

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 6 March 2018
TIME:	3.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

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

2 Declarations of Pecuniary and Non-Pecuniary Interest

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

3 Minutes of the Previous Meeting (Pages 3 - 8)

To approve the minutes of the previous meeting of the Committee held on 30th January, 2018 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 Update on the 0-19 Public Health Nursing Service (Pages 9 - 18)

To consider a report of the Executive Director Core Services and the Director of Public Health (Item 4a attached) in respect of Barnsley's Public Health Nursing Service including the Staffing Structure (Item 4b attached) and Role Descriptions (Item 4c attached).

5 Exclusion of the Public and Press

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

6 Children's Social Care Reports (Pages 19 - 66)

Children's Social Care Performance Cover Report (Item 6a), Data Report (Item 6b), Explanatory Document (Item 6c), and New Ofsted Inspection Framework Briefing Paper (Item 6d)

Reason restricted:

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

Enquiries to Anna Marshall, Scrutiny Officer

Email scrutiny@barnsley.gov.uk

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

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

Electronic Copies Circulated for Information

Diana Terris, Chief Executive
Andrew Frostdick, Executive Director Core Services
Rob Winter, Head of Internal Audit and Risk Management
Michael Potter, Service Director, Business Improvement and Communications
Ian Turner, Service Director, Council Governance
Press

Witnesses

Item 4 – 3:00pm

Julia Burrows, Director of Public Health
Alicia Marcroft, Head of Public Health
Tracy Letchford, Service Manager 0-19, Public Health
Helen Mills – Healthy Child Programme Lead, Public Health
Nicola Ellet – Specialist Community Public Health Nurse (Health Visitor), Public Health
Alison Evans – Clinical Quality and Development Lead, Public Health
Councillor Jim Andrews, Deputy Leader of the Council & Cabinet Spokesperson for Public Health

Item 6 - 3:45pm

Mel John-Ross, Service Director, Children's Social Care & Safeguarding
Councillor Margaret Bruff, Cabinet Spokesperson for People (Safeguarding)

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 30 January 2018
TIME:	1.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

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

52 Apologies for Absence - Parent Governor Representatives

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

53 Declarations of Pecuniary and Non-Pecuniary Interest

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

54 Minutes of the Previous Meeting

The minutes of the meeting held on 9th January, 2018 were approved as a true and accurate record.

55 Barnsley Safer Neighbourhood Services

The following witnesses were welcomed to the meeting:-

- Paul Brannan, Head of Service – Safer Communities, BMBC
- Mark Giles, Services Manager – Safer Communities, BMBC
- Councillor Jenny Platts, Cabinet Spokesperson – Communities, BMBC
- Chief Inspector Jakki Hardy – South Yorkshire Police

Councillor Platts introduced the item by reminding Members that the Safer Neighbourhood Service had gone live in April 2017, reintroducing neighbourhood policing and multi-agency working at all levels, with teams aligned to Area Councils. The model was developed in light of reduced resources, and a change of such magnitude presented challenges. Members were invited to discuss the service, how it was currently operating, and suggest areas which may require improvement. In the following discussion Members asked a number of questions, and the following points were raised:-

- Questions were asked about whether there are comparable models which could be used to learn from or share ideas. It was noted that the local arrangements, although taking best practice from other areas, had no direct comparison. It was noted that the model was based on good practice from previous neighbourhood policing in Barnsley, but that the challenge was delivering this within much reduced resources.

- With regards to Crime and Safety Group meetings, it was clarified that the responsibility for the organisation of these was with the community, but that the team would endeavour to send a representative, be it Council or Police. However where this was not possible, it was often due to shift patterns, and groups were encouraged to discuss whether a mutually agreeable time to hold the meeting could be arrived at. Members heard that consideration was given to developing standards of engagement, and that Crime and Safety Group meetings would be part of this, as would Police and Communities Together (PACT) meetings, with the latter being the responsibility of the local Sergeant or Team Leader.
- With regards to the distribution of resources, it was noted that there were joint resources in every area, with a Police Community Support Officer (PCSO) in each ward to cover the whole of the borough geographically. However in considering and responding to demand teams were based in Royston, Goldthorpe, Kendray and the Town Centre.
- In response to questions about anti-social behaviour Members heard how this had reduced by 21% over the past year. The meeting discussed underreporting of anti-social behaviour, and issues with the 101 service. It was noted that in the first few months of operation of the new model reporting increased but had since declined, however more local contact numbers were being introduced to assist reporting.
- Regarding feedback being provided following incidents, Members heard this was covered by the Victim Code of Practice and the process was scrutinised. If there were issues, it was suggested that residents were encouraged to provide feedback so any underperformance could be raised with officers.
- In relation to substance misuse and mental health it was noted that nationally 40% of incidents involved mental health, and that for many individuals issues with substance misuse and mental health were often linked. Locally partners including South West Yorkshire NHS Partnership Foundation Trust (SWYPFT), Yorkshire Ambulance Service (YAS), Child and Adolescent Mental Health Services (CAMHS) and others were meeting to ensure systems were working most efficiently to assist vulnerable people before crisis point was reached. It was noted the hub had 2 workers dedicated to mental health and their involvement over the past 6 months had significantly lessened the impact on other services.
- In reference to substance misuse services, it was noted that the new commission from April 2017 was reduced in value, and that this did impact on provision. Members heard how provision for young people had been part of the wider commission since this time. The meeting noted the need to review the service to see if it was meeting needs and identify any gaps.
- Members heard how the service is currently in discussion with Berneslai Homes how best to work together moving forward in phase 2 of the model.
- Questions were raised about the systems for data collection, and whether they were fit for purpose or were too resource intensive. Members heard of the challenge to improve systems for data and information, including the interface and sharing of information between the Police and Council. The resource required was acknowledged, but it was felt that this was essential for proper triage and assessment; understanding demand and prioritising issues to maximise the impact of the service.
- The meeting discussed the demand placed on blue light services, and the need to reduce unnecessary use. It was noted that this subject was being

discussed by partners, and was extremely complex and involved the capacity of services within the community as well as emergency services as often residents would only ring 999 when other options had been exhausted. It was recognised that successful triage and early intervention also impacted on the demand for 999 services.

- Many members complemented the service on their hard work, the positive relationships being built in Barnsley's communities, and applauded the return of community policing. It was also acknowledged that all aspects of community safety were important, that all crime matters, and that the return to community policing had not been at the expense of serious crime.

RESOLVED:-

- (i) That the witnesses be thanked for their contribution and their hard work over the past 12 months;
- (ii) That Police/Council officers let community representatives know if there will be no officer presence at community meetings in advance;
- (iii) Once finalised, contact information for officers on a local basis need to be communicated to Elected Members
- (iv) Police to undertake further analysis regarding the potential under-reporting of anti-social behaviour as Members are aware of concerns which are not being reported due to perceived ineffectiveness of 101;
- (v) Police to provide case study examples to the committee regarding partnership working between the Police, Mental Health Services and Substance Misuse Services; and
- (vi) That the report be received.

56 Barnsley Neighbourhood Services Future Council Improvement Review

The following witnesses were welcomed to the meeting:-

- Matt Gladstone, Executive Director – Place, BMBC
- Paul Castle, Service Director – Environment and Transport, Place, BMBC
- Howard Gaskin, Area Manager – Environment and Transport, Place, BMBC
- Rachel Tyas, Head of Transformation – Environment and Transport, Place, BMBC
- Councillor Roy Miller, Cabinet Spokesperson – Place, BMBC

Paul Castle introduced the item, reminding Members that this was one of three areas currently under review in the Place directorate that looked at modernising the service and further improving efficiency.

A presentation was then given by Rachel Tyas by way of further introduction. This looked at the scope of the review and the key challenges facing the service. Noted was the need to make efficiency savings, but also to modernise by moving to a more flexible service working over 7 days.

Members heard that over 16,000 grass plots were currently serviced, and issues such as differing standards and legacy agreements were noted. Also acknowledged was the lack of clarity around demarcation of responsibilities with regards to Highways England.

It was noted that a litter bin audit was underway, and around 1,900 existed within the borough. Many litter bins were placed in close proximity to dog bins, and there were different frequencies of emptying bins.

Members noted that 94.5% of the workforce was male, and by 2020 25% of the workforce would be over 55 which highlighted the need for succession planning.

Thanks were given for the presentation and the open dialogue with Members. Questions were then invited and discussion entered into, where the following issues were covered:-

- Questions were raised regarding consultation with Members, and it was noted that appearing before the committee was part of the consultation, with further planned through Area Councils and with members via other means such as Ward Alliances.
- Concern was expressed about moves towards residents accessing services online, and that this would disproportionately impact on those already disadvantaged. Noted was the Council's move towards residents digitally accessing services as part of the Customer Services Strategy, including through social media, and the BMBC App. However, it was noted that there was still a high volume of calls taken from residents.
- In relation to how tasks were monitored, ensuring they were completed satisfactorily. It was noted that part of the modernisation and transformation would include the use of technology to assist with this. The use of new smartphones for operatives was being explored, as was technology use as part of back office functions. It was also acknowledged that setting new standards would also assist in managing the performance of staff. Members heard how 4 staff together with 4 apprentices had recently started to pilot new ways of working with the use of technology.
- It was noted that ensuring equipment was fit for purpose may also help assist in ensuring productivity in the workforce, especially in light of the current age profile of the workforce.
- In response to suggestions to increase the size of bins to reduce collection frequency it was acknowledged that close work with Members was required to identify appropriate locations for bins, however there was no additional capital budget for replacement.
- Members noted the significant number of grass plots serviced and that other creative options to reduce the demand were being considered. These included such as housing in-fill development and allotments.
- As part of the review members noted the cross-over with reviews in Waste Management, and Highways and Engineering including in functions such as fleet and stores.
- The need for positive relationships with functions funded through the Area Councils to ensure services were complementary was acknowledged, and the positive working relationships that now existed was praised.
- Attention was drawn to some of the outcomes of previous reviews, including the delivery charge for replacement bins. In response Members were made aware that this had resulted in far fewer bins being requested, and residents were more likely to look after their own bins.

- Members requested to be kept fully briefed on the outcomes of the review, and officers reiterated the plans for Member involvement throughout the process.
- The availability of communal recycling points was discussed, and it was noted that bagged recycling waste would be collected if placed alongside the recycle bin on collection day.
- Members heard how 'quick wins' identified throughout the review process could be implemented earlier, but that any fundamental change would be post April 2019 over a planned period of 12 months.
- The waste of private companies was discussed, and it was noted that officers worked with enforcement colleagues in order to address issues with commercial waste. In addition it was suggested that businesses were being engaged through the Principal Towns scheme to take more responsibility for their own area.
- Queries were raised in relation to Houses of Multiple Occupation (HMO) and their propensity to produce significant amounts of waste, and it was suggested that this was an area which could be considered in more detail in the future by the Waste Management service. Work with landlords and managing agents to address problems associated with waste in private sector rented properties was noted, and it was thought that the implementation of a selective licencing scheme would assist.
- It was suggested that the bulky waste collection service and that to remove fly-tipping could be better structured to work together, and the disparities in collection times was acknowledged. Members noted that technology could help scheduling and routes for collection in this respect.
- Members heard how there had been month on month reductions in fly tipping over the past 14 months, with many CCTV cameras in place and a significant focus on publicity, including on social media. It was noted that fines were low for those prosecuted, and Members heard how the LGA was being encouraged to speak on behalf of the sector about how this provided little deterrent.

RESOLVED:-

- (i) That the witnesses be thanked for their attendance and contribution;
- (ii) That the service ensure that Members are fully involved and briefed throughout the review and improvement process;
- (iii) That consideration be given to remove the variance in timescales between the bulky waste collection and fly-tipping removal services; and
- (iv) That the report be received.

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Item 4a

**Report of the Executive Director Core Services
and the Director of Public Health
to the Overview and Scrutiny Committee (OSC)
on 6th March 2018**

Update on the 0-19 Public Health Nursing Service

1.0 Introduction

- 1.1 This report provides an update of the transition of the Health Visiting and School Nursing Services known as the 0-19 Public Health Nursing Service (0-19 PHNS) Service to Barnsley Metropolitan Borough Council (BMBC).

2.0 Background

- 2.1 The 0-19 PHNS leads the delivery of the Healthy Child Programme (HCP). Published in 2009, the national HCP sets out the recommended framework of universal and targeted services for children and young people to promote optimal health and wellbeing.
- 2.2 The HCP provides good practice guidance for all organisations responsible for commissioning services aimed at improving health outcomes for children and young people and for frontline professionals involved in delivering these services. The HCP has a particular focus on health visiting from pregnancy to five years and school nursing for 5 to 19 years old.
- 2.3 It is a prevention and early intervention public health programme offered to all children and families that lie at the heart of the universal service. It aims to support parents, promote child development, reduce inequalities, improve child health outcomes and health and wellbeing. It should also ensure that families at risk are identified at the earliest opportunity.
- 2.4 Local Authorities became responsible for commissioning School Nursing to deliver the HCP 5 to 19 years in April 2013. On 1 October 2015, Local Authorities also became responsible for commissioning Health Visiting to deliver the HCP 0 to 5 years.
- 2.5 Following the transfer of commissioning responsibilities for the 0-19 PHNS, a specification was developed for the proposed service model with a view to testing the market. The aim was to secure provision that would best improve health outcomes for the children and young people of Barnsley. It would also ensure improved value for money at a time when the Programme was facing funding challenges.
- 2.6 The procurement process culminated in the receipt of only one bid, from the South West Yorkshire Partnership NHS Foundation Trust (SWYPFT). This bid was rejected, firstly, as it failed to meet the Council's affordability criteria and secondly, because the Council was unable to adjust those criteria or negotiate an agreed outcome because that would have been contrary to procurement rules.
- 2.7 At its meeting on 13 January 2016, Cabinet noted the position regarding the 0-19 PHNS, the failure of the procurement exercise in 2015 and the various options

described within the paper to secure continued service provision for the borough. Cabinet approved a proposal to develop a partnership arrangement with SWYPFT which would result in a newly designed service model for the delivery of the 0-19 HCP in the borough.

- 2.8 Following the Cabinet decision, senior colleagues from BMBC and SWYPFT met on a weekly basis to further the partnership approach to developing the new 0-19 PHNS service.
- 2.9 Unfortunately, in March 2016, the SWYPFT Executive Committee recommended that the organisation should exit the health visiting and school nursing contracts held with BMBC for sustainability reasons. This was confirmed to the Council on 30 March 2016.
- 2.10 In May 2016, Cabinet approved the recommendation to bring 'in house' the 0-19 PHNS. Approval was also given to extend current contracts with SWYPFT for health visiting and school nursing to 30 September 2016, allowing for safe transition of the service.
- 2.11 Following the Cabinet decision, a transition board was established along with transition steering groups within both organisations to drive forward the work requirements within a number of work streams.
- 2.12 On 1 October 2016 staff were safely transferred under TUPE (Transfer of Undertakings [Protection of Employment]) Regulations to BMBC. The successful transfer was a result of considerable internal support across BMBC.
- 2.13 In February 2017, the Director of Public Health presented an update to the Overview & Scrutiny Committee on the transition of the 0-19 PHNS.

3.0 Current Position

Staffing Structure

- 3.1 Since the last report to OSC, a full staffing restructure has taken place with staff being given the opportunity to help shape the service structure along with the development of role profiles across the teams during soft consultation in April 2017. The formal consultation was launched on the 12 June 2017, this has taken significantly longer than anticipated due to challenges regarding terms and conditions. This resulted in an extension of the consultation period to 31 October 2017.
- 3.2 A workforce structure (see Item 4b) has been co-designed with staff and delivery partners where appropriate, to ensure a robust flexible workforce capable of leading the delivery of the HCP now and in the future.
- 3.3 The underlying principles of the staffing structure are to maintain provision of robust supervision and training and development at all levels of service delivery. This will ensure that staff are well supported which will result in a strong, resilient, high quality and responsive workforce able to provide appropriate interventions for all children, young people and families within the borough.

- 3.4 We have defined and strengthened the workforce skill mix roles (see Item 4c). This is to ensure the most appropriate use of available resource and enable us to target the specialist skills and knowledge of specialist practitioners in the most effective way. By developing and implementing the proposed model this will direct early intervention and support to those in need as we aim to reduce the health inequalities that exist in the borough.
- 3.5 We have successfully recruited a significant number of new staff which will enable us to begin the process of reviewing current, and developing new HCP pathways with partners.
- 3.6 The staffing restructure has been a further period of uncertainty and change for the 0-19 PHNS workforce. The focus for the leadership team has been to support and retain resilient, compassionate practitioners to maintain current service delivery.

Service Model

3.7 We have established a system wide stakeholder group to oversee the development of the delivery model for the service. The group has collectively agreed that Public Health England's '4, 5, 6' delivery model will be adopted for the 0-19 PHNS. 'this model uses evidence based recommendations to shift demand on public services through prevention in early years'.

3.8 The 4, 5, 6 Model offers:

- 4 progressive tiers of Public Health nursing practice
 - Universal – offers universal health reviews (see below) and working with partners to ensure that families can access the HCP, and that parents are supported at key times and have access to a range of community services
 - Universal Plus - offers rapid response when specific expert help is needed for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting
 - Universal Partnership Plus - provides ongoing support to deal with more complex issues over a period of time
 - Community – offering a strengths-based approach to building family and community capacity
- 5 Health Reviews

Universal health and development reviews are a key feature of the HCP.

The core purpose of health and development reviews is to:

- assess family strengths, needs and risks
- give parents and guardians the opportunity to discuss their concerns and aspirations
- assess growth and development
- detect abnormalities

The following five stages are the most appropriate opportunities for screening tests and developmental surveillance, for assessing growth, for discussing social and emotional development with parents, carers and children, and for linking children to early years' services:

Age 0-5	Age 5-19
Antenatal	4-5 year old assessment
New baby review	10-11 year old assessment
6-8 week assessment	12-13 year old assessment
1 year review	School leavers
2-2 ^{1/2} year review	Transition to adulthood

- 6 High Impact Areas

The high impact areas provide an opportunity to focus efforts on the areas where Public Health Nursing can make the biggest difference:-

Age 0-5	Age 5-19
Transition to parenthood and the early weeks	Resilience and emotional wellbeing
Maternal mental health	Keeping safe: Managing risk and reducing harm
Breastfeeding (initiation and duration)	Improving lifestyles
Healthy weight, healthy nutrition (to include physical activity)	Maximising learning and achievement
Managing minor illnesses and reducing hospital attendance/admissions	Supporting complex and additional health and wellbeing needs
Health, wellbeing and development of the child aged 2 - review (integrated review) and support to be 'ready for school'	Seamless transition and preparation for adulthood

3.9 The HCP has been used by the stakeholder group as a framework to review current, and develop new, clinical pathways. Early work of the group has been to establish sub groups to look specifically at antenatal pathways, children with long term conditions and complex needs, development of pathways with the Child Health and Immunisation teams and parenting support.

4.0 Future Plans/Challenges

4.1 We are in the process of identifying sources of expertise to support the redesign and development of the clinical record keeping system which will enable us to produce meaningful performance and outcome measures.

4.2 We are in the process of refreshing the stakeholder group to progress integration and co-design the HCP pathways to:

- Provide clarity around the services currently operating within the borough and what provision is delivered
- Review current referral and care pathways
- Map need against the existing provision and identify gaps/duplication

5.0 Invited Experts

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

- Julia Burrows, Director of Public Health
- Alicia Marcroft, Head of Public Health
- Tracy Letchford, Service Manager 0-19, Public Health
- Helen Mills – Healthy Child Programme Lead, Public Health
- Nicola Ellel – Specialist Community Public Health Nurse (Health Visitor), Public Health
- Alison Evans – Clinical Quality and Development Lead, Public Health
- Councillor Jim Andrews, Deputy Leader of the Council & Cabinet Spokesperson for Public Health

6.0 Possible Areas for Investigation

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

- What feedback has been received from service users (including children and young people) and employees regarding service delivery? Do they feel there have been any positive/negative changes as a result of the transition?
- What is in place to evaluate the impact of the new structure and model to ensure that they are achieving the desired outcomes?
- What are the timescales for fully implementing an effective clinical record keeping system and what are the barriers to achieving this?
- What are the greatest challenges in terms of resources and how can these be addressed?
- Which area of service delivery has suffered most due to the transition and what can be done to improve?
- What work needs to be done to ensure better joined up working with other services within BMBC?

- How do you ensure effective targeted intervention takes place amongst vulnerable, hard to reach groups and for those with complex needs?
- What impact has the transition had on employees and what support has been offered to help them manage the change and ensure their wellbeing?
- How has the transition affected relationships with our partners and the community?
- As a parent with concerns or requiring support, how would you access the service in between the key milestone visits/reviews identified?
- Have you looked at other authorities where the '4,5,6' model is already in operation and what have you learnt?
- What actions could be taken by Members to assist in the effectiveness of the 0-19 Healthy Child Programme?

7.0 Background Papers and Useful Links

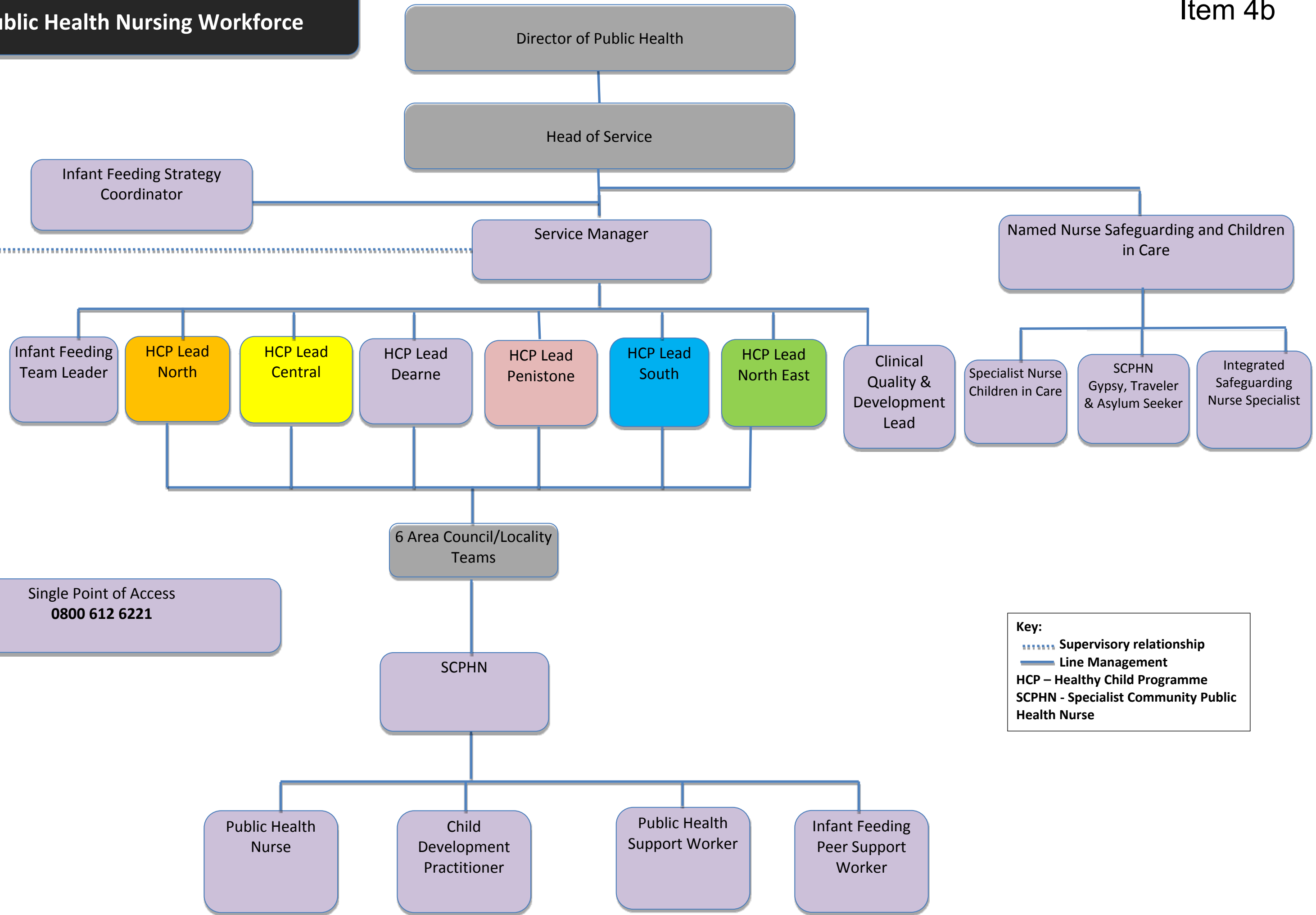
- [Healthy child programme 0 to 19: health visitor and school nurse commissioning 2015 - GOV.UK](#)
- [Cabinet report 13th January 2016 - Commissioning of 0-19 Years Healthy Child Programme \(Cab.13.1.2016/8\)](#)
- [Update on the 0-19 Service Report to OSC 7.2.17.](#)
- [Minutes of the OSC held on 7.2.17.](#)

8.0 Glossary

BMBC	Barnsley Metropolitan Borough Council
HCP	Healthy Child Programme
NCM	National Child Measurement Programme
OSC	Overview and Scrutiny Committee
PHNS	Public Health Nursing Service
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
TUPE	Transfer of Undertakings (Protection of Employment) Regulations

9.0 Officer Contact

Anna Marshall, Scrutiny Officer: scrutiny@barnsley.gov.uk
26th February 2018



Page 15

Key:

- Supervisory relationship
- Line Management
- HCP – Healthy Child Programme
- SCPHN - Specialist Community Public Health Nurse

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Item 4c

Public Health Nursing (0-19) Service Roles

Introduction

Following the transition of the Public Health Nursing (PHN) Service into BMBC, a workforce structure has been co-designed with staff and delivery partners where appropriate, to ensure a robust flexible workforce capable of leading the delivery of the Healthy Child Programme now and in the future. The underlying principles of the staffing structure are to maintain provision of robust supervision and training and development at all levels of service delivery. This will ensure that staff are well supported which will result in a strong, resilient workforce able to provide appropriate interventions for all children, young people and families within the borough which is high quality and responsive to their needs.

Healthy Child Programme Lead (HCPL)

As part of the restructure of the Public Health Nursing (PHN) Service we have introduced a Healthy Child Programme Lead (HCPL) role for each Area Council/Locality Area. The purpose of the HCPL is to supervise, lead and manage a locality PHN team to ensure the effective delivery of the Healthy Child Programme to achieve improved health outcomes for children and families. The HCPL will work collaboratively with locality colleagues to develop and maintain effective services to children and young people and their families in Area Council localities.

Specialist Community Public Health Nurse (SCPHN)

A SCPHN is a qualified nurse or midwife with post-registration experience who has undertaken further education and training to become qualified in child health, health promotion, public health and education. The role of the SCPHN is to provide evidence based public health nursing practice that promotes and improves health and addresses inequalities at individual, family and community level. This involves helping parents to develop and sustain a strong bond with children and encourage care that keeps children healthy and safe. The SCPHN takes a lead within the service and with multi-agency partners to ensure the delivery of the Healthy Child Programme to improve health and wellbeing and safeguard children, young people and families.

Public Health Nurse (PHN)

A PHN is a qualified nurse or midwife providing evidence based Public Health Nursing practice under the supervision of a Specialist Community Public Health Nurse, promoting and improving health and inequalities at individual, family and community level. The PHN supports the delivery of the Healthy Child Programme, undertaking clear and detailed assessments at both individual and community level including health needs, early help and safeguarding, and planning, delivering and evaluating public health initiatives through building community capacity activities, which reflect the needs of families and communities. This involves undertaking health assessments, offering support with health and development needs and promoting health through individual contacts or community events.

Child Development Practitioner (CDP)

A CDP has a qualification in Childcare & Education (formerly Nursery Nursing) or Early Years Care & Education. With the direction of the SCPHN, the CDP utilises appropriate frameworks and evidence based approaches providing parents and carers with support and information in relation to parenting and the development of children and young people through a variety of means including group work and one to one sessions as required to address health and development issues of children and young people.

Public Health Support Worker (PHSW)

A PHSW has a qualification in Health, Social Care or Child Health. The PHSW contributes to the co-ordination, organisation and implementation of local, regional and national initiatives and activities to promote health and wellbeing and support children, young people and families to explore options available to them to make informed positive healthy lifestyle decisions such as healthy eating, physical activity and sun safety.



Integrated Safeguarding Nurse Specialist (ISNS)

The Integrated Safeguarding Nurse Specialist is a Specialist Community Public Health Nurse who possesses extensive knowledge and experience of safeguarding children, young people and families. The Integrated Safeguarding Nurse Specialist is the designated health representative in the Social Care Integrated Front Door/Multi Agency Safeguarding Hub (MASH), responsible for interpreting and sharing health information from a range of health providers necessary to inform multi-agency decision making in relation to children and young people in need of safeguarding within Barnsley.

Specialist Nurse Children in Care (SNCiC)

The Specialist Nurse Children in Care is a Specialist Community Public Health Nurse who possesses specialist skills, knowledge and experience regarding the health needs of Children in Care. The Specialist Nurse Children in Care leads, co-ordinates and quality assures the assessment and monitoring of the health needs of children in care and provides specialist advice and support to wider health and Social Care professionals, carers and residential establishments to ensure continuity of high quality, safe and effective healthcare for children and young people in care.

SCPHN Gypsy, Traveler & Asylum Seeker

The SCPHN Gypsy, Traveler & Asylum Seeker is a Specialist Community Public Health Nurse with experience of working with complex children, young people and families in a multi-agency context. The SCPHN Gypsy, Traveler & Asylum Seeker ensures provision of evidence based public health nursing and delivery of the Healthy Child Programme to ensure continuity of high quality, safe and effective healthcare to children, young people and families identified as Gypsy, Traveler or Asylum Seeker.

Infant Feeding Strategy Coordinator (IFSC)

The Infant Feeding Strategy Coordinator is a qualified Midwife and leads on Infant Feeding Initiatives, which include training and audit for the UNICEF Baby Friendly Initiative, Breastfeeding Welcome Scheme and the Healthy Start scheme. Healthy Start is a statutory scheme, which aims to provide a nutritional safety net to disadvantaged families. It aims to support families to have a healthy diet by providing vouchers for fruit and vegetables, liquid milk, infant formula and free vitamin supplements.

Infant Feeding Team Leader (IFTL)

The Infant Feeding Team Leader has previous experience of providing peer support. The IFTL provides co-ordination of the Infant Feeding Peer Support Workers and volunteers, manages the Breast Pump Loan scheme and coordinates community groups and infant feeding antenatal education programmes across the Borough.

Infant Feeding Team Support Workers (IFTSW)

The Infant Feeding Team Support Workers are trained in providing peer support and have also breastfed their own children. The Infant Feeding Team Support Workers work closely with local communities in order to develop increased knowledge and skills amongst families, the voluntary sector and local business and organisations.

Item 6a

By virtue of paragraph(s) 2 of Part 1 of Schedule 12A of the Local Government Act 1972.

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