of each regions action plans to identify key themes and trends with the plan to identify common areas of required support.

Priority Four

Making sure that all children, at risk, who transition into adult services are protected from further abuse and neglect

The Board is aware that the thresholds for adult services are not the same as children's services, despite this the Board is committed to make sure that the most vulnerable young people are supported into adulthood and empowered to reduce the risk of further harm and abuse.

The Board manager has joined the Children with Complex Needs and Disabilities sub group to support joint work. Children with disabilities are considered as a "Child in Need" in line with the 1989 Children's Act and is entitled to an assessment. The number of children with disabilities who have experienced abuse is small, but it is essential that any safeguarding risks are fully addressed as they reach adulthood. A small audit of young people on Child Protection plans aged 17 plus was completed to provide baseline data for both the Adults and Children's Boards. This will be repeated in 2017/18 to inform the work of the Boards and Social Care services.

We hope to extend membership of the new Safeguarding Forum in 2017/2018 to include young people to provide direct feedback on their experiences and examine the impact for the way we support them in the future.

Barnsley Safeguarding Adults Board have:

- In partnership with the Safeguarding Children's Board identified shared priorities and actions to support the safe transition of young adults who need safeguarding beyond the age of 18. Shared lessons from Serious Case Reviews, Safeguarding Adults Reviews and lessons learnt across the Boards and sub groups.

Pathways and Partnerships have:

- Agreed with the Children and Complex Needs Sub group of the Barnsley Safeguarding Board a number of actions that will be completed in 2017/18.

Performance Management and Quality Assurance have:

- Agreed with the Children's Safeguarding Adults Board sub groups that they will receive data from their audits completed in 2016/17 to identify the numbers and vulnerabilities of young people in transitions. This work will continue in 2017/2018 to inform their work plans and audit programme.

Our Health Partners have named nurses and/or GPs for both adults and Children and they provide a safe transition for young people who require health support into adulthood.

The Colleges regularly work with young adults who require safeguarding support beyond eighteen, through the education and support provided they aim to equip young adults to protect themselves from harm and abuse once they leave the support of college.

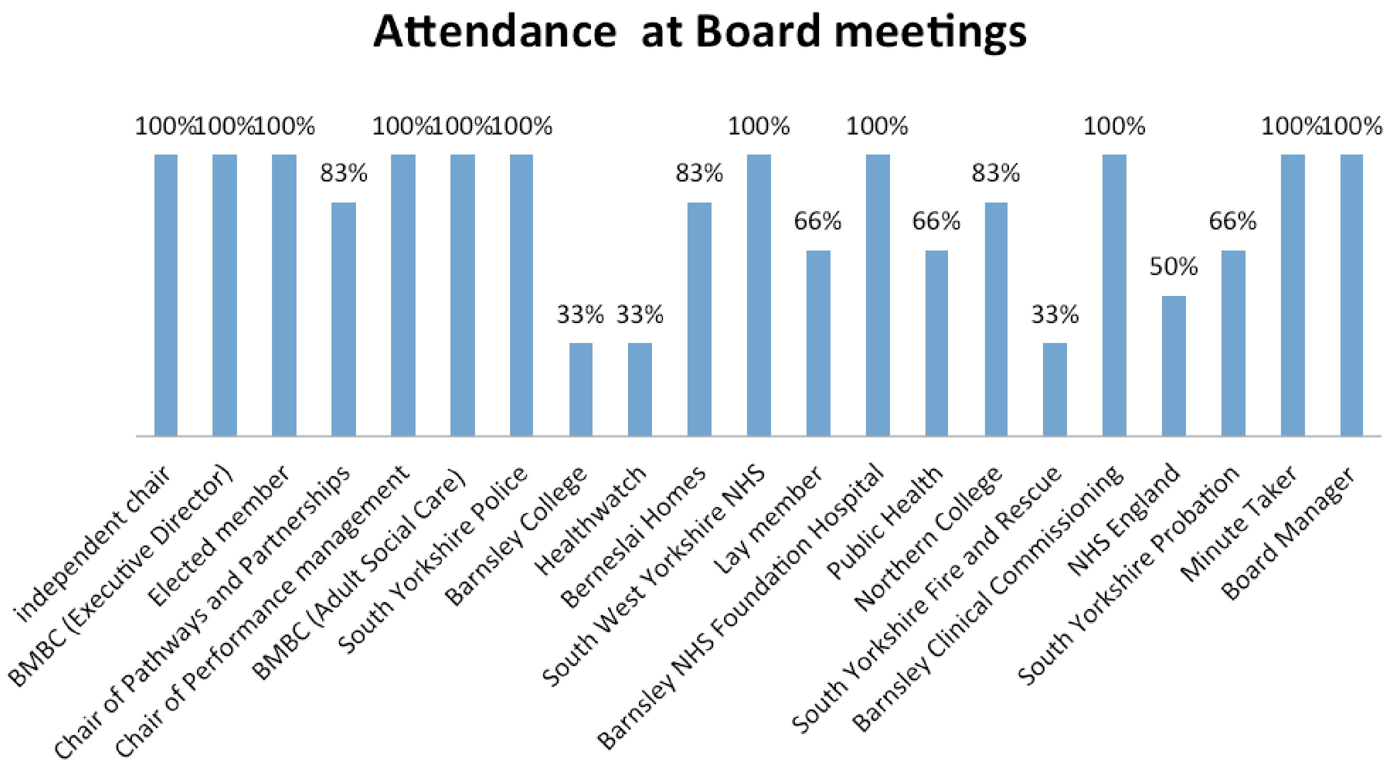
Priority Five

Making sure the Safeguarding Adults Board provides effective leadership and strategic direction for Safeguarding in Barnsley

The Board is chaired by an Independent Chair (Bob Dyson) who is able to support Board members to work together to deliver the shared vision and objectives. This includes active monitoring of attendance. Our statutory partners (Barnsley Council, South Yorkshire Police and the Clinical Commissioning) have attended 100% of the meetings.

We are delighted that our non statutory partners have demonstrated their ongoing commitment to the Board by high levels of attendance, South Yorkshire Fire and Rescue are unable to attend all meetings due to their requirement to attend both Adult and Children's Board in four Local Authority areas).

Commitment to the Board



The Board has worked hard to strengthen relationships between the Board partners and key individuals to increase our ability to challenge each other to deliver our agreed plans.. The Chair and Board manager require all Board members to complete an annual self assessment to provide assurance that we are all working to keep adults safe by preventing harm and abuse. The results from these audits inform the development of our strategic plans.

The Board agreed to provide funding to support the development of a new Safeguarding Forum, run by and for members of the public with an interest in keeping adults safe and influencing the work of the Board.

The Board has a number of members, who sit on other Boards, and they share responsibility to keep Adults safe.

These include the:

- Health and Wellbeing Board
- Barnsley Safer Partnership Board
- Safeguarding Children's Board

The Safeguarding Adults Board has endorsed the creation of "map" of the work of all the Boards working to keep adults and children safe to support effective joint work on common issues, these include Domestic Abuse, Hate and Mate Crime, etc.

The Board's sub groups have supported the Board to deliver this priority by overseeing the development of a Multi-agency communication and engagement plan that is discussed at each sub group meeting.
The communication plan increased the use of social media to provide information to adults to assist them to maintain their personal safety. The sub groups led on the joint review (with Safer Partnership colleagues) of the Domestic Homicide Review and Safeguarding Adults Review guidance, (available on the Safeguarding web site).

The Pathways and Partnerships and the Performance Management and Quality Assurance (PMQA) sub groups have updated their terms of reference to reflect the changes in legislation, local and national guidance and the priorities of the Board. These will be reviewed annually.
To provide the Board with assurance that all its partners are working in line with the six Care Act principles and MSP, they are supporting PMQA to develop a multi agency dashboard. This dashboard will be included in the 2017/18 annual report.
The Board demonstrated its commitment to embed Making Safeguarding Personal, which puts the adult, who has been harmed, at the centre of our safeguarding response by holding a development event for all Board Partners. Learning from this will be included in our strategic plan for the coming year.

In recognition of the importance of the Barnsley Safe Places scheme, governance arrangements were established to the Barnsley Safer Partnership Board. Additionally it was agreed that the Safeguarding Adults Board would receive information about how the scheme is helping to keep adults in Barnsley safe.

The Safe Places scheme provides a network of businesses that have trained their staff to feel confident to support adults who call in when they need help when they are frightened or lost when out and about in Barnsley. All the businesses who have signed up to the scheme display a sticker making them easily identified by the members of the scheme. The Board Manager contributes to the work of the multi–agency steering group.

Safeguarding Data

Keeping adults safe

The main aim of Safeguarding is to keep or help adults feel safe. The tables below show figures from 2015/16 with regional comparisons and figures for 2016/17 (comparator data is not available until autumn 2017)

The proportion of people who uses servies who feel safe

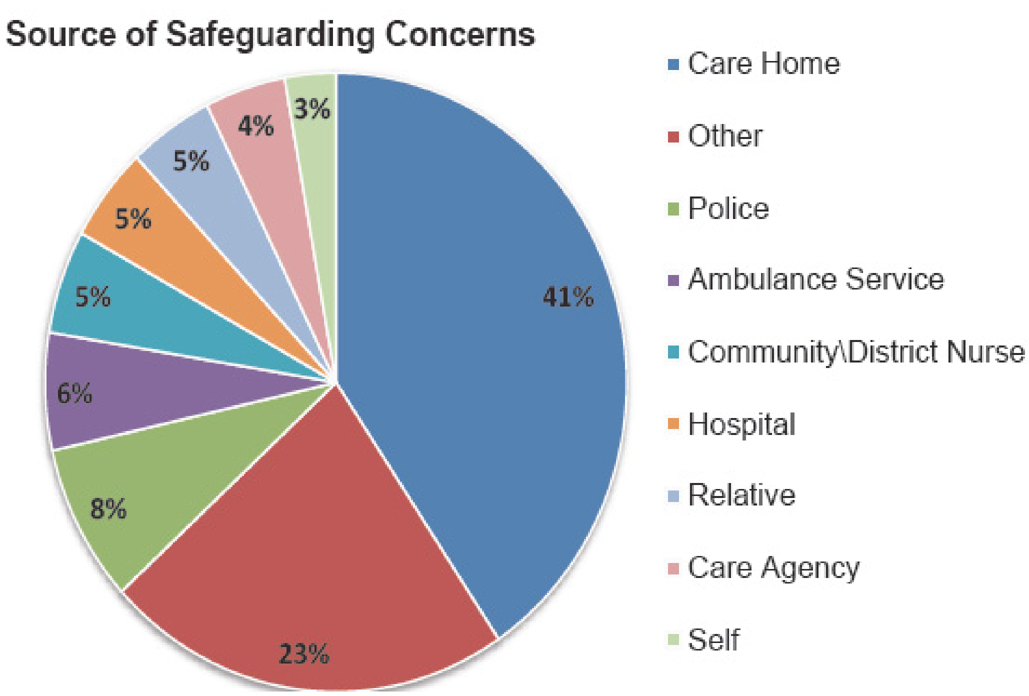
Year	Barnsley	Yorkshire & Humber	Comparator Group[i]	National
2015/16	73.3%	69.9%	69.1%	69.2%
2016/17	76%			

The proportion of people who say those services have made them feel safe and secure

Year	Barnsley	Yorkshire & Humber	Comparator Group	National
2015/16	95.2%	85.9%	84.6%	85.4%
2016/17	95%			

The charts above show that adults in Barnsley feel much safer than other Local Authority areas of a similar size (regional and national comparators), this would suggest that the contributions by the Board partners to prevent abuse and harm and to respond to abuse have been successful in keeping adults safe.

Who is telling us they are worried about the safety of Barnsley adults?



Barnsley Adult Social Care received over 1.400 concerns from the organisations shown above. The CQC asks Care Homes to share all their safeguarding concerns with Adult Social Care, even if the adult was not harmed, a lot of these concerns are closed at an early stage following a conversation with or a visit to the care home. The number of concerns received from relatives and self referrals is evidence that the public know about safeguarding and know how to report their concerns. This is essential as many adults do not receive services and will be reliant on friends/ neighbours to "look out for them". We hope to see this number increase in future years by increasing the ways the public can share their concerns, this will include a text service and a web based form, in addition to email and phone calls.

When we receive a safeguarding concern we make a decision about what action is needed.

This includes:

- Taking no action either because the adult was not harmed or the adult does not want any action taking and no other adults are at risk
- Providing or reviewing a care package or signposting to other support – e.g. asking domestic abuse service to help the adult
- Starting a safeguarding enquiry based on what the adult has told us they want to happen (these are called outcomes), once we have agreed these with the adult we call this a section 42 enquiry

In 2016/17 we started 386 section 42 enquiries; this is in line with other Local Authorities of similar size.

Who did we safeguard via a section 42 enquiry?

Age and Ethnicity

	2016/17 - Number / Percentage	Population / Percentage
18-64 year old	136 (35.2%)	144,824 (76%)*
65+ year old	250 (64.8%)	44,811 (24%)*
Male (18+)	164 (42.4%)	92,749 (49%)*
Female (18+)	222 (57.5%)	96,886 (51%)*
White (18+)	351 (90.9%)	179,132 (98.1%)**
Other Ethnic Group (18+)	8 (2.1%)	3,399 (1.9%)**
Not stated	24 (7.0%)	N/A

*2015 Population Estimates
**2011 Census

The majority of the adults, who needed help to stay safe in Barnsley, were women over the age of 65; however more men over 65 were referred to safeguarding in 2016/17 than in 2015/16 from 38% to 42.4%). National data from the Department of Health shows that adults over 65 are most commonly referred into safeguarding. This is, in part, due to the large number of adults over 65 who are in receipt of care, in their own homes or in care settings, who are protected by the actions of staff who identify risks to their safety, in addition to their increased vulnerabilities (physical and mental health).

Barnsley has a mainly white population, and this is reflected in the number of safeguarding concerns; however adults from Ethnic Minority groups are safeguarded appropriately, shown by the number of referrals linked to the population percentages.

Care and support needs

	Number of adults who need safeguarding support	Adult Social Care Clients
Physical Support	147 (38.0%)	1939 (61.0%)
No Support Reason	118 (30.6%)	N/A
Support with Memory & Cognition	54 (14.0%)	398 (12.5%)
Learning Disability Support	48 (12.4%)	591 (18.6%)
Mental Health Support	13 (3.4%)	161 (5.1%)
Sensory Support	1 (0.3%)	22 (0.7%)

Adults can be safeguarded even if they don't receive care from Adult Social Care; this is reflected in 30% cases with no recorded support reason. The high numbers of adults with learning disabilities and memory problems highlight the vulnerability of these groups, but reassuringly suggest that we identify harm and take action to stop it . We need to consider if we need to increase the information we provide to the public to protect all adults who are at risk of abuse.

What setting is the alleged abuse/concerns happening in?

	Who has allegedly hurt the adult?			
Where the adult is living	Service Provider	People known to the adult	People not known to the adult	Total
Care Home - Residential	105	42	45	192 (52.9%)
Own Home	15	46	30	91 (25.1%)
Care Home - Nursing	14	14	5	33 (9.0%)
In a community service	11	3	3	17 (4.7%)
In the community (excluding community services)	1	6	6	13 (3.6%)
Other	0	4	4	8 (2.2%)
Hospital - Acute	1	2	3	6 (1.7%)
Hospital - Mental Health	0	2	1	3 (0.8%)
Hospital - Community	0	0	0	0 (0%)

The majority of safeguarding concerns reported to Adult Social Care are received from Care Homes, this is linked to their commitment to provide safe service and the requirement placed on them by CQC to report all issues, even if the adult is not harmed. Care Homes are often able to identify that other people may be harming people/relatives that live in care settings.

The majority of the abuse that adults experience in their own homes is from adults they know and trust, family, friends and neighbours; who make up 5% of the total figure. Harm by families is often unreported as adults are embarrassed or too scared to tell anyone about it and it happens in secret, unless the adults has someone they can trust to share with. This could include their doctor, social worker etc.

Location of risk/harm

	Own Home	Community Service	Care Home	Hospital	Other
Barnsley	25%	0%	50%	15%	11%
Y&H Average	39%	3%	42%	7%	8%
Comparator Group	41%	4%	41%	7%	7%
England	43%	3%	36%	6%	11%

Barnsley has lower than average reports of abuse in people's own homes compared with other Local Authorities of similar size, (see table above showing data from the Department of Health Safeguarding Adults Collection 2015/2016. The 2016/17 data will not be available until the end of 2017).We cannot be sure that this means adults are safer in Barnsley, as we do have comparable levels of domestic abuse in the Borough. One of our challenges for the coming year will be to explore how we empower adults to tell us when families are hurting them.

What sort of alleged abuse is reported in Barnsley

Type of abuse	Numbers in 2016/2017
Neglect and Acts of Omission	190 (44.4%)
Physical Abuse	99 (23.1%)
Financial or Material Abuse	55 (12.9%)
Psychological Abuse	41 (9.6%)
Sexual Abuse	25 (5.8%)
Organisational Abuse	16 (3.7%)
Discriminatory Abuse	2 (0.5%)

The majority of the neglect cases, reported to Adult Social Care, suggest that concern around perceived poor care from workers or services may have resulted in harm (110 cases); however, adults who are in receipt of paid care are more likely to be identified as at risk of, or experiencing harm than those who do not receive care services or other support. In 2016/17, Barnsley received reports that 41 adults were allegedly being neglected by family and friends.

The majority of the alleged financial abuse reported involved adults whose alleged abuser was a person known to them (20 cases), we received 7 referrals alleging that workers and/or services took money or goods from adults they provided care to.

The low number of discriminatory cases reported locally, regionally and nationally and raises questions about how easy it is for adults to tell someone when they are being bullied or victims of mate or hate crime. Adults who are victims of discriminatory abuse may be forced out of their homes, have money taken off them on a weekly basis, be subjected to name calling or physical attacks on a regular basis. The number of hate crimes now reported locally and nationally has increased, following a sustained awareness campaign. In light of this we will be looking to scope out the issue in the coming year with support from the safeguarding customer forum.

Data from the Department of Health on the types of harm adults experienced in 2015/16 is shown below, this evidences that we have fewer reports of financial abuse than our comparators and the regional and national averages.

	Physical Abuse	Psychological Abuse	Financial or Material Abuse	Neglect and Acts of Omission	Other Risk Types
Barnsley	17%	8%	11%	37%	28%
Y&H Average	21%	16%	18%	35%	11%
Comparator Group	25%	14%	16%	36%	9%
England	26%	15%	16%	34%	9%

Do adults feel safer as a result of safeguarding?

Safeguarding aims to help adults to stop the harm and reduce the risk of further harm, the following chart shows how well we did this. We ask the adult (or their advocate), where possible to tell us if they feel safer at the point we close the Section 42 Enquiry

Risk Remained	**4.6%**
Risk Reduced	61.4%
Risk Removed	34.0%

Adults have the right to make choices to remain in situations that may not be totally safe and many will make decisions to maintain relationships with people who harm them, rather than lose contact with them and risk feeling alone.

Safeguarding works with the adult, respecting their wishes and feelings to reduce the risk of harm to them and other adults.

In future annual reports we will include information about how well we did in meeting the adults' outcomes and if they feel safer as a result of our interventions

Learning Lessons

The Board is committed to learn lessons by examining cases that did not meet the threshold for formal reviews. In 2016/17, two multi-disciplinary events were held.

Adult 1

Older adult living in a residential care setting, with complex health needs which required the use of a catheter. He died of natural causes and no concerns were raised about the conduct of the professionals involved with his care by the Coroner's Court or the police enquiry. The case was considered as a potential Safeguarding Adults Review, but it did not meet the threshold, however the Board agreed that lessons could be learnt by reviewing the cases.

Each agency who had been involved in the care of Adult 1 completed an evaluation of their actions and identified areas that could potentially improve the care of other adults in care settings with complex needs. The board manager collated the responses and identified the following themes that would benefit from closer examination

1. Communication with partners, family members and other key agencies
2. Timeliness and quality of the safeguarding enquiry
3. Referrals to Disclosure and Barring Service and other professional registration bodies
4. Ability to deliver high quality organisational abuse enquiries
5. Role of professionals visiting care settings to address care standards and /or raise safeguarding concerns.
6. Risk assessments and identification of wider issues (e.g. shortage of skilled nurses available in the region)

The board manager was encouraged by the willingness of all agencies to engage with the exercise and feedback indicated that the review was a positive experience for all involved

Key actions were identified from the event and these have been included in the work plans for the Sub Groups of the Board and these include

Improvements to the way in which we manage organisational abuse enquiries

Exploring ways to provide families and adults with information to support them to choose appropriate care for themselves or their relatives

Increasing the role of commissioners to make sure that employers make referrals to the Disclosure and Barring service or other professional registration bodies in a timely way

Encouraging visiting professionals to increase their "curiosity" and issues that "don't feel or look right" and to share these if they are not able to resolve their concerns

A number of these actions have been completed, including:

- Production of a Safeguarding decision support tool
- A new framework for managing organisational abuse cases
- The Board have been briefed on the impact of the lack of nurses on care homes
- A briefing session has been provided to the Independent sector forum

The Board and its sub groups will continue to monitor the progress of remaining actions to deliver the desired changes.

Adult 2

Adult 2, died of liver failure, as a result of an overdose (it was unclear if she intended to take her own life?)

Adult 2's death was considered as a possible Domestic Homicide Review, but it was agreed that as the overdose did not appear to be linked to her abusive relationship that it did not meet the criteria.

Her oldest daughter spent significant time with her mum and regularly reported concerns to the police about the violence her mum experienced from her male partner. The police visited Adult 2 several times but were unable to secure her agreement to press charges against her partner or to accept offers of help via domestic abuse services.

Male friends visited adult 2 and plied her with alcohol and then raped her. The police attended but were unable to persuade Adult 2 to make a complaint

Later that day, Adult 2 took a large number of pain killers and continued to drink alcohol; she disclosed this to her partner when he returned home, however he did not take any action to obtain medical help. Three days later he called an ambulance when he discovered Adult 2 vomiting blood, he did not tell the ambulance staff about the tablets she had taken and did not travel to the hospital with her. The hospital obtained this information after admission, via a telephone call to him.

A multi agency group looked at this case and identified the following areas that would benefit from further examination

1. The quality of risk assessments and the narrow focus of these not taking account of the wider context of the situation
2. Did we share information in a timely way to prevent harm and respond to the needs of Adult 2 and her oldest daughter
3. Are workers able to identify the risks to others in the household beyond the person they are employed to provide care to (adult worker recognising the risks to children and vice versa)
4. Was the Mental Capacity Act used appropriately , as Adult 2 was often under the influence of alcohol and drugs
5. Are workers able to complete high quality domestic abuse risk assessments and make the necessary referrals to the MARAC process (Multi-Agency Risk Assessment Conference)

Following the review of this case we agreed that the following actions should be included on the work plans of the sub groups of the Board.

- All agencies to review information sharing systems and advice provided to workers when working with families affected by domestic violence
- BSAB and BCSB to consider a joint review of the quality of Domestic Abuse Risk Tool (DASH) and the assessments of domestic abuse cases at the Multi Agency Risk Assessment Conferences (MARAC). The review considered the option of extending the review to other South Yorkshire Local Authorities.
- Review knowledge of Care Act and Adults at Risk in Children's Social Care and implement measures to address any gaps ; including providing training, information sheets, etc to assist workers to identify young adults who may benefit from assessments in their own right.
- Boards to review their strategic plans to strengthen the robustness of transitions arrangements
- Review Children's Case Conference agenda with a view to implementing prompts to encourage assessment of parents/other adults vulnerability
- Review screening by Central Referral Unit within South Yorkshire Police.
- Review if the Person Posing a Risk process is robust within Barnsley
- Examine the role of the Public Service Hub in addressing Domestic Abuse cases that don't meet the MARAC threshold
- Embed knowledge of and use of Meghan's Law

Actions completed

- A local review of the quality of MARAC meeting has taken place and a series of actions agreed
- Increased information about Adults at Risk and the Care Act has been included in training delivered by the multi agency children's trainer
- Work has commenced with the Public Service Hub (now the Safer Neighbourhood Service) to agree thresholds
- A review of the children's case conference agenda has been completed, but this will be reviewed to evaluate impact on practice.
- The sub groups are reviewing how we respond to People in Positions of Trust and reports will be shared with the Board.

What we intend to do in 2017-2018	By when
Complete a review of the South Yorkshire Safeguarding Procedures	**September 17**
Sign off the operational guidance	**September 17**
Develop and embed a people in positions of Trust policy	**January 18**
Sign off and embed a self neglect and hoarding policy	**January 18**
Establish an effective safeguarding customer forum	**August 17**
Develop a multi agency (Care Act compliant) dashboard	**December 17**
Hold the first learning event on SARs and DHRs	**September 17**
Embed a robust level three training programme	**January 18**
Run a joint Safeguarding Awareness Week with the Children's Board	**July 18**
Work with Safer Partnership and Barnsley Safeguarding Children's Board to raise public awareness of adults at risk of mate and hate crime.	**January 18**
Continue to complete audits to monitor practice	**Ongoing**
Establish a network of safeguarding "champions"	**January 18**
Agree and circulate a set of publicity materials	**December 17**

Safeguarding Adults Board Budget 2016/2017

The Board is funded by the agencies shown below and funding levels are reviewed on an annual basis.

Barnsley Safeguarding Adults Board Final Position 2016/17			
Income £		Expenditure £	
Partner Contributions			
Barnsley MBC	£57,276	Staffing	£86,945
Police & Crime Commissioner	£5,595		
NHS Barnsley CCG	£26,648	Running Costs	£2,574
TOTAL	£89,519	TOTAL	£89,519

Resources

How to report abuse

https://www.barnsley.gov.uk/services/adult-health-and-social-care/keeping-safe/report-adult-abuse/

Barnsley Safeguarding Adults Board

https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/

Link to South Yorkshire Adult Safeguarding Procedures

http://asg.returnonideas.co.uk/

Care Act 2014 – Care and Support Statutory Guidance

https://www.gov.uk/guidance/care-and-support-statutory-guidance

Financial Abuse ‘Under the Radar’

https://www.citizensadvice.org.uk/about-us/how-citizens-advice-works/media/press-releases/financial-abuse-going-under-the-radar/

Social Care Institute of Excellence (SCIE)

http://www.scieorg.uk/

Care Quality Commission

http://www.cqc.org.uk/

Healthwatch Barnsley

http://healthwatchbarnsley.co.uk/

Action on Elder Abuse

http://elderabuse.org.uk/

Call 01226 773300
To report adult abuse, harm or neglect

Call 0844 984 1800
To report urgent concerns outside office hours

BARNSLEY METROPOLITAN BOROUGH COUNCIL

This matter is not a Key Decision within the Council's definition and has not been included in the relevant Forward Plan

Report of the Executive Director (People)
to Cabinet

(20th September 2017)

ANNUAL REPORT OF THE BARNSLEY LOCAL SAFEGUARDING CHILDREN BOARD (2016/17)

1.0 Purpose of the Report

1.1 To inform Cabinet of the work undertaken by the Barnsley Local Safeguarding Children Board (LSCB) during 2016/17 and the publication of the Board's Annual Report.

2.0 Recommendations

2.1 That Cabinet receives the Board's latest Annual Report.

2.2 The progress made by the Board in relation to its statutory role and functions, be noted as part of Cabinet's continued consideration of the Borough's framework for safeguarding vulnerable adults and children.

3.0 Introduction

3.1 The Statutory Role of Barnsley LSCB

3.2 Currently, Section 13 of the Children Act (2004) requires each local authority to establish an LSCB within their area. Section 14 of the Act outlines the objectives of LSCBs which are as follows:

(a) To co-ordinate what is done by each organisation represented on the Board for the purpose of safeguarding and promoting the welfare of children in the area.

(b) To ensure the effectiveness of each partner organisation's role in the above purpose.

3.3 Barnsley LSCB is an independent body with an independent Chairperson who is able to hold partner organisations to account for their effectiveness in safeguarding children and promoting their wellbeing.

3.4 As a result, the Chair of the Barnsley LSCB works closely with the Executive Director (People) who, as the Director of Children's Services and Chair of the Barnsley Children and Young People's Trust Executive Group, retains statutory responsibility for the co-ordination of children's services in the Borough and improving the range of outcomes for children and young people, including local authority children's social care functions.

3.5 The Cabinet Spokesperson (People: Safeguarding) as the Borough's statutory Lead Member for Children's Services, attends meetings of the Barnsley LSCB as an observer and receives all its reports.

3.6 One of the responsibilities of the Board's Chair is to produce an annual report on the effectiveness of local arrangements for safeguarding children and promoting their welfare. Guidance states that this report should be presented to the Leader and Chief Executive of the local council; the Police and Crime Commissioner and the Chair of the Health and Wellbeing Board. A full copy of the Barnsley LSCB's latest annual report is attached as Appendix 1.

3.7 <u>Summary of the Barnsley LSCB Annual Report (2016/17)</u>

3.8 The LSCB's annual report provides a rigorous and transparent assessment of the quality and effectiveness of local services for the safeguarding of children and young people in the Borough and the promotion of their welfare.

3.9 In particular, Cabinet is requested to note the following information, within the annual report:

- The challenge provided by the Board in holding to account the performance and effectiveness of partner organisations in protecting and safeguarding children.

- Progress towards achieving key priorities during 2016/17, including the development several key strategy documents, including the Borough's Anti Bullying Strategy.

- Achieving a 100% return rate for the second year running of the Section 175 self assessments on safeguarding in schools.

- The Borough's first ever Safeguarding Awareness Week.

- The relaunch of the updated and much more user friendly Barnsley Safeguarding Children Board Web Site.

- Continued actions being taken to minimise and prevent the risk of all forms of harm, including child sexual exploitation and improving children and young people's safety, whilst online.

- The role of the Board towards continuing its improvement journey through the Continuous Service Improvement Plan.

- Using learning derived from serious case reviews to inform continual improvements in the protection and safeguarding of vulnerable children.

- Financial contributions made by partner agencies in support of the Board's role and functions.

- The added value provided through the Board's multi agency training and development programme for front line practitioners.

4.0 Consideration of Alternative Approaches

4.1 In the case of this report, this has not been necessary as its purpose has been to inform Cabinet of the work of the Barnsley LSCB in fulfilling its statutory role, during 2016/17.

5.0 Proposal and Justification

5.1 Please see Paragraphs 3.2, 3.6, 3.8 - 3.9.

6.0 Implications for Local People and Service Users

6.1 The Annual Report provides assurance to our communities, that the protection of every vulnerable child and young person in the Borough, from harm, is an objective that is regarded with overriding importance by the Board and its partners, including the Council, through its mandate.

6.2 The LSCB is also committed to ensuring that any learning which emerges through serious case reviews or allegations of impropriety or misconduct concerning staff working with children in various settings, which are investigated by the Local Authority Designated Officer, are rigorously and consistently applied across the Borough.

7.0 Financial Implications

7.1 The cost of undertaking the activities of the Barnsley LSCB in 2016/17 amounts to £168k, which includes related staffing costs, multi-agency training, independent chair costs, etc. The overall cost is funded from contributions from partner agencies / organisations, and includes the Council, Barnsley CCG and the South Yorkshire Police and Crime Commissioner. A detailed breakdown of costs and partner contributions is outlined in Annex 5 of the attached LSCB annual report.

8.0 Employee Implications

8.1 There are no employee implications currently emerging through consideration of the Annual Report.

9.0 Communications Implications

9.1 There are no direct implications for the Council arising through the Annual Report. In considering communications, within the context of child protection, Cabinet will note that among the policies and procedures to be continually reviewed and developed by the LSCB, are those aimed at keeping children and young people safe from grooming and exploitation whilst online.

9.2 Equally, through engaging young people on how best they can report or raise concerns with the Board and its partners, including the Children's Social Care Service, relating to their safety or wellbeing, Cabinet is assured that communication channels are in place to enable them to do this on their terms and in ways which are most familiar to them.

10.0 Consultations

10.1 The Chair of the Barnsley LSCB has consulted partner organisations on the formulation of the Annual Report.

11.0 The Corporate Plan and the Council's Performance Management Framework

11.1 The role and responsibilities of the Board in safeguarding children and young people from harm and to promote their welfare, accords with one of the six Strategic Priorities of the Borough's Children and Young People's Plan and is reflective of the Corporate Plan's outcome statement of ensuring children and adults are kept safe from harm, thereby enabling them to achieve their potential.

12.0 Promoting Equality, Diversity and Inclusion

12.1 The Board is subject to the Public Sector Equality Duty and will ensure that the development of key strategies, policies and procedures are underpinned by a full equality impact assessment.

12.2 As part of the LSCB's multi agency programme, training continues to be offered to practitioners and front line staff, to improve their understanding of cultural and faith issues in order to help them ensure that the specific needs of children and young people from diverse communities are met.

13.0 Tackling the Impact of Poverty

13.1 There are no implications for tackling the impact of poverty, emerging through consideration of the annual report.

14.0 Tackling Health Inequalities

14.1 The Board continues to perform an important role in helping improve the health outcomes of children in care through its oversight of the performance of partners in undertaking timely health assessments and, thereby, closing the gap in health inequality.

14.2 This also includes helping improve waiting times for accessing child and adult mental health services. In addition, the Board ensures compliance with the mandatory reporting of any known cases of female genital mutilation (FGM) affecting young women under the age of 18 in the Borough, as part of helping promote public health.

15.0 Reduction of Crime and Disorder

15.1 In complying with its statutory responsibilities, the LSCB not only ensures that children and young people are safeguarded from harm, it also performs a crucial role in helping identify and bring to account those responsible for harming children through cruelty, neglect, violence or exploitation.

16.0 Risk Management Issues

16.1 As part of its role in overseeing the performance of partner organisations and challenging progress, the governance structure of the Board maintains a risk log. Where any slippage in progress emerges, remedial action is taken to ensure there is no impact on the protection of children and that the needs of children requiring help are met without delay.

17.0 Health, Safety and Emergency Resilience Issues

17.1 There are no implications for the safety of the public or employees emerging through this report.

18.0 Compatibility with the European Convention on Human Rights

18.1 The progress achieved by the Board, in compliance with its statutory role and functions, accords with the Articles and Protocols of the Convention, particularly the rights of the child to be kept safe from serious harm.

19.0 Conservation of Biodiversity

19.1 There are no implications for the conservation of biodiversity or the local environment, emerging through the report.

20.0 Glossary of Terms and Abbreviations

20.1 None, applicable.

21.0 List of Appendices

21.1 Appendix 1: Annual Report of the Barnsley Local Safeguarding Children Board (2016/17)

22.0 Details of Background Papers

22.1 Background papers used in the production of this report are available to view by contacting the People Directorate, Barnsley MBC, PO Box 639, Barnsley, South Yorkshire, S70 9GG

Officer Contact: Mel John-Ross (Service Director – Children's Social Care and Safeguarding)

Tel. No. (01226) 773665 or e-mail melaniejohn-ross@barnsley.gov.uk)

Financial Implications/ Consultation
……………………………………………. *(to be signed by senior Financial Services Officer where no financial implications*

annual report 2016-17

barnsley safeguarding children board

a BRIGHTER future
365 for EVERY CHILD make EVERY DAY count
children young people families

Contents

Chair's foreword

I am pleased to introduce the Annual Report of the Barnsley Safeguarding Children Board for 2016/17.

Whilst there have been inevitable changes in some of the representatives of partner agencies at the board, I am pleased to be able to report that there has been no change in the commitment being shown to keeping children and young people safe in Barnsley.

The board continues to play a leading role in ensuring that continuous improvement takes place to improve partnership working and to hold partners to account. The Continuous Service Improvement Plan is a standing item at every board meeting with the plan having been refreshed to reflect the progress that has been made and to identify new actions.

The main body of this report provides more detail of the work of the board and its individual sub-committees but just to highlight a few notable achievements from the last year:

- The Multi-Agency Safeguarding Hub (MASH) was established. This brings together front line staff from a range of agencies including Children Social Care, Health, Education and the Police working together in the same offices at one location. This is a step forward in close partnership working.

- There has been a marked increase in the number of Early Help Assessments being completed. (From 1047 in 2015/16 to 1752 in 2016/17) This is welcomed as it evidences that agencies are identifying families and children at an early stage; this allows support to be given aimed at improving their situation before their circumstances become more chronic.

- There has been a reduction in the number of children on Child Protection Plans. (257 at the end of March 2017)

- A task and finish group was established to review and refresh the Anti Bullying Strategy. This is an important piece of work that will come to the board in the summer of 2017.

- For the second year in a row there has been a 100% return of Section 175 self assessments on safeguarding in schools. The board recognises the important role that schools play in keeping children safe; the self assessment is a tool that gives considerable information to the board on the safeguarding procedures in schools.

- For the first time, the self assessment process was extended into early years settings, an example being nurseries. I consider this to be a strengthening of the board's role in ensuring that children are being kept safe.

- The board continues to have a high quality training programme. A day conference on domestic abuse, mental health and substance misuse (often referred to as the toxic trio) was oversubscribed and saw over 100 staff attend the event.

- Work has been commissioned to improve the Board's web site. The new web site went live on 16 May 207. We know that the web site is an important source of information for both professionals working with children and the public. The new web site will be much more user friendly and accessible.

https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-children-in-barnsley/

- The first Safeguarding Awareness Week was held. This saw partners commit to running events across the borough to raise public awareness of safeguarding issues. It is being repeated again this year; more details of this year's programme of events can be found on the recently updated Barnsley Safeguarding Website

There is much more that I could add to that list but it gives a flavour of the work of the board over the last 12 months and evidences that we continue to commit ourselves to improving the services being provided to children and their families.

Looking ahead, I would like to see the board offering more information on how children and young people can stay safe when using the internet; this would include advice for parents and carers.

In conclusion, I am satisfied that the board and its member organisations consistently demonstrate their commitment to keeping children and young people safe.

Bob Dyson QPM, DL
Independent Chair, Barnsley Safeguarding Children Board

Introduction and local safeguarding context

Barnsley Safeguarding Children Board comprises of representatives from a range of statutory partners, who are passionate about promoting the safeguarding and welfare of local children, young people and families in Barnsley.

Our vision is that:

Every child and young person should be able to grow up safe from maltreatment, neglect, accidental injury/death, bullying and discrimination, crime and anti-social behaviour.

Children are entitled to a strong commitment from the BSCB and its constituent agencies to ensure that they are safeguarded. Where possible, this will be done in partnership with parents and carers, and by engaging the active support of the public. We will do as much as we can within the resources available to us and, with every agency providing services, we can maintain an inter-agency safeguarding system directed at safeguarding and promoting the welfare of all Barnsley's children.

We will endeavour to ensure that every child is safe, well cared for and thereby supported to fulfil their potential to make the transition from childhood to adulthood.

The board's prime responsibilities are:

To co-ordinate what is done by each person or body represented on the board for the purpose of safeguarding and promoting the welfare of children in the area, and "To ensure the effectiveness of what is done by each person or body for that purpose".

The board oversees work undertaken by partners to provide integrated services for children and families, with particular focus on safeguarding and promoting the welfare of children and young people.

This Annual Report provides:

- An outline of the main activities and achievements of the Barnsley Safeguarding Children Board during 2016 and 2017.
- An assessment of the effectiveness of safeguarding activity in Barnsley.
- An overview of how well children are safeguarded in Barnsley.
- Ambitions for future service developments and identification of key priorities.

Local relationships

The board is strongly committed to further strengthening its relationship with other strategic partners, including the Children and Young People's Trust Board, the Health and Wellbeing Board, the Safer Communities Partnership and the Barnsley Safeguarding Adult Board.

The board articulates clear improvement priorities in its Business Plan, with actions to accomplish improved outcomes.

A chart of the structural relationship between the BSCB and its strategic partners is shown on page 25 Appendix 1.

To ensure effective safeguarding and child protection, the BSCB operates under an up-to-date information sharing agreement to which all partners are signatories.

Local Demographic Context

Barnsley is part of a broad South Yorkshire conurbation located around traditional community bases of former mining and market towns. The latest data from the Office for National Statistics (ONS) (2015) shows the population of those under 18 years is approximately 21% of the total population at 49,700 (ONS Mid-Year Estimates 2015) and is expected to increase by approximately 4% by 2020 to 51,700. The predicted population increase has implications for increased demands on all services, including those providing child and family support. The School Census (January 2017) shows that 8.6% of primary school pupils and 6.7% of secondary school pupils are from minority ethnic origins.

Growing Up in the UK report (2013) recognises a link between infant mortality and deprivation; those born to the most deprived parents have a higher infant mortality rate per 1,000 live births compared to babies born to the least deprived. The Public Health Outcomes Framework 2013-15 data shows the Barnsley infant mortality rate at 4.0 deaths per 1,000 live births. This is slightly lower than the regional average 4.3 but slightly higher than the England average 3.9. The Index of Multiple Deprivation 2015 ranks Barnsley as the 39th most deprived local authority in England out of 326 where'1' is the most deprived.

NUMBER OF CHILDREN ON A PLAN IN BARNSLEY		
	2015 – 16*	2016 – 17*
Number of Children on CiN Plan	1628 (CiN at 31/3/16)	1550 (CiN at 31/3/17)
Number of Children on CP Plan	409 (CPP at 31/3/16)	257 (CPP at 31/3/17 – monthly social care report [May])
Number of Children Looked After	280 (LAC at 31/3/16)	288 (LAC at 31/3/17 – monthly social care report [May])
The number of children on a Plan varies. Therefore the reference date for the above Table is the same as the reference date for any other data reported in the BSCB Annual Report. The reference date for data in the BSCB Annual Report is annually on the 3rd **May**. (Unless otherwise stated – ONS for example)		

Coordinating local work to safeguard and promote the welfare of children

Governance and accountability

The Board has six planned business meetings each year, together with additional sessions, to allow time for member development and reflection on specific issues. Special meetings are convened when required, for example to receive the findings from Serious Case Reviews or discuss key member financial contributions.

To promote optimum focus on priority issues, the board retains its sub-committee structure as in 2016-17 ensuring it continues to be sighted on emerging priorities. The terms of reference and the membership for each subcommittee will however be reviewed over the course of the year and task and finish groups will be established to help progress some subgroup priorities, for example, one completed piece of work is the Harmful Sexual Behaviour Strategy.

The current sub-committee structure, as depicted in Appendix 2, provides for focus on our priorities and promotes activities aligned to the board's statutory functions. The functions of the sub-committee and sub-groups, all meet at least six times a year.

Update from Sub Committees:

Performance, Audit and Quality Assurance Sub-committee

This is the key forum through which the Board examines and verifies the quality of individual agency safeguarding practice. It oversees performance management, scrutinises a developing suite of key performance indicators (KPIs) and secures quality assurance through findings from single and multi-agency audit activity.

Performance management and quality assurance framework

Remit

- Implement an effective strategy to monitor quality & effectiveness though analysis of relevant safeguarding performance information from partner agencies including, where appropriate, service users' views.
- Develop and oversee a planned programme of single and multi-agency audit review and quality assurance in relation to safeguarding activities.
- Secure quality assurance and performance management through receipt of reported audit activity arising from agencies and Sub-Committees.
- Co-ordinate Section 11 self-assessment audits and analysis, monitoring agency action plans by reviewing summary data and determining response in respect of non-compliance
- Oversee the Section 175 and 157 audit process relating to schools and outcomes
- Undertake reviewing activity and performance data analysis, providing regular updates/recommendations to the BSCB to mitigate risk, highlight trends, areas of concern and recommendations for further activity / monitoring designed to improve quality and promote good practice.
- Commission specific audits, thematic reviews or case management reviews at the request of the Safeguarding Children Board.
- Ensure that findings from case audits and other enquiries are communicated effectively to frontline staff and managers
- Ensure that messages from inspection, case reviews, audit and quality assurance are acted upon to address inspectorate recommendations and improve practice, through regular learning events.
- Embed performance issues into other Sub-Committees to evaluate and monitor the work of single agencies and reflect the Sub-Committee's role as an external quality check.
- Highlight and disseminate required improvements and areas of good practice through the Policy, Procedures and Practice Developments and Workforce Management and Development Sub-Committees

A Quality Assurance and Performance Management Framework is in place and has been endorsed by the Board. This confirms the need for continuous service improvement and delivery to be driven through quality standards, monitoring of improvement targets and focus on a suite of selected KPIs.

The Board and sub-committee have held development sessions to determine the data to be received by the Board and sub-committee. Respective scorecards of multi-agency KPIs have been identified for regular reporting. The sub-committee will escalate any issues of concern to the Board. The Board has developed a more effective performance management culture through increasing focus on performance and quality assurance. More valid data with contextual information will enable constructive challenge and provide proper reassurance about safeguarding from partner agencies.

The Board's own set of KPIs, framed around the child's journey from early intervention through to Tier 4 and looked after status includes:

Early Intervention

1. Number of Early Help assessments

Contacts, Referrals and Assessments

2. Number of contacts received
3. % of contacts to referral
4. Numbers of referrals
5. % of referrals to assessment under S17 and S47
6. % of Section 47 Investigations converting to initial child protection conference
7. % of assessments completed within 20 days
8. % of assessments completed within 45 days and those out of timescale

Child Protection

9. % of children becoming the subject of a CP Plan for the second or subsequent time within 2 years
10. % of open CP Plans lasting 2 years or more

Children in Care

11. Looked after children missing from care incidents (episodes)
12. Police Data. In May 2015 new police measures and safeguarding performance data was provided by South Yorkshire Police (SYP) across a range of categories
13. During 2016/17 the numbers of unallocated assessments to Children's Social Care have been reported.

Assurance from audit activity

The sub-committee promotes practice improvement through review of audit outcomes, drawn from an evolving programme of planned single and multi-agency agency audits. For 2016 – 17 the sub-committee considered the following findings from partner and multi-agency audits:

- PAQA Scorecard of Indicators (at every meeting)
- Monthly Social Care Scorecard (at every meeting)
- Education Data Performance Reports (children missing, excluded, elected home educated)
- Youth Offending Data Performance Report
- SY Police Performance Information

The following audits were considered and completed:

- Multi Agency audit of agency reports to Child Protection Case Conference for children who had who had been on CP Plans for 18 months+
- Following the above audit PAQA led a review of Child Protection Case Conference Reports & Templates to improve the quality of reports to Child Protection Case Conferences Audit
- Children's Social Care Cultural Diversity Audit
- Multi Agency audit of Children with Substance Misuse difficulties
- Multi Agency dip sampling of children where a S. 47 has been completed with an outcome NOT progressed to an Initial CP Case Conference
- Multi Agency Self-Assessment & Audit of Children Living with Domestic Abuse

Overview of vulnerable groups:

In fulfilling its objective to review the welfare of vulnerable groups of children, the sub-committee questioned information on the following during the year:

- Children not in Education: This relates to children of compulsory school age, not on school roll or educated otherwise, who have been out of any educational provision for at least four weeks. The sub-committee sought information on local numbers and how the children were monitored to ensure they receive suitable education and are safeguarded. Although potential complications relate to school transfer and relocation to another area, the EWS request a safe and well visit to ensure a child's welfare as soon as relocation is known. The sub-group have also looked at performance information and safeguarding arrangements for children who are excluded from school and children who are home educated

- Looked After Children (LAC): The sub-committee continue to closely review performance indicator data relating to looked after children.
- Child Sexual Exploitation (CSE): Quarterly multi agency audits are undertaken by the CSE

Strategic Group and reported in to PAQA. Audits are showing an improvement in joined up responses to young people.

Priorities for 2017 – 2018

- Improve a systematic reporting of single and multi-agency practice in terms of identifying key themes for learning and improvement, informing priority areas and promoting multi-agency contribution
- Continue to develop an analysis of Police data to better understand and inform priority areas for multi-agency contribution
- Continue to undertake quarterly multi agency audits:

➢ Children where a S. 47 has been completed but have NOT progressed to an Initial CP Case Conference
➢ Neglected Children – CiN and CP
➢ Missing LAC and the Return to Care Interviews
➢ Multi Agency Audit of Child Sexual Abuse Cases including harmful sexual behaviour

Policy, Procedures and Practice Development Sub-committee

This Sub Group ensures that policy and procedures are current, implemented, embedded and reflective of best practice.

The PPPD sub group oversees a range of areas of safeguarding practice and has continued to benefit from the work across the People directorate with adults to:

- Develop and consult on new multi-agency protocols, policies and procedures on specific safeguarding issues or in response to Serious Case Review findings.
- Ensure relevant communications to frontline staff.
- Identify any gaps in safeguarding practice that need to be addressed through development of new safeguarding policies/procedures across both the children and adult boards.
- Respond to national and local policy changes and advise the Board of the implications of relevant publications and safeguarding developments.
- Maintain oversights of interagency arrangements to protect young people who are vulnerable/exposed to risk of harm through multiple vulnerabilities and complex abuse (MVCA). Receive reports from the Missing and MVCA Forum. Report on specific areas of unmet need to advise the Board of potential and necessary resources/services to meet these needs.
- Strengthen engagement of young people with the Board through maintenance of links with relevant forums, such as the Care 4 Us Council, to secure the voice of the young person.
- Continue to promote better awareness of the impact of adult mental health, learning difficulties, substance misuse and domestic abuse (Toxic trio).
- Ensure that work relating to anti bullying policies and strategies reflects a zero tolerance approach and ensures that any hate or harassment related behaviour is appropriately recorded and responded to.

Development of new policies and procedures

The Board's web enabled policies and procedures were revised and updated in September 2016 and March 2017. In response to identified needs or recommendations from SCRs/learning events, the Board approved the following new policies and procedures, developed with multi-agency consultation:

- Missing from Home or Care and Runaways - Multi-agency protocol - April 2017
- Revised arrangements and TOR for the weekly overview of cases involving children missing from home, education and care
- Developed missing and MVCA oversight arrangements through the development of CSE Forum to include children at risk of MVCA or missing
- Anti Bullying Policy - Task & Finish Group has been established to strengthen links with schools to report incidents of hate and harassment, to update policy in summer 2017
- Developed a new Sexual Harmful Behaviour policy and procedure underpinned by specialist training and delivery
- Re-written and developed a combined FGM /Honour Based Abuse/ Forced Marriage – to ensure consistency across both children and adult boards

Serious Case Review Sub-committee

The Serious Case Review (SCR) sub- committee has members from a range of partner organisations including Children Social Care, Health, the Police and the voluntary sector. It is chaired by the Independent Chair of the BSCB.

Serious Case Reviews are commissioned in circumstances which are detailed in the Department for Education guidance document 'Working Together'

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf

It defines a Serious Case as one where:

(a) Abuse or neglect of a child is known or suspected; and
(b) Either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

The sub-committee monitors and drives the progress of actions that have arisen from SCRs and Learning Events. An Independent Author is commissioned for all SCRs and Learning Events to ensure that Barnsley benefits from the reports being prepared by someone who has had no involvement in the case and is not employed by any of the agencies that work to safeguard children in Barnsley.
The information and findings from SCRs and Learning Events are used to ensure that we continue to improve practice in Barnsley to Safeguard Children and Young People.

It has also examined SCR reports from other areas with a view to identifying and implementing any transferable lessons for Barnsley. We have also been able to use information collated, by the NSPCC, from Serious Case Reviews elsewhere in the country to provide check sheets for some of the agencies represented on the board so that they can ensure they are addressing the issues identified.
During 2016/17 no new Serious Case Reviews were commissioned and none were published. At the time of writing this report there is one Serious Case Review that is awaiting publication but cannot be published until a Coroner's Inquest has been held.
During 2016/17 one action plan, arising from a Learning the Lessons review, was monitored to completion and sign off by the full BSCB. The primary learning point from this review was around the discharge procedure from the Paediatric Unit of Barnsley Hospital. The relevant procedures were changed and compliance with the revised procedure has been monitored through case audits.

Serious Case Review Panel

The Serious Case Review Panel is convened to bring together agencies where there is a case to be considered to establish whether or not it meets the criteria for a Serious Case Review to be commissioned.
During 2016/17, the SCR Panel did not meet to consider any new cases as there were no cases that had the potential to meet the criteria for a Serious Case Review. The panel did meet to assist in the enquiry into the ongoing Serious Case Review which will be concluded later this year (2017).

Child Death Overview Panel

Following the death of Victoria Climbé in 2000, national guidance was produced in the form of Working Together to Safeguard Children. This Guidance states that that all agencies who have a responsibility towards children should work together to look at ways to keep children safe. This led to the formation of Child Death Overview Panels (CDOPs) who are accountable to the Local Safeguarding Children Boards.

The child death review process is not about apportioning blame but aims to learn lessons in order to improve the health, safety and wellbeing of children and to seek to reduce the number of deaths.

Compared to national data, Barnsley has relatively few child deaths. However, the circumstances surrounding the death of each child are considered on an individual basis in order that any modifiable factors identified may form the basis of recommendations to the Barnsley Safeguarding Children Board (BSCB). Consideration is given to how local services can work together to mitigate future harm to children and young people. The findings from all child deaths inform local strategic planning, including the local Joint Strategic Needs Assessment, on how to best safeguard and promote the welfare of children and young people in Barnsley.

The Graphs referred to in the following report are to be found at **Appendix 3**

Number of child deaths notified

From 1 April 2016 to 31 March 2017 there were 10 deaths notified to Barnsley CDOP.

Figure 1
Shows the number of Barnsley child deaths by year, 2008-09 to 2016-17
Figure 2
Shows the number of these that were expected and unexpected
Figure 3
Illustrates the number of deaths by month
Figure 4
Shows the breakdown of child deaths reviewed by CDOP by age over the period 2008-09 to 2016-17
Figure 5
Shows the percentage of child deaths reviewed by cause category over the period 2008-09 to 2016-17 (this does not include the cases that have not yet been reviewed)

Cases Reviewed

The panel met 4 times (quarterly) and 14 reviews were completed during the April 2016 - March 2017 reporting period. Due to the small numbers of deaths that occur each year in Barnsley, identifying trends and patterns is difficult. However, we are currently working with the South Yorkshire region to enable us to identify trends and patterns regionally and co-ordinate actions. Additionally analysis has been undertaken of the child death information held on the CDOP database over the period 2008/09 to 2016/17 to provide a picture of what is happening over a longer time period.

The findings show that the pattern of child deaths seen locally reflect those identified in national findings with approximately a third of deaths being associated with premature birth.

Progress against recommendations

In accordance with the previous year's proposed service developments, the following have been successfully completed:

- Participation with South Yorkshire CDOPs in a peer audit review around decision making for modifiable factors.

In addition to the above:

- A training session relating to the CDOP procedures was delivered specifically to Public Health Officers to ensure business continuity; this provided an understanding of the CDOP procedure and what actions are required in the event of receiving a notification.

Recommendations for 2017-18

The National Wood Review of the role and functions of Local Safeguarding Children's Boards made a number of recommendations for Child Death Overview Panels; as a result the statutory basis of Child Death Overview Panels is changing with responsibility passing from the Department for Education (DfE) to the Department of Health (DH). NHS England and DH are preparing new statutory guidance for child death reviews, when published we will review local arrangements as required.

Further references

Barnsley Joint Strategic Needs Assessment:
https://www.barnsley.gov.uk/services/public-health/joint-strategic-needs-assessment-jsna

Working Together to Safeguard Children, 2015:
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Wood report: Review of the role and functions of local safeguarding children boards 2016:

https://www.gov.uk/government/publications/wood-review-of-local-safeguarding-children-boards

Workforce Management and Development Sub Committee

The Workforce Management and Development Sub-Committee's remit is to oversee and manage the planning, design, delivery and evaluation of Barnsley Safeguarding Children Board (BSCB) multi-agency safeguarding children training, within the wider context of workforce development, including training relating to adults at risk. To ensure that all training in safeguarding and promoting the welfare of children and adults at risk, creates an ethos of working collaboratively with others, respects diversity (including culture, race and disability) upholds equality, is child/ adult at risk centred and promotes the participation of children and families in safeguarding processes. To ensure that all partner agencies of the BSCB can evidence compliance with Chapter 3 requirements of Working Together to Safeguard Children 2015. The Sub-committee also oversee local standards for safer recruitment, retention and supervision of those working with children (in conjunction with Adult Services and the Section 11 Audit). Links are maintained with other BSCB Sub - Committees in order to inform safeguarding policies, procedures and practice developments and ensure the voice of the child is demonstrated to inform training and recruitment.

During 2016-2017 there has been continued high demand for multi-agency training, an extensive programme of training, lunchtime seminars and events were attended by a total of 2319 practitioners from across partner agencies. Attendance at training is prioritised by agencies despite budget cuts and a reduction in staff numbers, this is an excellent example of partnership working and learning together.

There are strong links with the adult workforce training and efforts are made to take a whole family approach to safeguarding training.

The training programme has been developed and delivered in response to statutory requirements, local and national Serious Case Reviews, current research, report findings and local audits.

The need to provide early help, remain alert to child sexual exploitation, neglect and the recognition of how the co-existence of key issues such as domestic abuse, parental mental illness and parental substance misuse can significantly contribute to the abuse and neglect of children has remained a priority for 2016-2017.

In addition to the variety of multi-agency courses and popular lunchtime seminars, further new topics have been added to the programme.

These include:-

- More Than Just Attention Seeking? Responding to Self-Harm in Young People
- Awareness Raising of the Safeguarding Adult Process
- Understanding Multi-Systemic Therapy
- Sudden Unexpected Infant Death – How You and Your Agency Can Help To Reduce This
- Communicating Effectively with Children – Hearing the Voice of the Child
- Neglect Awareness Workshops
- Engaging Families and Young People in Interventions
- Understanding the Toxic Trio and the Impact on Children
- Recognising and Responding to Harmful Sexual Behaviour and the Brook Traffic Light Tool
- Recovery Awareness Workshop

* An extensive programme of E-learning is also available.

Contribution from partner agencies

Many of the courses benefit from partner agency colleagues co-delivering training with the Multi-Agency Trainer or sole delivery, this and the use of free venues, helps to gain maximum benefit from the training budget. Partners that help deliver training are: Barnsley Hospital NHS Foundation trust, Barnsley College, Child and Adolescent Mental Health Service (CAMHS), Independent Domestic Abuse Service (IDAS), Lifeline, Targeted Youth Support and South Yorkshire Police.

Key achievements

The sub committee agreed to undertake a piece of work on behalf of the Children and Young People's Trust Executive Group with the aim to improve the children's workforce skills to deliver quality services to children and young people:

- Induction programmes for all agencies were reviewed and refined to ensure that the purpose, vision and strategic priorities of Barnsley Children and Young People's Trust are clearly defined and that common core skills, attitudes and behaviours for the children's workforce are clearly outlined.
- A vision and strategic priorities leaflet was developed to be used by all agencies as part of staff induction.
- Children and young people have a voice and input into the recruitment to key posts within the children's workforce.

The Safeguarding Children Board training Policy and Course Attendance confirmation letter were both reviewed and updated to ensure that agencies are charged for staff that book a course then do not attend and for staff leaving the course after a few hours (unless an emergency arises). Also the policy outlines the charging system for agencies that do not contribute to the safeguarding Children Board budget. Hopefully this will generate income that can be used to fund future courses.

Early years settings safeguarding audits (similar to a section 11 audit) commenced reporting into the BSCB although this is not a requirement it is viewed as good practice by Board members.

An audit was undertaken to evidence the impact of safeguarding children training.

A full day conference on the Toxic Trio and Neglect was held 13 October 2016, which was oversubscribed. The conference is being repeated in July 2017.

Evaluation of multi-agency training

All training is evaluated by participants following each course and courses amended accordingly as required.

It is important that BSCB can demonstrate that the Safeguarding Children training it provides is improving the outcomes for children. A variety of methods are employed across agencies to evidence this via Professional Development Review's, Supervision and audits, this evidence is tested using the Section 11 audit challenge meeting.

Future Plans

To repeat the audit to demonstrate that training impacts on the practitioners safeguarding practice and improves outcomes for children.

Develop storyboards detailing anonymised cases to evidence good outcomes for children as a result of staff attending Safeguarding Children training.

The second presentation of the Toxic Trio Conference will take place on the 7th July 2017 at The Core in Barnsley.

Children with Disabilities and Complex Health Needs Sub- Committee

The remit of this sub committee is to provide multi-agency oversight and assurance in relation to the arrangements for safeguarding children and young people with disabilities and complex needs in the borough. To drive the continuous improvement of safeguarding services for this group of children and provide effective multi-agency representation and collaboration for this purpose.

Work undertaken:

- Terms of Reference Reviewed and Agenda Setting
- Multi Agency Themed Audits have been established
- Definition of 'Disabled' for the purposes of this sub group agreed
- Reviewed the Safeguarding Disabled Children in England Report to strengthen safeguarding arrangements for this group.
- The Sub group regularly reviews the data from the Disabled Children's Team against the whole data for Children's Social Care and this has supported action to increase the number of section 47's and CP plans for this vulnerable group of children and young people.

Partner agency contributions to safeguarding

The Board values the contributions of all partner agencies in promoting and monitoring the effectiveness of safeguarding in the area. An effective Board requires all partner agencies to participate fully, engage in the Board's business and transfer the safeguarding ideology into their own sphere of activity.

Children and Family Social Care (BMBC)

Children's social care works closely with partner agencies to ensure appropriate measures are in place to safeguard children and young people. We recognise that by working together we are a stronger force for improving outcomes for children young people and families. A key focus of our work is ensuring that children and families are appropriately helped and protected at the right time by the right agency thus avoiding drift and delay which can be harmful to children and young people. The importance of working together cannot be overstated and to that aim we are committed to developing, building and maintaining relationships.

Barnsley Hospital NHS Foundation Trust (BHNFT)

BHNFT continues to meet the requirements of an ever challenging safeguarding agenda. The Safeguarding Team supports staff through the provision of training, supervision and by offering advice and support. Practice is underpinned by appropriate policies/guidance and an audit programme is in place to ensure adherence to standards. The Trust has a combined adult and children safeguarding steering group. This has appropriate membership from across the Trust and oversees the work and governance of safeguarding. The Safeguarding Team are active members of the Safeguarding Board, its subgroups and various work streams.

NHS Barnsley Clinical Commissioning Group

In addition to safeguarding requirements incorporated into closely monitored contracts with health care providers, the Designated Nurse for Safeguarding Children, the Designated Nurse for Adults and the Named Doctor have developed a Safeguarding Vulnerable People Section 11 Audit to inform the forth coming 'safeguarding stock take' of primary care.

The issue of children failing to attend health appointments has featured in national and local child deaths and remains of concern to the Safeguarding Board. Steps have been taken to address this issue and the Board has received assurance that health providers are monitoring failure to attend medical appointments and poor engagement with services more effectively to assess risk to children.

We have a Commissioning Strategy which includes meeting the needs of children and young people in Barnsley and reflects our vision and values which are fair and equitable access to reduce known inequalities. Furthermore as part of the Executive Commissioning Group for the Children and Young People Trust we are committed to partnership working to achieve the Trust's aims e.g. we are leading on developing the offer for emotional wellbeing

South West Yorkshire Partnership Foundation Trust (SWYPFT)

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) covers four local authorities and eight Safeguarding Boards, both children and adults, across the region.

The strength within this spread is that the learning experience and confidence around safeguarding can be shared across the service for the benefit of children, young people and their carers.
Services provided for children in Barnsley include, speech and language, physiotherapy, occupational therapy, vaccination and immunisation, audiology, epilepsy, health integration team, children's disability, child and adolescent mental health services and early intervention in psychosis for young people from age 14.

The teams also promote the think family agenda, as was identified by the Care Quality Commission (CQC) 2016/2017 inspection, and offer services across health and wellbeing and mental health. The recent CQC Inspection rated the Trust as 'Good' and identified that comprehensive governance systems remained in place to safeguarding adults and children. Additionally, the CQC found that staff had good knowledge of how to identify safeguarding concerns and the procedures to follow.

Key achievements last year have been:

- The Safeguarding team have been an active member of the Safeguarding Board, its subgroups and various work streams
- Successful and supported transfer of the 0-19 service during the financial year
- The service has met the Section 11 challenge and continues to strive towards demonstrating improved outcomes for children and young people who have contact with SWYPFT services
- A proactive response which seeks to offer an extensive programme of training for all staff groups as identified within the RCPCH Intercollegiate Document (2014). The Trust has continuously achieved above the mandatory 80% requirement for safeguarding children training. Additionally, Child Sexual Exploitation (CSE), Domestic Abuse and Neglect training has been delivered to the Barnsley BDU and staff attendance at the BSCB multi-agency training has been encouraged
- The CQC have rated the organisation as 'Good' and have made particular reference to the robust safeguarding arrangement in place

SWYPFT provides the following messages to its staff in relation to safeguarding:

- Assessment should be thorough and utilise all information available; systematic risk assessment should look at all aspects of the child's journey and adults involved in the delivery of care. The wishes, feelings and the voice of the child need to be heard throughout our assessments and interventions.
- To be aware of the importance of Early Help Assessments and the instrumental role for health as the lead professional where appropriate within this arena
- The rule of optimism should be understood by all staff and objective assessment of the facts should take place taking account if all interrelated dynamics, a holistic picture, always ask is the child safe and healthy
- Compliance with supervision supports staff to develop professional resilience and is instrumental in improving outcomes for children and young people
- Non-attendance at appointments should always be assertively challenged and risk-assessed
- Children should not be invisible
- Be professionally curious, always. Be observant and ask key questions, if unsure seek advice from the line manager, safeguarding children link professional, safeguarding team or supervisor
- Share information – understand the NHS code of confidentiality and when it is important to share information
- Good record keeping is essential to facilitate high quality care
- Families can be vulnerable – Think Family

South Yorkshire Police

Protecting Vulnerable People is a priority within the Police and Crime Plan 2013/2017. The Barnsley located Police Public Protection Units fall under the central control of Specialist Crime Services, reporting to an Assistant Chief Constable who holds responsibility for all areas of Protecting Vulnerable People.

However, the provision of services in terms of safeguarding children is locally delivered, with strong ties to the Barnsley district command who has responsibility for local children's safeguarding.

In recognition of the importance of effective, locally based partnership working, the force is disbanding the Central Referral Unit and introducing Multi-Agency Safeguarding Hubs. The Barnsley M.A.S.H. is based within Barnsley District and incorporates partners from Police, Social Care and Health, working together to safeguard children. This means that all child protection referrals will be received and actioned by a dedicated team of professionals within the M.A.S.H., who are also able to progress joint investigations and ensure services required by children and families are signposted to the relevant partner agency without delay.

Over the last year, Barnsley PPU has gradually increased in size as a result of increased funding provision from the Police and Crime Commissioner. The team now has additional staff across all areas, with increased capacity available for child abuse and child sexual exploitation investigations. In Barnsley there is also a new team dedicated to vulnerable adult investigations, which includes all high-risk domestic abuse cases. It is acknowledged that the impact on children living in families where domestic abuse features can be immense and negatively affect a child's quality of life. This team has strong links to child protection colleagues and partners within the M.A.S.H., which means that the risk to any children is identified and managed at the earliest opportunity.

This strengthened approach to partnership working in Barnsley will enable a more timely and effective response to safeguarding which will provide greater reassurance to victims and families.

Barnsley College

Barnsley College is committed to safeguarding the total college community, including learners, staff and visitors. In 2016 - 17, the College continued to embed safeguarding across all College activity by:

- A robust safeguarding structure led by the Assistant Principal (Access to Learning), operationally led by the Head of ALS, Counselling & Safeguarding. The College continues to provide dedicated frontline support through the work of the Safeguarding Team Leader, Safeguarding Officer, Safeguarding Advisors and Departmental Safeguarding Representatives. These staff provide a range of advice, guidance and safeguarding support to learners, staff and visitors
- Linking up with secondary schools and other key agencies to support the transition of learners into College
- CPD for staff to improve skills and knowledge and excellent partnership working arrangements, so the workforce is able to safeguard the college community. College delivers safeguarding awareness training in-house so that the training can be tailored towards how best to safeguard the College community

The college will continue with its approach to embedding safeguarding throughout College activity in 2017 - 18, with a particular focus on:

- further CPD for staff, in particular in key safeguarding roles, leading to a recognised safeguarding qualification
- reviewing and refreshing the College's safeguarding policy to ensure that it reflects recent legislative and statutory guidance updates
- ensuring that the Prevent agenda is fully embedded into College policies and procedures and that staff are suitably trained to meet their statutory duties.

Berneslai Homes

Berneslai Homes' primary contribution to Safeguarding is via its established Vulnerability Strategy: 'Something Doesn't Look Right'. Through this approach, they provide practical support and interventions to address identified issues to prevent progression to other services for example social care or the police. Their strategy aims to ensure the early intervention of risks during routine visits to thousands of homes within the Borough, at the start of tenancies and at various times throughout them. For example, they are able to provide practical support, make referrals to other appropriate support providers and carry out housing application assessments as part of their response to the early identification and intervention with tenants in need.

Berneslai Homes continues to undertake proactive visits to Council properties specifically to identify any support or vulnerability issues early.

During the last year they carried out over 4, 500 support visits, with nearly 2,500 resulting in supportive interventions. This included a number of cases where there were safeguarding concerns around the safety of children and adults. During the year we have also continued to visit vulnerable individuals affected through Universal Credit although this is still to be fully rolled out across the borough and we continue to support those affected by welfare reform.

Berneslai Homes Family Intervention Service (FIS) provides cross tenure family support and interventions to families across the Borough, often with multiple and complex needs. The FIS continues to make significant progress in achieving positive outcomes for families under the Troubled Families Programme; supporting over 270 families ranging from those requiring early intervention to those requiring intensive support during the last year.

The primary aim of this work is to secure and sustain clear behavioural change, thus reducing the effect of a family on the surrounding community. Positive changes are evidenced through reduced antisocial behaviour and criminality, addressing worklessness and improving progress to work, and improved opportunities for children through better school attendance. Families are allocated dedicated keyworkers, delivering an evidence based approach of early intervention/prevention, non-negotiable support and enforcement in order to provide families with a positive incentive to change.

Progress on key priorities and achievements in 2016-2017

Last year's key priorities relating to the coordination of local safeguarding activity and promotion of children's welfare are set out below, with commentary on the extent to which they were achieved. More detail and examples of specific activities relating to each priority is contained in the sections of this report which outline the work of the subcommittees throughout the year.

Continue to promote activities to mitigate the risks to children arising from neglect, domestic abuse, adult mental health, substance misuse and digital technology

These areas of safeguarding are progressed by the PPPD Sub-Committee by monitoring emerging trends and ensuring partners are supported with updated policies and procedures to help keep sight of the changing child protection landscape. It is important to maintain oversight of all these vital areas, together with other emerging themes such as bullying, and promoting activities to mitigate the risks.

Maintaining a strong commitment to continuous improvement and challenge through oversight and taking forward relevant actions from the Continuous Service Improvement Plan

The board has maintained oversight of activity under the Improvement Programme through regular updates, Section 11 interviews, individual reports on particular areas of concern, and evidence from specific audit activity. The board has sought to encourage more open challenge during debates in order to secure service improvement and embraces its role in monitoring the Continuous Service Improvement Plan under the direction of the Executive Director for People.

Oversight of Children who are Missing from Home, Care and Education

A weekly Multiagency meeting has been developed since the new CSE arrangements came into place to ensure there is scrutiny of all the episodes and circumstances where a child is reported as being missing to the police.

This is chaired by the Service Manager, Safeguarding and attended by the Police, Missing from Home Co-ordinator, Targeted Youth/Early Help and Youth Offending Team representative, Education Welfare Service, CSE Social Worker and LAC health colleague.

The purpose of the meeting is to ensure the effectiveness and robustness of response to any child who is reported as missing, to prevent any further missing episode and ensure that the South Yorkshire Missing Protocol and Safeguarding Procedures are being followed and to alert and escalate cases inappropriate.
The group track each case and will identify any emerging themes and feedback to the CSE Strategic Group, Corporate Parenting Panel and Children at high risk of Multiple Violence and Complex Abuse (MVCA) Panel

The MVCA Panel meeting is chaired by the Head of Service to identify and track the most challenging Child Protection/LAC cases. This allows for the development of a central list and tracking process that can ensure a focus and effort into ensuring that high risk and complex cases are identified and considered to strengthen safeguarding arrangements for those children who are often placed from out of the area.

This group reports into the CSE Strategic Group, Corporate Parenting Panel and Senior Safeguarding leadership group.

Accelerate joint working arrangements with the Barnsley Safeguarding Adults Board where this could be mutually beneficial

The Safeguarding Adults Board is represented on the BSCB and its sub-committees to facilitate joined up working around those issues that both affect adults, but also impact on children. The focus on joint practice needs to be maintained in order to ensure a whole family approach to policy, practice and assessment around issues to do with, for example, HBV, FM, Domestic Abuse and Harmful Sexual Behaviour.

Continue to develop and refine our Performance Management Framework

The board is able to secure systematic reporting of valid and useful KPIs, with sufficient contextual analysis to understand and identify improved performance across all partner organisations.

Address the increasingly high profile risk relating to Child Sexual Exploitation, (CSE) in conjunction with relevant partners

The current problem profile for CSE supports the position that there is little evidence of organised CSE criminality in Barnsley; this is not to say that we do not remain alert to the possibility and monitor trends and events. Trends continue to be monitored and managed through partnership working.
A further profile is currently being produced to inform future delivery and response to CSE and child abuse.

A full children's integrated front door and MASH has been introduced which houses the multi-agency CSE team ensuring effective information sharing, multiagency investigations, safeguarding and support.

Work continues with the private sector to raise awareness of CSE.

The multiple vulnerability and complex abuse group continues to monitor those cases where the risk is highest whether it be due to CSE or wider vulnerability. This group ensures appropriate intervention across the agencies and reports to the CSE sub group.
Regular Deep Dive Audits are undertaken in relation to CSE investigations.

Ongoing training specific to CSE continues to be delivered.

Funding continues to provide therapeutic support to those who have been subject to CSE.

Work has been undertaken to introduce an assessment tool to consider those posing a risk in relation to CSE and to ensure appropriate interventions and activity to prevent harm and prosecute offenders.

Going Forward:

- Continue to work as a partnership to support victims reporting CSE and to pursue and prosecute offenders.
- Undertake a review of the problem profile to ensure that the CSE picture is up to date to ensure appropriate response and allow for planned preventative work.
- Continue to work with the private sector to raise awareness of CSE.
- Improve links with minority ethnic communities to raise awareness of CSE.

Integrated working with partners

Integrated and partnership working is a particular local strength and all the individual partner agency contributions to safeguarding are valued. The Board maintains links with partners and contributes to local initiatives on a variety of safeguarding themes, through representation on a range of multi-agency working groups.

Early Help and Early Years

The emphasis of the work undertaken by the board and partners continues to move towards effective early intervention and prevention. Early Help services in Barnsley form part of the continuum of help and support to respond to the different levels of need of children and families aged 0-25. The way practitioners work together, share information, put the child and family at the centre, move swiftly to provide effective support to help them solve their problems and find solutions at an early stage is at the heart of a strong Early Help approach.

It is recognised that Early Help is everyone's responsibility across the partnership. There is commitment at all levels to work more closely together to build upon what we do for and offer to children and families. The focus of the work over the last period has been to strengthen understanding of the approach across the partnership ensuring that the shift to Early Help is embedded and is sustainable. Barnsley's whole family approach to working with families continues with the further embedding of the implementation of the Early Help approach.

Early help services are co-ordinated and delivered through the Early Start & Families Service and the focus this year has been on:

- Continuing to roll out workforce development through a programme of tiered Early help training for the Children's Workforce.
- Refreshing key documents including the threshold guidance in relation to early help
- Developing other formats to promote the benefits of early help to families and providers e.g. Early Help video
- Developing and strengthening consultation and referral mechanisms with Social Care and other partners

The early years sector has also been supported and challenged by the service to respond to the requirements of the safeguarding audit. This has been strengthened and built into the funding agreement as a contractual requirement for early years funding. This in turn has resulted in a higher than ever before response rate. Key findings are that the childcare sector understand safer recruitment and have single central records in place; have a Designated Safeguarding Lead Officer who has recently accessed specifically designed early years and childcare sector safeguarding training and are also aware of the multi agency safeguarding training available through the Safeguarding Board; have procedures in place for staff to disclose their association with others who may not be suitable to have access to children, and have procedures in place to monitor employee medication changes .

Focus on priorities

Each year, the board reviews its current Business Plan to identify success in achieving objectives and identify new priorities for next year. The BSCB Chair and the Sub Committee Chairs meet before each meeting of the Safeguarding Board, to review progress and ensure that workload is managed and implemented effectively. These meetings also consider emerging issues of interest or concern in light of the board's priorities.

When testing effectiveness the BSCB draws on both performance data and quality assurance activity that examines in detail the quality and effectiveness of front line practice ensuring a 'line of sight' to practice at the front line. All board members and specialist advisors have a strategic safeguarding role in relation to their own agencies. Accountability to local communities is promoted through the two lay representatives.

The BSCB provides a forum to hold partners to account and test effectiveness of multi-agency working to safeguard children. The BSCB 'holds the ring' on challenging performance providing a forum for partners to challenge across the piece.

Effective partnership working and relationships with strategic partners

The board's functions and responsibilities complement those of the Children and Young People's Trust and provide for leadership and ownership of safeguarding at all levels in the council and partners.

The Children and Young People's Trust, chaired by the Executive Director for People, secures the cooperation of partners to strategically plan and align service commissioning to improve children's outcomes. These arrangements encompass all strategic partners, with a focus on working together to improve the wellbeing, life chances and outcomes of every local child.

The BSCB refers to the Children and Young People's Trust matters that have commissioning implications. The chair of the BSCB escalates matters to the governance structures of partners and / or the Health and Well-Being Board where it is considered that agencies are failing to discharge responsibilities under 'Working Together' (2015).

Our high aspirations for children and young people, relating to their ability to secure optimum health, safety, educational attainment and contribution to their communities, recognises that families need support across the whole spectrum of services, including social care, education, health, police, voluntary organisations, safeguarding and other stakeholders.

Responsibility for establishing a secure continuous service improvement approach for children, young people and families rests with the Children and Young People's Trust and the BSCB.

The shared ambition of the Barnsley Children and Young People's Trust and BSCB is to go beyond Ofsted's judgement of 'requires improvement' and to deliver the best possible outcomes for local children, young people and families. This means collectively working together to deliver services which are judged to be at least good. In order to achieve this ambition services for children, young people and families will use the Continuous Service Improvement Framework.

The framework is made up of a number of dynamic elements. It is understood that it is the people (officers, elected members, non–executive officer, independent chairs) operating at different levels with different functions in their organisations who will make the children's system work effectively. This requires everyone operating within the system to discharge their responsibilities effectively and to be held to account.

These elements include:

- The Children and Young People's Trust
- The Safeguarding Children Board
- Elected Member led challenge
- A Continuous Service Improvement Officers Group
- A Continuous Service Improvement Plan
- External Review and Challenge
- Culture of Respectful Challenge
- The Voice of the child
- Joint review of the framework.

At the annual joint meeting of the BSCB and the Children and Young People's Trust Executive Group (CYP TEG) held on 18 November 2016 key areas for discussion included: An understanding of the responsibility of both boards; the Continuous Service Improvement Plan; the combined risk register; further consideration of the ways in which both boards could work more effectively together in future to achieve improved outcomes, and enabled shared priorities.

The group identified the following key areas for joint development and focus:

- Keeping the needs of children at the centre of all activities.
- Keeping children safe.
- Early Help
- Improving Education, Achievement and Employability
- Tackling Child Poverty and Improving Family Life
- Membership roles and responsibilities
- Supporting all children, young people and families to make healthy lifestyle choices
- Encouraging positive relationships and strengthening emotional health
- Improving staff skills to deliver quality services

The Children and Young People's Trust Children and Young People's Plan 2016 – 19 continues to recognise the nature and value of its relationship with the BSCB through its three main safeguarding priorities:

- Improving the safety of children by developing the engagement and focus of all partners via the BSCB.
- Increasing confidence and understanding of referral processes and thresholds
- Developing data use, information and quality assurance.

During the year, these priorities were progressed as the BSCB continued to hold individual agencies to account in discharging their responsibilities to keep children safe.

The Children and Young People's Trust and partners identify the following as continuing priorities:

- maintain oversight of and take forward actions from the Continuous Service Improvement Plan relevant to the BSCB
- To continue to improve performance management and quality assurance systems to ensure robust and continuous service improvement, supported by workforce development programmes to secure safe practice.
- Ensure that the board maintains a comprehensive overview of the work of partner agencies involved with safeguarding, including the voluntary sector.
- Ensure the implementation of actions within the Child Sexual Exploitation Strategy.
- Ensure all board members are up-to-date with changes in policies, guidance and practice to provide strategic direction and scrutiny of core safeguarding and child protection processes and data, and provide effective challenge.

These were addressed as major priorities in the BSCB Business Plan 2016 - 17 and will continue to be in the BSCB Business Plan 2017 - 18.

Safeguarding vulnerable children and young people

Children in Care

The Barnsley Safeguarding Children Board's oversight of children and young people in care is maintained through membership of the Care4Us Council and receipt of individual reports, including the Children in Care KPI Scorecard. The Care4UsCouncil, which comprises of young people in care, board members and relevant council officers, meets regularly to address issues which are important to this group. During 2016-17, the council, led and chaired by young people:

- A new Full time dedicated Participation Worker was employed on 1st April 2016 to drive the CICC forward and work with Care Leavers. This post enables, develops and delivers a participation service. It furthers the work of the children in care council to ensure it continues to impact on service design and delivery within the Local Authority, especially Corporate Parenting. It enables time to work directly with children, young people and care leavers to empower them to share their views and build resilience and to improve outcomes for these children more effectively.

- Children in Care took part in take over Challenge and were awarded 'silver' commendation from the Children's Commissioners Office. This was a great success and is a yearly event.
- The Pledge has been revised through consultation and now used within the Review process by the IRO's. The Participation worker has sent a copy to all LAC placed out of the Local Authority and also taken some out personally to meet the Young People. The Participation Worker will also take a copy of the Pledge out to Children who become Looked After when aged 10 or above when appropriate.
- Apprentices at Council have been very successful securing 2 young people's places to continue for a further period of time.
- CICC are attended the Yorkshire & Humber Children's Social Work Matters Conference. The conference celebrates and promotes good social work practice. Some of the Young People participated in some one minute film clip interviews to talk about their positive care experiences.
- LAC attended a Summer School at Sheffield University as part as the Go Further, Go Higher campaign looking at LAW to raise aspirations to further their education and give them a different experience other than school.
- Care Leavers have produced a White Goods Catalogue to help with independence and provides information of were to go for the best priced essential items when moving into their own property and contact details of services they may need.

Health of Children in Care

Work is continuing to build on the substantial improvements already achieved in terms of performance and health outcomes for children in care. Data collection and audits of LAC health assessments show that 96.6% of review health assessments are completed within timescale and 100% of LAC have access to dental care. This is better than our statistical neighbours and the national average. 99.2% have up to date vaccination status which is excellent but at present there is no data available for comparison. The Timeliness of Initial health assessments has improved month on month since the appointment of a new Designated Doctor for Looked after Children.

The delays are usually as a result of a delay in notification from an outside placing authority when a child is placed in by a Local Authority outside Barnsley. To improve notification quarterly meetings are held with Private providers and this has improved notification of Children in Care placed in Barnsley by outside authorities. The Clinical Commissioning Group (CCG) has also written to every CCG in the country requesting that they encourage notification of children placed in Barnsley.

Children and young people in care in Barnsley receive consensual and holistic health assessments. Assessments are carried out at times and in venues that minimise disruption to the child and their education. All our children in care have excellent access to and use primary care to promote their health and development. Older children and young people are given the opportunity to be seen alone, this has recently been identified as key to empowering LAC to speak freely and honestly about their health and care.

There is a monthly meeting between the Designated Doctor and Service Managers for Children in Care to ensure actions related to the health of Children in Care are implemented. This includes the need to improve waiting times for the Children and Adolescent Mental Health Service (CAMHS) for Children in Care and that the improvement in timescales for health assessments and dental checks are maintained.

The Health and Wellbeing of Children in Care and Care Leavers Steering Group, reporting to the CCG Quality and Patient Safety meeting, meets every six weeks to identify service improvements to address the health needs of this group and to ensure ongoing improvement. In addition to this CQC made some recommendations that would improve practice and lessons were learned from a serious case review.

Together all these are or have:

- Ensured that the completion and use of Strengths and Difficulties Questionnaires (SDQ) continue to be embedded into practice and inform a wider assessment of emotional health and wellbeing.
- Prompted the Designated and Named Nurse for LAC to provide revised training to health professionals undertaking health assessments to further increase awareness of the health needs of LAC and quality of health assessments.

- Developed a process for gaining consent from young people age 16 years and over to release GP summary records.
- Incorporated processes for ensuring GPs and CAMHS contribute to health assessments.
- Initiated the Named Nurse to undertake live audit of Review Health Assessments of children placed both in and out of Barnsley. This allows for timely challenge of assessments that don't meet the required standard, and feedback to health professionals to support continuous improvement.
- Instigated a process of follow up and monitoring of Barnsley LAC who are placed out of area to ensure their health needs are met by the receiving area.
- Ensured that the CCG have reviewed the Service Specification for Children in Care and Care Leavers, to ensure it remains appropriate in light of new statutory guidance. They have also liaised with Public health to ensure LAC provision is considered within the new commissioning arrangements for 0-19 children's community services.

What difference have these made?

- Better use of the SDQ both within individual health assessments and data collection to identify themes and trends.
- Health professionals that undertake LAC health assessments have received training to support competency requirements recommended in the Looked after Children: Knowledge, skills and competences of health care staff

(Intercollegiate Role Framework March 2015)

- Young people's right to consent or dissent is supported and upheld.
- Information from a wider range of health provision is used to inform health assessments.
- There is closer timely monitoring of health assessments by provider agencies, and any problems are escalated including to the CCG when appropriate.
- Children and young people placed out of Barnsley are not disadvantaged in terms of their health needs.

Continuous Improvement

There is a commitment to constantly challenge and improve practice and services to LAC. Areas of focus for the coming year are:

- Ensure that consideration of ethnicity, faith and identity is incorporated and documented in health assessments.
- Strengthen the voice of LAC and use feedback to influence service improvement.
- Work with LAC to improve information for them regarding health assessments.
- Reinforce the use of existing health screening tools to support and enhance health assessments, particularly in terms of emerging issues such as child sexual exploitation, female genital mutilation and radicalisation.
- Continue to develop systems and processes to ensure significant health information is chronicled and follows the child.

Arrangements for Private Fostering Support in Barnsley

The Board oversees local arrangements to safeguard privately fostered children and young people and monitors the extent to which the local authority undertakes its responsibilities. A private fostering arrangement is one made without the involvement of a local authority for the care of a child under the age of 16 (under 18, if disabled) with someone other than a parent or close relative for 28 days or more. Anyone involved in, or knowing about, such an arrangement must notify the local authority at least six weeks before it begins and the fostering service takes active steps to advertise this responsibility through a range of measures:

- information disseminated via specific information sessions and training
- distribution of an updated Statement on Private Fostering to key stakeholders, including schools, school nurses, health visitors, GPs, children's social care teams, housing and voluntary sector professionals, setting out notification requirements, the local authority's duties and the role of local professional agencies
- distribution of a private fostering flyer to the same stakeholders

Specific awareness raising activity, supported by the board, has continued throughout the year, including local advertising. Information leaflets are available for carers, parents, children and young people and professionals. Leaflets, posters and business cards are displayed in major public buildings and information is available on the board and council websites.

Parents, carers, children and young people can receive advice and support, including training opportunities, from the private fostering social worker.

The requirements on a local authority under private fostering span both child and carer focussed services. The service in Barnsley is currently based with the Fostering Service and the balance is more towards ensuring this is a suitable placement for the child. The needs of the child/young person remain very much to the fore while the suitability of the placement is assessed. However, should the child need more support through services for children in need or children in need of protection the Private Fostering Worker will liaise with Assessment and Safeguarding Services.

The Board funds this publicity as private fostering still remains a priority of the Board. Work to ensure assessments are child-focussed as well as addressing the carer's needs is taking place alongside a focus on involving birth parents more within the process.

Above all assessments need to be timely to ensure children do not drift in unsuitable home conditions or emotionally unsupportive environments. Improvements are being made but this is still work in progress and work will continue around all aspects of private fostering in 2017/18.

Children with disabilities, complex needs and/or special educational needs

The Children with Disabilities and Complex Health service has continued to work with a range of partner agencies, children, young people and the Barnsley Parents and Carers Forum to develop and improve services for children and young people with disabilities and complex health needs.

The key areas of work undertaken during 2016/17 have included:

- Continued review and development of services around short breaks and use of direct payments
- The continued development of Education, Health and Care Plans and the Local Offer outlining all local service.
- The development of a Disability Register
- The extension of person centered planning, transition planning the development of the Autism pathway and Strategy.

Education Welfare Service (EWS)

The Education Welfare Service works in partnership with schools to support and advise on attendance and safeguarding issues. School attendance is tracked, including vulnerable groups such as children in care, children subject to a child protection plan or child in need, those at risk of child sexual exploitation, children who have special educational needs (SEND) and children who are involved or at risk of criminal activity.

The EWS also oversees children missing education (CME) and those whose parents elect to provide education at home (EHE). Since 2014 a central record keeping system has been used which schools complete and return on a half termly basis to the LA. This identifies pupils who are not in full time education provision with a focus on the most vulnerable groups. This became an Ofsted requirement following the publication of "Pupils missing out on education" published in November 2013. The service also contributes to a number of the board's sub-committees and related multi-agency safeguarding forums, including child sexual exploitation and missing forum.

As part of the Education Welfare Service on-going attendance strategies, the service continued to raise the importance of school attendance throughout the summer holiday period. A number of initiatives took place they included;

- Attendance sweeps to parents whose children's attendance was less than the schools attendance target,
- Home visits and contact with families who were open cased to the EWS, identified as vulnerable (needing additional support throughout the summer holidays) or whom required a safe and well visit.
- Year 6 to Year 7 transition
- Monitoring and tracking of children missing education
- Elective home education monitoring
- Visits for pupils without an identified school place in September for both primary and secondary schools
- Support with Springwell Special School summer school

Dealing with allegations against professionals

The Ofsted Inspection Report published on 8 August, 2014, identified that:

"There are very good arrangements in place to make sure that children are protected when allegations of abuse are made against professionals."

This indicates that practice has remained consistently good from the previous inspection findings.

Dealing with allegations against professionals, carers and volunteers

During the period April 2016 to March 2017 the LADO was consulted about 222 matters, compared with 171 during the previous year. This represents an increase of 23% and is in contrast to a decrease of 27% reported for the period April 2015 to March 2016. The previous report noted a need to ensure that the role of the LADO continued to be highlighted at times of staff and organisational changes and the activity during 2016-2017 would seem to provide reassurance that this continues.

Of the 222 issues discussed with the LADO 74 were judged to meet the criteria of indication a risk of harm to children or possible criminal offence committed against or related to a child. This figure is consistent with the previous year, when 73 matters were deemed to meet the criteria.

A significant majority (57%) of concerns related to possible physical assault, including occasions were restraints had been used. This compares with 44% of cases in 2015-16. Allegations of sexual abuse, including historical allegations, made up 22% of the total, a slight decrease from 24% in the previous period. Emotional abuse (15%) and neglect (7%) remain relatively low in number.

As in previous years referrals were made from a wide range of statutory and voluntary agencies, with the education sector (schools and colleges) accounting for 39% of the total, which is comparable to the figure for last year and reflects the proportion of contact between this sector and children and young people. Foster care and residential care combined to account for 28% of referrals.

Records provide evidence that referrals are made promptly and therefore can receive a timely and robust initial response, which in turn ensures that children and young people are protected. Almost half (47%) of cases involved police investigation, whether as a single agency or jointly with Social Care, with other cases being investigated either by management or regulatory bodies. 4 cases have led to criminal charges being brought and a further 4 cases have led to dismissals.

73% of cases had been concluded by 31 March 2017, a small improvement on the 69% reported for the previous year. The outcomes as recorded as follows: 13 cases have been substantiated, 21 were regarded as unsubstantiated, 8 unfounded and 5 malicious. 7 matters originally referred in Barnsley were dealt with either by another authority or another organisation by agreement.

Although the LADO role focuses on children and young people, there is some crossover into the safeguarding of vulnerable adults and a number of instances have been brought to light where parents whose care of their children has been found wanting in some way have been employed in a caring capacity for vulnerable adults. Given the range of care providers within the borough and the projected continuing increase in the elderly population, this is likely to remain an issue requiring attention.

In addition, the LADO monitors and tracks notifications of concerns received from Ofsted and in some cases liaise with schools and other settings to prepare responses to them.

In promoting the role and activity of the LADO as part of wider safeguarding activities, monthly training sessions have been delivered to licensed and prospective taxi drivers as well as a bespoke one-off event for BMBC Transport managers. The LADO continues to contribute to training around Child Protection Conferences and Core Groups, training for new and continuing Designated Safeguarding Leads as well as the termly Designated Safeguarding Leads Forum.

Equality, diversity and participation

The board is strongly committed to promoting equality of opportunity and ensuring that all safeguarding activities take account of the diverse needs of all children and young people in the borough.

Equality objectives for children and young people include:

- providing support to schools and settings to meet their public sector equality duty
- helping schools and settings identify, record and deal with bullying and harassment in schools
- narrowing the gap between different sections of the community, including where different levels of achievement are related to disability, gender, ethnicity or economic background
- challenging the barriers faced by looked after young people
- fulfilling the ‘Pledge’ to children in care.
- meeting the needs of children and young people with special educational needs, learning difficulties, disability and complex health needs
- implementing/reviewing the One Path One Door strategy
- continuing to reduce the number of young people not in education, employment or training and address the needs of specific groups
- undertaking work to improve transition of vulnerable groups, particularly those with learning difficulties

All newly developed strategies, policies and procedures are subject to an equality impact assessment. Active steps taken to facilitate inclusion include the provision of appropriate support for families to enable them to participate fully in child protection conferences and representation of young people's views at the board's sub-committees. Where necessary, specialist support, for example, interpretation and translation services are engaged to support families.

Key points of development within the Continuous Service Improvement Plan for the BSCB are:

- The needs arising out of ethnicity, faith and identity should be consistently considered and reflected within assessments.
- The introduction of systematic use of cultural competence tool
- Review BSCB training to ensure ethnicity, faith and identity are included in all relevant training.
- Monitor impact and outcomes through multi and single agency case file auditing and S11 audit process

Planned future developments and key priorities for 2017 - 18

Barnsley Safeguarding Board's strong commitment to continuous service improvement and addressing the needs of the most vulnerable children and young people is evidenced through the objectives in our 2017 - 18 Business Plan. Future aims and priorities are identified in the context of significant change, nationally and locally, particularly in the light of continuing budgetary pressures. The continuing effectiveness of the Board's work will continue to be subject to close scrutiny. The synergy obtained from strong partnership working remains an essential element of effective safeguarding. The objectives of the Board and sub-committees/groups for the coming year have been determined with multi-agency input and will be subject to regular review throughout the year to measure their achievement and impact.

Oversight and progress of actions from the Continuous Improvement Framework

The Board will assume responsibility for driving forward and monitoring practice to secure mainstreamed continuous service improvement. It will assimilate learning from the Improvement Framework and use it to inform future safeguarding developments through partner agency participation. The Board will also require regularly updated reports of specific case file thematic audit and general audit activity.

Encourage challenge

The Board will seek to strengthen and evidence its own effectiveness through rigorous challenge, participation and engagement. This will include challenge sessions for each refresh of the Section 11 self assessment, encouraging challenge at Board debates, monitoring use of the escalation policy and promoting participation and engagement of stakeholders wherever possible. The Section 11 challenge will also seek evidence that current austerity measures and budget reductions are not having an adverse effect on the ability of partner agencies to fulfil their responsibilities.

Child Sexual Exploitation

Although the Board has an approved strategic approach in relation to CSE there is a need for continuous focus which will include a strategy refresh and procedure update. The development of the Multi-Agency Safeguarding Hub (MASH) will support the early identification and intervention for children at risk of CSE.

Promote understanding on thresholds and monitor pressures on the front door

Continued work to ensure that the thresholds are understood and correctly applied by partner agency staff and that effective use is made of the escalation process in cases where there are concerns about the decision making.
To encourage agencies to ensure that non urgent referrals and contacts into social care are quality assured and discussed with agency safeguarding leads prior to children's social care.
Developments in relation to Early Help and the Early Help Offer are supported and monitored.

Strengthening work with partners

The Board will seek to improve its overview of the work of partner agencies involved with safeguarding children, including the voluntary and community sector and local faith groups through issues reported and escalated by the sub-committees. It will actively seek to strengthen existing links with the VCS and associated groups and continue to explore the benefits of closer co-operation through multi-agency working, building on establishment of the Joint Investigation Team and the MASH.

Performance management and quality assurance

Development of the Board's Performance Management Framework and routine reporting of key indicators has continued to be refined. The Board is able to scrutinise performance in an informed and systematic way and challenge areas where it appears that improvements are required. This approach continues to evolve to ensure the Board receives the necessary information to be assured about the safety and quality of frontline services. Responsibility for regular mainstream scrutiny rests with the PAQA Sub-Committee, who will escalate areas of concern to the Board through exception reporting.

Through oversight of a comprehensive audit programme, the PAQA Sub-Committee continues to scrutinise findings from commissioned single and multi-agency audits to ensure actions are embedded through practice changes. The Board has also agreed to receive themed presentations on performance from partners for challenge at Board meetings. The Board are keen to retain a key focus in relation to CAMHS and monitor improvements within this service.

Developing stronger means of engaging with young people and their families to be clear about how they feel safe in the borough

Securing the voice of children and young people to inform strategic and service planning has developed over the year. There are examples of engagement with young people for specific activities and the Board maintains participative links to the views of young people through membership of the Care4Us Council and the Youth Council which is represented on the Policy, Procedures and Practice Developments Sub-Committee. The Board also holds meetings in schools, and enters into dialogue with young people about their priorities and views on safeguarding.

In 2017 – 18 it is planned for a young person to become a Board member.

Learning from serious case and other reviews to inform practice

Continue to assimilate and act on the learning and improvements derived from Serious Case Reviews, the CDOP, and other learning events in order to improve practice and service delivery. The SCR Sub-Committee will continue to inform local practice through examining findings from SCRs held elsewhere to identify lessons with local resonance for dissemination to agency practitioners.

Member attendance at Safeguarding Children Board meetings in 2016 - 17

From March 2016 until March 2017 there were six ordinary meetings and a joint meeting with the Children's Trust Executive Group (TEG).

The Board maintains regular oversight of attendance to promote regular and consistent participation. Analysis shows that attendance and participation is generally very good, especially by key stakeholder representatives from the local authority, health services, secondary schools, Barnsley College, the police and the voluntary and community sector.

The BSCB Budget 2016 - 17

The Board is funded by contributions from partner agencies, in accordance with a locally agreed formula. The budget breakdown and contributions made by member organisations for the 2016 - 17 year are shown at Appendix 3.

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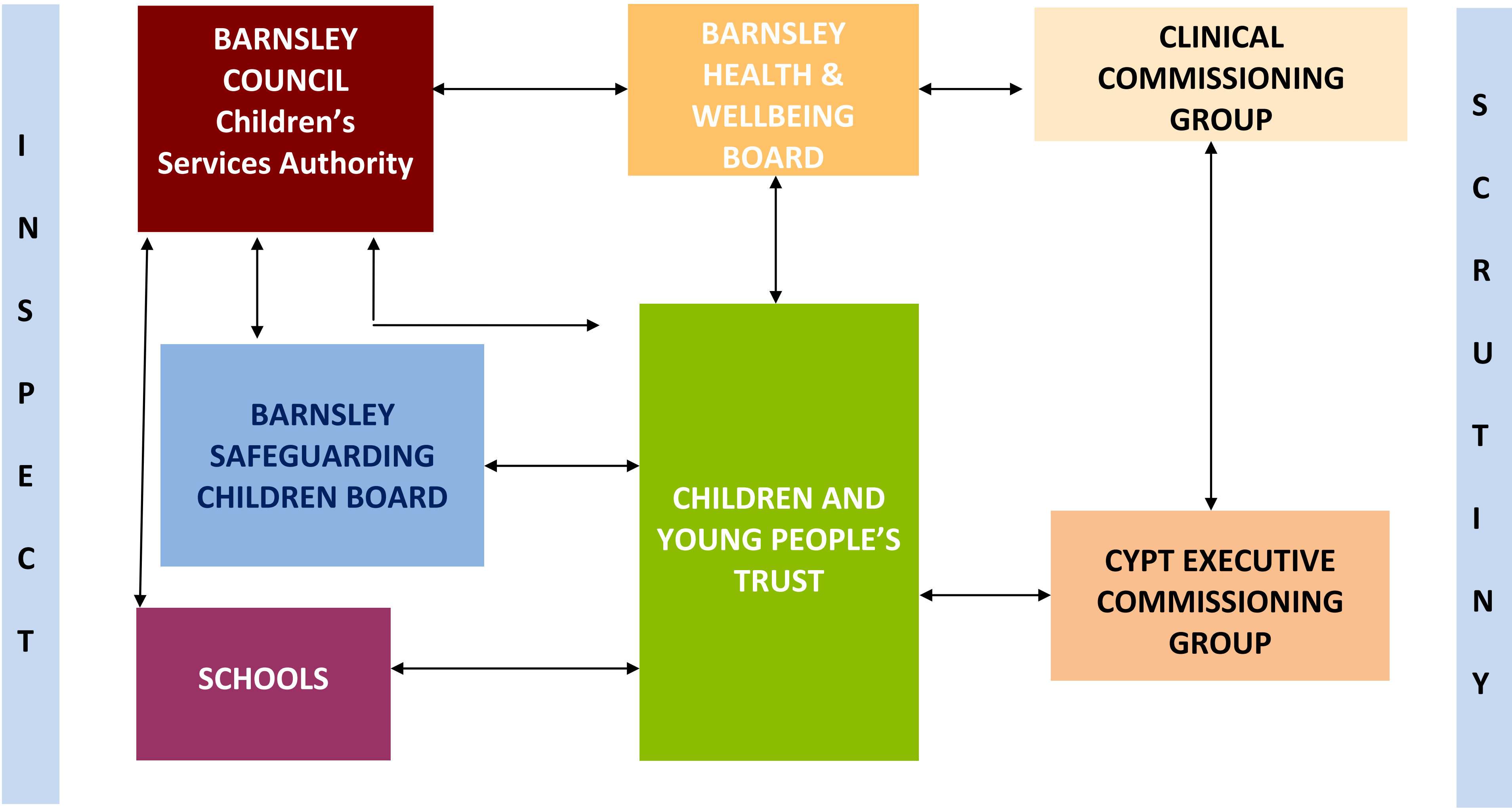
Appendix 1

WORKING TOGETHER PARTNERSHIP GROUPS



BARNSLEY SAFEGUARDING CHILDREN BOARD GOVERNANCE STRUCTURE

Appendix 2

Chairs Meeting

Barnsley Safeguarding Children Board
Chair Bob Dyson

Performance, Audit & Quality Assurance Sub-Committee
Scrutinising performance
Commissioning and receiving audit findings

Chair Mel John-Ross

Workforce Management & Development Sub-Committee
- Multi-agency Training
- Safer Recruitment

Chair Sharon Galvin

Child Death Overview Panel

Chair Alicia Marcroft

Serious Case Review Sub-Committee
- Commissioning
- Implementing SCR lessons
- Monitoring Action Plans

Chair Bob Dyson

Policy, Procedures and Practice Development Sub-Committee
- Policies & Procedures
- Practice Developments including e-safety, Adult Mental Health, Substance Misuse and Domestic Abuse, E-Safety, Anti-Bullying

Chair: Monica Green

Child Sexual Exploitation Strategic and Operational Groups

Chairs Melanie Palin and Monica Green

Safeguarding Children with Disabilities and Complex Health Needs

Chair Debbie Mercer

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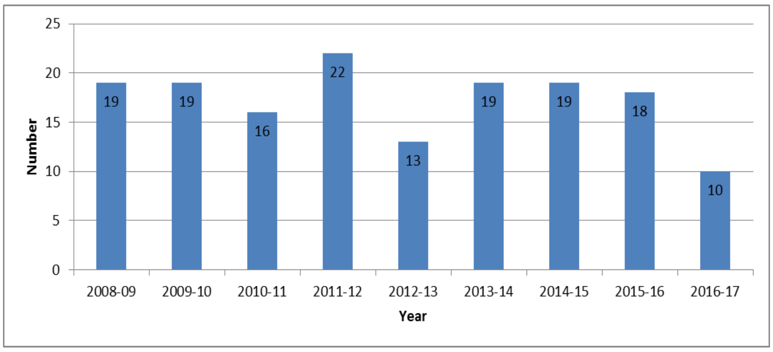
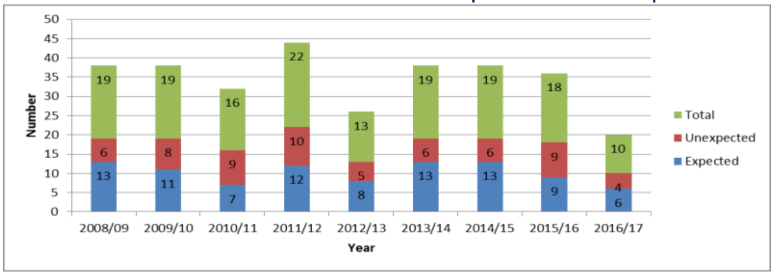
Graphs Accompanying Child Death Overview Panel Update (Page 8) Appendix 3

Figure 1
The number of Barnsley child deaths by year, 2008-09 to 2016-17



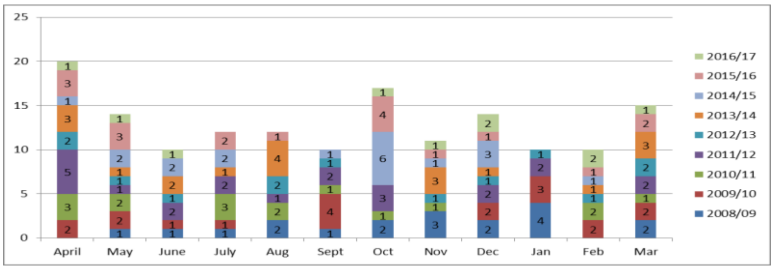
Source: Barnsley CDOP Database

Figure 2
The number of Child Deaths that were expected and unexpected



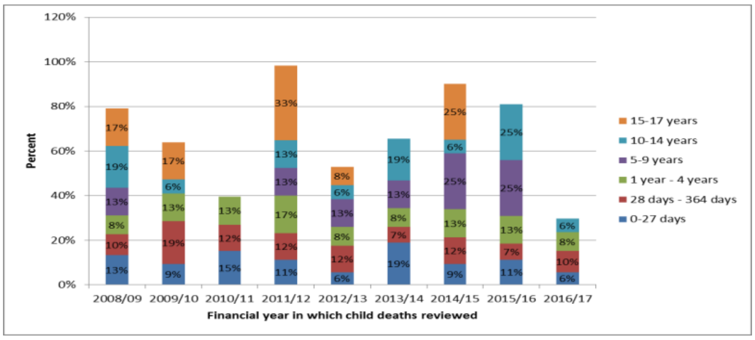
Source: Barnsley CDOP Database

Figure 3
The number of Child Deaths by month
(1 April to 31 March)



Source: Barnsley CDOP Database

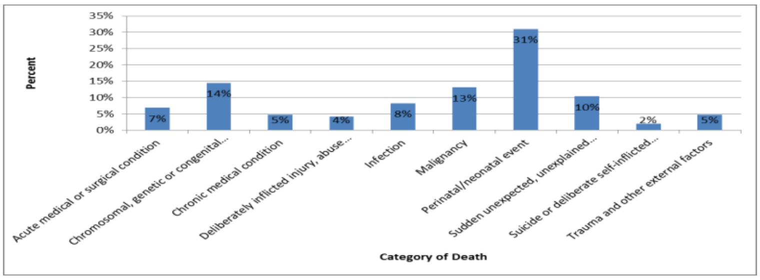
Figure 4
The breakdown of child deaths reviewed by CDOP by age
over the period 2008-09 to 2016-17



Source: Barnsley CDOP Database

Figure 5

The percentage of child deaths reviewed by cause category over the period 2008-09 to 2016-17



Source: Barnsley CDOP Database

Appendix 4

MEMBERSHIP AND ATTENDANCE

The list of members and advisors to the Barnsley Safeguarding Children Board, as at 3 May 2017, is set out below.

Members	Representative Agency
Bob Dyson	Independent Chair
Rachel Dickinson	Executive Director People, BMBC
Susan Barnett	Barnardos/Voluntary and Community Sector representative
Tim Breedon	Director of Nursing, South West Yorkshire Partnership NHS Foundation Trust
Scott Green	Chief Superintendent, South Yorkshire Police
Heather McNair	Chief Nurse Barnsley Hospital NHS Foundation Trust
Brigid Reid	Chief Nurse, NHS Barnsley Clinical Commissioning Group
Alicia Marcroft	Head of Public Health, BMBC
Ben Finley	Service Manager Barnsley Youth Offending Team,
Ann Powell	Director of Probation , Barnsley
Stephen Carroll	Deputy Director, SYCRC
Susan Barnett	Children's Service Manager, Barnardo's
Pat Sokell	Lay Member
Pat Armitage	CAFCASS
Phil Briscoe	Assistant Principal, Barnsley College
Dan Foster	Headteacher representative, Greenacre School
Judith Wild	Sub Regional Senior Nurse NHS England (Yorkshire & The Humber)
Advisors	**Representative Agency**
Cath Erine	Service Manager, Safeguarding Adults, BMBC
Sharon Galvin	Designated Nurse Safeguarding Children, Barnsley CCG
Pete Horner	Head of Public Protection Unit South Yorkshire Police
Mel John-Ross	Assistant Executive Director of Children's Services, Safeguarding, Health and Social Care, BMBC
Dr Saqib Iqbal	Designated Doctor, Barnsley Hospital NHS Foundation Trust
Dave Fullen	Director of Housing Management Berneslai Homes
Kathryn Padgett	Assistant Director of Children's Health Improvements, SWYPFT
Dawn Peet	Safeguarding Officer South Yorkshire Fire & Rescue
Cllr Margaret Bruff	Cabinet Spokesperson
Monica Green	Head of Service for Safeguarding
Nigel Leeder	Safeguarding Children Board Manager

Appendix 5

Barnsley Safeguarding Children Board Final Position 2016/17			
Income £		Expenditure £	
Partner Contributions			
Barnsley MBC	£94,524	Staffing	£117,637
NHS Barnsley CCG	£49,000	Professional Fees including SCR	£40,567
PCC	£24,048	Running Costs	£9,918
Cafcass	£550		
TOTAL	£168,122	TOTAL	£168,122

REPORT TO THE HEALTH & WELLBEING BOARD

3 OCTOBER

Barnsley Integration and Better Care Fund Plan

Report Sponsor:	Lesley Smith/Rachel Dickinson
Report Author:	Jamie Wike/Lennie Sahota
Received by SSDG:	19 September 2017

1. Purpose of Report

1.1 To provide the Board with an update on the contents of the Integration and Better Care Fund Plan 2017/18 to 2018/19 along with a copy of the plan as submitted on 11 September 2017 for assurance.

2. Recommendations

2. Health & Wellbeing Board members are asked to:-

- Note the contents of the report along with the Integration and Better Care Fund planning submission template and narrative plan and agree that any amendments to the plan as a result of the assurance process be agreed and signed off by the Chair of the Board and accountable Officer of Barnsley Clinical Commissioning Group.

3. Introduction/ Background

3.1 <u>The Better Care Fund 2017/19</u>

3.2 Following the publication of the NHS Operational Planning Guidance and Contracting Guidance 2017/19 in September 2016 which signalled that the BCF would continue into 2017/18, the Department of Health and Department for Communities and Local Government published the '2017-19 Integration and Better Care Fund' Policy Framework in March 2017, followed by the detailed planning guidance and requirements 4 July 2017.

3.3 The key changes to the policy framework from 2016/17 include:

- A requirement for plans to be developed for the two-year period 2017-19 rather than a single year and;
- The number of national conditions which local areas will need to meet through the planning process has been reduced to four.

3.4 The four national conditions require:

- That a BCF plan, including at least the minimum contribution to the pooled fund, must be signed off by the Health and Wellbeing Board, and the constituent Local Authorities and CCG's
- A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
- That a specific proportion of the area's allocation is invested in NHS-commissioned out of hospital services;
- All areas to implement the High Impact Change Model for Managing Transfers of Care to support system-wide improvements in transfers of care.

3.5 In addition and in line with the conditions of the additional funding for social care announced in the March budget, the plan is also required to demonstrate this funding is being used for the purposes of:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and
- Ensuring that the local social care provider market is supports.

3.6 In summary, the planning guidance required local areas to develop a joint spending plan that meets the national conditions and to submit for assurance:

1. A jointly agreed narrative plan including details of how the national conditions are being addressed; how the BCF plans will contribute to local plans for integrating health and social care; and
2. A completed planning template, demonstrating:
   - Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
   - A scheme-level spending plan demonstrating how the fund will be spent; and
   - Quarterly plan figures for the national performance metrics.

3.7 The Board approved the planning principles and approach to developing the plan on 8 August 2017 and due to the submission timescales agreed that sign off of the plan be delegated to the Chair of the Board and Accountable Officer of Barnsley Clinical Commissioning Group to enable to plan to be submitted on 11 September 2017 in line the planning requirements.

4. Evidence of need / Link to Joint Strategic Needs Assessment

4.1 The 2017-2019 Barnsley Integration and Better Care Fund Plan is set within the wider context of the Health and Wellbeing Strategy, building on the previous plans and contributing to delivery of the key priorities including those included within the Barnsley Integrated Place Based Plan, enabling us to move towards our overall vision for Health and Wellbeing. The plan therefore will contribute to addressing some of the key challenges identified in the JSNA, particularly ensuring support is in place to meet the health and care needs of older people and supporting people with long term health conditions.

5. 2017-2019 Integration and Better Care Fund Plan

5.1 In line with the approach and planning principles agreed by the Board, the Integration and Better Care Fund narrative plan and planning template were submitted for assurance on 11 September 2017.

5.2 The narrative plan, attached at appendix 1, sets out the local vision for integration in the context of the Health and Wellbeing Strategy and Integrated Place Based Plan as well as describing progress against our previous plans and how the national conditions will be met through delivery of the 2017-2019 plan. The narrative plan includes information in relation to:

- The local vision and approach for health and social care integration
- Progress against previous plans
- The key schemes included within the 2017-19 plan
- How plans have been jointly agreed (condition 1)
- How provision of social care services will be maintained (condition 2)
- The level of investment in NHS commissioned out of hospital services (condition 3)
- The approach to managing transfers of care and avoiding delayed transfers of care (condition 4)
- The funding contributions and expenditure plans
- The agreed targets against the national BCF metrics.

5.3 The planning submission template, attached at appendix 2, provides further details of the funding sources, expenditure plans and the performance targets.

5.4 The regional assurance process commenced on 12 September with feedback expected week commencing 6 October 2017. Any changes required to the plan will then need to be submitted by 31 October 2017.

6. Conclusion/ Next Steps

6.1 The plans submitted for assurance will be reviewed as part of a regional assurance process and therefore further refinements may be required to the plan before it is approved and assured. The Board are therefore asked to note the contents of the report along with the Integration and Better Care Fund planning submission template and narrative plan and agree that any amendments to the plan as a result of the assurance process be agreed and signed off by the Chair of the Board and accountable Officer of Barnsley Clinical Commissioning Group.

6.2 The final plan will be presented to the Board at the next meeting following completion of the assurance process.

7. Financial Implications

7.1 The required level of funding for the BCF in Barnsley has increased in 2017/18 and 2018/19, mainly to take account of the fact that the IBCF funding paid directly to local government is required to be included in the pool. The table below provides details of the contributions into the BCF pooled fund.

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£2,544,576	£2,758,216
Total iBCF Contribution	£6,803,033	£9,395,305
Total Minimum CCG Contribution	£18,590,357	£18,943,574
Total BCF pooled budget	**£27,937,966**	**£31,097,096**

7.2 It should be noted that, with the exception of the IBCF funding, the other funding included within the pooled fund is not new funding and therefore in developing the plan, recognition needs to be given to ensuring continuation of commissioned services and meeting other conditions for use which also applies to the funding including use of the Disabled Facilities Grant, funding to support implementation of the Care Act and providing dedicated carer specific support.

7.3 The use of the additional funding included as part of the IBCF is the same as agreed by the Health and Wellbeing Board at its meeting on 6 June 2017.

8. Alignment / Delivery of the Health & Wellbeing Strategy and Barnsley Place Based Plan

8.1 The 2017-2019 BCF Plan continues to be set within the wider context of the Health and Wellbeing Strategy, building on the previous plans and contributing to delivery of the key priorities including those included within the Barnsley Integrated Place Based Plan, enabling us to move towards our overall vision for Health and Wellbeing. It is important that our plans are considered within this context to ensure that our efforts are co-ordinated and that our plans come together to maximise the impact that we are able to make across the whole system for the benefit of Barnsley residents. The introduction, background and context and local vision sections of the narrative plan describe the alignment and linkages in more detail.

11. Appendices

- Appendix 1 – Barnsley Integration and Better Care Fund Narrative Plan 2017-2019
- Appendix 2 - Barnsley Integration and Better Care Fund 2017-2019 Planning Template

Officer: Jamie Wike **Contact:** 01226 433702 **Date:** 25 September 2017

Barnsley Health and Wellbeing Board

Integration and Better Care Fund 2017 - 2019

Area	Barnsley
Constituent Health and Wellbeing Boards	Barnsley
Constituent CCGs	NHS Barnsley CCG

Contents

Introduction / Foreword

Barnsley has a long history of partnership working across health and social care and is proud of its integration journey, embracing the Health Act flexibilities to develop pooled budgets, joint commissioning arrangements and integrated provider roles, ahead of many other areas.

The vision and principles of integration have become well established and imbedded into planning and delivery of service transformation programmes. In many respects integrated ways of working are now seen as 'business as usual' for delivering the right service, at the right time and in the right place. For example:

- Joint Commissioning Teams for both Children and Adult Services
- Integrated Mental Health Provision
- Integrated occupational therapy & sensory impairment provision
- Integrated Community Equipment Service
- Rightcare Barnsley
- Intermediate Care
- Neighbourhood Nursing

The Better Care Fund (BCF) Plans have played a key role in helping Barnsley with its integration journey, being delivered within the wider context of our Health and Wellbeing Strategy and Barnsley Integrated Place Based Plan (BIPBP) and enabling core health and care services to support one another and function as a united approach, to help reduce the pressures on acute services and residential care.

Barnsley is now embarking on its next step of the integration journey and developing a new accountable care partnership, bringing together commissioners and providers of health and care services in Barnsley to design and deliver integrated services for patients and deliver improved health outcomes for the Barnsley population.

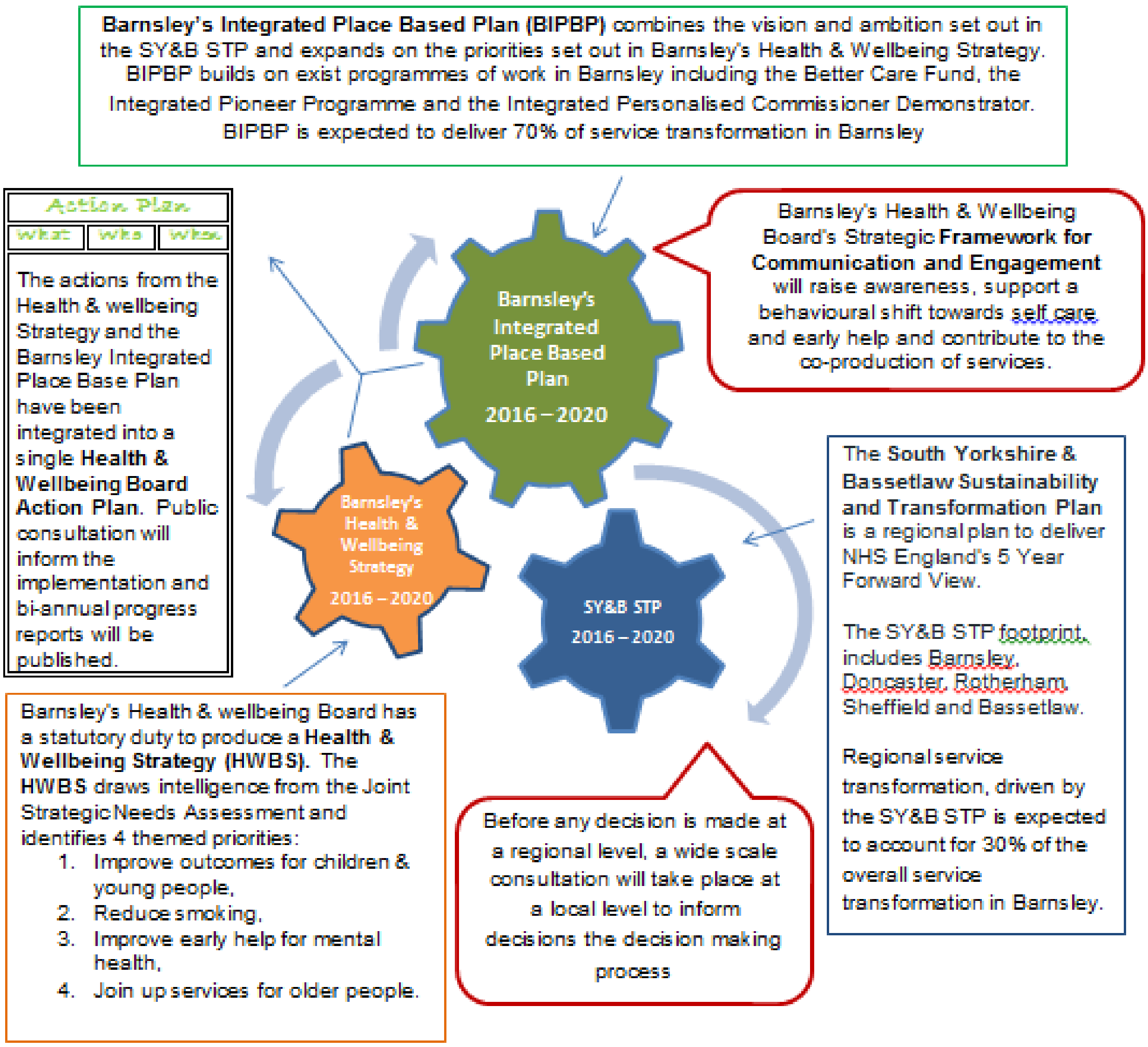
Background and context to the plan

The vision for health and wellbeing, as set out in Barnsley's Health and Wellbeing Strategy and the Integrated Place Based Plan is:

That the people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, whoever they are and wherever they live.

Diagram 1 below illustrates the drivers of health and wellbeing service transformation in Barnsley and how we are addressing each. Collectively, these drivers and the supporting plans that we have in place will deliver the vision for integrated health and care services by 2020.

Diagram 1 shows the driver of health and wellbeing service transformation in Barnsley:



Approach to improving health & wellbeing

The key documents and the video is intended to help all those interested in the health and wellbeing of Barnsley people, to get a better understanding of the vision and strategic approach.

In summary, the strategic approach is to reduce the demand and pressure on health and care services by strengthening and embedding prevention and early help into all that we do; helping our residents to be more informed and engaged in their own and their families' health and wellbeing; and when health and care services are needed, these will be patient focused, inclusive and integrated into a single health and care plan. The role of the voluntary and community sectors as well as the role of carers is seen as a central platform, in which statutory services can build upon.

Key Documents

The key documents can be accessed by clicking on the links below:

Barnsley's Health & Wellbeing Strategy:

https://www.barnsley.gov.uk/media/4161/barnsleys-health-wellbeing-strategy-pdf-final.pdf

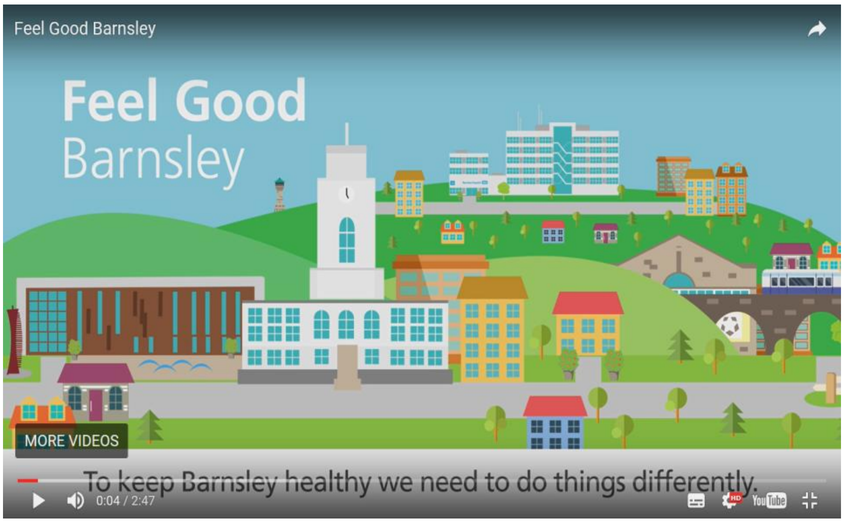
Barnsley's Integrated Place Based Plan:
https://www.barnsley.gov.uk/media/5685/barnsleyplanfinal2016.pdf

South Yorkshire & Bassetlaw STP:

https://www.barnsley.gov.uk/media/5685/barnsleyplanfinal2016.pdf

Feel Good Barnsley Video

A useful summary of the key documents and strategic approach has been produced in video format. The video can be accessed by clicking on the image below:



This approach is in line with the principles of 'inverting the triangle' as set out in our earlier Better Care Fund plans.

What is the local vision and approach for health and social care integration?

The 2017-2019 BCF Plan continues to be set within the wider context of the Health and Wellbeing Strategy, building on the previous plans and contributing to delivery of the key priorities including those included within the BIPBP, enabling us to move towards our overall vision for Health and Wellbeing. We feel that it is important that our plans are considered within this context to ensure that our efforts are co-ordinated and that our plans come together to maximise the impact that we are able to make across the whole system for the benefit of Barnsley residents.

Vision for Integrated Health & Social Care

Barnsley's Health and Wellbeing Strategy and the Barnsley Integrated Place Based Plan along with the BCF plan build upon Barnsley's integration journey to date.

Together, our strategies and plans demonstrate and details a clear consensus that integrated care in Barnsley will:

- **be co-designed and person-centred focussing on prevention and early intervention, to support independence and wellbeing.**
- **enable health, social care, housing and voluntary sector organisations, to work together, with patients, service users and carers, regardless of employer, to make the best use of the Barnsley £**
- **be delivered in or close to people's homes where appropriate and utilise community assets**
- **reduce health inequalities and ensures our vulnerable and elderly are getting the best care available.**

Barnsley's approach to integrated care also reflects the service user perspective developed by National Voices:

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

In line with the vision and strategic approach set out in Barnsley's Health and Wellbeing Strategy and the Barnsley's Integrated Place Based Plan, the following have been identified as the priorities for integration in Barnsley:

- Improving services for older people
- Improving mental health and wellbeing
- Building strong and resilient communities
- Changing the way we work together (new models of care)

And the key enablers for the delivery of these integration priorities are:

- Implementation of Barnsley's Digital Roadmap.
- Robust mechanisms for communication and engagement.

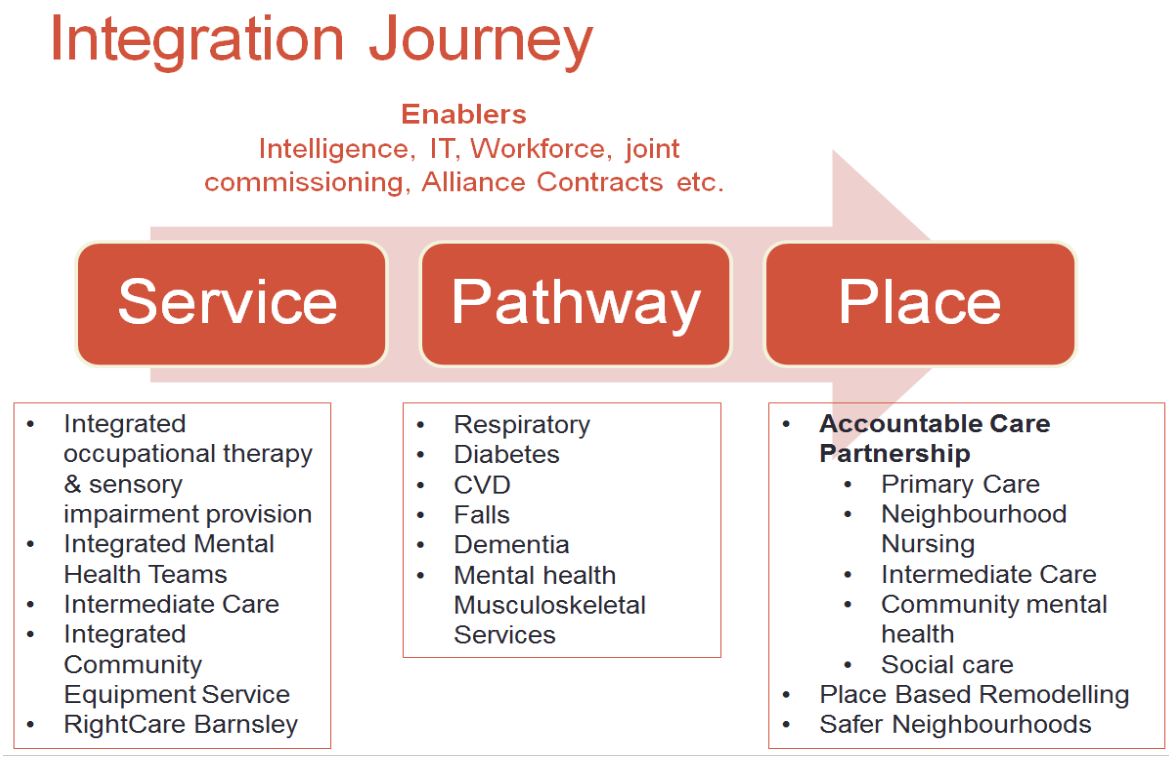
These priorities have been informed by the local Joint Strategic Needs Assessment (JSNA) and are therefore based on local evidence of where we need focus our intentions and resources.

Approach to Integrated Health & Social Care in Barnsley

The Health and Wellbeing Board continues to encourage integration by bringing together clinical, political, professional and community leaders to develop and deliver the Health & Wellbeing Strategy and the Integrated Place Based Plan. Integration is central to improving services and integration can be seen at many levels including service, pathway, process and place.

Diagram 2 below illustrates our integration journey, providing examples of key pieces of work which are taking place.

Diagram 2 – Our Integration Journey



The table below shows the range and scope of integrated services, pathways and enablers that will significantly contribute to establishing integrated services by 2020 and delivering our vision for health and wellbeing as set out in the Health and Wellbeing Strategy. The list is indicative, rather than exhaustive as many other services/initiatives can be considered as contributors / enablers for integration. It should also be noted that whilst included here because there is a clear correlation to the delivery of our BCF plan, they are not necessarily funded through the funded through the BCF/iBCF/AASCF.

Level of integration	Service/Programme/Process
Service	High Impact Change services: • Intermediate care • Hospital Discharge Team • Neighbourhood Nursing • Reablement Service
	Social Care Provision , including: • Single Point of Access • Aligned Locality Teams • Hospital based Social Work Team • Integrated Mental Health Teams • Strengthened Learning Disabilities Teams • Integrated occupational therapy & sensory impairment provision • Residential Care Team • Deprivation of Liberty Team • Brokerage Team
	Neighbourhood Nursing
	Rightcare Barnsley
	Social Prescribing
	Care Navigation
	Integrated Assistive living and technology
	Mental Health Recovery College
	Be Well Barnsley
	Universal Information and Advice (Live Well Barnsley)
	Careers Strategy and Action Plan
	Warm Homes, Healthy People Project
	Barnsley Good Gym
Pathway	Respiratory , Diabetes , CVD, Falls, Dementia Mental health & Musculoskeletal Services (including High Impact Intervention for MSK Triage)
Enablers / Process	Adult and Children's Joint Commissioning
	Local Health & Employment Integration Board
	Stabilising the Care Market
	Maintaining Care Provision
	Use of Alliance Contracts
	Local Digital Road Map (single assessment and care record)
	Map of Medicine
	Workforce - Making every contact count
	Joint strategic intelligence & Analysis
Place	Accountable Care Partnership (Commissioning & Provider integration): • Primary Care • Neighbourhood Nursing • Intermediate Care • Community mental health • Social care Multi - Agency Locality Teams
	Safer Neighbourhoods Service
	Place Based Remodelling

Until recently, our focus for integration has been on integrating services and pathway, enabled by process integration. This approach is in line with our previous BCF plans and our original Pioneer Integrated Care and Support proposals.

We have however now begun to further develop the concept of integration around place. The Health and Wellbeing Board is clear that place based integration can make a significant contribution to those longer term ambitions whilst delivering better outcomes for Barnsley people and improving the patient/service user experience.

Place Based Integration

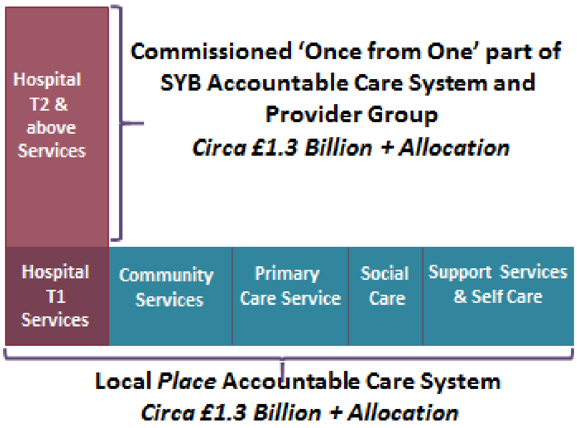
Health and care organisations across Barnsley are working together to create a new model of integrated care through an accountable care partnership. An Accountable Care Partnership Board (ACPB) was formed over 12 months ago comprising the CCG, BMBC, BHNFT, SWYFPT, Barnsley Healthcare Federation (BHF), Barnsley Hospice and Healthwatch Barnsley. The work of the ACPB is underpinned by a programme of new models of care work streams, focussed on transformation of patient pathways and alliance contracts for delivery of a range of services. In addition, Barnsley has had a joint commissioning unit in place for many years with integrated commissioning of older peoples services, mental health services, and services for people with leaning and physical disabilities.

Progress made to date includes:

- Integrated commissioning has already been in place for a number of years in Barnsley underpinned by a joint commissioning unit and an executive decision making function for children's and adult services across BCCG and BMBC, reporting to the Health and Wellbeing Board and Barnsley Clinical Commissioning Group.
- Alliance Contracts are now in place for intermediate care, neighbourhood nursing and respiratory services and Rightcare Barnsley single point of access and signed off by partners in BHNFT, SWYFT and the Barnsley Healthcare Federation
- An Accountable Care Partnership Board (ACPB) has also been in place for over twelve months bringing together commissioners and providers to explore the benefits for Barnsley people of integration of commissioning and provision at place and the potential to ultimately move to a full Barnsley Accountable Care Organisation
- SYB STP mandate to deliver a system ACS and 5 place based Accountable Care Partnerships (ACPs) is now in development
- As part of this a place based legal partnership agreement is required to be in place from April 2018 for the Barnsley ACP (in part this already exists for Barnsley through Alliance Contracts, although it is likely that partners will look to develop this further in the form of a Memorandum of Understanding)
- An Accountable Care Shadow Delivery Board has been established to deliver the Barnsley ACP and to focus on delivering integrated provision and commissioning of Tier 1 services and the Barnsley place based plan

The focus of the ACP is on delivering integrated provision and commissioning of Tier 1 services and the Barnsley place based plan as illustrated in diagram 3.

Diagram 3: Accountable Care System



Within the SYB system wide ACS, there will also be five place based accountable care partnerships (ACPs), integrating commissioning and provision. Barnsley will be a place based ACP.

Due to the work undertaken to this point on accountable care in Barnsley, we are in a positive place to drive forward the transition from the ACPB to a shadow ACP quickly. The ACPB would like to see the shadow ACP in place from July 2017. The shadow ACP will be focused on operational delivery and currently the proposal is to name it the Accountable Care Shadow Delivery Board (ACSDB).

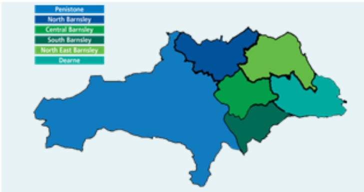
The role and function of the ACSDB will be to deliver integrated health and social care, as well as proposed accountability and governance structures. Initially, the four main objectives of the ACSDB will be to:

- Deliver the Barnsley Plan, in particular those elements that support delivery of the STPs priorities, including improvement in urgent and emergency care and cancer waiting times as well as progress with improving mental health services and primary care;
- Oversee the delivery of the current Alliance Agreement, acting as the Alliance Leadership Team;
- Support the transition of the ACSDB to a legally constituted ACP by 1 April 2018; and
- Deliver the Barnsley place based requirements of the STP Performance Contract.

The Accountable Care Programme in Barnsley is summarised in diagram 4 below.

Diagram 4: The Barnsley Accountable Care Programme in Summary

Locality

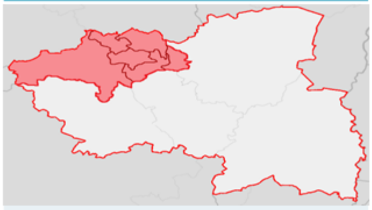


- Same day GP access services
- Single point of access for community services
- Joint care planning and care coordination
- Community multi-disciplinary working and enhanced case management
- Access to community diagnostic services
- Universal offer for care homes

Barnsley Accountable Care Partnership

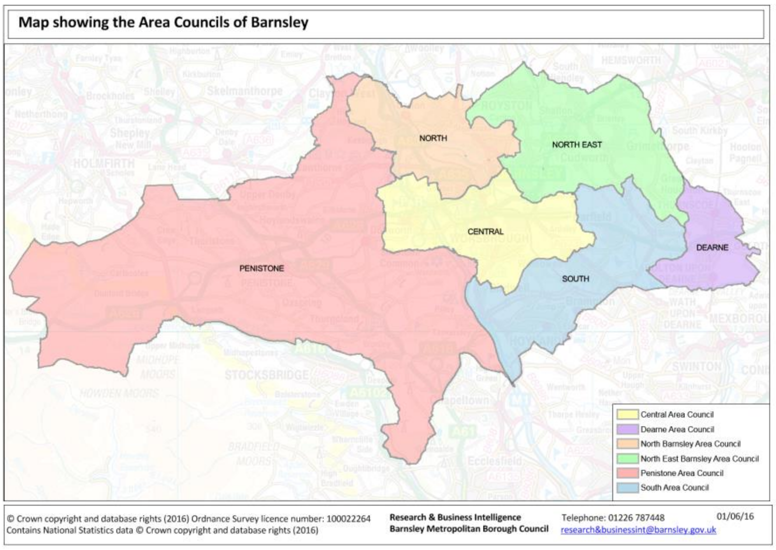
- Engagement with patients and the public
- Health and social care
- Integrated service planning
- Place-based system control total
- Whole population capitated budget
- Population health management
- Operational commissioning
- Primary and secondary prevention
- Shared clinical and corporate governance
- Flexible workforce

South Yorkshire and Bassetlaw Sustainability and Transformation Partnerships



- A systems control total for the STP
- A new model of monitoring and oversight
- Allocation of resources to the five accountable care partnerships
- Planning and development of specialist hospital services including hyper acute stroke, children's surgery and diagnostics
- Programmes that make sense to be delivered on this scale such as education, employment and housing

In designing and delivering services in Barnsley, the ACP will aim to reflect the differing needs of the communities that make up Barnsley. People and places in Barnsley differ from one area to another. In some areas of Barnsley people live the last 20 years of their lives in poor health. For this reason, the borough has been divided into 6 localities and services to support individuals are being designed around these geographies:

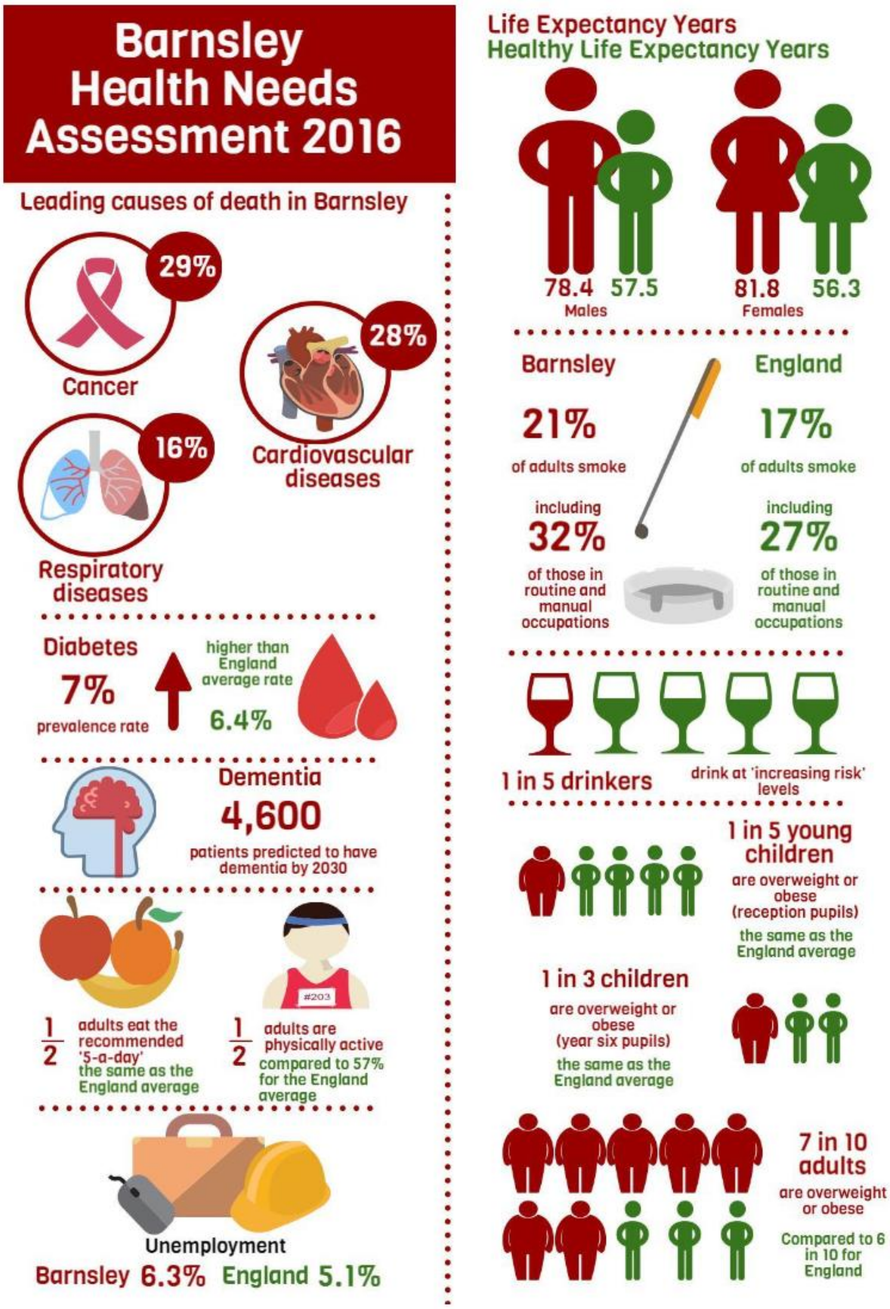


To get the right model of care for Barnsley people, we will to engage with our citizens and work together to shape an integrated service model that reflects and meets the needs of our communities.

Evidence base and local priorities to support plan for integration

All of our strategies and plans are informed by the Joint Strategic Needs Assessment to ensure we are working together to address the key challenges facing the population of the Borough. There has been considerable effort to improve health outcomes and life expectancy (particularly health life expectancy) however the 2016 JSNA identifies that Barnsley continues to face some significant challenges over the next few years and therefore the importance of focussing our plans on the key issues remains crucial.

Diagram 5: Barnsley Health Needs Assessment 2016 - Infographic



The diagram above identifies some of the key lifestyle factors such as smoking, alcohol consumption, unhealthy eating and inactive lifestyles which impact upon people's health along with wider determinants such as unemployment, poverty, deprivation and housing quality.

The health of Barnsley residents is generally poorer than the national average. There are significant health inequalities across Barnsley. This creates growing pressures on health services, social care, informal care, supported housing and other services. Some long term conditions are preventable by modifying lifestyles and behaviours and promoting healthy living. Long term conditions impact on quality of life, contribute to inequalities and become more common as people get older. As people are living longer, more of them are expected to be diagnosed with long term conditions over time.

The main health conditions are:

- Cancer
- Coronary Heart Disease
- Respiratory Disease
- Diabetes Dementia
- Poor Mental Health

Population projections based on the mid-2014 population estimates show that the number of Barnsley residents is expected to increase by 6.1% and reach approximately 247,600 by 2020 of which 20% will be aged 65 and over.

To accommodate these extra people the Local Plan (Housing Development) has proposed that an extra 14,790 dwellings are to be built across the borough between 2014 and 2033. If left, the current lack of housing options will further impact on resident's wellbeing, including poorer housing conditions, higher housing costs, more people in fuel poverty and higher levels of overcrowding.

The number of older people is expected to rise significantly and the current housing offer may not be able to cope with the demand for suitable or specialist housing to meet the needs despite the additional planned dwellings.

As a result of an ageing population, the number of people experiencing particular illnesses or conditions will also increase. Information suggests that in the next few years more Barnsley residents will:

- Suffer from Dementia
- Suffer from Depression
- Suffer a fall, particularly those aged 75 and over
- Suffer a stroke, particularly those aged 75 and over and particularly males
- Be unable to take care of themselves or move around independently
- Be living with long term illnesses
- Be living alone
- Have obesity issues

The issues and challenges identified in relation to poor health will clearly have an impact upon health services and therefore the focus of our BCF in meeting the national conditions and delivering improvements against the key metrics will be upon delivery of activities and schemes which can mitigate the impact of some of the factors identified.

Further information on some of the other challenges and issues identified through the JSNA and other assessments is included below to provide further context. The JSNA 2016 and other related statistics and profiles can be accessed at: https://www.barnsley.gov.uk/services/our-council/research-data-and-statistics/joint-strategic-needs-assessment/

Summary of Barnsley's Profile

Population

- The population of Barnsley is approximately 239,300 and is projected to increase to 247,600 by 2020. This means that there will be more people of each age category living in Barnsley.
- The number of older people (aged +65) and those with learning disabilities and mental health issues requiring social care and support is projected to rise annually beyond 2017/18.

Deprivation

- Barnsley is ranked the 39th most deprived area in England out of 326 (where 1 is the most deprived), and 21.8% of areas in Barnsley are amongst the 10% most deprived in England. There is an interrelationship with deprivation and poor health.

Life Expectations & Healthy Life Expectancy

- There are marked differences in life expectancy and healthy life expectancy across Barnsley and therefore to make the greatest difference we need to focus our resources on the areas of greatest need.

Health

- The health of Barnsley residents is therefore generally poorer than the national average and the number of people with one or more long term conditions is expected to rise. This affects the quality of life for Barnsley residents and creates growing pressures on health services, social care, informal care, supported housing and other services.
- Dementia costs the UK economy £17 billion a year and in the next 30 years, the number of people with dementia in the UK will double to 1.4 million, with the costs trebling to over £50 billion a year. Figures for Dementia in Barnsley for 2014/15 show that 1,904 people have a diagnosis of dementia which is a prevalence of diagnosed dementia of 0.8%. However, current estimates indicate that there could be an additional 1,057 GP patients in Barnsley with dementia who are undiagnosed, and 2030, it is predicted that 4,612 GP patients will have dementia.
- Barnsley's 2014/15 rate for the number of people known to GPs as having being diagnosed with mental health problems at 9.6% is significantly higher than the England rate of 7.3%. This represents 18,840 adults living in Barnsley who have been diagnosed with depression.
- Patients with long term conditions such as heart disease, diabetes and Chronic Obstructive Pulmonary Disease (COPD) are more likely to develop mental health problems such as depression than the general population.
- There continues to be a trend of increasing numbers of emergency admissions to hospital in Barnsley with higher levels of admission for cardiovascular disease and respiratory disease contributing to the level of admission and associated costs of admissions.

- Falls are the largest cause of emergency hospital admissions for older people and significantly impact on long term outcomes. In Barnsley the rate of emergency admissions for falls injuries in people aged over 65 years old has increased over time.

Carers

- The number of carers is difficult to estimate. The 2011 Census indicated that over 7,600 Barnsley residents were providing 50 or more hours of unpaid care each week to a friend, relative or neighbour who had a disability or health problem.

Adult Social Care

- The challenges faced by social care are well documented with councils having to manage increasing demands and costs with significantly decreasing resources.
- Increased demand as a result of a growing and ageing population, increasing prevalence of dementia and frailty, more people with complex physical and learning disabilities living longer and high level of adult mental illness.
- Increased costs as a result of pressures such as the National Living Wage, managing unfunded new burdens such as the Deprivation of Liberty Safeguards and securing the stability and financial viability of the provider market, particularly the residential and home care sectors.
- The proportion of people with multiple and complex needs and the cost of support is anticipated to rise year on year. This is particularly evident in the older people cohort where the number of high cost placements requiring 1:1 supervision to manage challenging needs is on the rise.
- The number of young adults with learning disabilities transitioning annually from children services as well as adults with complex needs living longer has resulted in spend on care / support increasing significantly in recent years.
- Current demographic projections indicate annual growth in numbers / cost of supporting people with learning disabilities of between 3% and 5% over the next 3 years.
- As a result of the Transforming Care Programme, additional cost pressures are anticipated as people with a learning disability and/or autism in specialist LD hospitals are discharged and supported by local authorities in the community.
- Without appropriate social care support people’s needs are likely to escalate placing even greater strain on health services.

The Personal Social Services Adult Social Care Survey (ASCS)

- Indicates that there is a slightly higher rate of clients who are extremely or very satisfied with their care and support services compared with England as a whole, and generally clients have reported a better health and better quality of life this year than last year.
- Of the service users that tried to access information and advice about care and support, 76% found it easy or fairly easy. This is better that the national average and amongst the best performance in the region.

Health surveys

- A range of 16 recent surveys have found some common areas of feedback amongst users of health services in Barnsley:
    - Service users would like services to be more flexible and person centred, with improved communications and greater engagement and inclusion of family and friends.

- Integration between patients, carers and professionals, and between service providers and partners organisations, is seen as essential, as is access to the right service at the right time.
- Generally need more information, support and advice about local services is needed, with greater awareness of high quality services such as I-Heart Barnsley and Pharmacy First.

Housing

- The numbers of older people are expected to rise significantly and the current housing offer will be unable to cope with the demand for suitable or specialist housing to meet the needs of an additional 1,400 people aged over 64 by 2020.
- Increases in the private rented sector present challenges in ensuring people can access affordable housing that is free from health and safety hazards and which is managed responsibly.

Progress to date

As set out in our original BCF plan and carried forward into our 2016/17 plan, and in line with earlier sections of this plan, integration is seen as part of the wider transformation journey across the whole of health and social and is aligned to delivering the vision and ambitions of the Health and Wellbeing Strategy and the Barnsley Place Based Plan. More recently our developments around accountable care are also supporting our integration vision.

In considering the BCF in this context and the need to focus on the areas where there is greatest pressure in the system, the following schemes were identified in the original BCF plan and remain key to our plans in order to achieve redesigned pathways and avoid unnecessary unplanned acute hospital admissions and admissions to care homes. It is important however to emphasise that these are only part of a wider transformation and integration programme across the whole health and care system. The rationale for identification of these schemes was based upon the potential impact upon reducing emergency admissions or improving the wider system capacity to ensure that appropriate alternative care is available in the right place and at the right time.

The key schemes are those which depict the journey through the care pathway. These are:

Universal Information & Advice Strategy across all statutory agencies – Work continues to build on the tools developed such as the Live Well Barnsley website, a place where you can find information about help and support services within the borough. The site contains information and contact details about all types of services and activities that can help you look after yourself, stay independent and get involved in your community. Development of information and advice continues to move forward and this new tool which replaces the original connect for support website has been a fundamental step forward in providing access to information for those who need it.

Be Well Barnsley – Services have been in place as part of the Be Well Barnsley Service throughout 2016/17 providing support to individuals around healthy lifestyles, weight management and smoking cessation based around the principles of supported intervention, self care and behavioural change. The model of delivery has been to provide a range of community focused preventative services/peer models which help to improve lifestyles and achieve health gain. The service has contributed to a reduction in smoking prevalence however there remain key health challenges for the population and therefore the impact of the service will be reviewed and the model refined to encourage increased up take and ensure support is meeting the needs of service users.

In addition to the Be Well Barnsley Service there has also been a specific focus on reducing smoking prevalence further with high impact actions being delivered as part of the BIPBP including developments to create a smoke free Barnsley being led by the Barnsley Tobacco Alliance. Progress to date has included all key play parks across the Borough becoming smoke free areas and the first smoke free in the town centre being established. Building on this success the next stage of the programme will be smoke free schools, launching as a pilot in 5 primary school in Autumn 2017 and being rolled out across all primary schools.

Neighbourhood Nursing – A fundamental review of Community and District Nursing Services led to the development of a new Neighbourhood Nursing Service, with the new model implemented in 2016/17. This new model is aligned to our vision for services in the community to be delivered around six localities and closely aligned to primary care. The service provides proactive case management to support people at the highest risk of admission/readmission to hospital with intensive multi-disciplinary care and care coordination within their home environment, thus supporting recovery and self-management and, avoiding hospital admissions. In addition a review of respiratory services was also completed in 2016/17 which resulted in services being redesigned to provide increased support for patients in the community as well as improved pathways within the hospital to ensure patients receive co-ordinated, specialist support. Whilst not specifically included within the BCF in 2016/17 this service compliments the Neighbourhood Nursing Service, providing specialist support for the high number of patients within Barnsley suffering from long term respiratory conditions such as COPD. In line with our vision for place based integration, both of these services are being managed within the accountable care programme as part of the alliance arrangements which are in place in Barnsley.

Right Care Barnsley – our single ‘front-door’ service introduced to support healthcare professions including GP’s and other primary care professionals, Community Nurses, Paramedics and Emergency Department staff to identify alternative packages of care for patients at risk of an urgent hospital admission, thereby avoiding admission where this is not the most appropriate care for the individual. This service has continued to develop and expand its remit and is now providing advice and guidance to care homes to reduce the number of ambulance calls and hospital admissions for care home patients and supporting discharge processes to ensure transfers of care are managed effectively. Since being established the service has provided support resulting in up to 35% of referrals for hospital admission which would previously have resulted in an admission, being provided with an out of hospital package of care. The service are also supporting a number of initiatives that have been developed in response to the high impact interventions for managing transfers of care such as development of a trusted assessor role which is reducing delays for patients to be readmitted to long term care home placements. This service is also being managed within the accountable care programme as part of the alliance arrangements which are in place in Barnsley and during 2017/18 will become an integral component of the Intermediate Care Service.

Intermediate Care – An initial review of services resulted in a new specification being piloted throughout 2015/16 and 2016/17, testing out a model for an integrated service with an increased focus on preventing hospital admissions (as well as supporting timely discharge). Evaluation of the pilot was undertaken towards the end of 2016/17 and the findings of this have been used to develop a new model for delivery which is being implemented in 2017/18. The evaluation found that:

- Whilst the aim of the Intermediate Care Service is to rehabilitate patients following an episode of illness or injury. The majority of patients are 'stepped down' into the service from acute care. Very few are 'stepped up' from their own home.
- The model of service provision encourages multiple referrals to exit the hospital and leads to inappropriate use of services
- The acceptance and exclusion criteria into the service limits access to patients who require rehabilitation and does not reflect the patients who need extra support and care to avoid an admission or to ensure a timely discharge from an acute hospital bed. There are also patients who require a period of recuperation following an acute illness or injury before they start rehabilitation.
- The needs of patients change and change quickly. A referrer's assessment of a patients need in the acute trust can quickly change when they arrive at a 24 hour bed based facility for rehabilitation or indeed when they arrive in their own home following discharge. In addition, some patients who are referred to a rehabilitation bed end up only requiring recuperation for a short period of time and some patients who have been moved to a recuperation bed actually end up requiring rehabilitation.
- Access to reablement is perceived as a separate strand of the service which is sequential and requires another referral. It is known that patients remain within the Intermediate Care Service much longer than needed and not necessarily moved on to reablement and other services.

In response new specification has been developed and is being implemented as part of the Accountable Care alliance arrangements with providers working together to deliver a more responsive service that can meet the care needs of a wider cohort of patients including those who do not require an acute hospital bed but require extra support or require support to stay at home fit a model of care that is still classed as intermediate care.

The new service aims to enhance the current intermediate care offer by extending and enhancing the scope of the service to include access to recuperation beds for those patients who need this level of intervention with the aim of timely transition of patients between the different components of intermediate care and brokering care from other suitable services i.e. Shared Lives, Reablement (Independent Living at Home) and Support to Live at Home. The offer will also be extended to those who are able to stay at home but require enhanced support at home which goes over and above the healthcare services provided in the community (universal offer).

It is an expectation that the movement of patients between services will be seamless and timely by ensuring active case management, excellent forward planning and care brokerage. RightCare Barnsley's role will be the key going forward.

The Independent Living at Home Service, which provides reablement support has also been reviewed and re-specified to include new referral pathways to further improve, hospital discharges and assessment of longer term care packages. The primary focus for the service is to deliver against the re-ablement target. The service is being aligned to the new Intermediate Care Model to ensure improved connectivity between teams and ensure a smoother care pathway for the patient. The service also links with the Assistive Living Technology service as well as Equipment & Adaptation and Falls services to promote independent living by creating added value across the wider frailty pathway.

Assessment & Care Management - new Operating Model - the way assessment and care management services are provided in Barnsley were fundamentally revised in April 2015 to focus more on early intervention and prevention; self-help and redirecting people to non-statutory and universal services; and short term, targeted reablement. This has enabled us to move towards the 'inverted triangle' model described in our original Better Care Fund Plan. The new operating model for adult social care has enabled more people to take control over their care and support, increased the uptake of reablement and sustained outcomes.

The model is now being further refined to align teams to the area council boundaries (in common with Neighbourhood Nursing), ensure more pro-active management of service users with complex needs and more regular review of individual care and support needs. Changes will include the creation of a team with responsibility for managing older people in residential and nursing care homes, creation of an additional locality team, increased capacity to improve monitoring of domiciliary care contracts and increased capacity for quality assurance.

These changes will help to further improve integrated working between health and social care teams to better manage individuals with complex needs in the community and avoid unnecessary hospital admissions

As the BCF is set in the context of our wider integration and transformation planes, there are also other activities and improvement projects which have taken place or are taking place which will contribute to the aims of the BCF plan. These are included in the action plan for the BIPBP and include a wide range of activities aligned to the priorities of the Health and Wellbeing Strategy and BIPBP.

Over the period of the previous BCF plans, delivering against the challenging performance targets we have set ourselves has remained a significant challenge with pressure on the both health and care services continuing to grow as the population becomes older, more people life with multiple comorbidities and long term conditions. Details of performance against the key performance measures in included within the performance metrics section.

Better Care Fund plan

Barnsley's BCF plan for 2017 -19, is an evolution of previous plans to establish integrated health and care in Barnsley. This approach enables programme continuity and provides the opportunity to go further faster on our integration journey.

Building on previous plans, the BCF plan for 2017-19 will:

- Contribute to meeting adult social care needs
- Provide resources to stabilise the local social care market in line with the ambitions of the iBCF
- Provide an improved and integrated approach to carers support

- Enable a strategic approach to DFG and improve outcomes across health, social care and housing
- Support the continued development and delivery of an out of hospital locality based services
- Support the effective management of transfers of care.

In doing so, the BCF will continue to be a significant contributor to key programmes of integration, to help deliver the wider vision for health and wellbeing and service integration in the borough.

The Better Care Fund in Barnsley is used to fund services commissioned by the NHS Barnsley Clinical Commissioning Group and Barnsley Metropolitan Council with the overall BCF plan being supported by a range of schemes which form part of the wider system wide transformation plans. The funding from the BCF remains broadly consistent in 2017/18 and 2018/19 with that of previous plans to ensure sustainability of those health and social care services and is predominantly focussed upon out of hospital NHS services and Social Care services. The level of funding has been enhanced in 2017/18 with the iBCF enabling additional areas to be supported by the BCF.

The schemes and activities included in the BCF Plan below are those which are funded by the pooled fund. There are many other initiatives and schemes being delivered individually and collectively by health a care organisations which contribute to delivery of our overall integration and transformation vision, many as part of the Barnsley Integrated Place Based Plan.

Better Care Fund Action Plan

Theme	Activity / Action	Responsible Organisation	Timescales	Expected Impact
Meeting adult social care needs	Maintaining existing care provision and other unfunded service pressures e.g. emergency duty team, adult safeguarding board, DOLS,	BMBC	Through 2017/18	Ensure care and support is available to: • meeting statutory duties • provide a quality service • improve performance in terms of delivery of timely reviews • facilitate timely discharges from hospital • ensure timely review of service user care needs • effectively support carers • reduce care home admissions • reduce other pressures on the NHS
	Expand service / management capacity to cater for the size and complexity of the service as well as to mainstream the Review Team.	BMBC	Through 2017/18	
	Contribution to care provision to cover demographic and national living wage.	BMBC	Through 2017/18 and 2018/19	
	Contribute to short term residential and respite provision (including support for carers and reablement).	BMBC	Through 2017/18 and 2018/19	
	7 Day working – social work service in the hospital	BMBC	Ongoing	
	Mental Health Community Team	BMBC	Through 2017/18 and 2018/19	
	UIA (live well Barnsley Directory)	BMBC	Through 2017/18	
	Community Bridge Building (capacity to improve access / signposting to community and universal services)	BMBC	Through 2017/18	

Stabilising the local social care market	Pay a sustainable fee to care homes	BMBC	2017/18	Maintain effective relationships and incentivise improvement in quality of care; address recruitment issues (nursing homes) and ensure a high quality, effective and sustainable independent sector.
	Strengthen contract monitoring arrangements	BMBC	2017/18	
Integrated approach to carers support	Provision of personal budgets	BMBC/CCG	2017/18	Improved support for carers in line with the Carers Strategy
	Provision of a Carers Centre	BMBC	2017/18	
Strategic approach to Equipment and Adaptations including DFG	Develop a system wide service for assistive living.	BMBC	2017/18	Ensure people have access to appropriate equipment and adaptations utilising DFG and other funding in a coordinated manner to maximise support of service users.
	Provision of Equipment and adaptations	BMBC/CCG	Through 2017/18 and 2018/19	
	Community Home Loans		2018/19	
Delivery of an Out of Hospital Service	Independent Living At Home	BMBC	Through 2017/18 and 2018/19	Improved access to reablement support to enable people to live independently at home following a period of ill health
	Mental Health Recovery College	CCG/BMBC	Through 2017/18 and 2018/19	Enable people with mental health conditions to have access to appropriate support
	Intermediate care	CCG	Through 2017/18 and 2018/19	Reduced requirement for patients to be admitted to hospital by providing appropriate care and support in community settings.
	Neighbourhood Nursing	CCG	Through 2017/18 and 2018/19	Reduced requirement for patients to be admitted to hospital by providing appropriate care and support in community settings.
	Social Prescribing	CCG	Through 2017/18 and 2018/19	Reduction in number of people accessing health services for non-health related issues, reducing social isolation and supporting people to access support services.

	Falls Service	CCG	Through 2017/18 and 2018/19	Improved support for care homes and wider community services to help identify risk and prevent falls. Increased support to patients following a fall. Reduction in hospital attendances and admissions as a result of injury caused by a fall.
Managing Transfers of Care	7 Day working – social work service in the hospital	BMBC	Through 2017/18 and 2018/19	Discharges from hospital 7 days, avoiding unnecessary delays, particularly at weekends
	Reablement / ALT / Response service – increased funding for reablement services (ILAH) to address existing demand pressures; to enhance capacity to increase usage of ALT within ASC and to cover existing response service contract pressure.	BMBC	Through 2017/18 and 2018/19	Improved access to reablement support to enable people to live independently at home following a period of ill health

National Conditions

National condition 1: jointly agreed plan

The BCF plan is a jointly agreed plan of the Health and Wellbeing Board. The Health and Wellbeing Board including the signatories to the plan approved the approach and all partners are engaged in planning processes through both the Board and the Senior Strategic Development Group which has responsibility for delivery of the Health and Wellbeing Strategy and the BCF plan.

The main acute, community and mental healthcare providers and local housing authority are members of the health and wellbeing board and have been engaged in development of all plans. The H&W Board Provider Forum are also engaged in the planning process to ensure that the wider network of providers are able to influence planning decisions and are aware of potential implications.

The proposals for the use of the iBCF were developed with involvement from the H&WB Board Senior Strategic Development Group to ensure partner contribution to the proposals and the Barnsley A&E Delivery Board to ensure account was taken of how to funding could be used to maintain levels of delayed transfers of care and support effective discharge from hospital.

The use of the IBCF grant has been agreed and approved by the Health and Wellbeing Board with all partners supporting the use of the IBCF as described in this plan to stabilise the social care market, ensure sufficient capacity to continue to provide high quality services which support service users in the context of ongoing growth in demand and continue to support timely discharge from hospital.

The iBCF will be used to cover the following headline areas (detailed expenditure plans are included within the BCF planning template):

- Care provision costs/pressures
- Stabilising the Care Market
- Reducing delayed discharges/NHS pressures
- Meeting adult social care needs

National condition 2: social care maintenance

The approach to protecting the provision of social care remains in line with our previous BCF plans and the level of funding allocated from the BCF (CCG minimum contribution to the BCF) to maintain social care provision has been increased in 2017/18 and 2018/19. In addition there is some additional growth to reflect increases in funding in relation to the disabled facilities grant and the inclusion of the iBCF.

The level of funding from the CCG minimum contribution to Social Care has been agreed to ensure the required level of uplift across 2017/18 and 2018/19. To ensure consistent level of service across the 2 years of the plan a higher proportionate uplift has been applied to 2017/18 and therefore whilst the total increase in 2018/19 appears below 1.9% of the 2017/18 level, it remains above the minimum mandated expenditure on Social Care from the CCG minimum contribution.

The level of funding allocated for Social Care from the CCG minimum contribution is £10.2m in 2017/18 and £10.4m in 2018/19

The planned spend on Social Care from the CCG minimum contribution is set out in the table below:

Area of Spend/Scheme Name	**2017/18 Expenditure**	**2018/19 Expenditure**
Long term care provision	£5,115,000	£5,298,000
Short term and respite provision	£810,000	£810,000
Mental Health Community Social Care Team	£760,000	£760,000
Other ASC provisions - DOLS, Access & Rapid Response	£679,000	£679,000
Commissioned contracts - Reablement, MH recovery college and equipment and adaptations	£2,307,000	£2,307,000
Independent sector residential beds (Intermediate Care)	£243,100	£243,100
My Best Life - Social Prescribing	£302,251	£307,394
Total	**£10,216,351**	**£10,404,494**

Within the areas set out above funding remains in place to support carers and continue to meet the duties resulting from the care and support reforms of the Care Act 2014.

The decision not to include a payment for performance risk share arrangement as part of the 2017/18 plan will ensure the level of funding available for commissioning of social care for the BCF is assured.

National condition 3: NHS commissioned out-of-hospital services

The Better Care Fund in Barnsley is predominantly based around out of hospital services in support of the strategic direction to deliver care closer to home where appropriate. NHS commissioned out of hospital services funded from the BCF continues to be above the minimum required amount.

Funding for out of hospital services is mainly to ensure the delivery and ongoing developments to intermediate care services in order to support the urgent care pathways by providing step up and step down services which avoid admission to hospital and ensure timely, well planned discharges avoiding any unnecessary delays.

In addition to Intermediate Care BCF funding is also provided for Rightcare Barnsley, Falls Services, Community Home Loans and Equipment and Adaptations. The table below provides a summary breakdown of the expenditure and the schemes being supported.

Area of Spend/Scheme Name	**2017/18 Expenditure**	**2018/19 Expenditure**
Intermediate Care Services (Including transition costs in 2017/18) including Rightcare Barnsley	£7,834,761	£7,446,455
Falls Service	£123,201	£123,324
Equipment and Adaptations	£416,044	£416,460
Community Home Loans		£552,841
Total	**£8,374,006**	**£8,539,080**

National Condition 4: Managing Transfers of Care

The level of DTOC in Barnsley remains low in comparison to neighbours and levels seen nationally however there have been some increases in the levels of DTOC during 2016/17 and therefore against this context we have set a target for 2017/18 and 2018/19 in line with national expectations and with a view to maintaining current levels over the period of this plan.

Regardless of the low levels of DTOC in Barnsley, we do acknowledge the importance of effectively managing every transfer of care in and effective manner in order to ensure that patients receive the most appropriate care from the most appropriate clinician at the right time in their journey and therefore we have used the High Impact Change Model for managing transfers of care between hospital and home to identify areas for improvement.

A sub group of the Barnsley A&E Delivery Board made up of representation from the CCG, Barnsley Hospital and South West Yorkshire Partnership Foundation Trust undertook a self-assessment against the high impact changes set out in the model to ensure a cross representation of the key organisations responsible for implementing the changes. There is however recognition of the need for other partnes to contribute and therefore the plan has been shared with and agreed by the full A&E Delivery Board membership.

Undertaking the self-assessment against the high impact change model confirmed that there is good practice across many areas.

There are also however areas where further development is required and therefore the managing transfers of care action plan attached at appendix 1 sets out where we are, the areas for improvement and timescales for delivery. The plan aims to ensure our approach, systems and processes for managing transfers of care are as effective as possible and in line with best practice.

The plan will remain fluid and will be reviewed and amended to reflect performance through the year and ensure it brings together all actions that are aimed at managing the level of delayed discharges. In addition to being reviewed as part of the governance arrangements associated with delivery of this plan, the actions included within the plan will be included within the A&E Delivery Board Improvement Plan. The A&E Delivery Board will have responsibility for ensuring delivery of the plan.

Overview of funding contributions

The funding contributions for the BCF are being used in line with the specified requirements of the policy framework and planning guidance.

Details of the specific funding streams and expenditure plans are included in the detailed BCF Planning Template.

In Summary, the CCG are contributing to the pool the specified minimum contribution. This is being used to fund out of hospital services and provide support to social care services. Within the CCG contribution to Social Care is funding to support implementation of the care act, and support for carers. These are not specified in the expenditure lines in the expenditure plan as the activities are embedded within broader activities.

Funding provided directly to the Local Authority including the Disabled Facilities Grant and IBCF is being used in line with the conditions and guidance specifically associated with these funding streams and details of the level of funding are included within the detailed BCF Planning Template.

The table below provides a summary of the level of funding included within the BCF for Care Act implementation, Carers Support, Reablement and Disabled Facilities Grant in each of the years.

Area of Spend	**2017/18 Expenditure**	**2018/19 Expenditure**
Care Act Implementation	£700,000	£700,000
Carers Support	£761,000	£761,000
Reablement	3,246,000	£3246,000
Disabled Facilities Grant	£2,544,576	£2,758,216
Improved Better Care Fund	£6,803,033	£9,395,305

Funding for Care Act Implementation, Carers Support and Reablement has been maintained at previous levels.

The Disabled Facilities Grant (DFG) provides funding (or fund works and adaptations) to help disabled and elderly people to live independently in their own homes. Means tested funding is provided to home owners or tenants to make the adaptations. The Council has recently revised its operating procedures to utilise DFG funding in a way meet the needs of disabled people in a more effective and flexible way. These changes have been incorporated into the Council's updated DFG policy - implemented from 1st April 2017. The policy now includes reference to the additional help and flexibility the Council will offer in relation to providing home adaptations for disabled people in the future and includes:

- Implementation of a fast track grant process for specific adaptations (e.g. Stairlifts, Ramps, through floor lifts and level access showers);
- Funding assistance for adaptations to Shared Lives carer properties where the application would not be eligible for Mandatory funding;
- An increase to the discretionary amount to £10k;
- Recruitment to two additional posts to increase team capacity (Project manager and case worker);
- Support for the warmer homes initiative;
- The ability to tender extensive works (e.g. extensions) for external project management

Programme Governance

The Health and Wellbeing Board is a formal committee of the local authority, established under the Health & Social Care Act 2012, and has a legal duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy.

The Board brings together clinical, political, professional and community leaders and is therefore well placed to respond to these challenges. Our strength lies in working together to increase prevention and early help, and make sure the right system of help will be there for people when they need it most.

The Health and Wellbeing Board is accountable for making the best decisions for the whole health & care system. The Board will hold steady through the inevitable periods of change ahead. It will also ensure the system has the ability to mount a robust response to unforeseen, unpredicted, and unexpected demands so that services can continue normal operations.

The BCF Plan and Fund will be managed within the governance structures of the Health and Wellbeing Board.

The BCF programme will be overseen by the Health & Wellbeing Board, via the Senior Strategic Development Group (SSDG). The SSDG brings together senior leaders from across the public sector to effectively drive forward the implementation of the priorities and objectives of the Strategy and related plans, reporting on progress and recommending any action to the Board in order to manage or mitigate any emerging risks, on an exception basis.

Development and progress of the BCF plan for 2017 -19 has been discussed on a monthly basis by partners at SSDG, including BMBC, BCCG, Berneslai Homes, and representatives for the voluntary sector and Healthwatch. Progress updates and report have also gone to the Health & Wellbeing Board.

Going forward, the BCF programme will be imbedded in to the Health & Wellbeing Board Action Plan. The BCF metrics will also form part of the Health & Wellbeing Boards Performance Dashboard and will be monitored on an annual basis. The Health & Wellbeing Board Risk register reflects the strategic ambitions of the board and in cognisant of the Health & Wellbeing Board Action Plan and Performance Dashboard.

The governance arrangements we have in place for delivering the BCF and wider transformation will ensure that progress is reviewed and monitored and that the schemes we are delivering are having the desired benefits across the system.

The detailed governance arrangements in relation to pooled fund and related management and reporting arrangements are included within a Section 75 agreement. This 2016/17 agreement is being updated to reflect changes to the policy framework and to the Barnsley Integration and Better Care Fund Plan and this will set out the detailed management arrangements for the BCF plan including how financial risks associated with the services commissioned using the BCF will sit with the commissioning organisation and be managed as part of their financial management arrangements. There will be no payment for performance element to the BCF in 2017/18 and therefore the financial risk is limited to the commissioned services.

Assessment of Risk and Risk Management

Given the nature of the BCF in Barnsley, with the funding used to enable ongoing commissioning of health and care services, and other transformation schemes and developments which support delivery of the BCF objectives in place but funded separately in most cases from outside of the BCF, our arrangements for risk management have been agreed to ensure they are proportionate but also that any significant risks to delivery can be identified and escalated as appropriate.

The Section 75 agreement includes details of the arrangements for managing financial risk in relation to expenditure from the pooled fund and set out clear responsibilities in relation to monitoring and managing any financial risk, particularly overspends. The responsibility for managing financial risks is with the commissioning organisation for each scheme and therefore arrangements for managing risk are included within organisations financial management and budget monitoring reporting arrangements.

Each organisation has robust risk management arrangements in place with corporate risk registers identifying the most significant risk to the organisation. Where risks relate to the services which are funded from the BCF, these are managed and contained by the commissioning organisation in the first instance but where the risks may have a wider adverse impact, these are escalated through the Senior Strategic Development Group of the Health and Wellbeing Board and agreed actions recorded in the minutes.

Risks to the delivery of any of the supporting schemes are managed through the established governance arrangements in place which are in place for oversight of delivery. An example would be delivery of the new intermediate care model. The management of delivery of this scheme including management of risks would be through the alliance arrangements and the accountable care partnership board.

The Health and Wellbeing Board Risk Register contains an overall risk in relation to achieving the outcomes sought through the Better Care Fund. An extract from the Risk Register is included below.

Risk Title	Risk Consequences	Existing Control Measures	Current Score	Target Score	Risk Mitigation Action	Owner
Failure to achieve the outcomes sought through the local Better Care Fund plan	Short term impact on reducing hospital, residential and nursing care admissions, delayed discharges and improving the re-enablement of older people living independently; Long term impact on transformation of health and social care;	The BCF Plan for 2017-19 will be an evolution of the BCF plan 2016/17 to enable continutiy of programmes, and thus reduce admissions and delayed hospital discharges.	Category 3	Category 5	Final BCF guidance received in July. Work is underway to develop the narrative and complete the planning template. The narrative will include the vision for integrated care, detail local plans to integrate care by 2020, and how the money will be used to meet the 4 national conditions. Deadline for submission is 11th Sept. The BCF indicator will be incorporated into the annual performance dashboard to monitor direction of travel.	Rachel Dickinson/ Lesley Smith

National Metrics

The national metric illustrate that action in Barnsley is effective in reducing delayed transfers of care and managing admission to residential care however there remains a big challenge in relation to reducing non-elective admissions / unnecessary attendance. The targets for 2017/18 and 2018/19 for each of the national metrics is included below along with a brief rationale how the target has been set.

Non-elective admissions

The level of non-elective admissions to hospital reduced slightly in 2016/17 from the level in 2015/16 however activity remained above the target and therefore plans for 2017/18 continue to be heavily focussed upon reducing demand by providing improved health and care services in the community to avoid the need for hospital admission, whether that be as a result of an exacerbation or a fall.

The trajectories for non-elective admissions are in line with the planned levels of activity included within the CCG Operational Plan and reflected in contracts. The anticipated level of activity takes account of forecast demographic growth and the anticipated impact of a range of initiatives/service changes including the new intermediate care and neighbourhood nursing models, the ongoing development and evolution of Rightcare Barnsley, implementation of the new respiratory service, extended primary care and enhancements to primary care streaming.

	2016/17 Outturn	Total 17/18	Total 18/19
HWB Non-Elective Admission Plan* Totals	33,296	32,283	31,448

**It should be noted that the out turn figure is at a CCG level whilst the BCF targets have been adjusted to reflect the Local Authority population.*

No additional reduction in non-elective activity have been planned as part of the BCF as all services and schemes included within the BCF were taken into account in setting the CCG operational plans.

Admission to residential care homes

The level of admission to residential care was slightly lower than our target, demonstrating the success of the new operating model for social care along with improvements aimed at supporting people to live independently, with or without support in their own homes. Continuing to deliver reductions in the number of older people permanently admitted to residential care will continue to be a significant challenge as the population ages and more people require support.

Our approved target for 2017/18 is a rate of 703 admissions per 100,000, which based on the population estimate of 46,388 (65+) equating to 326 admissions in 2017/18 and 332 in 2018/19. The targets have been set in recognition of an increased level of admission (reflecting national and local trends) over recent months and including the first quarter of 2017/18, and with the aim of maintaining the level of admissions at a similar or better level than our statistical neighbours.

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	685.1	676.0	702.8	702.6
	Numerator	307	308	326	332
	Denominator	44,811	45,561	46,388	47,253

Effectiveness of re-ablement

The number of people remaining at home 91 days after a discharge to reablement services has remained in line with 2015/16 however the 2016/17 target has not been achieved. The number of people accessing reablement services was also below planned levels and therefore this has impacted upon the achievement of the target. The revised service model being implemented in 2017/18 along with improved alignment and integrated pathways with intermediate care should see increased numbers supported by the service to remain at home and live independently following a hospital admission.

The performance target agreed for 2017/18 will be a significant stretch on 2016/17 out turn which saw lower numbers than anticipated remaining at home 91 days following discharge.

The service has been through a reconfiguration in the early part of 2017/18 along with the related Intermediate Care Service and therefore in line with the new model, increased numbers of people are expected to remain at home. There is an expectation that the number of people supported by the service will also continue to grow and therefore the target has been set to deliver consistent performance over 2017/18 and 2018/19.

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	90.4%	86.0%	88.0%	88.1%
	Numerator	207	244	264	282
	Denominator	229	283	300	320

Delayed Transfers of Care

The level of delayed transfers of care remains low in Barnsley compared to peers and the national average however the number of delays has been increasing year on year and this continued to be the case in 2016/17, impacted by significant pressures over the winter period which resulted in increased delays for patients waiting to be discharged to other healthcare services such as Intermediate Care. The level of delays due to Social Care have remained extremely low in Barnsley, supported by a dedicated hospital social work team supporting discharge 7 days per week. Our challenging target to bring DTOCs back to the level of 2014/15 was not achieved in 2016/17. Work has continued to implement the actions set out in the 2016/17 DTOC action plan and we anticipate these along with service enhancements across social care and health will enable effective management of transfers of care and minimise the level of delays

Our approach to managing transfers of care is set out in the national conditions section of this plan and builds on the good processes and collaboration already in place between local partners which ensures that levels of delayed transfers of care are minimised.

The level of DTOC in Barnsley remains low in comparison to neighbours and levels seen nationally however there have been some increases in the levels of DTOC during 2016/17 and therefore against this context we have set a target for 2017/18 and 2018/19 in line with national expectations (including plans to achieve the NHS and Social Care attributable targets) and with a view to maintaining current levels over the period of this plan. Achievement of the trajectory would ensure delivery of the Health and Wellbeing Board level target by November 2017

Actual delayed transfer of care per 100,000 population (aged 18+) in 2016/17

		16-17 Actuals			
		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	436.3	181.0	373.0	278.4
	Numerator (total)	834	346	713	536
	Denominator	191,169	191,169	191,169	192,523

Actual delayed transfer of care per 100,000 population (aged 18+) in 2016/17

		17-18 plans				18-19 plans			
		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	286.2	291.4	291.4	283.4	291.2	291.2	291.2	291.0
	Numerator (total)	551	561	561	549	564	564	564	567
	Denominator	192,523	192,523	192,523	193,706	193,706	193,706	193,706	194,823

Approval and sign off

The Health and Wellbeing Board agreed the principles of the Integration and Better Care Fund Plan on 8 August 2017. In recognition of the deadline for submission the Board approved a recommendation to delegate the sign off of the plan for submission to the Chair of the Board and Accountable Officer of Barnsley Clinical Commissioning Group.

The final submitted plan will then be presented to the Health and Wellbeing Board on 3 October 2017. Acknowledging that at this point the feedback of the formal assurance process will not have been received, the Board will be asked to delegate the final sign off of the plan, subject to changes required as a result of the assurance process the Chair of the Board and Accountable Officer of Barnsley Clinical Commissioning Group. The final plan will then be submitted in line with the required deadline of 31 October 2018.

Signed on behalf of the Health and Wellbeing Board	Stephen Houghton
By Chair of Health and Wellbeing Board	Councillor Sir Stephen Houghton CBE
Position	Chair and Leader of the Council
Date	11 September 2017

Signed on behalf of the Clinical Commissioning Group	Lesley J Smith
By	Lesley Jane Smith
Position	Chief Officer
Date	11 September 2017

Appendix 1

Managing Transfers of Care Action Plan

Impact Change	Current Position	Improvement Action	Timescale	Measure of Success
1 - Early Discharge Planning	Effective discharge planning is in place for non-elective admissions with multi-disciplinary input and supported by Rightcare Barnsley. Emergency admissions have a provisional discharge date set within 48 hours	Develop arrangements for Therapy staff to be present in ED at the point of ambulance handover	November 2017	Discharge planning will have commenced as soon as patients are identified as requiring admission. Improved planning and therapy input will result in more patients going home on the planned discharge date
2 - Patient Flow	Medworxx Clinical Utilisation Review system is in place in the acute trust and used to support daily assessment of patients and provide management information to support patient flow.	Roll out the use of the Medworxx system to include intermediate care beds to enable improvement management of patient flow across the system Consider opportunities to roll out the Medworxx system to include intermediate care 'virtual beds' (patients supported in their own home)	March 2018 October 2018	Medworxx information will show a reduction in patients being identified as ready for discharge who remain in the acute and intermediate care bed base.
3 - Multi-disciplinary, multi-agency discharge teams	Assessment for Intermediate Care and Reablement is undertaken by hospital teams. Multi-disciplinary team meetings take place in hospital as part of co-ordinated discharge planning processes. Rightcare Barnsley acts as single point of contact for discharge	Identify further opportunities for multi-disciplinary working and developing alignment of assessment processes to support discharge	November 2017	Reduction in assessment processes

	support for patients requiring community service to enable them to return home. All CHC assessments are undertaken outside of hospital			
4 - Home First Discharge to Assess	Therapy assessments currently take place in hospital and capacity has not been in place in community services to undertake complex assessments in the community Recuperation beds are included within the Intermediate Care Service to enable patients requiring complex assessment to be discharged from hospital. A Trusted Assessor approach is being piloted with care homes to reduce the number care homes who carry out separate assessment of patients who are previous residents prior to the patient being discharged (currently 8 care homes)	Develop and agree a local model of discharge to assess, building best practice but reflecting local service provision Continue to work with care home providers via the care home forum to increase the number of care homes accepting hospital staff assessment	Dec 2017 Ongoing	Increase in patients discharged with support with an assessment for follow taking place outside of hospital Increase in number of care home providers signed up to the scheme
5 - Seven-day services	Health and Social Care teams are in place 7 days per week. Most care providers assess and restart care at weekends Diagnostics, pharmacy and patient transport is available 7 days per	Continue to work with domiciliary care providers to identify ways to enable more care packages to be started or restarted on a weekend	June 2018	Increase in proportion of discharges taken place on a weekend.

	week enabling patients to be discharged and care to commence outside hospital where appropriate within 24 hours			
6 - Trusted Assessor	Trusted assessor being rolled out for care homes Hospital Staff assess for Intermediate Care and Reablement services	Identify the different assessment processes in place and work with partners to develop shared assessment processes.	March 2018	
7 - Focus on Choice	Admission advice and information leaflets are available, regular conversations with patients, and relatives take place to support patient choice around discharge options. A choice protocol is in place and used across the trust along with other policies	Review information and advice to support patients to make choices about ongoing care and support Explore opportunities for voluntary sector input to discharge planning and processes to support patients	Nov 2017 March 2018	Increased patient involvement in discharge planning Early discharge for patients with complex assessment requirements.
8 - Enhancing Health in Care Homes	Coordinated Universal Service Provision for Care Homes is being rolled out to provide a comprehensive wrap around service for all patients in care homes.	Continue to roll out Coordinated Universal Service Provision for Care Homes	Ongoing	Reduction in 999 calls from care homes Reduction in A&E attendance and reduced admissions.

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Planning Template v.14.6b for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: Guidance

Overview

This template is to be read and used in conjunction with the BCF Policy Framework document and the BCF Planning Requirements document which provides the background and further details on the planning requirements for 2017-2019.

The purpose of this template is to collect the BCF planning information for each HWB which includes confirmation of National Conditions, specific funding requirements, scheme level financial information and planning metrics for the period 2017-2019.

This template should also be aligned to the BCF narrative plan documents for the BCF schemes being planned for 2017-2019 by the HWB.

Note on entering information into this template

1. Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:
Yellow: Data needs inputting in the cell
Blue: Pre-populated cell
2. All cells in this template requiring a numerical input are restricted to values between 0 and 1,000,000,000
3. This template captures data for two years 2017-19

Data needs inputting in the cell
Pre-populated cell

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to tab)

1. This sheet helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before submission for plan-assurance.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference (hyperlinked) for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear “Red” and contain the word “No” if the information has not been completed. Clicking on the corresponding “Cell Reference” column will link to the incomplete cell for completion. Once completed the checker column will change to “Green” and contain the word “Yes”
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist tab are green before submission.

Summary (click to go to tab)

1. This sheet summarises the key planning information provided on the template to be used for review and plan-assurance.
2. Print guidance: By default this sheet has been set up to print across 4 pages, landscape mode and A4.

1. Cover (click to go to tab)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Please enter the following information on this sheet:
 - Several area assurance contact roles have been pre-populated for you to fill in, please enter the name of that contact and their email address for use in resolving any queries regarding the return;
 - Please add any further area contacts that you would wish to be included in official correspondence. Please include their job title, and their email address.
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all 5 cells are green should the template be sent to england.bettercaresupport@nhs.net

2. HWB Funding Sources (click to go to tab)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund plan and pooled budget for 2017-19. It will be pre-populated with the minimum CCG contributions to the BCF, the DFG allocations and the iBCF allocations. These cannot be changed. The sheet also requests a number of confirmations in regard to the funding that is made available through the BCF for specific purposes.

2. This sheet captures the various funding sources that contribute to the total BCF pool for the Local Area. The DFG, iBCF and CCG minimum funding streams are pre-populated and do not need re-entering.
Please enter the following information on this sheet:
 - Additional contributions from Local Authorities or CCGs: as applicable are to be entered on this tab on the appropriate sections highlighted in “yellow”.
 - Additional Local Authority contributions: Please detail any additional Local Authority funding contributions by selecting the relevant authorities within the HWB and then entering the values of the contributions. Please use the comment boxes alongside to add any specific detail around this additional contribution.
- Additional CCG contributions: Please detail any additional CCG funding contributions by selecting the relevant CCGs. Please note, only contributions assigned to a CCG will be included in the 'Total Additional CCG Contribution' figure.
- Funding contributions narrative: Please enter any comments in the “Funding Contributions Narrative” field to offer any information that could be useful to further clarify or elaborate on the funding sources allocations entered including any assumptions that may have been made.
- Specific funding requirements: This section requests confirmation on the specific funding requirements for 2017-19. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for further details. These are mandatory conditions and will need to be confirmed through the planning assurance process. Please select “Yes” where the funding requirement can be confirmed as having been met, or “No” to indicate that the requirement is unconfirmed. Where “No” is selected as the status, please provide further detail in the comments box alongside to indicate the actions being taken or considered towards confirming the requirement.

3. HWB Expenditure Plan (click to go to tab)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to demonstrate how the national policy framework is being achieved.
The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme. In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this tab please enter the following information:
1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple lines.

2. Scheme Name:
- This is a free field. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.

4. Area of Spend:
- Please select the area of spend from the drop down list by considering the area of the health and social system which is most supported by investing in the scheme.
- If the scheme is not adequately described by the available options, please choose ‘Other’ and add a free field description for the scheme type in the column alongside.

5. Commissioner:
- Identify the commissioning entity for the scheme based on who commissions the scheme to the provider. If there is a single commissioner please select the option from the drop down list.
- If the scheme is commissioned jointly, please select ‘Joint’. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

6. Provider:
- Please select the ‘Provider’ commissioned to provide the scheme from the drop down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

7. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list.
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines.

8. Scheme Duration:
- Please select the timeframe for which the scheme is planned for from the drop down list: whether 2017-18, 2018-19 or Both Years.

9. Expenditure (£) 2017-19:
- Please enter the planned spend for the scheme (Based on the duration of the scheme, please enter this information for 2017-18, 2018-19 or both)

This is the only detailed information on BCF schemes being collected centrally for 2017-19 but it is expected that detailed plans and narrative plans will continue to be developed locally and this information will be consistent across them.

4. HWB Metrics (click to go to tab)

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2017-19.
The BCF requires plans to be set for 4 nationally defined metrics.
This should build on planned and actual performance on these metrics in 2016-17.

1. Non-Elective Admissions (NEA) metric planning:
• The NEA plan totals are pre-populated with activity data from CCG Operating Plan submissions for all contributing CCGs, which has then been mapped to the HWB footprint to provide a default HWB level NEA activity plan for 2017-19. This is to align with the wider CCG Ops planning for this metric
• If the BCF schemes are aiming for additional NEA reductions which are not already built into the CCG Operating Plan numbers for NEAs, please select “Yes” to the question “Are you planning on additional quarterly reductions”. This will make the cells in the table below editable. Please enter the additional quarterly planned NEA reductions for 2017-19 in these cells.
• Where an additional reduction in NEA activity is planned for through the BCF schemes, an option is provided to set out an associated NEA performance related contingency reserve arrangement (this is described in the Planning Requirements document). When opting to include this arrangement, please select “Yes” on the NEA cost question. This will enable any adjustments to be made to the NEA cost assumptions (just below) which are used to calculate the contingency reserve fund. Please add a reason for any adjustments made to the cost of NEA
• Further information on planning further reductions in Non-Elective Activity and associated contingency reserve arrangements is set out within the BCF Planning Requirements document.

2. Residential Admissions (RES) planning:
• This section requires inputting the information for the numerator of the measure.
• Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
• The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS 2014 based subnational population projections.
• The annual rate is then calculated and populated based on the entered information.
• Please add a commentary in the column alongside to provide any useful information in relation to how you have agreed this figure.

3. Reablement (REA) planning:
• This section requires inputting the information for the numerator and denominator of the measure.
• Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
• Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
• The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
• Please add a commentary in the column alongside to provide any useful information in relation to how you have agreed this figure.

4. Delayed Transfers of Care (DToC) planning:
• Please refer to the BCF Planning Requirements 17/19 when completing this section.
• This section captures the planned Delayed Transfers Of Care (delayed days) metric for 2017/19
• Please input the delayed days figure for each quarter.
• The total delayed days and the quarterly rate is then calculated based on this entered information
• The denominator figure in row 95 is pre-populated (population - aged 18+, 2014 based SNPP). This figure is utilised to calculate the quarterly rate.
• Please add a commentary in the column alongside to provide any supporting or explanatory information in relation to how this metric has been planned.

5. National Conditions (click to go to tab)

This sheet requires the Health & Wellbeing Board to confirm whether the national conditions detailed in the Better Care Fund Planning Guidance are on track to be met through the delivery of your plan in 2017-19. Please refer to the BCF Policy Framework and BCF Planning Requirements docments for 2017-19 where the BCF national conditions are set out in full. Please answer as at the time of completion.
On this tab please enter the following information:

1. Confirmation status for 2017/18 and 2018/19:
For each national condition please use the 2017/18 column to select ‘Yes' or ‘No’ to indicate whether there is a clear plan set out to meet the condition for 2017/18 and again for 2018/19. Selecting ‘Yes’ confirms meeting the National Condition for the Health and Well Being board as per the BCF Policy Framework and Planning Requirements for 17/19

2. Where the confirmation selected is ‘No’, please use the comments box alongside to indicate when it is expected that the condition will be met / agreed if it is not being currently. Please detail in the comments box issues and/or actions that are being taken to meet the condition, when it is expected that the condition will be met and any other supporting information.

CCG - HWB Mapping (click to go to tab)

The final tab provides details of the CCG to HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity plans.

Planning Template v.14.6b for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: Checklist

<< Link to the Guidance tab

Complete Template

1. Cover

	Cell Reference	Checker
Health and Well Being Board	C10	Yes
Completed by:	C13	Yes
E-mail:	C15	Yes
Contact number:	C17	Yes
Who has signed off the report on behalf of the Health and Well Being Board:	C19	Yes
Area Assurance Contact Details	C22 : G31	Yes

Sheet Completed:	Yes

2. HWB Funding Sources

	Cell Reference	Checker
Are any additional LA Contributions being made on 2017/18? If yes please detail below	C35	Yes
Are any additional LA Contributions being made on 2018/19? If yes please detail below	D35	Yes
Local authority additional contribution:	B38 : B40	Yes
Gross Contribution (2017/18)	C41	Yes
Gross Contribution (2018/19)	D41	Yes
Comments (if required)	F38	N/A
Are any additional CCG Contributions being made on 2017/18? If yes please detail below;	C62	Yes
Are any additional CCG Contributions being made on 2018/19? If yes please detail below;	D62	Yes
Additional CCG Contribution:	B65	Yes
Gross Contribution (2017/18)	C65	Yes
Gross Contribution (2018/19)	D65	Yes
Comments (if required)	F65	N/A
Funding Sources Narrative	B83	N/A
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2017/18)	C91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2017/18)	C93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2017/18)	C94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2017/18)	C95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2017/18)	C96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2017/18)	C97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2017/18)	C98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? (2018/19)	D91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? (2018/19)	D93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? (2018/19)	D94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? (2018/19)	D95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? (2018/19)	D96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? (2018/19)	D97	Yes
6. Is the iBCF grant included in the pooled BCF fund? (2018/19)	D98	Yes
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority? Comments	E91	Yes
2. i) In areas with two tiers of local government, can you confirm that the full amount of Disabled Facilities Grant will be passed to local housing authorities? Comments	E93	Yes
2. ii) In areas with two tiers of local government, can you confirm that relevant district councils have agreed how Disabled Facilities Grant will be spent in line with ambitions in the BCF to support integrated approaches to health, social care and housing? Comments	E94	Yes
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified? Comments	E95	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool? Comments	E96	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used? Comments	E97	Yes
6. Is the iBCF grant included in the pooled BCF fund? Comments	E98	Yes

Sheet Completed:	Yes

3. HWB Expenditure Plan

	Cell Reference	Checker
Scheme ID	B18 : B267	Yes
Scheme Name	C18 : C267	Yes
Scheme Type (see table below for descriptions)	D18 : D267	Yes
Sub Types	E18 : E267	Yes
Please specify if 'Scheme Type' or 'Sub Type' is 'other'	F18 : F267	Yes
Area of Spend	G18 : G267	Yes
Please specify if 'Area of Spend' is 'other'	H18 : H267	Yes
Commissioner	I18 : I267	Yes
if Joint Commissioner % NHS	J18 : J267	Yes
if Joint Commissioner % LA	K18 : K267	Yes
Provider	L18 : L267	Yes
Source of Funding	M18 : M267	Yes
Scheme Duration	N18 : N267	Yes
2017/18 Expenditure (£000's)	O18 : O267	Yes
2018/19 Expenditure (£000's)	P18 : P267	Yes
New or Existing Scheme	Q18 : Q267	Yes

Sheet Completed:	Yes

4. HWB Metrics

	Cell Reference	Checker
4.1 - Are you planning on any additional quarterly reductions?	E18	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q1 (2017/18)	F20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q2 (2017/18)	G20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q3 (2017/18)	H20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q4 (2017/18)	I20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q1 (2018/19)	J20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q2 (2018/19)	K20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q3 (2018/19)	L20	Yes
4.1 - HWB Quarterly Additional Reduction Figure - Q4 (2018/19)	M20	Yes
4.1 - Are you putting in place a local contingency fund agreement on NEA?	E24	Yes
4.1 - Cost of NEA (2017/18)	E30	Yes
4.1 - Cost of NEA (2018/19)	E31	Yes
4.1 - Comments (2017/18) (if required)	F30	N/A
4.1 - Comments (2018/19) (if required)	F31	N/A
4.2 - Residential Admissions : Numerator : Planned 17/18	H48	Yes
4.2 - Residential Admissions : Numerator : Planned 18/19	I48	Yes
4.2 - Comments (if required)	J47	N/A
4.3 - Reablement : Numerator : Planned 17/18	H57	Yes
4.3 - Reablement : Denominator : Planned 17/18	H58	Yes
4.3 - Reablement : Numerator : Planned 18/19	I57	Yes
4.3 - Reablement : Denominator : Planned 18/19	I58	Yes
4.3 - Comments (if required)	J56	N/A
4.4 - Delayed Transfers of Care : Planned Q1 17/18	I65	Yes
4.4 - Delayed Transfers of Care : Planned Q2 17/18	J65	Yes
4.4 - Delayed Transfers of Care : Planned Q3 17/18	K65	Yes
4.4 - Delayed Transfers of Care : Planned Q4 17/18	L65	Yes
4.4 - Delayed Transfers of Care : Planned Q1 18/19	M65	Yes
4.4 - Delayed Transfers of Care : Planned Q2 18/19	N65	Yes
4.4 - Delayed Transfers of Care : Planned Q3 18/19	O65	Yes
4.4 - Delayed Transfers of Care : Planned Q4 18/19	P65	Yes
4.4 - Comments (if required)	Q64	N/A

Sheet Completed:	Yes

5. National Conditions

	Cell Reference	Checker
1) Plans to be jointly agreed (2017/18)	C14	Yes
2) NHS contribution to adult social care is maintained in line with inflation (2017/18)	C15	Yes
3) Agreement to invest in NHS commissioned out of hospital services (2017/18)	C16	Yes
4) Managing transfers of care	C17	Yes
1) Plans to be jointly agreed (2018/19)	D14	Yes
2) NHS contribution to adult social care is maintained in line with inflation (2018/19)	D15	Yes
3) Agreement to invest in NHS commissioned out of hospital services (2018/19)	D16	Yes
4) Managing transfers of care	D17	Yes
1) Plans to be jointly agreed, Comments	E14	Yes
2) NHS contribution to adult social care is maintained in line with inflation, Comments	E15	Yes
3) Agreement to invest in NHS commissioned out of hospital services, Comments	E16	Yes
4) Managing transfers of care	E17	Yes

Sheet Completed:	Yes

Planning Template v.14.6b for BCF: due on 11/09/2017

Summary of Health and Well-Being Board 2017-19 Planning Template

Being Board:

Barnsley

Data Submission Period:

2017-19

Summary

<< Link to the Guidance tab

2. HWB Funding Sources

	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution exc iBCF	£2,544,576	£2,758,216
Total iBCF Contribution	£6,803,033	£9,395,305
Total Minimum CCG Contribution	£18,590,357	£18,943,574
Total Additional CCG Contribution	£0	£0
Total BCF pooled budget	**£27,937,966**	**£31,097,096**

Specific Funding Requirements for 2017-19	2017/18 Response	2018/19 Response
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes
2. In areas with two tiers of local government:		
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?		
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.		
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes

3. HWB Expenditure Plan

Summary of BCF Expenditure (*)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£0	£0
Community Health	£8,374,006	£8,539,080
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£19,563,960	£22,558,015
Other	£0	£0
Total	**£27,937,966**	**£31,097,095**

Summary of NHS Commissioned Out of Hospital Services Spend from MINIMUM BCF Pool (**)	2017/18 Expenditure	2018/19 Expenditure
Mental Health	£0	£0
Community Health	£8,374,006	£8,539,080
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£302,251	£307,394
Other	£0	£0
Total	**£8,676,257**	**£8,846,474**
NHS Commissioned OOH Ringfence	£5,282,852	£5,383,226

Additional NEA Reduction linked Contingency Fund	2017/18 Fund	2018/19 Fund
NEA metric linked contingency fund held from the ringfenced local allocation for NHS OOH spend	£0	£0

Summary of BCF Expenditure from Minimum CCG Contribution (***)	2017/18 Expenditure	2018/19 Expenditure
Acute	£0	£0
Mental Health	£0	£0
Community Health	£8,374,006	£8,539,080
Continuing Care	£0	£0
Primary Care	£0	£0
Social Care	£10,216,351	£10,404,494
Other	£0	£0
Total	**£18,590,357**	**£18,943,574**

BCF Expenditure on Social Care from Minimum CCG Contribution	2016/17	2017/18	2018/19	
Minimum Mandated Expenditure on Social Care from the CCG minimum		£10,021,610	£10,212,021	
Planned Social Care expenditure from the CCG minimum	£9,845,378	£10,216,351	£10,404,494	
Annual % Uplift Planned		**3.8%**	**1.8%**	*Below minimum mandated uplift*
Minimum mandated uplift % (Based on inflation)		**1.79%**	**1.90%**	

4. HWB Metrics

4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
Total HWB Planned Non-Elective Admissions	7,917	7,773	8,087	8,505	7,713	7,573	7,877	8,285	**32,283**	**31,448**
HWB Quarterly Additional Reduction Figure	0	0	0	0	0	0	0	0	**0**	**0**
HWB NEA Plan (after reduction)	7,917	7,773	8,087	8,505	7,713	7,573	7,877	8,285	**32,283**	**31,448**
Additional NEA reduction delivered through the BCF									**£0**	**£0**

4.2 Residential Admissions

		Planned 17/18	Planned 18/19
Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	**Annual rate**	703	703

4.3 Reablement

		Planned 17/18	Planned 18/19
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	**Annual %**	88.0%	88.1%

4.4 Delayed Transfers of Care

		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	**Quarterly rate**	286	291	291	283	291	291	291	291

5. National Conditions

National Conditions For The BCF 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?
1) Plans to be jointly agreed	Yes	Yes
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes
4) Managing transfers of care	Yes	Yes

Footnotes

* **Summary of BCF Expenditure** is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:
Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other

** **Summary of NHS Commissioned out of hospital services spend from MINIMUM BCF Pool** is the sum of the amounts allocated to the 6 individual out of hospital 'areas of spend' that have been provided in tab 4. HWB Expenditure Plan, where;
Area of Spend = Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other (everything other than Acute)
Commissioner = CCG, NHS England or Joint (if joint we use the NHS% of the value)
Source of Funding = CCG Minimum Contribution

***__Summary of BCF Expenditure from Minimum CCG contribution__ is the sum of the self-reported HWB amounts allocated to the 7 different 'areas of spend' form the minimum CCG contribution that have been provided by HWBs in their plans (from the 4. HWB Expenditure Plan tab), where:
Area of Spend = Acute, Mental Health, Community Health, Continuing Care, Primary Care, Social Care & Other
Source of Funding = CCG Minimum Contribution

Planning Template v.14.6b for BCF: due on 11/09/2017

Better Care Fund 2017-19 Planning Template

Sheet: 1. Cover Sheet

[<< Link to the Guidance tab]

You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.

Health and Well Being Board	**Barnsley**
Completed by:	Jamie Wike
E-Mail:	jamie.wike@nhs.net
Contact Number:	01226 433702
Who signed off the report on behalf of the Health and Well Being Board:	Cllr Sir Stephen Houghton (Chair) and Lesley Smith Chief Officer NHS Barnsley CCG

	Role:	**Title and Name:**	**E-mail:**
Area Assurance Contact Details*	Health and Wellbeing Board Chair	Cllr Sir Stephen Houghton	cllrstephenhoughton@barnsley.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	Lesley Smith	lesleyjane.smith@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	N/A	N/A
	Local Authority Chief Executive	Diana Terris	dianaterris@barnsley.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Rachel Dickinson	racheldickinson@barnsley.gov.uk
	Better Care Fund Lead Official	Jamie Wike	jamie.wike@nhs.net
	LA Section 151 officer	Neil Copley	neilcopley@barnsley.gov.uk
Please add further area contacts that you would wish to be included in official correspondence -->	CCG Chief Finance Officer	Roxanna Naylor	roxanna.naylor@nhs.net
	Health and Wellbeing Board	Karen Sadler	karensadler@barnsley.gov.uk
	Service Director Adult Social Care	Lennie Sahota	lenniesahota@barnsley.gov.uk

***Only those identified will be addressed in official correspondence**

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete Template

	No. of questions answered
1. Cover	6
2. HWB Funding Sources	31
3. HWB Expenditure Plan	16
4. HWB Metrics	31
5. National Conditions	12

Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 2. Health and Well-Being Board Funding Sources

Selected Health and Well Being Board:

Barnsley

Data Submission Period:

2017-19

2. HWB Funding Sources

[<< Link to the Guidance tab]

Local Authority Contributions exc iBCF		
isabled Facilities Grant (DFG)	2017/18 Gross Contribution	2018/19 Gross Contribution
arnsley	£2,544,576	£2,758,216
ower Tier DFG Breakdown (for applicable two tier authorities)		
Total Minimum LA Contribution exc iBCF	**£2,544,576**	**£2,758,216**

Are any additional LA Contributions being made in 2017/18 or 2018/19? If yes please detail below	No	No

Local Authority Additional Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Total Local Authority Contribution	**£2,544,576**	**£2,758,216**

Comments - please use this box clarify any specific uses or sources of funding

iBCF Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
Barnsley	£6,803,033	£9,395,305
Total iBCF Contribution	**£6,803,033**	**£9,395,305**

CG Minimum Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
HS Barnsley CCG	£18,590,357	£18,943,574
Total Minimum CCG Contribution	**£18,590,357**	**£18,943,574**

Are any additional CCG Contributions being made in 2017/18 or 2018/19? If yes please detail below	No	No

Additional CCG Contribution	2017/18 Gross Contribution	2018/19 Gross Contribution
otal Additional CCG Contribution	**£0**	**£0**

Comments - please use this box clarify any specific uses or sources of funding

	2017/18	2018/19
otal BCF pooled budget	**£27,937,966**	**£31,097,096**

Funding Contributions Narrative
The level of funding from the CCG minimum contribution to Social Care has been agreed to ensure the required level of uplift across 2017/18 and 2018/19. To ensure consistent level of service across the 2 years of the plan a higher proprtionate uplift has been applied to 2017/18 and therefore whilst the total increase in 2018/19 appears below 1.9% of the 2017/18 level, it reamins above the minimum mandated expenditure on Social Care from the CCG minimum contribution.

Specific funding requirements for 2017-19	Response	Response	If the selected response for either year is 'No', please detail in the comments box
1. Is there agreement about the use of the Disabled Facilities Grant and are arrangements in place for the transfer of DFG funds to the local housing authority?	Yes	Yes	
2. In areas with two tiers of local government:			
i) Are there plans to pass down the full amount of Disabled Facilities Grant from the county to each of the district authorities?			
ii) If a portion of the DFG funding has been retained by the county, have the relevant district councils agreed to this approach? If applicable, please detail in the comments box how the retained portion of DFG will be spent to support integrated approaches to health, social care and housing.			
3. Is there agreement that at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified?	Yes	Yes	
4. Is there agreement on the amount of funding that will be dedicated to carer-specific support from within the BCF pool?	Yes	Yes	
5. Is there agreement on how funding for reablement included within the CCG contribution to the fund is being used?	Yes	Yes	
6. Is the iBCF grant included in the pooled BCF fund?	Yes	Yes	

Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 3. Health and Well-Being Board Expenditure Plan

Selected Health and Well Being Board:
Barnsley

Data Submission Period:
2017-19

3. HWB Expenditure Plan

<< Link to Guidance tab

Link to Summary sheet

Running Balances	2017/18	2018/19
BCF Pooled Total balance	£0	£1
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Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£10,216,351	£10,404,494
Ringfenced NHS Commissioned OOH spend	£8,676,257	£8,846,474

Expenditure

Scheme Descriptions Link >>

Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
1	Intermediate Care Services - Transition	11. Intermediate care services	5. Other	Step up and Step Down	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	2017/18 Only	£2,187,639		Existing
2	Rightcare Barnsley - Transition	2. Care navigation / coordination	1. Care coordination		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	2017/18 Only	£125,000		Existing
3	Intermediate Care - Delivery of new service specification	11. Intermediate care services	5. Other	Step up, down, care, coordination, rapid response	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£5,522,122	£7,446,455	New
4	Falls Service	13. Primary prevention / Early Intervention	3. Other - Physical health/wellbeing		Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£123,201	£123,324	Existing
5	My Best Life - Social Prescribing	13. Primary prevention / Early Intervention	1. Social Prescribing		Social Care		CCG			Charity / Voluntary Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£302,251	£307,394	New
6	Long term care provision	16. Other		Residential, domiciliary and other community based services	Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£5,115,000	£5,298,000	Existing
7	Short term and respite provision	3. Carers services	3. Respite services		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£810,000	£810,000	Existing
8	Mental Health Community Social Care Team	10. Integrated care planning	2. Integrated care packages		Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£760,000	£760,000	Existing
9	Other ASC provisions - DOLS, Access & Rapid Response	16. Other		DOLs	Social Care		Local Authority			Local Authority	CCG Minimum Contribution	Both 2017/18 and 2018/19	£679,000	£679,000	Existing
10	Commissioned contracts - Reablement, MH recovery college and equipment and adaptations	16. Other		Commissioned contracts	Social Care		Local Authority			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£2,307,000	£2,307,000	Existing
11	Independent sector residential beds (Intermediate Care)	14. Residential placements	4. Care home		Social Care		Local Authority			Private Sector	CCG Minimum Contribution	Both 2017/18 and 2018/19	£243,100	£243,100	Existing
12	Care provision costs/pressures	16. Other		Residential, nursing and domiciliary care cost pressures	Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£1,048,033	£5,856,305	Existing
13	Stabilisation of the care market - Uplift in weekly fees	14. Residential placements	4. Care home		Social Care		Local Authority			Private Sector	Improved Better Care Fund	2017/18 Only	£700,000	£0	New
14	Stabilisation of the care market - Increased contract management capacity	6. Domiciliary care at home	3. Other	Contract management	Social Care		Local Authority			Local Authority	Improved Better Care Fund	2017/18 Only	£195,000	£0	New
15	Reducing delayed discharges/NHS Pressures - 7 days hospital social work team	9. High Impact Change Model for Managing Transfer of Care	5. Seven-Day Services		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2017/18 Only	£360,000	£0	New
16	Reducing delayed discharges/NHS Pressures - Reablement/Assistive Living Technolgy/Response Service	11. Intermediate care services	4. Reablement/Rehabilitation services		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2017/18 Only	£372,000	£0	New

Selected Health and Well Being Board:

Barnsley

Data Submission Period:

2017-19

3. HWB Expenditure Plan

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Running Totals	**2017/18**	**2018/19**
Planned Social Care spend from the CCG minimum	£10,216,351	£10,404,494
Ringfenced NHS Commissioned OOH spend	£8,676,257	£8,846,474

Expenditure

Scheme Descriptions Link >>

Scheme ID	Scheme Name	Scheme Type (see table below for descriptions)	Sub Types	Please specify if 'Scheme Type' is 'other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Scheme Duration	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
17	Meeting Adult Social Care Needs - Maintaining care provision	16. Other		Support to emergency duty team,, adult safeguarding	Social Care		Local Authority			Private Sector	Improved Better Care Fund	2017/18 Only	£900,000	£0	New
18	Meeting Adult Social Care Needs - Increased service management	10. Integrated care planning	3. Review teams (reviewing placements/packages)		Social Care		Local Authority			Local Authority	Improved Better Care Fund	2017/18 Only	£1,408,000	£0	New
19	Meeting Adult Social Care Needs - Support for carers	3. Carers services	4. Other	Personal budgets for carers and development of	Social Care		Local Authority			Local Authority	Improved Better Care Fund	2017/18 Only	£675,000	£0	New
20	Meeting Adult Social Care Needs - Community Bridge Building	13. Primary prevention / Early Intervention	4. Other	Improved access and signposting to community and universal	Social Care		Local Authority			Local Authority	Improved Better Care Fund	2017/18 Only	£290,000	£0	New
21	Meeting Adult Social Care Needs - Care Provision	6. Domiciliary care at home	1. Dom care packages		Social Care		Local Authority			Private Sector	Improved Better Care Fund	Both 2017/18 and 2018/19	£855,000	£3,539,000	New
22	DFG	4. DFG - Adaptations			Social Care		Local Authority			Local Authority	Local Authority Contribution	Both 2017/18 and 2018/19	£2,544,576	£2,758,216	Existing
23	Community Home Loans	16. Other		Provides equipment for all service users, to support	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	2018/19 Only		£552,841	Existing
24	Equipment and adaptations	16. Other		Assessment and recommendation of specialist equipment to	Community Health		CCG			NHS Community Provider	CCG Minimum Contribution	Both 2017/18 and 2018/19	£416,044	£416,460	Existing

Selected Health and Well Being Board:

Barnsley

Data Submission Period:

2017-19

3. HWB Expenditure Plan

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Selected Health and Well Being Board:

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Selected Health and Well Being Board:

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3. HWB Expenditure Plan

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Selected Health and Well Being Board:

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3. HWB Expenditure Plan

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Scheme Type	Description	Sub type
1. Assistive Technologies	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	1. Telecare 2. Wellness services 3. Digital participation services 4. Other
2. Care navigation / coordination	A service to help people find their way to appropriate services and support and thus also support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. This is often as part of a multi-agency team which can be on line or use face to face care navigators for frail elderly, or dementia navigators etc. . This includes approaches like Single Point of Access (SPoA) and linking people to community assets.	1. Care coordination 2. Single Point of Access 3. Other
3. Carers services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	1. Carer advice and support 2. Implementation of Care Act 3. Respite services 4. Other
4. DFG - Adaptations	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	
5. DFG - Other Housing	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	
6. Domiciliary care at home	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	1. Dom care packages 2. Dom care workforce development 3. Other
7. Enablers for integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commisisioning infrastructure includes any personnel or teams that enable joint commissioning.	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Other
8. Healthcare services to Care Homes	Improve the availability and quality of primary and community health services delivered to care home residents. Support the Care Home workers to improve the delivery of non-essential healthcare skills. This includes provider led interventions in care homes and commissioning activities eg. joint commissioning/quality assurance for residential and nursing homes.	1. Other - Mental health / wellbeing 2. Other - Physical health / wellbeing 3. Other
9. High Impact Change Model for Managing Transfer of Care	The 8 changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system.	1. Early Discharge Planning 2. Systems to Monitor Patient Flow 3. Multi-Disciplinary/Multi-Agency Discharge Teams 4. Home First/Discharge to Access 5. Seven-Day Services 6. Trusted Assessors 7. Focus on Choice 8. Enhancing Health in Care Homes 9. Other
10. Integrated care planning	A co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.	1. Care planning 2. Integrated care packages 3. Review teams (reviewing placements/packages) 4. Other
11. Intermediate care services	Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and delivered by a combination of professional groups. Services could include Step up/down, Reablement (restorative of self-care), Rapid response or crisis response including that for falls.	1. Step down 2. Step up 3. Rapid/Crisis Response 4. Reablement/Rehabilitation services 5. Other
12. Personalised healthcare at home	Schemes specifically designed to ensure that a person can continue to live at home through the provision of health related support at home. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term and end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in the Personalised Healthcare at Home scheme type.	1. Other - Mental health /wellbeing 2. Other - Physical health/wellbeing 3. Other
13. Primary prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	1. Social Prescribing 2. Other - Mental health /wellbeing 3. Other - Physical health/wellbeing 4. Other
14. Residential placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	1. Supported living 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Other
15. Wellbeing centres	Wellbeing centres provide a space to offer a range of support and activities that promote holistic wellbeing or to help people to access them elsewhere in the community or local area. They can typically be commissioned jointly and provided by the third sector.	
16. Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 4. Health and Well-Being Board Better Care Fund Metrics

Selected Health and Well Being Board:

Barnsley

Data Submission Period:

2017-19

4. HWB Metrics

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4.1 HWB NEA Activity Plan

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Total 17/18	Total 18/19
HWB Non-Elective Admission Plan* Totals	**7,917**	**7,773**	**8,087**	**8,505**	**7,713**	**7,573**	**7,877**	**8,285**	**32,283**	**31,448**

Are you planning on any additional quarterly reductions?	No

Please only record reductions where these are over and above existing or future CCG plans. HWBs are not required to attempt to align to changing CCG plans by recording reductions.

If yes, please complete HWB Quarterly Additional Reduction Figures

HWB Quarterly Additional Reduction										
HWB NEA Plan (after reduction)										
HWB Quarterly Plan Reduction %										

Are you putting in place a local contingency fund agreement on NEA?	No

	2017/18	2018/19
BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/contingency fund **	£5,282,852	£5,383,226

Cost of NEA as used during 16/17***	£2,216	Please add the reason, for any adjustments to the cost of NEA for 17/18 or 18/19 in the cells below
Cost of NEA for 17/18 ***		
Cost of NEA for 18/19 ***		

		Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Total 17/18
Additional NEA reduction delivered through BCF (2017/18)						
		Q1 18/19	**Q2 18/19**	**Q3 18/19**	**Q4 18/19**	**Total 18/19**
NEA reduction delivered CF (2018/19)						
Reduction % (2017/18)						
Reduction % (2018/19)						

Total Non-Elective Admission Plans are taken from the latest CCG NEA plan figures included in the Unify2 planning template, aggregated to quarterly level, extracted on 10/07/2017

lculated as the % contribution of each CCG to the HWB level plan, based on the CCG-HWB mapping (see CCG - HWB Mapping tab)

he sum subject to the condition on NHS out of hospital commissioned services/contingency fund, for any local area putting in place a contingency fund for 2017/18 or 2018/19 as part of its BCF planning, we use the following document and amend the cost if necessary: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577083/Reference_Costs_2015-16.pdf

4.2 Residential Admissions

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual rate	685.1	676.0	702.8	702.6	Our approved target for 2017/18 is a rate of 703 admissions per 100,000, which based on the population estimated below equates to 326 admissions in 2017/18 and 332 in2018/19. The targets have been set in recognition of an increased level of admission (reflecting national and local trends) over recent months and including the first quarter of 2017/18, and with the aim of maintaining the level of admissions at a similar or better level than our statistical neighbours.
	Numerator	307	308	326	332	
	Denominator	44,811	45,561	46,388	47,253	

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a Residential Admissions rate for these two Health and Well-Being Boards.

4.3 Reablement

		15/16 Actual	16/17 Plan	17/18 Plan	18/19 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	90.4%	86.0%	88.0%	88.1%	The performance agreed for 2017/18 will be a significant strectch on 2016/17 out turn which saw lower numbers than anticipated reamining at home 91 days following discharge. The service has been through a reconfiguration in the early part of 2017/18 along with the related Intermediate Care Service and therefore in line with the new model, increased numbers of people are expected to remain at home. There is an expectation that the number of people supported by the service will also continue to grow and therefore the target has been set to
	Numerator	207	244	264	282	
	Denominator	229	283	300	320	

4.4 Delayed Transfers of Care

		16-17 Actuals				17-18 plans				18-19 plans				
		Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Comments
Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)	Quarterly rate	436.3	181.0	373.0	278.4	286.2	291.4	291.4	283.4	291.2	291.2	291.2	291.0	DTOC levels whilst increasing in recent years remain low in Barnsley as a result of the good work which takes place locally between healthcare providers and social services. Our targets reflect our plans to avoid any further increases and maintain performance in line with nationally expected levels.
	Numerator (total)	834	346	713	536	551	561	561	549	564	564	564	567	
	Denominator	191,169	191,169	191,169	192,523	192,523	192,523	192,523	193,706	193,706	193,706	193,706	194,823	

Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year using the 2014 based Sub-National Population Projections for Local Authorities in England;
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1
Population figures for Cornwall and Isles of Scilly and Bournemouth and Poole has been combined to form Cornwall & Scilly and Bournemouth & Poole respectively to create a DTOC rate for these two Health and Well-Being Boards.

Planning Template v.14.6b for BCF: due on 11/09/2017

Sheet: 5. National Conditions

Selected Health and Well Being Board:

Barnsley

Data Submission Period:

2017-19

5. National Conditions

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National Conditions For The Better Care Fund 2017-19	Does your BCF plan for 2017/18 set out a clear plan to meet this condition?	Does your BCF plan for 2018/19 set out a clear plan to meet this condition?	If the selected response for either year is 'No', please detail in the comments box issues and/or actions that are being taken to meet the condition.
1) Plans to be jointly agreed	Yes	Yes	
2) NHS contribution to adult social care is maintained in line with inflation	Yes	Yes	
3) Agreement to invest in NHS commissioned out of hospital services	Yes	Yes	

4) Managing transfers of care	Yes	Yes	

CCG to Health and Well-Being Board Mapping for 2017-19

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.2%	87.9%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	7.0%	8.5%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.3%	0.5%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.2%	3.0%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.0%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.0%	92.5%
E09000003	Barnet	07P	NHS Brent CCG	1.9%	1.7%
E09000003	Barnet	07R	NHS Camden CCG	0.9%	0.6%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	2.9%	2.4%
E09000003	Barnet	08D	NHS Haringey CCG	2.1%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.5%	98.2%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.7%	98.3%
E06000022	Bath and North East Somerset	11H	NHS Bristol CCG	0.3%	0.8%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	12A	NHS South Gloucestershire CCG	0.0%	0.1%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.5%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.5%	89.4%
E09000004	Bexley	07Q	NHS Bromley CCG	0.0%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.6%	8.8%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	13P	NHS Birmingham Crosscity CCG	91.9%	53.3%
E08000025	Birmingham	04X	NHS Birmingham South and Central CCG	96.8%	24.3%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.0%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	40.4%	18.8%
E08000025	Birmingham	05P	NHS Solihull CCG	15.2%	3.0%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	89.0%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.6%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.7%	97.5%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.5%	2.5%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.6%
E08000001	Bolton	00V	NHS Bury CCG	1.4%	0.9%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000028 & E06000029	Bournemouth & Poole	11J	NHS Dorset CCG	45.9%	100.0%
E06000036	Bracknell Forest	10G	NHS Bracknell and Ascot CCG	82.1%	94.6%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.1%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.1%	0.1%
E06000036	Bracknell Forest	11C	NHS Windsor, Ascot and Maidenhead CCG	1.8%	2.3%
E06000036	Bracknell Forest	11D	NHS Wokingham CCG	1.4%	1.9%

E08000032	Bradford	02N	NHS Airedale, Wharfdale and Craven CCG	67.4%	18.6%
E08000032	Bradford	02W	NHS Bradford City CCG	99.4%	22.2%
E08000032	Bradford	02R	NHS Bradford Districts CCG	97.9%	57.9%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	02V	NHS Leeds North CCG	0.6%	0.2%
E08000032	Bradford	03C	NHS Leeds West CCG	1.7%	1.1%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.2%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.9%	86.5%
E09000005	Brent	07R	NHS Camden CCG	4.0%	2.9%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.2%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000005	Brent	08E	NHS Harrow CCG	5.8%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.5%	2.8%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.8%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	11H	NHS Bristol CCG	94.4%	97.9%
E06000023	Bristol, City of	12A	NHS South Gloucestershire CCG	3.7%	2.1%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.7%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.1%	1.3%
E09000006	Bromley	08A	NHS Greenwich CCG	1.5%	1.2%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.1%
E09000006	Bromley	08L	NHS Lewisham CCG	2.0%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Y	NHS Aylesbury Vale CCG	91.3%	35.3%
E10000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E10000002	Buckinghamshire	10H	NHS Chiltern CCG	96.0%	59.7%
E10000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E10000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.8%	0.4%
E10000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E10000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E10000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E10000002	Buckinghamshire	10T	NHS Slough CCG	2.8%	0.8%
E10000002	Buckinghamshire	11C	NHS Windsor, Ascot and Maidenhead CCG	1.3%	0.4%
E08000002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E08000002	Bury	00V	NHS Bury CCG	94.1%	94.3%
E08000002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E08000002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E08000002	Bury	14L	NHS Manchester CCG	0.7%	2.1%
E08000002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E08000033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.7%
E08000033	Calderdale	02T	NHS Calderdale CCG	98.5%	98.9%
E08000033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E08000033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E10000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E10000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	72.0%	96.7%
E10000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E10000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.4%	0.0%
E10000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E10000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.5%	0.4%
E10000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E09000007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E09000007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E09000007	Camden	07R	NHS Camden CCG	84.0%	89.2%
E09000007	Camden	09A	NHS Central London (Westminster) CCG	5.8%	4.8%
E09000007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E09000007	Camden	08H	NHS Islington CCG	3.3%	3.1%
E09000007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E06000056	Central Bedfordshire	10Y	NHS Aylesbury Vale CCG	2.0%	1.5%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.8%	95.2%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.8%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.4%
E06000049	Cheshire East	04J	NHS North Derbyshire CCG	0.4%	0.3%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	05N	NHS Shropshire CCG	0.1%	0.0%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.5%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.3%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.7%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%

E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.1%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.3%	29.3%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.3%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	6.4%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.0%	1.8%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	72.7%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.0%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.9%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.1%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000052	Cornwall & Scilly	99P	NHS North, East, West Devon CCG	0.4%	0.6%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgefield CCG	97.2%	52.6%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.6%	46.1%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.4%	99.9%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.3%	0.1%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.4%	93.3%
E09000008	Croydon	09L	NHS East Surrey CCG	3.0%	1.3%
E09000008	Croydon	08K	NHS Lambeth CCG	2.9%	2.8%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.4%
E10000006	Cumbria	01H	NHS Cumbria CCG	97.4%	100.0%
E10000006	Cumbria	01K	NHS Morecambe Bay CCG	0.2%	0.0%
E06000005	Darlington	00C	NHS Darlington CCG	98.2%	96.2%
E06000005	Darlington	00D	NHS Durham Dales, Easington and Sedgefield CCG	1.2%	3.1%
E06000005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.0%	0.1%
E06000005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.5%
E06000015	Derby	04R	NHS Southern Derbyshire CCG	50.0%	100.0%
E10000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E10000007	Derbyshire	05D	NHS East Staffordshire CCG	8.0%	1.4%
E10000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E10000007	Derbyshire	03X	NHS Erewash CCG	92.4%	11.3%
E10000007	Derbyshire	03Y	NHS Hardwick CCG	94.6%	12.3%
E10000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.0%	0.5%
E10000007	Derbyshire	04J	NHS North Derbyshire CCG	98.2%	35.9%
E10000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E10000007	Derbyshire	04M	NHS Nottingham West CCG	5.2%	0.6%
E10000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E10000007	Derbyshire	04R	NHS Southern Derbyshire CCG	48.2%	33.1%
E10000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E10000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	14.0%	4.3%
E10000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E10000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E10000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E10000008	Devon	99P	NHS North, East, West Devon CCG	70.1%	80.6%
E10000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E10000008	Devon	99Q	NHS South Devon and Torbay CCG	51.1%	18.5%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.4%	0.5%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.7%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%

E10000009	Dorset	11J	NHS Dorset CCG	52.5%	95.9%
E10000009	Dorset	11X	NHS Somerset CCG	0.6%	0.7%
E10000009	Dorset	11A	NHS West Hampshire CCG	2.0%	2.5%
E10000009	Dorset	99N	NHS Wiltshire CCG	0.8%	0.9%
E08000027	Dudley	13P	NHS Birmingham Crosscity CCG	0.3%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.2%	90.8%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.7%	0.2%
E09000009	Ealing	07P	NHS Brent CCG	1.7%	1.5%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.8%	90.7%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.8%	3.0%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.8%	3.6%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.4%	85.0%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.5%	8.1%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.5%	6.6%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.1%	1.3%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.5%
E09000010	Enfield	07X	NHS Enfield CCG	95.4%	90.8%
E09000010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.3%	11.6%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.7%	0.7%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.6%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.6%
E10000012	Essex	08N	NHS Redbridge CCG	3.0%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.7%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%
E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.9%	97.9%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.1%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	12A	NHS South Gloucestershire CCG	0.3%	0.1%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.5%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	88.7%	89.7%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.2%	4.7%
E09000012	Hackney	07R	NHS Camden CCG	0.8%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.4%	94.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.6%
E09000012	Hackney	08H	NHS Islington CCG	4.4%	3.6%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.5%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.6%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.2%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.6%	1.0%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.2%

E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.4%	2.4%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.2%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	90.4%	87.7%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.1%	0.2%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.4%	7.2%
E10000014	Hampshire	10G	NHS Bracknell and Ascot CCG	0.7%	0.0%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.6%	14.5%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	10M	NHS Newbury and District CCG	5.9%	0.5%
E10000014	Hampshire	10N	NHS North & West Reading CCG	0.9%	0.0%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.4%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	16.0%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.5%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.3%	1.1%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E10000014	Hampshire	11D	NHS Wokingham CCG	0.6%	0.0%
E09000014	Haringey	07M	NHS Barnet CCG	1.1%	1.5%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.5%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08D	NHS Haringey CCG	87.8%	91.5%
E09000014	Haringey	08H	NHS Islington CCG	2.4%	2.0%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.3%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.2%	1.9%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.4%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%
E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.5%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.5%	99.5%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.3%	2.8%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.4%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.1%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.1%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	10Y	NHS Aylesbury Vale CCG	0.4%	0.0%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	96.9%	46.6%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.4%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.1%	50.8%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.3%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	10H	NHS Chiltern CCG	0.1%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.3%	1.9%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.9%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.0%	0.9%

E09000018	Hounslow	07W	NHS Ealing CCG	5.7%	7.8%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.0%	0.7%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	86.8%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.6%	3.9%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.6%	5.2%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.4%
E09000019	Islington	07T	NHS City and Hackney CCG	3.3%	4.1%
E09000019	Islington	08D	NHS Haringey CCG	1.3%	1.6%
E09000019	Islington	08H	NHS Islington CCG	89.4%	88.7%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.4%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.2%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.0%	1.2%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.8%	93.1%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.2%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.2%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.1%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.0%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.9%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.2%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.3%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.5%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	87.1%	95.6%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.9%	1.5%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.3%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.7%
E08000034	Kirklees	03C	NHS Leeds West CCG	0.3%	0.2%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.2%
E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.5%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.1%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.8%	0.5%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.9%	92.6%
E09000022	Lambeth	08R	NHS Merton CCG	1.1%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.8%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.6%	3.8%

E10000017	Lancashire	02N	NHS Airedale, Wharfdale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.0%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.3%	1.8%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01H	NHS Cumbria CCG	1.4%	0.6%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.5%	11.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	17.1%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	99.8%	12.9%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.1%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	97.0%	8.8%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.8%	0.2%
E08000035	Leeds	02W	NHS Bradford City CCG	0.6%	0.0%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.7%	0.3%
E08000035	Leeds	02V	NHS Leeds North CCG	96.4%	24.2%
E08000035	Leeds	03G	NHS Leeds South and East CCG	98.4%	31.7%
E08000035	Leeds	03C	NHS Leeds West CCG	97.9%	43.0%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.3%	2.0%
E06000016	Leicester	04C	NHS Leicester City CCG	92.5%	95.3%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.7%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.6%	0.0%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.4%	39.9%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.5%	4.2%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	04R	NHS Southern Derbyshire CCG	0.7%	0.5%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	52.9%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.3%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.8%	92.4%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.8%	3.8%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.0%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.5%	30.5%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	2.6%	0.6%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.2%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.2%	4.4%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.6%
E08000003	Manchester	00V	NHS Bury CCG	0.3%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.5%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.6%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.1%	1.6%
E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	94.0%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.1%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%

E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08J	NHS Kingston CCG	3.5%	3.0%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.6%
E09000024	Merton	08R	NHS Merton CCG	87.5%	81.1%
E09000024	Merton	08T	NHS Sutton CCG	3.4%	2.7%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.2%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.1%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.6%	95.1%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	6.0%	4.1%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.7%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.3%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.7%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	23.8%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	25.4%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.5%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.1%	1.4%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	97.2%	96.8%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	11H	NHS Bristol CCG	0.3%	0.6%
E06000024	North Somerset	11T	NHS North Somerset CCG	99.1%	97.7%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.0%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfdale and Craven CCG	32.4%	8.3%
E10000023	North Yorkshire	01H	NHS Cumbria CCG	1.2%	1.0%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.5%	22.9%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.9%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.0%
E10000023	North Yorkshire	02V	NHS Leeds North CCG	3.0%	1.0%
E10000023	North Yorkshire	03G	NHS Leeds South and East CCG	0.5%	0.2%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.7%	18.7%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%

E10000021	Northamptonshire	10Y	NHS Aylesbury Vale CCG	0.1%	0.0%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.1%	9.7%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	1.9%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.2%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.2%	1.1%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	01H	NHS Cumbria CCG	0.0%	0.1%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	1.0%	0.7%
E06000057	Northumberland	00L	NHS Northumberland CCG	98.0%	98.6%
E06000018	Nottingham	04K	NHS Nottingham City CCG	89.7%	95.3%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.7%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.3%	1.2%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.3%	13.5%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	03X	NHS Erewash CCG	7.6%	0.9%
E10000024	Nottinghamshire	03Y	NHS Hardwick CCG	5.0%	0.6%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	98.0%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.3%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.0%	17.3%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.5%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.4%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04R	NHS Southern Derbyshire CCG	0.6%	0.4%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.6%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	10Y	NHS Aylesbury Vale CCG	6.1%	1.8%
E10000025	Oxfordshire	10H	NHS Chiltern CCG	0.1%	0.0%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10M	NHS Newbury and District CCG	0.1%	0.0%
E10000025	Oxfordshire	10N	NHS North & West Reading CCG	2.0%	0.3%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.3%	96.6%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.6%	0.8%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	22.8%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	99P	NHS North, East, West Devon CCG	29.2%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.4%	1.3%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.3%	0.3%
E06000038	Reading	10N	NHS North & West Reading CCG	61.6%	36.2%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E06000038	Reading	10W	NHS South Reading CCG	79.8%	60.6%
E06000038	Reading	11D	NHS Wokingham CCG	3.1%	2.7%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	5.6%	3.8%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.5%	1.8%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.6%	88.7%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.4%	3.2%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.0%	1.0%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.4%	99.0%

E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.4%	0.4%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.5%	1.4%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.5%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.3%	0.6%
E08000005	Rochdale	00V	NHS Bury CCG	0.6%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.4%	3.2%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.3%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.6%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.4%
E06000017	Rutland	03V	NHS Corby CCG	0.3%	0.6%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.8%	85.7%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.7%	11.9%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.5%
E08000006	Salford	00T	NHS Bolton CCG	0.3%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.9%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	0.9%	2.2%
E08000006	Salford	01G	NHS Salford CCG	94.0%	94.8%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	13P	NHS Birmingham Crosscity CCG	3.0%	6.2%
E08000028	Sandwell	04X	NHS Birmingham South and Central CCG	0.2%	0.2%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	54.0%	89.2%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.1%	51.8%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.9%	41.8%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%
E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	03Y	NHS Hardwick CCG	0.4%	0.0%
E08000019	Sheffield	04J	NHS North Derbyshire CCG	0.7%	0.3%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.3%	0.1%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.6%	99.2%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.4%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.6%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.5%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	10H	NHS Chiltern CCG	3.1%	6.5%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E06000039	Slough	10T	NHS Slough CCG	96.6%	93.1%
E06000039	Slough	11C	NHS Windsor, Ascot and Maidenhead CCG	0.4%	0.4%
E08000029	Solihull	13P	NHS Birmingham Crosscity CCG	1.9%	6.2%
E08000029	Solihull	04X	NHS Birmingham South and Central CCG	0.4%	0.6%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05P	NHS Solihull CCG	83.6%	92.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.3%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11T	NHS North Somerset CCG	0.9%	0.3%
E10000027	Somerset	99P	NHS North, East, West Devon CCG	0.3%	0.5%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.0%

E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.6%	0.5%
E06000025	South Gloucestershire	11H	NHS Bristol CCG	5.0%	8.9%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	12A	NHS South Gloucestershire CCG	95.1%	88.7%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.7%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.7%	4.6%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.4%
E09000028	Southwark	07R	NHS Camden CCG	0.4%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.2%	1.4%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.0%	1.8%
E09000028	Southwark	08Q	NHS Southwark CCG	94.4%	88.7%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.1%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.0%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	13P	NHS Birmingham Crosscity CCG	0.5%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.0%	14.6%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	04J	NHS North Derbyshire CCG	0.7%	0.2%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.5%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.4%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.1%	23.7%
E10000028	Staffordshire	04R	NHS Southern Derbyshire CCG	0.5%	0.3%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.6%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.9%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.3%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.7%	0.9%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	95.0%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.3%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.4%	0.5%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.6%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.6%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.1%	97.0%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.4%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.8%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.4%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.8%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	2.0%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.4%	0.2%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.1%

E10000030	Surrey	10G	NHS Bracknell and Ascot CCG	1.7%	0.2%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.2%	0.4%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	17.0%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.6%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.4%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.4%
E10000030	Surrey	08P	NHS Richmond CCG	0.6%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.1%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E10000030	Surrey	11C	NHS Windsor, Ascot and Maidenhead CCG	8.5%	1.1%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.4%	3.3%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.4%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.4%	2.0%
E09000029	Sutton	08T	NHS Sutton CCG	94.5%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.2%	98.3%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.4%
E08000008	Tameside	14L	NHS Manchester CCG	2.3%	5.9%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.8%
E08000008	Tameside	01W	NHS Stockport CCG	1.7%	2.2%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.1%	88.1%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.7%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.2%	0.2%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.3%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	99.2%
E06000027	Torbay	99Q	NHS South Devon and Torbay CCG	48.9%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.4%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.1%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	97.5%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	6.9%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.6%	92.8%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	03G	NHS Leeds South and East CCG	1.0%	0.8%
E08000036	Wakefield	03C	NHS Leeds West CCG	0.1%	0.2%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.1%
E08000030	Walsall	13P	NHS Birmingham Crosscity CCG	1.8%	4.6%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.2%
E08000030	Walsall	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.1%	0.0%
E08000030	Walsall	05Y	NHS Walsall CCG	92.7%	90.6%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.3%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.3%	0.3%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.2%	1.6%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.6%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.5%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.0%	3.2%
E09000032	Wandsworth	08R	NHS Merton CCG	2.9%	1.7%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.8%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	93.1%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.6%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.3%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.8%	96.9%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.3%
E10000031	Warwickshire	13P	NHS Birmingham Crosscity CCG	0.2%	0.2%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.8%	0.2%
E10000031	Warwickshire	05P	NHS Solihull CCG	0.6%	0.3%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.2%	45.5%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.9%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	10M	NHS Newbury and District CCG	93.2%	66.4%
E06000037	West Berkshire	10N	NHS North & West Reading CCG	35.3%	23.5%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	10W	NHS South Reading CCG	8.7%	7.5%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E06000037	West Berkshire	11D	NHS Wokingham CCG	0.1%	0.1%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.2%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.7%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	13.9%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.0%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.8%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	1.9%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	80.4%	71.2%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.4%	23.2%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.2%
E08000010	Wigan	01G	NHS Salford CCG	0.9%	0.7%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.3%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.7%	0.9%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.6%

E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.8%	0.3%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	10M	NHS Newbury and District CCG	0.8%	0.2%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12A	NHS South Gloucestershire CCG	0.9%	0.5%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.2%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	10G	NHS Bracknell and Ascot CCG	12.3%	10.8%
E06000040	Windsor and Maidenhead	10H	NHS Chiltern CCG	0.6%	1.2%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.1%
E06000040	Windsor and Maidenhead	10T	NHS Slough CCG	0.6%	0.6%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E06000040	Windsor and Maidenhead	11C	NHS Windsor, Ascot and Maidenhead CCG	88.1%	85.5%
E06000040	Windsor and Maidenhead	11D	NHS Wokingham CCG	1.3%	1.3%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	10G	NHS Bracknell and Ascot CCG	3.2%	2.6%
E06000041	Wokingham	10N	NHS North & West Reading CCG	0.2%	0.1%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E06000041	Wokingham	10W	NHS South Reading CCG	11.5%	9.5%
E06000041	Wokingham	11D	NHS Wokingham CCG	93.5%	87.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.4%	1.6%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.7%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.5%	3.6%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.2%
E10000034	Worcestershire	13P	NHS Birmingham Crosscity CCG	0.4%	0.5%
E10000034	Worcestershire	04X	NHS Birmingham South and Central CCG	2.5%	1.3%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.8%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	1.0%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.9%	27.9%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05P	NHS Solihull CCG	0.5%	0.2%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.1%	49.0%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.4%	18.7%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.1%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

Produced by NHS England using data from National Health Applications and Infrastructure Services (NHAIS) as supplied by NHS Digital

REPORT TO THE HEALTH AND WELLBEING BOARD

3 October 2017

Clear Peer Assessment

Report Sponsor: Julia Burrows
Report Author: Diane Lee
Received by SSDG: 19 September 2017
Date of Report: 19 September 2017

1. Purpose of Report

1.1 This paper and supporting documentation summarises conclusions of the CLeaR (Challenge, Leadership, Results) peer assessment team following their visit to Barnsley on 11th July 2017.

2. Recommendations

2.1 To note contents of the peer assessment report.

3. Introduction and Background

3.1 CLeaR is an improvement model, based on NICE and other national guidance, which provides local government and its partners with a structured, evidence-based approach to achieving excellence in local tobacco control.

The model comprises of a self-assessment questionnaire, backed by a challenge and assessment process from a team of national experts and peer assessors, followed by a report of their findings and recommendations.

Headline findings are as follows:

2017 CLeaR results

CLeaR Domain	Maximum score available	Self-assessment score	CLeaR peer assessment score
Challenge Services	112	79	90 (81%) ↑
Leadership	72	56	61 (85%) ↑
Results	40	23	28 (70%) ↑

2013 CLeaR results

CLeaR Domain	**Maximum score available**	**Self-assessment score**	**CLeaR peer assessment score**
Challenge Services	78	28	36 (46%)
`Leadership	60	14	15 (25%)
Results	28	11	16 (57%)

Detailed feedback is provided in the report with a focus on vision and leadership, planning and commissioning, partnership working, innovation and learning, prevention, compliance, communications and denormalisation, cessation, prevalence, quit data and local priorities.

Barnsley has seen significant improvement across all domains. In 2013 we achieved 40% of the total points available increasing to 70% of the total points available in 2017.

4. Financial Implications

4.1 Not applicable

5. Consultation with stakeholders

5.1 Not applicable

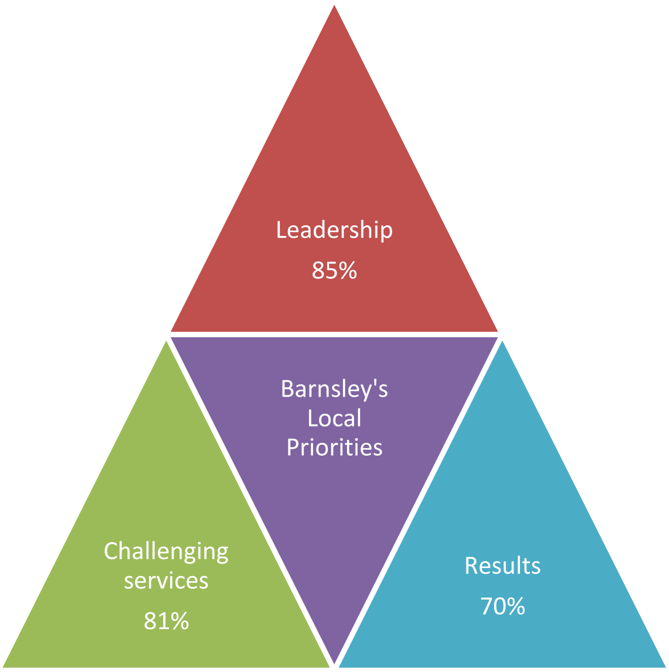
Officer: Diane Lee **Contact:** 01226 787435 **Date:** 19 September 2017

Public Health England

CLeaR thinking

CLeaR model assessment for excellence in local tobacco control

Barnsley Metropolitan Borough Council 11th July 2017



Barnsley's CLeaR scores as a percentage of the total available in each domain

CLeaR Excellence in local tobacco control Developed by ASH

ash. action on smoking and health

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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This document is available in other formats on request. Please call 020 368 20521 or email CLeaRTobaccoTeam@phe.gov.uk

Contents

Foreword

CLeaR has been developed by Action on Smoking and Health (ASH) with assistance from partners in Cancer Research UK, the Chartered Institute for Environmental Health, FRESH, the National Centre for Smoking Cessation and Training, Smoke Free South West, the Trading Standards Institute, Tobacco Free Futures and colleagues from the NHS and local authority.

Through their hard work and diligence they have provided the platform by which every council, upper tier local authority or tobacco control alliance can assess their delivery plans and take assurance from review by their peers, that they are investing their resources wisely and in full knowledge of the evidence which supports this.

Public Health England thanks ASH and their partner organisations for developing such a simple, yet challenging assessment and for their continued dedication to securing a tobacco free future through evidence based tobacco control.

Duncan Selbie
PHE chief executive

1. CLeaR context

CLeaR is an improvement model which provides local government and its partners with a structured, evidence-based approach to achieving excellence in local tobacco control.

The model comprises a self-assessment questionnaire, backed by an optional challenge and assessment process from a team of expert and peer assessors. The purpose of the assessment is to test the assumptions organisations have made in completing the questionnaire and provide objective feedback on performance against the model.

The report also provides a number of recommendations (CLeaR messages) and the assessors suggestions for revised scores accompanied by detailed feedback on specific areas of the model (CLeaR results). In addition we suggest some resources you may find useful as you progress your work on tobacco control (CLeaR resources).

1.1 CLeaR in Barnsley

Kaye Mann invited the CLeaR team to validate the CLeaR assessment process in Barnsley as a benchmarking exercise for the local authority and tobacco control alliance.

The CLeaR team was Andrea Dickens (Meliorem Solutions Ltd), Jez Mitchell (Public Health Principal Wakefield Council) and Edith Akinnawonu (Tobacco Control Support Manager, Pubic Health England).

This report summarises conclusions of the CLeaR assessment team following their visit and a series of interviews on 11th July 2017. It sets Barnsley's challenge in context, providing information on the economic impact of smoking in Barnsley.

In carrying out the CLeaR assessment we built on the tobacco control alliance's insights into areas that needed improvement, as recognised in through their self-assessment questionnaire.

Special thanks go to Kaye for her assistance in co-ordinating responses to the self-assessment and organising the assessment visit.

Thanks also go to all those who gave their time to be interviewed by the CLeaR team, their willingness to engage with the process, honesty and integrity were greatly appreciated.

Attending:

- Cath Bedford – CCG - Public Health Principal
- Claire Gray – Be Well Barnsley – Manager
- Cllr Jenny Platts – BMBC
- Cllr Jim Andrews – BMBC – Chair of Alliance and PH Portfolio Holder
- Cllr Sarah Tattersall – BMBC
- Diane Lee – BMBC – Head of Public Health
- Emma White – BMBC – PH Principle, People Directorate
- Judith Hurst – Primary Head Teacher
- Julia Burrows – BMBC – Director of Public Health
- Kaye Mann – BMBC – Senior Health Improvement Officer
- Laura Gray – Barnsley College
- Paul Micklethwaite – BMBC – Tobacco Enforcement Officer
- Rebecca Barker – BHNFT – Specialist Stop Smoking Midwife
- Simon Frow – BMBC – Head of Regulatory Services
- Zoe Styring – SWYPFT – Stop Smoking Service Manager

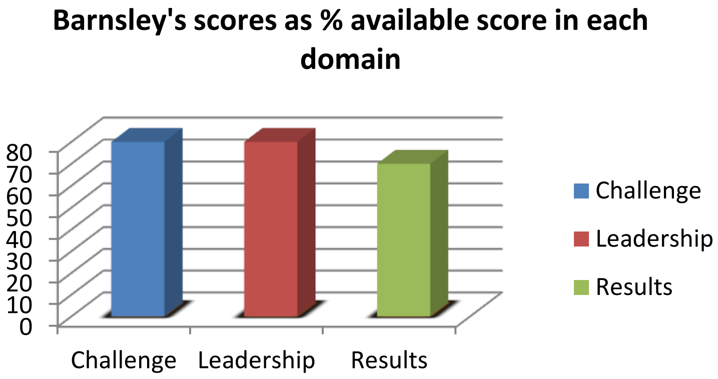
Core Assessor

- Andrea Dickens – Director, Meliorem Solutions Limited

Peer Assessors

- Jez Mitchell (Public Health Principal Wakefield Council)
- Edith Akinnawonu (Tobacco Control Support Manager, Pubic Health England)

2. CLeaR messages



CLeaR domain	Max score	Self-assessment score	CLeaR assessment score
Challenge services	112	79	90 (81%)
Leadership	72	56	61 (85%)
Results	40	23	28 (70%)

2.1 Your insights

- You have a strong vision for a smokefree Barnsley evidenced through the Breathe 2025 aims to create a generation of children that are smoke-free.
- You are involving a wide range of partners in your alliance, including clinical leadership champions.
- A comprehensive tobacco control plan has been agreed and signed off and an action plan is in place which is currently being reviewed and updated.
- Barnsley has made significant improvements in its tobacco control programme since the last CLeaR assessment in 2013, addressing all of the areas for development that were identified.

2.2 Your strengths:

- We saw enthusiastic and passionate support for tobacco control from Councillor Andrews, the Chair of the Alliance and portfolio holder for public health, and from Councillors Tattersall and Platts who are both committed to tackling tobacco use in Barnsley.

- You have strong leadership within Public Health from both the Director and Head of Public Health.
- The distributed model for public health has been used to help embed tobacco control work across the whole Council with all Directorates represented on the Alliance.
- You have put a well-established reporting structure and decision-making framework, providing a clear line of accountability from the tobacco control alliance to the health and wellbeing board and regular reporting to the elected members.
- Executive support is reflected in practice through a dedicated budget for tobacco control activity.
- Trading Standards and Environmental Health are both fully engaged in supporting effective regulatory work to support tobacco control.
- Barnsley has a dedicated Tobacco Control Enforcement Officer which enables the Trading Standards department to undertake a relatively high volume of work in this area and maintain excellent partnership working with other regulatory and enforcement agencies.
- The full range of internal communications is used to promote tobacco control across BMBC.
- The local Stop Smoking Service has seen a drop in referrals but at the same time has increased the quit rate which reflects a quality service being delivered.

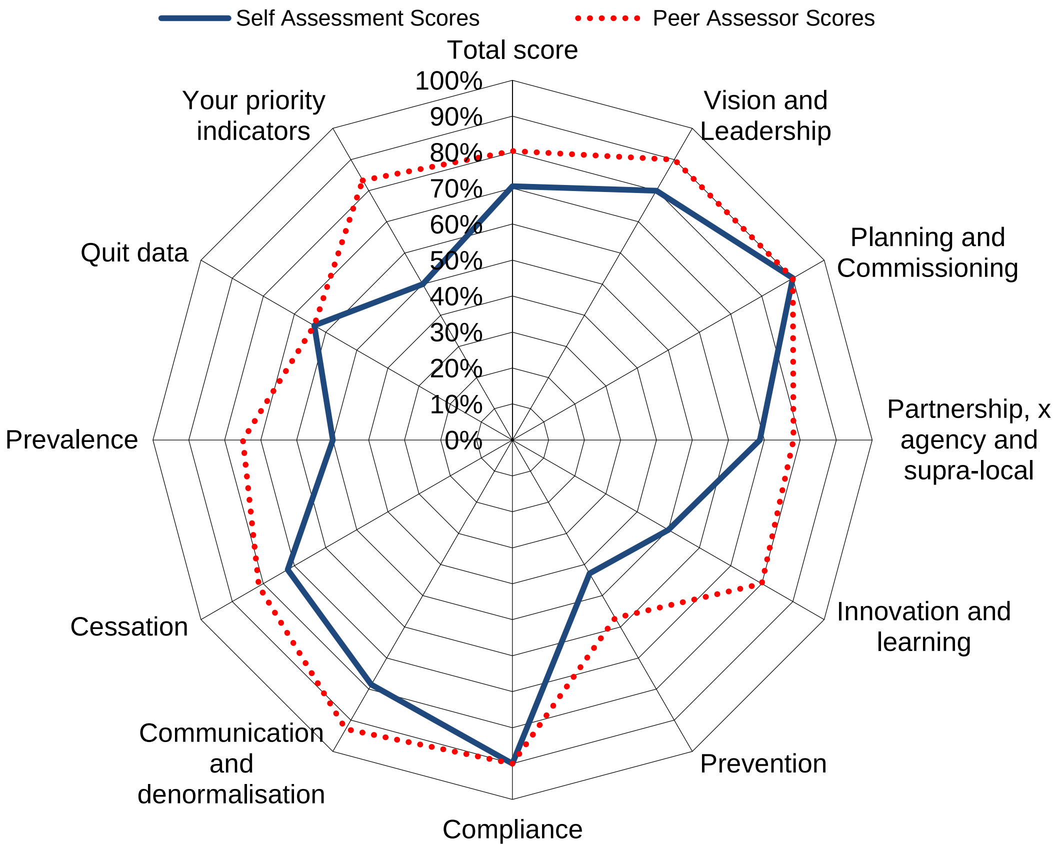
2.3 Opportunities for development

- While Barnsley Council has signed the Local Government Declaration, a corporate policy which states a clear intention not to engage with tobacco companies, except for the purposes of regulation would underline the Council's committement to its obligations under World Health Organisation Framework Convention on Tobacco Control, Article 5.3.
- There is a lack of direct referrals from GP practices to the Stop Smoking Service. This is an area which could be addressed with the help of the Clinical Commissioning Group to increase referrals.
- Commissioning of services so that all pregnant smokers are seen by maternity service stop smoking advisors would provide a more joined up service with best provision for clients.
- We heard that the Stop Smoking Service provider is sub-contracted by the Be Well Barnsley provider which has limited experience of delivery of this type of service. As a result, there is no direct contact between tobacco control leads in public health and the stop smoking service. This is a less than ideal situation which should be reviewed with a view to improving communication and engagement and ultimately increasing referrals to the service. Tobacco control leads should be included in defining any commissioning arrangements for services in this area.
- The short term nature of the Tobacco Control Enforcement Officer role generates some uncertainty in this area and reduces the ability to undertake medium term planning of enforcement activities with partner organisations. Consideration should be given to including this post within the tobacco control budget.
- Seeking further opportunities to address the availability of illicit tobacco beyond local boundaries would increase the impact of the work in this area, while any budget or resource sharing here would make the work more cost effective.
- Sustained commitment to the comprehensive tobacco control programme will be needed for Barnsley to achieve its aim of Breathe 2025 to create a generation of children that are smokefree.

3. CLeaR results

The chart below shows (in blue) Barnsley's original self-assessment scoring, as a % of available marks in each section and (in red) the CLeaR team's assessment results. The results of the peer assessment accorded closely with the self-assessment, with the peer assessment identifying some additional areas for improvement.

Barnsley CLeaR Profile



Detailed comments on your assessment are as follows

Clear Theme	Your score	Our score	Max	Comments
Leadership				
Vision and leadership (including WHO FCTC)	16	18	20	Barnsley have embedded tobacco control across the council through effective implementation of the distributed model of public health. There is a strong and well established tobacco control alliance, chaired by the portfolio holder for public health and with a wide ranging membership including clinical leadership. There is strong support for tobacco control from elected members who are passionate about improving the health and well being of the population through a reduction in tobacco use. A policy in line with article 5.3 of the WHO `Framework Convention on Tobacco Control' would show exemplary corporate leadership on tobacco control.
Planning and commissioning	18	18	20	There is senior management and executive member engagement with, and sign off of the local tobacco control plan and a high level of enthusiasm for, and commitment to tobacco control in Barnsley. NICE Guidance is used to inform commissioning of all areas of work. An audit being planned with Barnsley Hospital Foundation Trust to inform the development of an action plan will address the only gap here. The Action Plan would benefit from more specific SMART targets with dates/timelines for delivery of action allocated to partners.

Partnership, cross-agency and supra-local working.	22	25	32	Barnsley has a strong, well attended Alliance which is chaired and attended by elected members. There is a comprehensive Action Plan which is being updated. In the current financial climate, sharing of budgets and resources should be explored to achieve greater impact and value for money.
Challenging your services				
Innovation and learning	5	8	10	The Action Plan is being updated indicating a review of progress. Learning from the tobacco control work is shared and reviewed at Alliance meetings. A more formal system of sharing across partners would help raise and maintain awareness of work which is being undertaken and the results achieved eg routine circulation of updates and final reports on projects as well as tobacco control and cessation data.
Prevention	6	8	14	All of the play parks in Barnsley are smokefree and an evaluation of the programme is due shortly. A popular square in the town has also been made smokefree as a first step in the gradual extension of a smokefree town centre zone. A whole school approach to tobacco control is being developed across Barnsley. This is important to help achieve the smokefree generation ambition. Consultation with schools and parents is being undertaken to establish what will work. A pilot is scheduled for September 2017 in five schools. Smokefree Homes are promoted by health professionals and children’s centres staff. Evaluation to establish if they are being

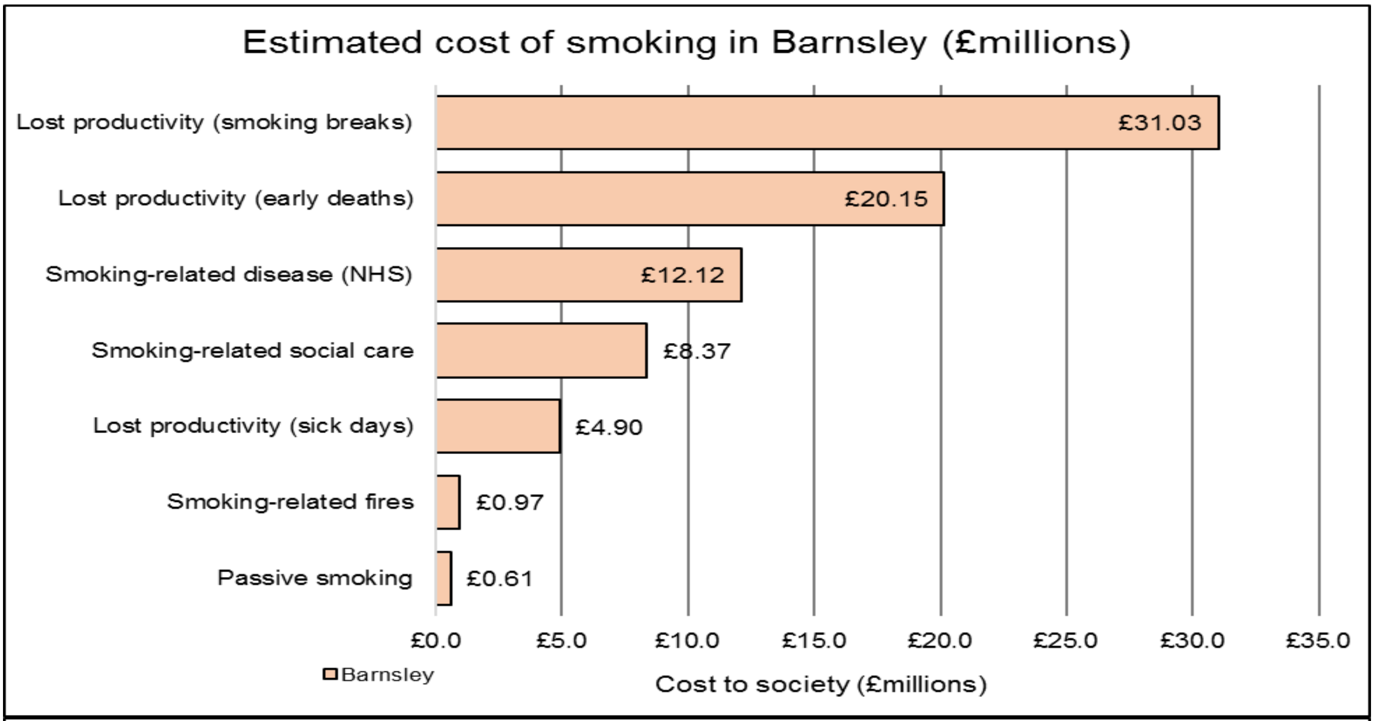
				implemented and maintained would be beneficial in maintaining this focus. Evaluation of all local innovation will provide useful learning regarding their effectiveness and provide support for the financial case in maintaining the work.
Compliance	18	18	20	An original and effective approach to the enforcement of the Smoking in Cars legislation has been taken by the Tobacco Enforcement Officer in attending schools premises at the end of the day and approaching parents who are smoking at school gates. There is a good understanding of the local position around shisha and proactive work to ensure compliance with smokefree legislation. Greater engagement with supra-local or regional initiatives to address illicit tobacco would increase the impact of the work in this area. Long term planning of work to tackle illicit tobacco is hampered by the short term nature of the Tobacco Enforcement Officer post. Given the importance of networking and establishing contacts in other regulatory and enforcement organisations, continuity is an important factor in effective partnership working. Could your dedicated tobacco control budget play a wider role in securing this post to enable more effective long term planning?
Communications and denormalisation	11	13	14	There are good examples of amplifying national and regional campaigns although resources are limited. A comprehensive communication plan is in place for tobacco control and has good promotion of the work in the local press.

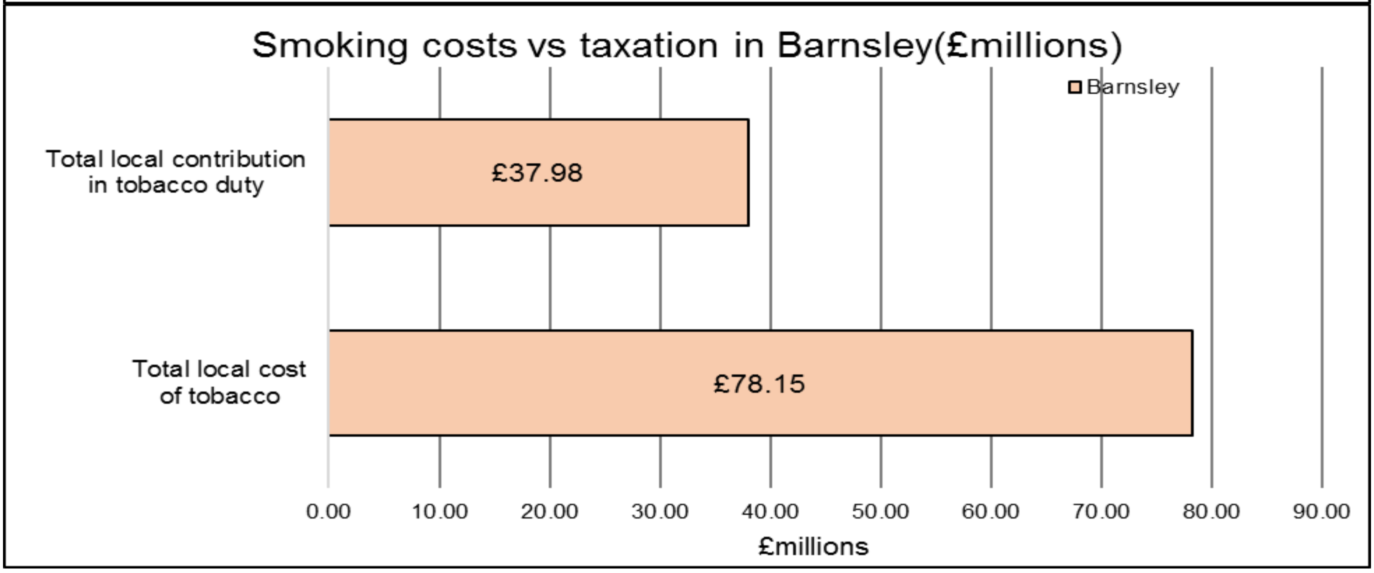
				Opportunities to engage with voluntary and community groups should be explored to increase the engagement of minority and target population groups.
Cessation	39	44	54	The local Stop Smoking Service has seen a drop in referrals but at the same time has increased the quit rate which reflects a quality service being delivered. There is a lack of direct referrals from GP practices to the service. This is an area which could be addressed with the help of the Clinical Commissioning Group to increase referrals. Pregnant smokers are currently seen between the Stop Smoking Service and a specialist advisor in maternity services. Best practice would suggest that seeing all pregnant smokers through maternity services would be more efficient and effective. We heard that the Stop Smoking Service provider is sub-contracted by the Be Well Barnsley provider which has limited experience of delivery of this type of service. As a result, there is no direct contact between tobacco control leads in public health and the stop smoking service. This is a less than ideal situation which should be reviewed with a view to improving communication and engagement and ultimately increasing referrals to the service. The quit target also appears to be very high given the population size.
Results				
Prevalence	6	9	12	Although there is an ambition for a large decrease in smoking prevalence, the steady decline being achieved should still be acknowledged.

Quit data	14	14	22	There is good progress on quits and the service is responsive to client feedback. There are some small data sets around smoking in pregnancy which could be relatively easily collected and collated which would improve the score. Following up pregnant quitters at 12 weeks would also be beneficial in supporting this important group to sustain a quit.
Local priorities	3	5	6	Your local priorities are challenging. Barnsley has set itself ambitious targets in reducing smoking prevalence which should not detract from the achievement to date. There is a steady decline in the number of women smoking at time of delivery.

4. CLeaR opportunities

Barnsley's estimated smoking population is 41,962 people.
If the wider impacts of tobacco-related harm are taken into account, it is estimated that each year smoking costs society in Barnsley £78.2m.
Every year early deaths related to smoking result in 1,161 year's of lost productivity. This costs the local economy approximately £ 20.2m.
As smoking is closely associated with economic deprivation this money will be disproportionately drawn from Barnsley's poorest citizens and communities.
See www.ash.org.uk/localtoolkit/ **for more details**





5. CLeaR resources

Information on the business case for tobacco control and a toolkit of resources for Directors of Public Health, local authority officers and members can be found at http://www.ash.org.uk/localtoolkit

Further local information on the business case for tobacco can be found at http://www.nice.org.uk/About/What-we-do/Into-practice/Return-on-investment-tools/Tobacco-return-on-investment-tool

A briefing on investment and local authority pension funds – http://ash.org.uk/files/documents/ASH_831.pdf

NICE guidance on smoking and tobacco http://www.ash.org.uk/stopping-smoking/for-health-professionals/nice-guidance-on-smoking

The NCSCT have a range of resources which may interest you – see for instance Very Brief Advice on Smoking – a short training module for GPs and other healthcare professionals to help increase the quality and frequency of Very Brief Advice given to patients who smoke. http://www.ncsct.co.uk/VBA

6. CLeaR next steps

Thank you for using CLeaR.

Having completed your self-assessment and CLeaR peer-assessment, you will now be awarded CLeaR accreditation until July 2018. This gives you the right to use the CLeaR logo and automatic entry to the annual CLeaR awards.

In the meantime we invite you to:

- share the report with partners and stakeholders, and develop actions based on the recommendations;
- contact us if you'd like to discuss commissioning further support for tobacco control;
- allow the member of staff trained as peer assessors to participate in, and learn from, other assessments by acting as peer assessors in your region;
- repeat your self-assessment in 12 months' time to track how your score improves; and
- consider commissioning a CLeaR re-assessment in 2018.

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REPORT TO THE SENIOR STRATEGIC DEVELOPMENT GROUP

19 September 2017

CQC Local System Reviews

Report Sponsor: Rachel Dickinson
Report Author: Lennie Sahota
Received by SSDG: 19 September 2017
Date of Report: 25 August 2017

Care Quality Commission (CQC) Local System Reviews

1. Purpose of Report

1.1 To inform Senior Strategic Development Group members of the recent introduction of targeted CQC Local System Reviews focused on the interface between health and social care.

2. Recommendations

2.1 Senior Strategic Development Group members are asked to:-

- Note the introduction of targeted CQC Local System Reviews.
- Ensure that in the event of Barnsley being selected for a Review all necessary support is prioritised and provided to ensure we achieve the best possible outcome from the local system review.

3. Introduction/ Background

3.1 Following the Spring Budget announcement of additional funding for adult social care for the purposes of meeting adult social care needs; reducing pressures on the NHS including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported, and continued concerns about the level of delayed discharges, the Secretaries of State for Health and for Communities and Local Government have, under Section 48 of the Health and Social Care Act 2008, asked CQC to undertake a programme of Local System Reviews in selected local authority areas. These reviews will be focused on the interface of health and social care.

3.2 The reviews will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.

3.3 The reviews are part of a package of measures aimed at addressing the challenges of delayed transfers of care which include publication of NHS, LGA and ADASS guidance on trusted assessors, a performance dashboard showing how local areas in England are performing against metrics across the NHS – social care interface, plans for local government to deliver an equal share to the NHS of the expectation to free up 2,500 hospital beds including indicative reduction levels required by each local authority and local NHS partners and, in November 2017, a possible review of 2018/19 additional social care funding allocations for areas that are performing poorly.

3.4 A comprehensive national sector-led support offer is being put in place to help local systems reduce delayed transfers of care.

3.5 The first wave of reviews are focussing on the 12 most ‘challenged’ areas, based on performance against the new NHS – social care interface dashboard. They are: Oxfordshire, Birmingham, East Sussex, York, Coventry, Plymouth, Hartlepool, Bracknell Forest, Manchester, Halton, Trafford and Stoke-on-Trent.

3.6 The purpose of the reviews is to “better understand the pressures and challenges and identify any areas for improvements in the provision of health and social care within a local system, so that people using services are provided with safe, timely and high quality care” (Secretary of State for Health). The review process will take 10-14 weeks to complete and all 12 of the first wave are to be completed by end of November. The review will be carried out along the 5 key lines of enquiry that CQC use for all inspections, with a focus on whether the system is “well led”. Findings from the reviews will be to reported to the local area Health and Wellbeing Board.

3.7 The Secretary of State for Health has signalled a further 8 local areas will be selected for reviews between February and April 2018 and that these may include 2 stronger performing areas to allow CQC to draw out good practice lessons. Barnsley’s performance based on the NHS-social care interface dashboard is rated 13th best in the country so it is possible we could be selected for review as one of the stronger performing areas. If this were to be the case it would provide us with a great opportunity to showcase the excellent work taking place in Barnsley to keep delays to a minimum and in doing so deliver the best outcomes for people

3.8 A national report of key findings and recommendations will be published by CQC following completion of the review programme.

4. Conclusion/ Next Steps

4.1 SSDG are asked to

i) note the government’s approach to the introduction of targeted local system reviews by CQC and in the event of Barnsley being selected in the next wave of reviews ensure everyone gets behind the review to showcase the excellent work taking place locally

ii) agree the report proceeds to the Health & Wellbeing Board so that Board Members are sighted on the introduction of CQC local place based reviews

iii) receive further reports on any learning from the CQC review programme to help further improve our local system arrangements.

5. Financial Implications

5.1 The government is considering a review, in November, of the 2018/19 additional social care funding allocations for areas considered to be performing poorly against the agreed delayed transfers of care reductions. This funding would still remain with local government, to be used for adult social care. However unless something totally unexpected was to arise, this is unlikely to apply to Barnsley given our consistent high level of performance on delayed transfers of care.

6. Consultation with stakeholders

6.1 Not applicable.

7. Appendices

7.1 Not applicable

8. Background Papers

8.1 Ministerial statement by Jeremy Hunt 03.07.2017
Letter from Jeremy Hunt to David Behan, CQC 07.07.2017
NHS Social Care Interface Dashboard

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25th August 2017

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