

MEETING:	Overview and Scrutiny Committee - Healthy Barnsley Workstream
DATE:	Tuesday 18 July 2023
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Healthy Barnsley Workstream

Councillors Barnard, Booker, Bowser, Crisp, Ennis OBE, Fielding, Green, Mitchell, Osborne, Pickering, Smith and Tattersall.

Administrative and Governance Issues for the Committee

1 **Apologies for Absence - Parent Governor Representatives**

Although measures are taken to frequently advertise vacancies, there are currently no Parent Governor Representatives serving on the Committee.

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 5 - 10*)

To note the minutes of the previous meeting of the Committee (Growing Barnsley Workstream) held on 27th June 2023.

Overview and Scrutiny Issues for the Committee

4 **Children & Young People's Mental Health Services (CYPMHS)** (*Pages 11 - 24*)

To consider a report of the Executive Director Core Services and the Executive Director Public Health & Communities on Children & Young People's Mental Health Services (CYPMHS) in Barnsley.

5 **Special Education Needs & Disability (SEND) Provision in Barnsley** (*Pages 25 - 38*)

To consider a report of the Executive Director Core Services and the Executive Director Children's Services on Special Education Needs & Disability (SEND) Provision in Barnsley (Item 5a) and the Home to School Transport arrangements (Item 5b).

6 **Adult Social Care Performance Report - Quarter 4 2022-23** (*Pages 39 - 60*)

To consider a report of the Executive Director Core Services and the Executive Director Place Health & Adult Social Care on the Adult Social Care Performance for Quarter 4 in 2022-23 (Item 6a) and the Understanding & Challenging Adult

Social Care Performance document (Item 6b).

Enquiries to Jane Murphy/Anna Marshall, Scrutiny Officers

Email scrutiny@barnsley.gov.uk

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

Councillors Ennis OBE (Chair), Barnard, Bellamy, Booker, Bowler, Bowser, Christmas, Clarke, Crisp, Denton, Eastwood, Fielding, Green, Hayward, Hunt, Lodge, Markham, McCarthy, Mitchell, Moore, Morrell, Moyes, Murray, O'Donoghue, Osborne, Peace, Pickering, Risebury, Sheard, Smith, Tattersall, Webster, A. Wray and N. Wright together with Statutory Co-opted Member (Parent Governor Representative)

Electronic Copies Circulated for Information

Sarah Norman, Chief Executive

Wendy Popplewell, Executive Director, Core Services

Rob Winter, Head of Internal Audit and Risk Management

Michael Potter, Service Director, Business Improvement, HR and Communications

Sukdave Ghuman, Service Director, Law and Governance

Press

Witnesses

Item 4 (2pm)

- David Ramsay, Deputy Director Children's Services, South-West Yorkshire Partnership Foundation Trust (SWYPFT)
- Laura McClure, Service Manager Barnsley CAMHS, SWYPFT
- Jamie Wike, Deputy Place Director (Barnsley) South Yorkshire ICB
- Lucy Hinchliffe, Commissioning & Transformation Manager, South Yorkshire ICB
- Alicia Sansome, Head of Public Health, Barnsley Council
- Teresa Brocklehurst, Children & Young People's Emotional Health & Wellbeing Lead, Public Health, Barnsley Council
- Lesley Pollard, Managing Director, Chilypep
- Vick Hanley, Service Manager, Compass

Item 5 (2.45pm approx.)

- Nina Sleight Service Director Education, Early Start & Prevention, Barnsley Council
- Anna Turner, Head of Education and Partnerships, Barnsley Council
- Donna Taylor, Head of Children's Social Care and Safeguarding, Barnsley Council
- Beverley Bradley, SEND Improvement Manager, Barnsley Council
- Sue Day, Head of Service SEND and Inclusion, Barnsley Council
- Neil Wilkinson, Projects and Contracts Manager, Barnsley Council
- Kwai Mo, Head of Service Mental Health and Disability, BMBC
- Lee McClure, Headteacher Springvale Primary School and Joint Chair of Barnsley School Alliance
- Steve Harrison, Head of Service for Children's Commissioning, Barnsley Council
- Jamie Wike, Deputy Place Director, Barnsley Integrated Care Board (ICB)
- Hermione Rostron, Designated Clinical Officer, Barnsley Integrated Care Board (ICB)

- Anthony Devonport, Head of Service for Bereavement, Environment, Sport & Travel Assistance, Barnsley Council
- Ashley Gray, Strategic Finance Business Partner, Barnsley Council
- Cllr Trevor Cave, Cabinet Spokesperson Children's Services, Barnsley Council

Item 6 (3.30pm approx.)

- Julie Chapman, Service Director, Adult Social Care & Health, Barnsley Council
- Andrew Osborn, Interim Service Director, Commissioning & Integration, Barnsley Council
- Wendy Lowder, Executive Director, Place Health & Adult Social Care, Barnsley Council
- Cllr Jo Newing, Cabinet Spokesperson, Place Health & Adult Social Care, Barnsley Council

MEETING:	Overview and Scrutiny Committee - Growing Barnsley Workstream
DATE:	Tuesday 27 June 2023
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors Ennis OBE (Chair), Barnard, Bellamy, Booker, Bowler, Christmas, Denton, Eastwood, Fielding, Hayward, Lodge, Markham, Mitchell, Morrell, Osborne, Peace, Sheard, Tattersall, Webster, A. Wray and N. Wright

70 Apologies for Absence - Parent Governor Representatives

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

71 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Tattersall declared a non-pecuniary interest as a member of the Berneslai Homes Board.

Councillor Lodge declared a non-pecuniary interest as a member working within the Third Sector in Barnsley.

Councillor Osborne declared a non-pecuniary interest as a member of the Berneslai Homes Board.

Councillor Sheard declared a non-pecuniary interest as a member of the Hospital Board.

Councillor Peace declared a non-pecuniary interest as an employee of the Department for Work and Pensions.

72 Minutes of the Previous Meeting

The minutes of the meeting held on 6th June were received.

73 One Inclusive Economy Strategy Report

The following witnesses were welcomed to the meeting:

- Kathy McArdle – Service Director Regeneration and Culture, Barnsley Council
- Tom Smith – Head of Employment & Skills, Barnsley Council
- Ken Coupar – Economic Policy Officer, Barnsley Council
- Sarah Cartwright – Head of Strategic Housing, Barnsley Council
- Mark Hempshall – Place, Policy & Equalities Manager, Barnsley Council
- Dr Andy Snell – Public Health Consultant, Barnsley Hospital NHS Foundation Trust
- Carrie Sudbury – Chief Executive, Barnsley & Rotherham Chamber of Commerce
- Sarah Harrison – Chair of More & Better Jobs Sub-Group of the IEB and Careers Advisor at Horizon Community College, Barnsley
- Ben Hindley – Keep Moat (Housing Developer)

K McArdle presented the Committee with the One Inclusive Economy Strategy and the Action Plan for Barnsley including the proposed strategy, partners involved, and objectives identified. The Barnsley Involved Economy Board (IEB) was set up following a Peer Review in 2019 of the Barnsley Economic Partnership which subsequently disbanded.

The role of the IEB specifically focuses on delivering an Inclusive Economy for Barnsley, it will ensure opportunities are maximised and inequalities are reduced to allow everyone in Barnsley to benefit from its economic growth and prosperity.

Councillor Eastwood asked if there were any opportunities or development in the upcoming years that Barnsley would benefit from. K McArdle explained that in the current economic climate there would be both opportunities and challenges due to the danger of recession and rising interest rates. Winning Council of the Year with the LGA has put Barnsley on the map, the focus is on maximising the accreditation and gathering momentum for Barnsley 2030 work with a variety of partners. Additionally, Enterprising Barnsley will continue operation and have a flexible funding model to support even more business types.

Members expressed concerns around the housing market and the need for affordable housing. S Cartwright explain that the local plan included areas for growth in Barnsley which would ensure housing was created in the right areas linking to demographic need and job opportunities. There are strong partnerships in place with developers to address the areas of need in terms of housing. The assessment from 2021 showed that some areas of the borough have an oversupply of housing and other have an undersupply, there are hopes that housing applications will align with the needs in each area. Work with Berneslai Homes was underway to focus on a future council housing strategy and the funding available to those in need.

B Hindley added that the housing market had currently slowed but there was a clear vision in terms of the Council working closely with developers on projects including shared ownership properties and affordable rent.

Councillor Denton queried the information on page 14 of the report relating to the membership of the Inclusive Economy Board. K McArdle explained membership review was underway as it was essential that a mix of perspectives were included to create disruptive thinking across the business matrix.

C Sudbury added that diversity was key and that the IEB retention rate was at 92%. Overall engagement with local businesses was very positive but on reflection it would be beneficial to include more sole traders, start-up businesses and 2–3-year-old businesses which often fall into a grey area as they are not classed as established or a start-up businesses.

Dr A Snell explained that the current economic landscape was challenging, synergy should also be focused on the health and wellbeing of individuals in the borough alongside job opportunities and finance.

Councillor Fielding queried the support for start-up/new businesses and asked what support was already available. K Coupar answered that the Enterprising Barnsley Service was an essential tool for new businesses, it is a core service within the Council. The service has an open-door policy and is based in the DMC, it supports businesses across the whole of South Yorkshire.

Councillor Denton asked what the growth ambition was for Barnsley going forward. K McArdle explained that the strategy had a three-pronged approach, growing the current businesses in the borough, attracting new businesses to the borough and also investing in skills. S Harrison added that it was important that businesses know that more opportunities are available in Barnsley.

A discussion was taken around the redevelopment of the town centre, officers explained that Barnsley being a market town would always be a fundamental factor in its identity. In previous years footfall had increased which put Barnsley on the map, additionally collaborative work was ongoing with Wakefield Council on the Barnsley Wakefield Economic Partnership. M Hempshall added that town centre footfall was a third higher than pre-pandemic, the local aspiration was to continue with the growing trend.

Councillor Christmas asked how closely the IEB was working with academic institutions to ensure vacancies would be filled and new businesses started. T Smith explained that there are strong relationships in place with the school's alliance. The aim was to help young people in schools and post 16 to push the jobs available and encourage good qualifications. Results were showing that more young people in Barnsley were surpassing the Level 3 and 4 qualifications, this was also down to

good quality careers advice which highlights the opportunities available to students. S Harrison added that although there had always been a statutory duty to give independent careers advice it was now taken very seriously in schools.

Dr A Snell added that the hospital celebrates the fact that a high percentage of its workforce are Barnsley residents, the health and social care sector has a huge role within the community. There are people in the borough with fantastic lived experience which can contribute greatly to a variety of areas.

T Smith continued that not all young people engage with learning, key areas of focus include the successful transition from school to post 16 in Barnsley and how to assist students with special educational needs.

Councillor Fielding queried the challenges faced by young people and the high unemployment rates in the borough. T Smith explained that Covid-19 had proved challenging for students coming out of education and not feeling prepared for the working environment, there are ongoing issues around confidence and wellbeing.

Councillor Haywood asked if people were leaving Barnsley due to a lack of opportunities. K Coupar highlighted that both graduate retention and return rates were being monitored and communication with universities was ongoing.

Councillor A Wray queried the need for more bungalows in the borough for residents considering downsizing. S Cartwright explained that working closely with developers was essential, creating the right products at that right price for residents was key in the affordable housing strategy.

Councillor Fielding asked how deprived communities would be supported to improve the lives of residents. K McArdle explained that ensuring the employment and skills services across the borough was essential. Councillor Osborne added that in Barnsley there were some stark differences in terms of unemployment in the differing wards which highlighted a clear need for skills in the borough.

RESOLVED that:-

- (i) Witnesses be thanked for their attendance and that the report be noted.
- (ii) Whilst the committee appreciates that there is a limit to the number of members on the IEB, they would like the Board to consider input from a more diverse group of people to include, but not limited to entrepreneurs, sole traders, SME's, so that a wider range of experience, opinions and views can be gathered which can then contribute to the development of the One Inclusive Economy and the work of the Board.
- (iii) Witnesses to consider expanding the I Know I Can project over two days and also to consider the introduction of a similar programme for working age adults.

- (iv) Witnesses to deliver an All Member Information Briefing on Apprenticeships, both those employed by the Council and other organisations so that members can understand:-
- How the Strategy will support Apprenticeships and how they are involved in shaping the strategy.
 - What organisations (including the Council) are doing to grow their own workforce.
 - How successful the apprenticeship scheme has been in securing employment for residents.
 - How Barnsley compare to other authorities.
- (v) Witnesses to provide a written response to the following:-
- What are the key elements that need to be considered to become a 'business-friendly' town?
 - With regard to inclusivity and the Armed Forces Charter, what consideration is being given to homes for disabled ex-service personnel as well as mental health support and retraining?
 - What is being done to improve the skills and education/training needs for those within the most deprived areas? How is support being targeted?

Chair

This page is intentionally left blank

**Report of the Executive Director Core Services
and the Executive Director of Public Health & Communities,
to the Overview and Scrutiny Committee (OSC)
on 18th July 2023**

Children and Young People Mental Health Services in Barnsley

1.0 Introduction

- 1.1 Children and Young People's Mental Health Services (CYPMHS) refers to all the services that work with children and young people (CYP), primarily up to the age of 18 years of age who may need help and/or support with their emotional wellbeing and mental health.
- 1.2 The aim of this report is to provide an update to the Overview and Scrutiny Committee (OSC) on the work that has been undertaken since 1st April 2022 up to 31st March 2023 by South Yorkshire Integrated Care Board- Barnsley Place (ICB), Compass Be who is the provider for Barnsley Mental Health Support Teams (MHSTs), Children and Young People's Empowerment Project (Chilypep) and Barnsley Child and Adolescent Mental Health Services (CAMHS) which is provided by South West Yorkshire NHS Partnership Foundation Trust (SWYPFT.)
- 1.3 The focus will be on the following services/areas:
- Mental Health Support Teams (MHSTs)
 - Children and Young People's Empowerment Project (Chilypep)
 - Specialist Child and Adolescent Mental Health Services (CAMHS)
 - Children and Young Peoples Mental Health Contact Point (SPoC/Branching Minds)
 - CYP Emotional Health and Wellbeing Lead in Public Health
- 1.4 Within this report, the current waiting list positions for both MHSTs and CAMHS are provided. The OSC will be able to see the current waiting list positions and how these have changed since last reported in March 2022.

2.0 Background

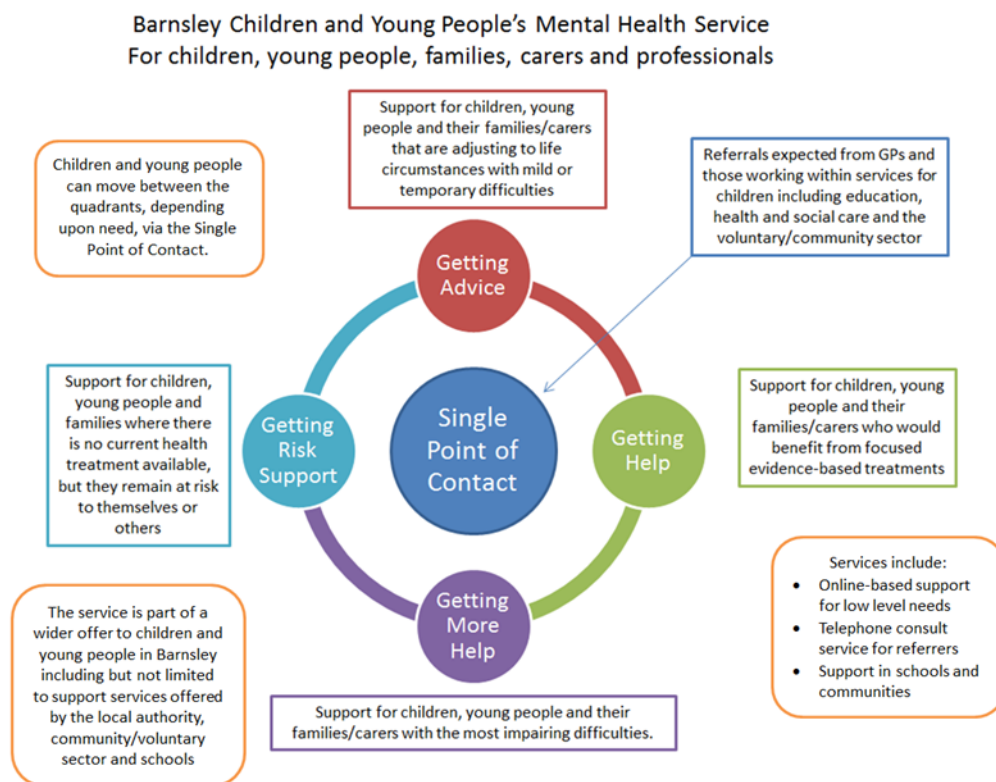
- 2.1 At a national level, The NHS Long Term Plan 2019¹ has committed to expanding mental health services for children and young people, reducing unnecessary delays and delivering care in ways that work best for children, young people and their families. This commitment builds on recommendations from the consultation, 'Transforming Children and Young People's Mental Health Provision: A Green Paper 2017'² and the Department of Health's Future in Mind Report³ which acknowledged that service provision to support CYP's emotional wellbeing and mental health needed to focus on a number of aspects including:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable

- 2.2 At the OSC meeting, in March 2022, it was reported that a significant amount of work had been progressed to improve and transform the provision of CYPMHS within Barnsley including the following:

- The imminent launch of the Barnsley Children’s Mental Health Single Point of Contact (SPoC) now known as Branching Minds
- The CYPMH steering group overseeing the commissioned Children and Young People’s Mental Health Services
- Progress of the CAMHS Improvement Programme of Work
- Embedding Compass as the provider for MHSTs
- Continuation of work to improve the CAMHS Waiting List Position
- Strengthening support and focus on CYPMHS by securing the post of CYP Emotional Health and Wellbeing Lead as a permanent position
- Service models based on the principles of Thrive and delivering care through a multi-agency, whole system approach. A commitment to working towards a goal-based approach, that puts CYP needs at the centre and commits to the ethos of getting the right support at the right time from the right service as is the concept of THRIVE (see figure below.)

Figure 1: Barnsley Model for CYP Mental Health



3.0 Current Position - Barnsley Mental Health Support Team (MHST) provided by Compass Be

3.1 As background information, the core functions of the MHST (as set out in Mental Health Support Teams for CYP in Education Manual) are:

- Delivering evidence-based interventions for mild to moderate mental health issues
- Supporting the designated Senior Mental Health Lead in each education setting to introduce or develop their whole school or college approach
- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.

3.2 Compass Be MHST works with all 11 secondary schools and all 77 primary schools in Barnsley providing group and one-to-one support for all CYP living and/or educated in the

borough. The service went borough wide in April 2022 as the Trainee Educational Mental Health Practitioners completed their post-graduate training. With the increase in school coverage the service reviewed its structure and from April 2023 subsequent re-structure into 5 localities – Central, North, South, West and Dearne. Each locality has a Supervising Practitioner Lead and two designated education/mental health practitioners delivering Low Intensity Cognitive Behavioural Therapy interventions on a one-to-one and group basis.

3.3 Barnsley MHST has seen a 54% increase in referrals between 2022 and 2023, increasing from 261 referrals between April 2021 – March 2022 to 402 referrals between April 2022 – March 2023. The service now consistently receives more than 100 referrals each calendar month. This is in line with the ambitions of the NHS Long Term Plan to increase access to CYP mental health services. Demand for the service from Compass Be has been consistently high in terms of numbers of children and young people supported, with positive evaluations received of the service. However, this, coupled with difficulties recruiting to vacant posts, which is an issue across the region, has had an impact on waiting times with the average waiting time for treatment of 3-6 months depending on what support is needed. However, Compass Be have developed a waiting list protocol to ensure appropriate levels of support/signposting whilst waiting.

3.4 A summary of the key work of the Barnsley MHST during 2022/23 is:

- Direct delivery of one-to-one intervention in primary and secondary schools with CYP experiencing low mood, anxiety, challenging behaviours and other mild-moderate mental health needs
- Direct delivery of therapeutic groupwork in secondary schools including anxiety, low mood, mental health promotion and transition
- An audit of all participating schools as part of the Whole School Approach to identify strengths in the promotion of a mentally healthy school and prevention of mental health problems and associated action planning. This includes the identification of any gaps in support and the creation of a bespoke support plan for each school
- Consultation with CYP in all schools to understand and assimilate young people's views into their emotional health care planning
- Mental Health Awareness raising events including anti-bullying, awareness raising for parents on issues faced by CYP, the importance of physical wellbeing and mental health promotion, school wellbeing assemblies and many more
- Workshops for CYP in primary schools on understanding anxiety, understanding/managing emotions, transition support in years 6/7, esafety/cyberbullying/bullying, healthy relationships and peer pressure
- Workshops for parents/carers (including foster carers) on a range of issues faced by CYP, this includes internet safety, bullying/cyberbullying, child exploitation, supporting a child who self-harms, understanding anxiety and low mood
- Social Media presence on Facebook and Twitter sharing Compass Be work, accessible information, guidance and self-help resources
- Silvercloud offer – an online service, giving CYP access to Cognitive Behaviour Therapy through a range of activities, videos, case studies and resources. It also supports parents/carers who are supporting CYP with anxieties.

Additional roles within the team include:

3.5 Bereavement Counselling, which is commissioned separately through Public Health. Bereavement Counsellors provide specialist counselling sessions on a one-to-one and group basis, and are available via the MHST to provide advice, guidance and training to school staff and wider services across the borough. Counsellors also provide training to schools and parents/carers in helping adults understand loss from a child's perspective, often supporting schools where there has been a child death or death of a school staff member. In 2022 this

training was delivered in 6 primary schools. Support groups are also delivered to support families in managing grief and loss, through this creating peer support networks to continue support once intervention ends.

- 3.6 Healthy Peer Relationships (HPR) Practitioner, this service is provided to all schools on a needs basis as a result of the Whole School Approach Audit and/or direct requests from schools following specific incidents, i.e., bullying of a child, sharing of inappropriate images to groups of children etc. The HPR Practitioner delivers one-to-one sessions and workshops to equip CYP to develop skills to build healthy peer relationships, this includes how to deal with peer pressure, resolving conflict and keeping safe online. The HPR Practitioner also delivers staff training in conflict resolution, Prevent, bullying, restorative practice, supporting healthy peer relationships, and understanding a trauma informed approach.
- 3.7 A Family Practitioner is also employed. The aim of this practitioner is to support the parents of CYP open to support from Compass Be. This support aims to equip parents/carers with the skills to better support their child's mental health and/or support the parent to overcome their own emotional wellbeing and mental health difficulties. This includes support around domestic abuse, parent's own negative experiences of parenting and breaking cycles, signposting to appropriate services, and organising training for parents/carers on a range of issues faced by CYP (national and local issues.) A monthly peer support group is also delivered, The Climb, where parents can share experiences and support each other in dealing with the challenges of being a parent today. A Family Practitioner also delivers Fear-less Triple P on a rolling programme, this is another group-based programme for parents/carers to learn ways of managing CYP anxiety and building own emotional resilience.
- 3.8 In addition to work in schools MHSTs deliver a range of workshops in family hubs and other community venues across the borough (including the CYP hub, H.O.M.E.) where CYP and their parents attend as a family unit, promoting resilience and positive emotional wellbeing in families. These sessions run mainly during school holidays on a drop-in basis, all information is publicised through family hubs, social media and through practitioners working on Branching Minds.

4.0 Current Position - Children and Young People's Empowerment Project (Chilypep)

- 4.1 Chilypep in Barnsley deliver a range of early intervention and prevention services, projects and mental health training courses to schools, colleges, charities, local businesses as well as within the wider Barnsley community. In addition, Chilypep is funded to support CYP to have a voice and influence services and support through Young Commissioners. All the work of Chilypep falls within or supports meeting the i-Thrive quadrants of 'Getting Advice' and 'Getting Help' (i-thrive is the implementation of the THRIVE Framework, translating the principles of the THRIVE Framework into local models of care using an evidence-based approach to implementation.)
- 4.2 Chilypep has been delivering the BRV Project (Belonging, Resilience and Vocabulary) which aims to improve emotional literacy within boys and young men and give them a better understanding of themselves. Through it they can learn the tools and techniques to recognise, communicate and manage their emotions, and realise their capacity to become active, empowered citizens.
- 4.3 In 2022/2023 **175** referrals were made to BRV. Of these, **10%** were referred out or signposted to CAMHS or other more appropriate services. **74%** of young people (**131**) referred have been supported though **111** sessions at HOME, **16%** discharged before work was completed.
- 4.4 Referrals to BRV and/or to CAMHS are considered and discussed at the weekly Branching Minds meetings between Compass Be, CAMHS and Chilypep.

- 4.5 In 2022/23, all Chilypep's work was able to be delivered face to face and BRV was able to deliver 115 sessions (190 hours of delivery) which included 32 sessions in schools.
- 4.6 A mental health and emotional wellbeing Hub for young people in Barnsley aged between 11 and 25, has now been established. Helping Our Mental 'Ealth (H.O.M.E) provides open access, flexible support and services, information, and signposting, for young people who are experiencing difficulties with their mental health and emotional wellbeing. The model is a blended model of youth work values and approaches, creative arts and therapeutic, trauma informed practice, delivered in a non-judgmental welcoming, young people friendly, safe space.
- 4.7 H.O.M.E is in its final stage of refurbishment which will be met through the successful Levelling Up Fund 2 bid, led by BMBC, bringing over **£1m** to the building to develop both the YMCA and H.O.M.E spaces and the whole building. The H.O.M.E hub will have much needed new facilities including a kitchen and café space, improved disability access, and improved cost efficiencies such as window and heating replacements and solar energy, reducing the environmental impact of the building. This work will be completed by 2025 and will contribute to the sustainability of H.O.M.E as well as updating and improving the space for young people.
- 4.8 The current service offer at H.O.M.E includes the following:
- A weekly wellbeing programme which includes four age-appropriate sessions.
 - Talk@Home counselling service providing open ended counselling for any young person registered with H.O.M.E. This is provided by a qualified (post graduate level seven), British Association for Counselling and Psychotherapy registered psychotherapist, supported by two placement students (Barnsley College, level four).
 - An IT Suite for young people to access a range of immediate online support as well as signposting information. In addition, young people can access laptops for a range of needs.
 - A range of visual and take away signposting information on services which can further support their mental health and emotional wellbeing.
 - Access to qualified mental health and youth work staff for ongoing support.
 - Co-ordinated delivery of services within the hub including having the Youth Employment Hub (BMBC/DWP) now housed at H.O.M.E. Youth Offending Team, South Yorkshire Eating Disorder Association (SYEDA,) Working Win, Compass-Be, CAMHS and the Substance Misuse team (BMBC) delivering work directly to young people from H.O.M.E (approximately **230** young people accessed H.O.M.E via work with external services in the Hub during 2022- 2023.)
 - Strategic and delivery partnership working with the H.O.M.E Stakeholders Group acting as a strategic planning and oversight mechanism with **22** services across Barnsley represented. The Joint Delivery Partnership works together on an operational level to co-deliver specific workshops, events and programmes to young people from H.O.M.E and has **14** separate services represented and active.
- 4.9 In 2022/23, Chilypep delivered 23 training days across a range of training courses as summarised in Table 1. All training has been promoted through the BMBC Pod. A young person from the Young Commissioners group has been supported to qualify as a Trainer for the Mental Health First Aid England (MHFA) and has co-delivered the MHFA training.

Table 1: Chilypep Training Delivery – April 2022 – March 2023

Training Course	Total attendances	Training sessions delivered	Organisations
Youth MHFA 1 Day	42	4	<ul style="list-style-type: none"> • Holy Trinity School Barnsley • Barnsley Sexual Abuse and Rape Crisis Services • Barnsley Healthcare Federation CIC • Netherwood Academy • YMCA Barnsley, Centrepoint, • Hesley Group Low Laithes • Victim Support • BMBC • Lockwood Primary School • ASYE Fostering Services • Totally Runnable • Chilypep staff • Barnsley Hospital • Public Health Nurses (0-19) Barnsley, • South West Yorkshire Partnership NHS Foundation Trust • Barnsley Healthwatch
Youth MHFA 2 Day	59	4	<ul style="list-style-type: none"> • Netherwood Academy (Astrea) • South Yorkshire Police • Barnsley 0-19 Public Health Nursing Service • Spectrum • Barnsley Council • The Hill Primary Academy School • Barnsley College • Reds In the Community
Youth MHFA Aware Half Day	64 (21 are young people)	5	<ul style="list-style-type: none"> • YMCA Barnsley • Berneslai Homes • Greenfield Primary School • Capstone Foster Care • Southwest Yorkshire NHS
Applied Suicide Intervention Skills Training (ASIST) – 2 days	24	2	<ul style="list-style-type: none"> • Mixed group – wellbeing workers, youth workers, community members, college/school staff, hospital • Recovery steps, community members, educational settings, mental health workers
Adult Mental Health First Aider Training – 2 days	50	3	<ul style="list-style-type: none"> • Barnsley Council • Coalfields Regeneration Trust • Berneslai Homes • James Durrans and Sons Ltd • South West Yorkshire Partnership NHS Foundation Trust • Totally Runnable

			<ul style="list-style-type: none"> • Uthink People Developing People
Adult Mental Health First Aider Training – half day	34	2	<ul style="list-style-type: none"> • Town wardens, Glassworks, Alhambra etc
Bespoke training: mental health awareness	99	2	<ul style="list-style-type: none"> • Barnsley Council
Bespoke training: Self-harm, self-injury & suicide prevention	10	1	<ul style="list-style-type: none"> • Barnsley Council • Capstone Foster Care • Youth Justice Service
TOTAL	382	23	

5.0 Current Position - Specialist Child and Adolescent Mental Health Services (CAMHS)

5.1 Barnsley CAMHS is one of four CAMHS teams delivered by SWYPFT. The service continues to offer evidence-based treatment for moderate/severe mental health presentations and adopts an approach which places CYP at the core. The service comprises of 6 core teams who specialise in different areas and work together to support CYP and families during their journey with CAMHS.

Key Service Updates for 2022/23

5.2 *Branching Minds* – As reported in the last OSC report (March 2022) one of the ambitions for Barnsley was to create a Barnsley Mental Health Single Point of Contact (SPoC) for Children’s Emotional and Mental Health. CAMHS and Compass Be worked in partnership to create a joint front door whereby existing referral routes to MHST and CAMHS services would be re-routed to the SPoC, the benefits of this being a “no wrong door” policy to support, minimising the need for CYP, families, carers and professionals to have to re-tell their story more than once. In Spring 2022 a participation, promotion and marketing project took place with CYP to rename the SPoC to something which was meaningful to them, and the name Branching Minds was created. Phase 1 of Branching Minds is now complete and Branching Minds receives referrals from professionals, self-referrals from children and young people and from their families/carers. The second phase aims to integrate other relevant services and is in progression having already integrated Chilypep who attend referral meetings once per week. The referral rates and outcomes to support are captured below:

1.1 Total number of CYP requests for support (RfS) received by source													
'Ext-Other' includes those received from social prescribing services, police, other NHS Trusts and other sources not captured under any of the listed referral source categories													
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
0-19 Service	1	8	9	6	12	4	0	4	1	3	10	8	66
Another SWYPFT Team	5	12	17	11	3	0	0	0	0	2	1	1	52
Children's Social Services	3	4	13	9	6	2	3	3	2	5	3	6	59
Ext - Other	30	43	41	50	66	45	62	27	30	40	32	29	495
Ext - Other CAMHS Team	0	2	4	2	1	3	1	3	4	2	0	1	23
GP	44	71	33	41	33	28	49	27	28	47	46	46	493
Paediatrics & Other Hospital Staff	3	15	4	6	12	14	7	2	3	5	9	2	82
Schools	57	92	54	93	7	45	42	57	37	54	55	82	675
Self-referral	17	50	40	24	38	27	7	8	8	30	17	37	303
Total	160	297	215	242	178	168	171	131	113	188	173	212	2248

1.3 Outcomes following consideration by Branching Minds Team													
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Advice & support given	4	31	29	10	11	5	5	10	13	16	17	28	179
Barnsley MHSTs to provide support	0	0	0	0	0	0	0	0	15	46	39	31	131
CAMHS to provide support (includes those for initial assessment)	42	64	53	59	35	39	34	24	26	60	45	45	526
No further input required at this time	0	1	2	1	1	0	0	1	0	19	23	19	67
Signposted to other organisations	71	95	56	110	74	83	99	67	25	36	42	47	805
Unable to gain additional information - request for support closed	5	4	2	2	1	1	4	4	1	0	1	10	35
Outcome pending	0	0	0	0	0	0	0	1	7	0	0	5	13
Other	38	102	73	60	56	40	29	24	26	11	6	27	492
Total	160	297	215	242	178	168	171	131	113	188	173	212	2248

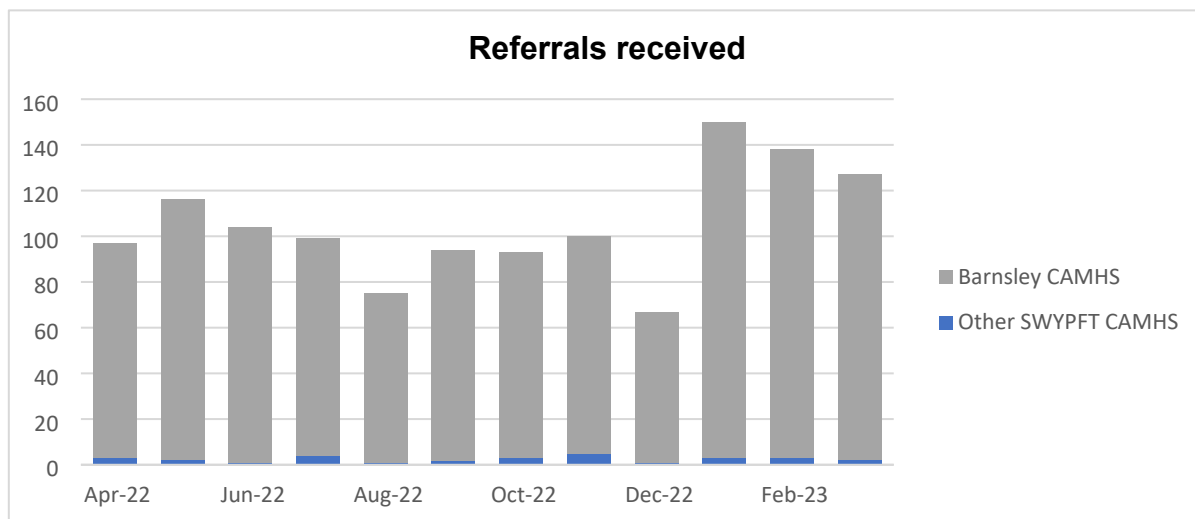
- 5.3 *Crisis and Intensive Home-Based Treatment Team-* As frequently reported in the media there is a national shortage of tier 4 beds for CYP, along with a recruitment challenge into specialist roles. The Barnsley CAMHS crisis team has adapted its approach to be more accessible at the earliest opportunity with a view to get the right support in place as soon as possible to minimise an escalation in risk presentation. A Band 4/5 practitioner now supports Branching Minds, they will triage calls that present with a higher level of risk to ensure appropriate safety planning and services that can manage such risk are in place. Fundamentally this supports the changes to NHS 111 where a person who calls NHS 111 can now press '2' for mental health crisis support and will be routed to their local provider for support. The team was shortlisted for innovation for 'improving access to resources' through SWYPFT Excellence Awards.
- 5.4 *Eating Disorder Team-* The Eating Disorder Team continues to be under increased pressure and in high demand. On a very positive note, the team has developed (in collaboration with the local authority and partner agencies) an Eating Disorder Framework which identifies thresholds for intervention and how each service (from universal up to CAMHS) can play a key role in the early identification and support of eating difficulties aiming to prevent the development of eating disorders. The team have a consultation model with South Yorkshire Eating Disorder Association (SYEDA) in ensuring a robust process is in place to step up ED cases to CAMHS where there is acute need to do so.
- 5.5 *Children In Care Team-* The Children in Care Team is now fully established with a therapeutic offer to work with CYP up to the age of 25. This was a piece of work that involved consultation with CYP who have experience in the care system to ensure that the model was helpful. In line with national, regional and local ambitions, this takes away the 'rigid' transition point of 18 allowing children in care who are within CAMHS to stay with the service (if necessary) up to their 25th birthday and transition at a time that feels most appropriate.
- 5.6 *ADHD Pathway-* The assessment pathway continues to be an efficient process with appropriate waiting times. As of May 23, there are **13** CYP who are waiting for assessment, the longest wait is **4 weeks**. We now have improved shared care agreements where Clinical Pharmacists will hold prescribing responsibility for CYP who are stable on medication. This is due to begin in the coming months, and so will increase some prescribing capacity within CAMHS to manage the ADHD medication waiting list.
- 5.7 *Waiting List Management-* As a service we have adopted the 'waiting well' approach as much as is possible. Waiting list protocols are in place in CAMHS to oversee any changes in presentation and risk. CYP waiting for treatment from CAMHS are contacted by clinicians every 8 weeks, this is well co-ordinated and overseen by the team manager of the specialist pathways. This has been effective in risk management as the service can ensure cases have been prioritised/acted on when a higher level of risk has become known and offer safety advice where necessary. Additionally, clinicians can provide psychoeducation and ensure that support from other services where indicated is in place. CYP can be referred to Kooth (digital platform for mental health) or social prescribing as they wait, so they are receiving meaningful support as they wait for specific intervention. This ensures that as much as is

reasonably possible, CYP are 'waiting well' in accessing all other good options for support as they wait for specialist MH treatment form CAMHS.

Current Picture of Waiting Lists for Barnsley CAMHS

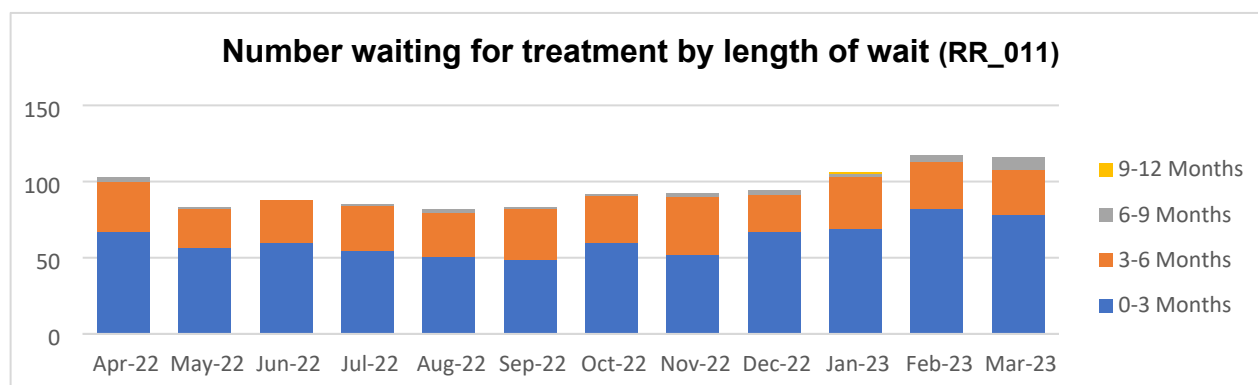
5.8 Waiting times are submitted to the ICB monthly and discussed at the CYPMH steering group meetings to provide additional detail and context to the reports.

Graph 1- referrals coming into CAMHS



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Barnsley CAMHS	94	114	103	95	74	92	90	95	66	147	135	125
Other SWYPFT CAMHS	3	2	1	4	1	2	3	5	1	3	3	2
Grand Total	97	116	104	99	75	94	93	100	67	150	138	127

5.9 The Average Waiting Time for an Initial Assessment in CAMHS is currently **25 days**.



6.0 Strengthening Support and Coordination of CYPMHS

CYP Emotional Health and Wellbeing Lead

6.1 The postholder is funded jointly by Barnsley Council and the ICB and is a member of the CYPMHS Steering Group. Key aspects of work that have been delivered over the last year are:

- Production of an Emotional Health and Wellbeing Scoping Report to undertake a systems analysis of CYP Emotional Health and Wellbeing services (Feb 2023.) The Systems Analysis work will commence in May 2023 and will include a review of the three services

mentioned in this report and the voices of children and young people to inform future provision

- Development of the CYP Emotional Health and Wellbeing Delivery Plan and Plan on a Page from September 2022 which is a multi-agency plan and provides highlight reports to the Mental Health, Learning Disability and Autism Delivery Group (MHLADAG) and Partnership
- Continued development of the Emotional Health and Wellbeing Group
- Leadership of the SPoC Phase 2 Working Group to continue to explore how systems “speak to each other” to ensure holistic support for children and young people’s emotional health and wellbeing
- Securing the commissioning of Kooth, a digital platform for CYP aged 11-25 as an additional support mechanism for children and young people to be piloted for one year from 1st April 2023.

Additional Monies into System for CYPMHS

6.2 Additional funding was received in 2022/23 for CYP mental health services. The funding has been invested in priority areas to enhance the eating disorder, ADHD and Children in Care pathways, and to develop H.O.M.E and the BRV (belonging, resilience and vocabulary) project.

7.0 Future Position and Challenges

7.1 Barnsley CAMHS will continue to work with Barnsley ICB with the aim of delivering the full CAMHS service model. This will allow the service to make further improvements on waiting times and key areas. This is subject to additional funding becoming available as was agreed as part of a phased implementation plan.

7.2 Priority areas:

- To continue to build on the improvements already made in Barnsley with offering a timely, efficient, and collaborative service for CYPMHS.
- In line with the NHS long term plan and in collaboration with the ICB, to map the CAMHS service provision to 25 years.
- Work has already started with the development of an ‘all age eating disorder pathway’ to improve the service offer for eating disorders in Barnsley. This is a South Yorkshire- wide project.
- To build on improvements made on the waiting times for CYP waiting for ADHD medication. As of May 23, there are 45 young people waiting for ADHD medication. As a comparative, in July 2022, there were 62 C&YP who were waiting for allocation to a medical / non-medical prescriber for ADHD medication including titration.
- Chilypep are expanding the BRV programme so that more boys can access it across Barnsley and developing further elements of the therapeutic wellbeing programme at H.O.M.E including more focussed group therapeutic models and more open access wellbeing sessions. In addition, Chilypep are looking at the possibility of working with Compass Be and CAMHS to be able to host and develop some Child Wellbeing Practitioner posts at H.O.M.E to step up young people that access the group work

programme who require more focussed 1-1 support but are either not in need of, or not yet ready for the counselling offer.

- Compass Be is currently working with the Local Authority to develop a specialist arm of the service dedicated to supporting children who have experienced Adverse Childhood Experiences (ACEs). We know from research that these children are more likely to suffer from poor emotional wellbeing and mental health in later life without early intervention.
- As a service Compass Be is also creating additional capacity to support children who are not accessing mainstream education, including those Electively Home Educated (EHE), children and young people who are potentially Not in Education, Training or Employment (NEET's) and NEET's post 16.
- The launch of Kooth. Kooth is a website offering a safe and welcoming place to seek confidential and non-judgmental professional help for any mental health concern. Kooth will work alongside the ICB, GP surgeries, schools and community services in Barnsley to promote the service, ensuring that every eligible child and young adult aged 11 and over with concerns about their mental health is aware that Kooth.com is there to help them. Kooth is available seven days per week, 365 days a year and is designed to work alongside other local mental health services. The service will give local children and young people access to one-to-one text-based sessions with experienced counsellors and wellbeing practitioners. Running from midday to 10pm on weekdays and from 6pm to 10pm on the weekend, appointments can be booked in advance or accessed via a drop-in text-based chat. In addition, Kooth will give users 24/7 access to a fully safeguarded and pre-moderated community. It includes a library of content created by Kooth professionals - and contributed by young people on the platform - as well as discussion forums and activities, such as goal setting and journaling. There are no waiting lists or thresholds to meet and does not need a referral from a GP. It is instantly accessible, once the user is registered, through an internet-connected smartphone, tablet or computer.

7.3 Challenges:

- *Health Inequalities*- The ICB is currently working with SWYPFT to review how a Learning Disability provision within CAMHS can be resourced. CAMHS are receiving an increased number of referrals for young people with mental health needs and diagnosed moderate/severe learning disabilities (LD) that require a full Multi-Disciplinary Team (MDT) support package. Other areas in South Yorkshire have specialist CAMHS LD teams and these teams can be accessed by Barnsley young people currently. CAMHS support in navigating to gain entry to the most appropriate service to keep the child at the centre of care planning and to ensure that they will receive the right service to meet need. This issue has been raised in appropriate forums.
- *Increased Complexity and Acuity of Cases*- Reflecting the national picture, since the pandemic there has been an increased volume of complex cases that require CAMHS support. Such CYP have often experienced significant trauma and are exposed to multiple vulnerability factors. Consequently, this can mean that patient flow through CAMHS is not always timely, as CYP may require more than 1 treatment, or often multiple modalities running together. This means that whilst as a service we are seeing CYP much quicker for first line assessment and treatment, there are still 'secondary waits' that we need to manage. Waits for secondary treatment are often for more high-level support, psychology, or psychiatry for example. Branching Minds has a risk management approach in place, including referrals triaged for risk the same day, if highlighted risk needs immediate attention this will be acted on without delay. Branching Minds has dedicated time from the CAMHS crisis team who provide support into Branching Minds on a daily basis and offer urgent appointments that present with higher level of risk. Waiting list protocols are in

place to oversee any changes in presentation and risk. CYP waiting for treatment from CAMHS are contacted by clinicians every 8 weeks overseen by the team manager of the specialist pathways. This has been effective in risk management as the service can ensure cases have been prioritised when a higher level of risk has become known and offer safety advice where necessary. Additionally, CYP can be referred to Kooth or social prescribing as they wait, so they are receiving meaningful support as they wait for specific intervention.

- *Access to Tier 4 Beds*- This remains a nationwide challenge that the panel should be aware of due to the impact on services when beds cannot be sourced in a timely manner.
- The Bereavement Counsellors within Compass Be are employed on a fixed term basis, owing to none-recurrent funding, it is hoped this will be made permanent in the near future for this much needed service.

8.0 Invited Witnesses

8.1 The following witnesses have been invited to answer questions from the committee:-

- David Ramsay, Deputy Director Children's Services, South-West Yorkshire Partnership Foundation Trust (SWYPFT)
- Laura McClure, Service Manager Barnsley CAMHS, SWYPFT
- Jamie Wike, Deputy Place Director (Barnsley) South Yorkshire ICB
- Lucy Hinchliffe, Commissioning & Transformation Manager, South Yorkshire ICB
- Alicia Sansome, Public Health, Barnsley Council
- Teresa Brocklehurst, Public Health, Barnsley Council
- Lesley Pollard, Managing Director, Chilypep
- Vick Hanley, Service Manager, Compass

9.0 Possible Areas for Investigation

9.1 Members may wish to ask questions around the following, including the first two questions which have been provided by young people:-

- What is being done to ensure that all children & young people in Barnsley can lead happy, healthy lives free from harm?
- What is being done to improve the waiting time for treatment for CYPMHS and the deficit between the service offer 16-18yrs (Children's to Adult Services)?
- What evidence do you have that you are successfully improving outcomes for children and young people?
- What does quality look like and is it being achieved? How do you know?
- Where do you consider to be the gaps in current provision? What more needs to be done?
- What more needs to be done to ensure services are equipped to appropriately deal with young people in a crisis in a timely manner?
- What is being done to understand the root causes of poor mental health in children and young people in Barnsley?

- What is being done to prevent future harm to the wellbeing of children and young people?
- How effective is the current support for children and young people in schools? How do you know?
- Does Compass Be have sufficient resources to address the significant increase in referrals in a timely way?
- What value has the BRV project added? How do you know?
- How do you engage with young people who are hard to reach or do not want to engage with services?
- Can you give examples of how young people and their parents/carers are involved in shaping services?
- How do you support parents who have children with poor mental health?
- What work is done with young people who are in the Youth Justice System?
- What support is available for young people who self-harm?
- Given that the configuration of the system has changed several times over the years, how confident are you that future service provision will be more effective? What are the challenges and what are the opportunities?
- When do you expect an effective solution to be in place to support those with a Learning Disability?
- What considerations were given when allocating the additional funding to specific pathways?
- What can elected members do to support this work?

10.0 Background Papers and Useful Links

10.1 ¹NHS Long Term Plan

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>

² UK Government - Transforming Children & Young People's Mental Health Provision Green Paper <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

³ NHS England/Department of Health 'Children in Mind' https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

11.0 Glossary

ADHD	Attention Deficit Hyperactivity Disorder
BRV	Belonging, Resilience and Vocabulary
CAMHS	Child and Adolescent Mental Health Service

CHBTT	Crisis and Home-Based Treatment Team
Chilypep	Chilypep – Children and Young People’s Empowerment Project
CYP	Children and Young People
CYPMHS	Children and Young People Mental Health Services
ED	Eating Disorders
EHE	Elective Home Education
EHWB	Emotional Health and Wellbeing
H.O.M.E	Helping Our Mental ‘Ealth
HPR	Healthy Peer Relationships
ICB	Integrated Care Board
MDT	Multi-Disciplinary Team
MHFA	Mental Health First Aid
MHLT	All Age Mental Health Liaison Team
MHSTs	Mental Health Support Teams
NEET’s	Not in Education, Training or Employment
OSC	Overview Scrutiny Committee
SPoC	Children and Young Peoples Mental Health Single Point of Contact
SWYPFT	South West Yorkshire NHS Partnership foundation Trust
SYEDA	South Yorkshire Eating Disorders Association

12.0 Contact

Jane Murphy/Anna Marshall, Scrutiny Officers

Scrutiny@barnsley.gov.uk

28th June 2023

Report of the Executive Director Core Services
and the Executive Director Children's Services
to the Overview and Scrutiny Committee (OSC)
on 18th July 2023

Special Education Needs and/or Disability (SEND) Provision in Barnsley

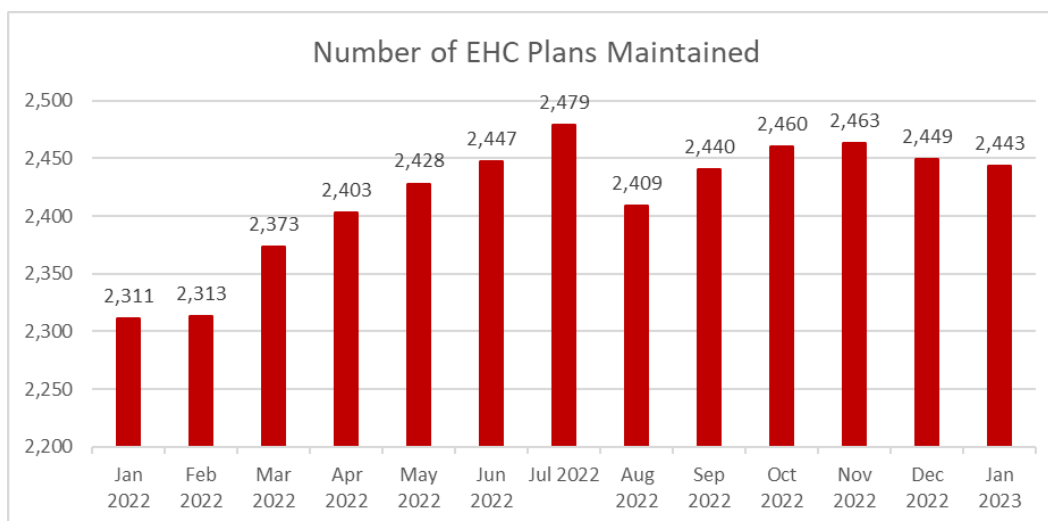
1.0 Introduction

- 1.1 This report provides the Overview and Scrutiny Committee (OSC) with an update of the progress and improvement in the local area to support children with special educational needs in Barnsley.
- 1.2 The report also provides an update against the Written Statement of Action (WSOA) since the Barnsley SEND inspection in 2021 and officer attendance at the OSC in March 2022; summarises the new inspection framework for SEND which was launched in January 2023; and outlines the SEND and Alternative provision (AP) improvement plan launched in March 2023 by the Government.
- 1.3 Item 5b (attached) outlines how the Council meets its statutory duty to ensure that travel assistance is provided to facilitate attendance at school for eligible children and students and the challenges associated with current arrangements.

2.0 Background

- 2.1 The local area SEND system supports children and young people aged 0 – 25. It includes children and young people who are identified as needing help under SEN support arrangements as well as those who have an Education Health and Care Plan (EHCP). It includes children in early years settings, mainstream primary/secondary/special/independent schools and settings, colleges and support for young people as they move into adulthood.
- 2.2 Working in partnership with children, young people, their families and local communities in the borough is essential. The Integrated Care Board (ICB), Children's and Adult Social Care services, early years providers, schools and settings, health providers and voluntary and community groups make up the partnership across the local area.
- 2.3 Children and young people who have been identified as having special educational needs, and or disabilities (SEND) can be characterised by two main support levels:
 - i. **SEN support:** This is the support that all schools and educational settings should provide for any child or young person who has SEND that can be catered for within their provision.
 - ii. **Education, Health and Care Plan (EHCP):** EHCPs support children and young people who have needs that are above what the SEN support level can meet.
- 2.4 In Barnsley there are 2,443 children and young people who have an EHCP maintained by the Local Authority at the end of January 2023. This is an increase of 5.6% since January 2022.
- 2.5 The % of children and young people supported at SEN support has increased from 10.2% in 2021 to 11.7% as at January 2023. Barnsley is now only 0.9% points below national indicators.

2.6 The chart below shows the numbers of plans maintained between January 2022 and January 2023. The decrease seen between July and August is the result of plans ceasing at the end of the academic year as young people have completed their education outcomes. There is a trajectory of growth month on month as new requests are received and plans issued.



2.7 The tables below show the distribution of EHC plans by age group in comparison to national as at January 2023. This data shows that Barnsley maintain less plans for under 5's, 5 – 10 and 20 – 25, but more plans aged 11-15 and 16- 19. For children under the age of 5, special needs is often still emerging. The additional capacity secured in the new SEND Improvement team is starting to address early identification of SEND in schools and settings. Many children find the transition between primary and secondary challenging, and this sometimes results in a different presentation of need in a different setting. Plans are ceased aged 20 – 25 once a young person has concluded their education and met their outcomes.

TABLE 1: Plans maintained on day of SEN2 Return

Jan-23	Barnsley	National	Diff
age	%	%	
Under 5	3.1	4.1	-1.0
Age 5 to 10	30.9	32.6	-1.7
Age 11 to 15	42.0	36.0	6.0
Age 16 to 19	21.5	20.5	1.0
Age 20 to 25	2.4	6.8	-4.4
Total	100	100	

2.8 The table below shows the breakdown by primary need of the 2,443 plans maintained as at January 2023. The needs of our children in the local area are tracked each year and is used to complete forecasting for sufficiency, place planning and commissioning intentions. This ensures new provision is evidence based and data driven. The data informs us that the highest areas of need continues to be Autistic Spectrum Disorder (ASD), Social and Emotional Mental Health (SEMH) and Speech, Language and Communication (SLCN). Many children have layered needs so complex placement planning is also undertaken.

- 2.9 This data has driven our commissioning intentions for the newly established placements that have a primary focus on meeting the needs of children with an ASD and SEMH profile of need.

Autism Spectrum Disorder	Hearing Impairment	NC/Blank	Moderate Learning Difficulty	Multi-Sensory Impairment	Other Difficulty/Disability	Physical Disability	Profound and Multi Learn Diff	Severe Learning Difficulty	Social, Emotional & Mental Health	Specific Learning Difficulty	Speech, Lang, Comm Difficulty	Visual Impairment	Totals
988	41	0	174	8	110	87	41	61	455	111	342	25	2443

- 2.10 All local authorities are measured on statutory performance related to agreeing and finalising EHCPs within a 20 week period. Barnsley has consistently maintained performance above the national averages. Data below is for the 2022 calendar year.

EHCPs issued within 20 weeks excluding exceptions	90.7% (National 50.7%)
EHCPs issued within 20 weeks including exceptions	72.7% (National 49.1%)

3.0 Local Area SEND Written Statement Of Action (WSOA)

Progress and Improvement

- 3.1 Following inspection in 2021, the SEND System in Barnsley has continued to be subject to a WSOA and has now completed 4 of the 5 formal monitoring visits conducted by the Department for Education (DfE) and NHS England (NHSE). The formal monitoring period is due to end in October 2023. The two areas of improvement required are:-
1. Engagement of, and communication with, parents/carers - area leaders need to ensure the lived experience of families influences strategic plans for services and provision
 2. Improving the identification of, and provision for, children and young people with SEND but without an EHCP.
- 3.2 There are 28 actions associated with area 1. Of these, 26 are either completed or in progress and 2 actions rated amber which relate to short breaks and social participation. These actions are underway and on track for completion prior to the next monitoring visit in October 2023.
- 3.3 There are 26 actions associated with area 2. Of these, 25 are either completed or in progress and 1 action rated amber relates to the early help offer. This work is underway and part of the development of local Family Hubs.
- 3.4 The Council is committed to making sure that people have safe spaces where everyone can contribute to discussions about SEND support in Barnsley. However, the Council has received a number of complaints from parents/carers of young people with SEND, parent groups and organisations and despite attempts to resolve them, the situation has continued. As a result, the Council took the decision not to sign a memorandum of understanding with any local group applying for the DfE parent/carer participation grant. Contact, the organisation commissioned

by the DfE to manage the grant, also decided not to issue a grant to any local group wanting to be the DfE funded forum in Barnsley.

- 3.5 The Local Area has not made as much progress in this area as we would have hoped. The DfE are fully sighted on the recent changes and aware that we are working together with parents and carers to agree a plan that describes how we will effectively establish arrangements that will enable policies, plans and strategies aimed at children and young people with SEND to be co-produced with parents, carers, children & young people so that they are shaping their local area.
- 3.6 In summary there has been progress made since the inspection against the WSOA. The final monitoring visit is in October 2023 after which Barnsley will be due an inspection under the new inspection Framework. To date, the DfE and NHSE have been very positive about the progress made in Barnsley.
- 3.7 The council has made significant investment in SEND services. There is now an established SEND Improvement Team which comprises of an additional six SEND Improvement Officers, two SEMH specialist teachers, and an additional two tutors for the Tuition Team. This investment is already indicating secured improvement and impact. 60% of all schools have had a discussion and /or a whole SEND audit. 75% of schools have had initial introduction meetings with their link officers. Early indications are that schools are open to support, challenge and actively engaging in improving SEND provision in their settings.
- 3.8 Since the last inspection the Clinical Commissioning Group in Barnsley ceased and the Integrated Care Board was established in July 2022. There is a designated clinical officer for SEND who works closely with the council and driving up improvement in practice, standards and provision. There is a focus in the ICB on identification of learning disabilities and autism pathways.
- 3.9 The ICB has a Complex Case Manager who manages the process for children subject to a Care, Education and Treatment Review (CETR). This is for children who are deemed vulnerable and in need of an integrated approach of support as they may be at risk of admission to a health facility or placement breakdown. This is a good example of effective partnership working for some of our most vulnerable children. The ICB has also implemented the Senior Navigator Programme to prioritize children on the Dynamic Support Register (a register of those identified as needing additional support) and link with all professionals involved with that child across education, health and social care.
- 3.10 The Barnsley SEND Strategy 2022 - 2025 was co-produced with local parents and carers, children and young people, stakeholders and partners. It was launched in December 2022 and is now operational. A revised plan is underway to ensure there is progress at pace against all of the objectives.
- 3.11 The post 16 offer in Barnsley is currently being revised involving parents and carers, children, and young people. The aim is to have a local offer that supports effective preparation for adulthood. The Preparation for Adulthood Team is established, and partnership working continues to secure effective points of transition.
- 3.12 The new SEND Inspection Framework January 2023 has a greater focus on the lived experience of children and young people and their families. It requires a comprehensive data set to be established (Annex A). There is a greater focus on the impact that local statutory partners have on the lives of children. There is a focus on early identification of need, how children, young people and families participate in decision making, get the support at the right time, how prepared they are for next steps and how included they are in their communities. Work is underway to prepare for the revised inspection framework.

- 3.13 The SEND and AP Improvement Plan March 2023 follows the Government’s green paper consultation. It sets out the clear requirements through a road map. There will be a national system providing clarity for support available to children and young people, national standards to improve identification of needs, and standardised EHCP’s. The aim of the reforms is to have a skilled workforce and excellent leadership, secure successful transitions and PFA, strengthen accountabilities and clear routes of redress, and secure a financially sustainable system to deliver improved outcomes. Local areas are required to establish a local partnership group and create a local inclusion plan. The proposal is for the SEND Oversight Board to be the local partnership group and work is underway to develop the inclusion plan.

SEND Sufficiency in the Local Area

- 3.14 There is a sufficiency plan in place which has driven forward the increased provision of school places for children with SEND in the borough. Barnsley has been successful in the joint bid with Sheffield for the new Free Special school, which will create another 100 places for Barnsley children who have an autism profile of need. The anticipated opening date is September 2025 and the academy sponsor selection process has commenced. The table below highlights developments completed in 2022/23:

Setting	Key stage	N° of additional places
Horizon/Nexus Abbey Satellite	KS3-4	10
Penistone Grammar (HS/RP)	KS3-4	10
West Riding Phase 1	KS3-4	24
Newstead Phase 1	KS1-2	15
Athena at Astrea Dearne	KS3-4	10
Nexus Pennine View	KS3-4	4
Really NEET Phase 2	KS5 (post 16)	18
	Total	91

- 3.15 The aim and ambition is to secure sufficient provision in borough, allowing children to be educated in their local communities, prevent and reduce the use of high cost out of borough placements and allow children to access local community support.

4.0 Future Plans and Challenges

- 4.1 We are ambitious for our children and want our children to live the best lives that they possibly can, and for them to succeed and achieve. We remain concerned about the number of children and young people with SEND who are subject to suspensions and exclusions, who have low attendance or are on reduced timetables for extended periods of time. There will be a focussed piece of work during the summer and autumn term, taking ‘a team around the child and school’ approach, offering challenge and support with the overall objective of returning children to full time education.
- 4.2 We plan to expand a quality assurance programme for SEND, involving children, young people, parents and carers who will audit their own EHCP’s and ensure their lived experiences are reflected appropriately.
- 4.3 The annual SEND Inclusion Conference for 2023 has the theme of building relationships. The focus for the event will be to promote relational practice in our schools and settings. The hope is that schools will adopt relational policies, thus reducing suspensions, exclusions and increase access to full time education.

- 4.4 The plans for an agreed way of working and co-production in Barnsley will be challenging, ensuring we capture a wide range of voices, reach an agreed position and start to test the plan so that parents and carers feel confident in working together. The aim is to have a plan agreed in the Autumn term of 2023, and that three areas of development will be identified to test the new plan. The three areas will be co-agreed between parents/carers and the Council.
- 4.5 The development of Family Hub services in Barnsley is a real opportunity to co locate and integrate support within communities, this will include support for children and young people with SEND at the earliest opportunity.
- 4.6 The new inspection framework and the new SEND and AP improvement plan will present challenges across the local area. A revised Self Evaluation Framework is underway in addition to inspection readiness. The local area operational plan will be revised in line with the SEND strategy and the new framework and statutory requirements.
- 4.7 The demands on services for assessment and support across the local area continues to rise including children's therapy services, Autism assessments and Child & Adolescent Mental Health Services. The demand for specialist school placements continues to rise, however the increase in local placements has allowed children to be educated locally. The requests for assessments for EHCP's continue to rise but is at a slower rate than national.

5.0 Invited Witnesses

- 5.1 The following witnesses have been invited to today's meeting to answer questions from the committee:
- Nina Sleight Service Director Education, Early Start & Prevention, Barnsley Council
 - Anna Turner, Head of Education and Partnerships, Barnsley Council
 - Donna Taylor, Head of Children's Social Care and Safeguarding, Barnsley Council
 - Beverley Bradley, SEND Improvement Manager, Barnsley Council
 - Sue Day, Head of Service SEND and Inclusion, Barnsley Council
 - Neil Wilkinson, Projects and Contracts Manager, Barnsley Council
 - Kwai Mo, Head of Service Mental Health and Disability, BMBC
 - Lee McClure, Headteacher Springvale Primary School and Joint Chair of Barnsley School Alliance
 - Steve Harrison, Head of Service for Children's Commissioning, Barnsley Council
 - Jamie Wike, Deputy Place Director, Barnsley Integrated Care Board (ICB)
 - Hermione Rostron, Designated Clinical Officer, Barnsley Integrated Care Board (ICB)
 - Anthony Devonport, Head of Service for Bereavement, Environment, Sport & Travel Assistance, Barnsley Council
 - Ashley Gray, Strategic Finance Business Partner, Barnsley Council
 - Cllr Trevor Cave, Cabinet Spokesperson Children's Services, Barnsley Council

6.0 Possible Areas for Investigation

- 6.1 Members may wish to ask questions around the following areas, including the first three questions which have been provided by young people:
- How are you working towards the 0-25 pathway for children, and young people?
 - How are you working towards ensuring all young people have a successful transition/discharge from services?

- How are you ensuring Barnsley is a place that includes opportunities for work and experiences for local young people and future generations with SEND? What opportunities are there in Barnsley for Barnsley people?
- How do you know that the completed actions associated with areas 1 and 2 of the WSoA are of sufficient quality?
- How confident are you that the sufficiency strategy will deliver the right kind of placements for those with additional needs? What more needs to be done?
- How are the whole SEND audits being approached within schools? What are the plans to engage with the remaining 40%?
- How do you know that the additional investment in SEND services has helped to deliver secured improvement and impact? How has value for money being achieved?
- Is the SEND Strategy progressing at an appropriate pace, what are the challenges and what does governance look like?
- Can you give tangible examples of how the Preparation for Adulthood Team is 'securing effective points of transition' and how this has improved outcomes for young people?
- How will you demonstrate the impact that the local system has on the lives of children and young people with SEND?
- What does current self-assessment arrangements look like and what is it telling you?
- Is there sufficient resources within the system to meet the requirements of the SEND and AP Improvement Plan? How confident are you that staff are trained to a sufficient level and suitably deployed to ensure maximum impact, providing the right support at the right time?
- What are the reasons for the number of children and young people with SEND being subject to suspensions and exclusions? To what extent is it because their existing settings are unable to meet their needs?
- Can you give recent examples of some of the considerations given to children and young people with SEND when commissioning and delivering healthcare services?
- In your opinion, how effective are current diagnosis pathways for those who may be Neurodivergent? What more needs to be done/done differently?
- How do you think parents would describe the existing SEND system in Barnsley? How do you know?
- What approach is taken to build relationships with parents, provide support and manage expectations?
- What considerations will be made when reviewing the Home to School Transport Policy this year?
- What more can be done to encourage the implementation of more personal travel budgets?
- What can elected members do to support work in this area?

7.0 Background Papers and Useful Links

- Report to the Overview & Scrutiny Committee 22nd March 2022:
<https://barnsleymbcintranet.moderngov.co.uk/documents/s94329/Item%205a%20SEND%20Provision%20in%20Barnsley%20FINAL%20220322.pdf>
- Written Statement of Action:
<https://www.barnsley.gov.uk/media/21438/wsoa-approved-final-version.pdf>
- Department for Education/Department of Health SEND Code of Practice:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf
- Care Quality Commission/Ofsted - Area SEND Inspection Framework and Handbook:
<https://www.gov.uk/government/publications/area-send-framework-and-handbook/area-send-inspections-framework-and-handbook>
- Department for Education - SEND and Alternative Provision Improvement Plan:
<https://www.gov.uk/government/publications/send-and-alternative-provision-improvement-plan>
- Care Education & Treatment Review Code of Practice:
<https://www.england.nhs.uk/long-read/dynamic-support-registers-and-care-education-and-treatment-review-code-of-practice/>
- Barnsley Council SEND Strategy:
<https://www.barnsley.gov.uk/services/our-council/our-strategies/send-strategy/>
- Barnsley Council SEND Sufficiency Strategy:
<https://www.barnsley.gov.uk/media/22854/send-strategy-2022-25-annex-a-send-sufficiency-strategy.pdf>

8.0 Glossary

BMBC	Barnsley Metropolitan Borough Council
C&FA	Children & Families Act, 2014
CAMHS	Child & Adolescent Mental Health Service
ICB	Integrated Care Board
CQC	Care Quality Commission
DfE	Department for Education
EHCP	Education, Health and Care Plan
EPS	Educational Psychology Service
INMSS	Independent and Non-Maintained Special Schools
LA	Local Authority
OSC	Overview & Scrutiny Committee
P/C	Parents/Carers
PfA	Preparation for Adulthood
S<	Speech and Language Therapy/Therapist
SEN	Special Educational Needs
SENCo	Special Educational Needs Coordinator
SEND	Special Education Needs and/or Disabilities
SEND CoP	SEND Code of Practice, 2015
WSoA	Written Statement of Action

YTD Year-to-Date

9.0 Officer Contact

Jane Murphy/Anna Marshall, Scrutiny Officers

Scrutiny@barnsley.gov.uk

28th June 2023

This page is intentionally left blank

Home to School Transport

1.0 Introduction

1.1 BMBC has a statutory duty under section 508A and 508D of the Education Act 1996 (amended by the Education and Inspections Act 2006) to ensure that travel assistance, as it considers necessary, are made to facilitate attendance at school for eligible children or students. The Council's Home to School Transport Policy sets out BMBC's arrangement for facilitating this statutory duty. The current Home to School transport policy dated 2018 -2021 is the latest policy and its contents still apply, pending a review in 2023/24.

1.2 Travel Assistance is provided as follows:

- Mainstream pupils up to the age of 16, who live more than 2 miles from their nearest school under the age of 8, or 3 miles aged 8 years and over, or do not have a safe walking route to school. Mainstream pupils eligible for travel assistance are usually provided with a zoom zero bus pass.
- Special educational needs and or disabilities. If a pupil has been placed at a setting that can meet the pupil's needs by the local authority that setting for the purposes of applying the Home to School Transport Policy is the nearest school. Pupils eligible for travel assistance can access a range of assistance packages; personal travel budget (PTB) for parents or carers to take them to school, independent travel training to assist the pupil with their walking route or bus route to school, a seat in a multi-occupancy vehicle such as a minibus, or a single occupancy taxi. The ability and specific needs of the pupil, in consultation with parents and carers determine which package they end up with.

1.3 Eligibility to receive travel assistance in the case of mainstream pupils is determined by the Home to School Travel Assistance team through the application of the Council's Home to School Travel Assistance Policy. Eligibility for pupils with special educational needs and or disabilities is determined by a monthly Travel Assessment Panel. Members of the panel include Group Manager Travel Assistance team, Education. Health Care Plan team manager, Independent Travel training manager and a manager of looked after children.

1.4 If a parent/carer disagrees with the decision of either the travel assessment panel or in the case of mainstream pupils, the travel assistance team they have the right to appeal. Stage 1 appeal is heard by the Head of Service and stage 2 is heard by an independent panel.

2.0 Current Position

2.1 Pupils meeting the eligibility criteria for travel assistance is increasing year on year which is putting a huge strain on funding as shown in the table below:-

Key data sets	July 2017	July 2018	July 2019	July 2020	July 2021	July 2022	% Increase 2017 –2022
Total special education need / disabilities either in minibuses or taxis	597	634	667	680	708	761	27.47
Total number of <u>in borough</u> children	475	479	491	496	511	525	10.52
No of <u>in-borough</u> locations	24	28	28	25	30	36	50
Total number of out borough pupils	122	155	176	184	197	236	93.44
No of out - <u>borough</u> locations	30	33	33	35	35	40	33.33
No of passenger assistants required	78	85	91	102	113	121	55.13
No of mainstream pupils with free bus pass	444	534	650	712	884	986	122

3.0 Mitigation Measures

3.1 In 2019, a number of initiatives were introduced to mitigate against the increasing numbers of pupils requiring travel assistance to school and subsequent spiralling costs.

Key data sets	July 2017	July 2018	July 2019	July 2020	July 2021	July 2022	% Increase 2017 –2022
Total number of parents / carers receiving a personal travel budget	0	0	24	33	113	155	155
No inhouse routes	0	0	0	11	18	26	26
No of pupils independently travel trained	1	4	25	0	0	12	12

3.2 As can be seen from the above table the implementation of personal travel budgets has been extremely successful and has removed to date 155 pupils from requiring school transport. A personal travel budget is cheaper than the cost of providing transport and it alleviates an overloaded system. Parents and carers have the right to refuse a personal travel budget in favour of organised transport.

3.3 In house routes have also steadily increased since their introduction. They are used to plug the gaps where commercial providers struggle such as provision of wheelchair accessible transport and where tendered prices for a route is high and a cost saving can be made.

3.4 Independent Travel Training, the final initiative implemented to help mitigate against the increasing pupil numbers requiring transport and spiralling cost of transport provision, has had a chequered success rate caused by Covid. After reaching an all time high of 25 pupils the service was hit by Covid and unable to continue for a couple of years. The Service has now resumed, and it is anticipated that numbers will continue to increase.

4.0 Future Plans and Challenges

4.1 As part of the business unit's continuous improvement philosophy, Home to School Transport will look at several areas to streamline systems and reduce or control costs in 2023/24. This work will be key for the upcoming transformation review in the coming year.

This page is intentionally left blank

Item 6a

Report of the Executive Director Core Services and the Executive Director Place Health & Adult Social Care to the Overview & Scrutiny Committee on 18th July 2023

Adult Social Care Quarter 4 Performance Report 2022/23

1.0 Purpose of Report

- 1.1 The purpose of this report is to provide the Overview & Scrutiny Committee (OSC) with a summary of Adult Social Care performance for Quarter 4 in 2022/23, including quality assurance work and programme activity.
- 1.2 This document should be read in conjunction with Item 6b (attached), Understanding & Challenging Adult Social Care Performance, which explains the context for each of the performance indicators as well as defining what good practice looks like.

2.0 Introduction & Performance Summary

- 2.1 Adult Social Care is the provision of all forms of personal and practical support to help those who are older or living with a disability or physical or mental illness live independently and stay safe and well. This report has a summary analysis of performance across key selected areas. These areas have been selected because they represent key milestones and elements of many people's journey through adult social care. These are a mixture of national measures from the Adult Social Care Outcomes Framework (ASCOF) and areas considered to be important locally.
- 2.2 Graphs and tables visually show how some of the measures being tracked have changed over the past 12 months. In addition to this we have also included analysis of indicators which are critical to the success of adult social care.
- 2.3 The Critical Success Factor (CSF) relating to safeguarding concerns has been achieved. Friends, neighbours, relatives and family members have raised 131 concerns in 2022/23 (against a target of 70).
- 2.4 The CSF relating to reablement episodes is rated red. A total of 862 episodes were recorded against a target of 1,100. This stretch target focuses on helping the hospital and community meet demand pressures. It is recommended that, for 2023/24, this CSF is replaced with the measure relating to the proportion of people completing reablement with no long-term needs (target 86%) as this focuses more effectively on the outcomes achieved. A measure monitoring the number of people accessing reablement will continue to be monitored via a performance dashboard being developed as volume of activity was the key element of the current measure.
- 2.5 The following is a summary of the performance RAG ratings:
 - Green – 8 areas
 - Amber – 3 areas
 - Red – 1 area

Green – Highlights

- 2.6 In 2022/23, 327 permanent older persons admissions to residential care were made compared to 420 in 2021/22. The homecare hours have also increased by 1,896 per week when compared to the same period last year.
- 2.7 This year 2,145 carers have received an assessment which is well above the 1,500 target. The service knows that some of these are self-assessments and changes have been made to the process for carers one off payments to ensure people have a good conversation about their caring role and its impact. Further focus on support for Carers is planned this year picking up the 8 priorities in the Carers Strategy.
- 2.8 The percentage of people with a learning disability in settled accommodation is 87.4% (87% target) and those in paid employment is 5.7% (5% target).

Amber – Highlights

- 2.9 Assessments within 28 days stands at 80% (target 83%). Staffing challenges continue to be acute in adult social care teams (in common with other areas across the country).
- 2.10 Permanent admissions to residential care for 18-64 is 27 for the year which is 2 above the target of 25. The proportion of clients completing reablement with no long-term needs has fallen to 81.5% against our own target of 86%, partly explained by the wider offer being made to all people now, so all people go through the reablement pathway

Red Highlights

- 2.11 This relates to the critical success factor around people active reablement episodes. This target is new and was set without data on the previous periods. A new measure has been agreed for 23/24 focusing on the outcomes of reablement support.

3.0 Performance

Critical Success Factors

- 3.1 The table below shows that the Critical Success Factor (CSF) relating to safeguarding concerns has been achieved. Friends, Neighbours, relatives, and carers have raised 131 concerns this year.

Indicator Code	CSF - Indicator Description	2021/22 Outturn	Target 2022/23	Year to Date (Q4)	RAG DoT
HB02	No of Safeguarding Concerns Received by (Friend/Neighbour/Relative and Unpaid Carer/Self)	64	70	131	↓
HB18	Number of active reablement episodes in the quarter	1161	1100	862	↑

New Contacts

- 3.2 The number of new contacts has increased by 4% since Q3 and increased by 6% since the same period last year. The service is developing measures to better understand the outcomes of these contacts.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
3271	3261	3395	3306	3451	180	↑	n/a

Outcome – Further Action Required

- 3.3 Contacts requiring further action has risen 12% since Q3. An increase of 1% can be seen in comparison to the same period last year.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
1993	2014	2066	1788	2005	12	↑	n/a

Assessments Completed within 28 Days or Less

- 3.4 80.3% of assessments were completed within 28 days in Q4, this is 4.7% less than Q4 of last year. Number of assessments completed within 28 days has increased since Q3 (by 126) but as a proportion of total assessments, the assessments completed within 28 days has reduced.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
669	486	528	475	601	-68	↓	83.00%
85.00%	76.30%	76.10%	81.30%	80.30%			

Care Packages Completed within 28 Days or Less

- 3.5 The proportion of care packages completed within 28 days has increased by 9.5% compared to the equivalent period last year, but has decreased by 1.8% when compared to Q3.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
238	224	209	207	241	3	↓	n/a
76.00%	81.20%	83.90%	87.30%	85.50%			

Clients in Nursing (Total)

- 3.6 The number of people accessing a nursing placement has fallen by 18 people (24%) compared to the equivalent quarter in 2021/22 and follows the established trend of decreasing numbers, taking a home first approach, although has maintained the same number from Q3.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
75	72	62	57	57	-18	➔	n/a

Permanent Admissions to Residential & Nursing Care – People Aged 18-64 (ASCOF)

- 3.7 The number of 18-64 adult admitted to permanent residential and nursing care has decreased by 3 when compared to the equivalent period last year and has remained stable since the previous quarter.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
9	9	6	6	6	-3	➔	25

Clients in Residential (Total)

- 3.8 The number of people in residential care has remained constant when compared to the same period last year, as well as compared to Q3 (increasing by 1 and 2 clients respectively).

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
924	907	938	923	925	1	⬇	n/a

Permanent Admissions to Residential and Nursing Care – People Aged 65+ (ASCOF)

- 3.9 Permanent admissions for older people reduced by 30% when compared to the equivalent period last year and reduced by 13% compared to Q3.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
115	72	81	93	81	-34	⬆	380

Clients with a Community Service (Total)

- 3.10 The number of clients with a community service has increased by 4% since Q4 last year and by 5% compared to Q3 2022/23.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
1649	1665	1678	1638	1714	65	↓	n/a

Home Care (Hours) including Spot Purchase/Other

- 3.11 The number of weekly homecare hours continues to increase. This is up by 1896 hours on the same period last year and has increased 10% compared to Q3.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
10909	11416	11993	11637	12806	1896	↑	n/a

Number of Carers Receiving Services Provided as an Outcome of an Assessment or Review by the Council

- 3.12 The number of carers receiving services has increased by 68 compared to the same period last year, and also increased by 18% compared to Q3.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
1313	658	905	1167	1381	68	↑	800

Number of Carers Receiving an Assessment

- 3.13 The number of carers receiving an assessment continues to increase and is 43 more than the same period last year and has increased by 33% from Q3.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
2102	595	1127	1609	2145	43	↑	1500

Review Completed on Clients in Receipt of Long-Term Support for 12 Months or More

- 3.14 The % of reviews completed is 3.9% lower than it was in Q4 2021/22 and is 2.1% lower than in the previous quarter.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
81.3%	79.8%	78.8%	79.5%	77.4%	-3.9%	↓	86.00%

Percentage of Clients with Learning Disabilities who are in 'Settled Accommodation' (ASCOF 1g)

- 3.15 Performance has increased slightly compared to the equivalent period in 2021/22. There is little variance in performance over the last 12 months. The target for the year is being achieved.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
87.0%	87.3%	87.3%	87.0%	87.4%	0.4%	↑	87.0%

Percentage of Clients with Learning Disabilities who are in 'Paid Employment' (ASCOF 1e)

- 3.16 Performance has increased by 1.3% compared to the same period last year, and has increased by 1.4% when compared with the previous quarter. The target is currently being achieved.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
4.4%	4.0%	4.3%	4.3%	5.7%	1.3%	↑	5.0%

Number of Individuals (Referrals) to the Reablement Service

- 3.17 The number of referrals to the service has decreased by 25 when compared to the same period last year and by 25 compared to the previous quarter. The target is currently being achieved.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
415	532	547	415	390	-25	↓	1400

Number of Distinct Individuals with an Active Reablement Service During Period – Critical Success Factor

- 3.18 There has been an increase of 68 people with an active reablement service compared to the same period last year, and an increase of 11% compared to the previous quarter.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
210	215	240	250	278	68	↑	1100

Proportion of Clients Completing Reablement Episodes with No Long Term Need (ASCOF 2D)

- 3.19 There has been an 8% decrease in clients completing reablement with no long term needs compared to Q4 in 2021/22. There has been a decrease of 11% compared to Q3.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
89.4%	87.2%	79.4%	92.3%	81.5%	-8.0%	↓	86.0%

Deprivation of Liberty (DoLS) Number of Referrals

- 3.20 The number of referrals in Q4 increased by 67 on the same period last year and increased by 26 (9%) when compared to the previous quarter.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
240	231	230	281	307	67	↓	n/a

Safeguarding Concern (Stages 1 & 2) – Section 42 Enquiry Decision Within 72 Hours

- 3.21 Timeliness of safeguarding S42 concerns has increased by 7.2% compared to the same period last year and has stayed fairly consistent when compared to the previous quarter. The target is currently being met.

Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Difference Same Period Last Year	Direction of Travel	2022/23 Target
90.4%	95.3%	96.7%	97.9%	97.7%	7.2%	→	92.0%

4.0 Quality Assurance

- 4.1 During Quarter 4 resources from the team were deployed on a mixture of assurance, service improvement and business as usual activity. The key activities are as follows:
- Care Quality Commission (CQC) Inspection readiness
 - Carers One off Payment Review
 - Tri X –Procedures Online
 - Health and Safety Audit
 - Co-production – Local Account and Short breaks
 - CQC Ratings Report
 - Safeguarding External Review.

Adult Social Care Quality Commission Inspection Readiness

- 4.2 During Q3, work has gathered pace on our own in-house self-assessment for Adult Social Care. This is based on the CQC framework and the evidence they are likely to be interested in using to assess quality and performance. In late March a session was held with managers to share interim findings from the self-assessment. Key areas for improvement have been identified for both Adult Social Care (ASC) and Adult Joint Commissioning (AJC). For ASC these include caseload management, prioritisation of cases, high risk cases and Multi-Agency Risk Association Co-ordination (MARAC) amongst others. For AJC these include evidence of feedback from the public, families advocates and key partners. Key evidence gaps remain, and it would have been better if some managers had engaged with this more proactively. The Quality Assurance & Service Improvement team (QASI) have had to start to make direct evidence requests to staff working in specific teams to try and resolve these gaps. A full report outlining findings will be shared with the Senior Management Team and Cabinet in the Q1 of 2023/24.
- 4.3 The QASI have also recruited a current CQC Inspector to interview staff across the organisation using the draft self-assessment findings to shape lines of enquiry. All managers from Service Manager to the Director of Adult Social Services (DASS) have now either been interviewed or

have a date scheduled in the coming weeks. Themes are emerging around engagement with people and partners and our use of data and intelligence. Interviews are being set up with Team Managers and Advanced Practitioners for quarter 1. Staff focus groups will also be undertaken. This is designed to inform our self-assessment but also ensure staff are more confident talking to external inspectors about the quality of their work.

- 4.4 The QASI have also developed a number of documents to help with readiness. These include a roles and responsibilities document, a list of adult social care bases, best practice evidence examples and a welcome pack.

Provider Services – Inspection Readiness

- 4.5 The Registered Managers and Quality Assurance Officer have undertaken a self-assessment of their readiness for CQC inspection and presented the findings to the Health and Care Senior Management Team. A number of areas for improvement have been agreed and work on an audit focussed on outcomes for the reablement service has started.
- 4.6 Work has continued with the Service Managers to develop an updated evidence framework linked to the new CQC framework. A roles and responsibilities document for CQC inspection is also being finalised.

Carers One Off Payment Review

- 4.7 In January 2023 changes to the process for carers one off payment were published. The route to a carers one off payment is now through a single carers assessment carried out by a practitioner from adult social care. A new process has been developed which has included consultation with team managers and the ASC Senior Leadership Team. The process has been shared with the Carers Forum, the Carers Service and the Carers Strategy Steering Group. The Council's website has also been updated to reflect the changes. Since the process went live on the 1st of April around 80 new applications have been received. This suggests that the communication about the new process has been effective (approximately 35 payments are ordinarily processed per month).

Procedures Online (Tri X)

- 4.8 As part of digitising our procedures, some gaps were identified, one of which was lone working. The lone working approach reflected pre-covid conditions, where people would be attending and leaving a fixed place of work where their movements could be written on a display board and it would be visible if individuals had not returned, were missing etc. That solution is no longer viable and so an options paper was presented to the Senior Leadership Team (SLT) and it was agreed to pilot a GPS tracker system that links to an external emergency centre. The pilot will run for an initial six weeks, with devices distributed among a wide variety of teams and roles and will report at the end of that six-week period.
- 4.9 The overall digitising of procedures is nearing a stage of completion with many procedural documents complete. The site is live and has been accessible since the end of last year. There is a local resources section which is currently being populated with the detailed procedures that are relevant only in the context of Barnsley. Remaining local procedures are currently being progressed by operational owners who are completing them using their in-depth knowledge before they are signed off by strategic owners (this is a new change implemented to bring documents that were getting produced 'off to one side' much closer to the operational and strategic reality of the day-to-day work). The deadline being worked to is 1st of July 2023 for this phase to be completed. There is a parallel piece of work going on with our provider services,

with similar solutions and process, however there are some slightly different options available to those services and we are due to meet to discuss which would be the best fit.

Health and Safety Audit

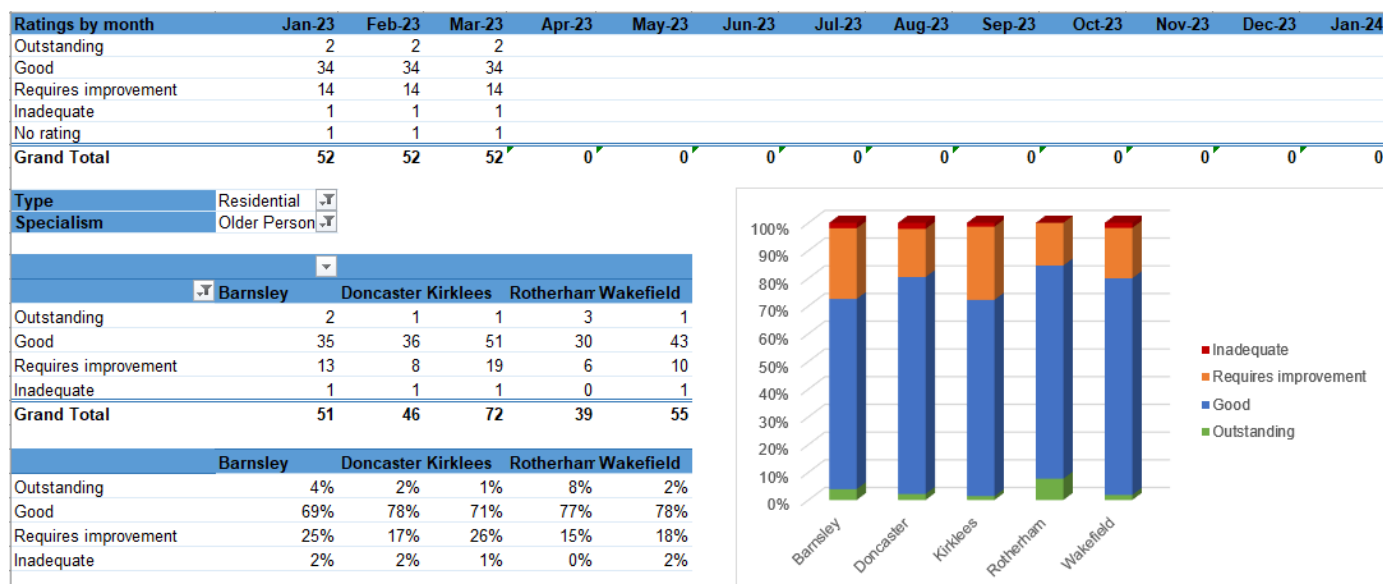
4.10 Adult Social Care are currently undertaking the self-assessment phase of the corporate health and safety audit. The work completed so far has identified the health and safety requirements pertinent to the department. The associated guidance for the areas has been reviewed and the areas have been draft scored against. There was a meeting to refine these and sign them off. These scores then inform an overarching document, populate a plan and are corporately assessed. A small number of gaps have been identified and the approach is to address them immediately where possible. The gaps have tended to be administrative rather than presenting any risk of immediate harm (the need for a nominated Health and Safety representative for example).

Co-production - Local Account / Short breaks Offer

4.11 An emergent theme from our self-assessment and wider quality assurance work has been the need to engage more deeply with people with lived experience. In March 2023 discussions were held with a group of local people around co-producing next year's local account and a specification for carer breaks. As part of this, findings from the carers audit and last year's local account were shared with people. Everyone in attendance expressed interest in helping to co-produce these products and work will take place over the next 6 months to develop these together. Embedding user engagement and getting feedback is a key part of plans for 23/24.

CQC Ratings Report

4.12 One of the gaps identified as part of the CQC Self-Assessment related to our use of CQC ratings and providers leaving the market to manage our responsibilities around quality and shaping the market. The QASI have discussed with the Business Improvement & Intelligence Team (BIIT) the possibility of using CQC published data to set up an automated report. BIIT do not currently have the capacity to do this. As an interim measure the QASI have set up a series of graphs around key areas, which can be updated on a monthly basis by dropping CQC published data into the Excel sheets as shown in the chart below. This enables key trends and patterns to be identified and comparisons made with our statistical neighbours. This is helping with other measures being taken to monitor Providers supporting Barnsley residents, undertaken within Commissioning.



Safeguarding External Consultancy – Oversight of Third-Party Led Enquires

- 4.13 In late November 2022 the Service Manager worked with the Safeguarding Board Manager (at the request of the Service Director) to submit a bid for external funding to the Local Government Associations Partners in Change Programme. Just before Christmas we were notified that this bid was successful and a consultant has been chosen. To enable cases to be selected the QASI reviewed 184 safeguarding enquiries to understand who had led the enquiry and what it was about. Questions to be explored were developed and 11 cases selected based on who led the enquiry and how significant the concerns were. The consultant has shared her findings with senior managers from ASC, AJC and the police. Managers are meeting to agree actions in response to these and the findings will be shared with multi agency boards. The findings found deficiencies in the form fields (data capture), feedback to colleagues, risks of organisational abuse and the effective use of resources.

5.0 Principal Social Worker (PSW) and Practice Development

- 5.1 Q4 continued with the previous work started to support staff recruitment, retention and succession planning. The development of the Workforce Strategy continues and will be completed from the ASC by the end of Q1 2023. The Skill mix of staff is nearly complete which gives us an insight to our workforce and the pressures of caseloads and vacancies. This gives us an indication of the experience of the workforce and an opportunity to develop our own standard for expected caseloads. It also provides the insight in determining how we move forward in understanding the skills mix and pressures over the next 3-5 years.
- 5.2 The PSW from both Children's Social Care & ASC continue to meet regularly and are developing a good working relationship. The ASC PSW has been involved with the CSC Signs of Safety Steering Group (strengths-based family working) which also includes the Service Manager for Mental Health and Preparation for Adulthood.
- 5.3 Q4 has built on the developments of Family Group Conferencing (taking a multi-agency approach to working with the extended family to address a range of support needs). The pilot has commenced and is developing. We are now trying to identify cases to showcase, to enable us to identify if the cohort we have piloted is the right pilot or if we need to look at other pilot groups.
- 5.4 The Local Government Association (LGA) Health Check survey was completed at the end of Q3 and the results received during Q4 were promising and show an improvement on the finding of last year. Continuous Professional Development still shows as an area for improvement, however, this will be developed in the Career Pathway Framework that is being developed. Q3/4 Barnsley took part in the Assessed & Supported Year in Employment (ASYE) Assurance, by Skills for Care. The ASYE is a 12-month, employer led and employment-based programme of support and assessment for newly qualified social workers (NQSWs) We are working on the action plan to develop the creation of a second-year supportive framework of a buddy system and caseload framework. We currently have 6 enrolled on the programme and a few who have recently completed the programme.
- 5.5 The directorate currently has 110 vacancies up from 107 in Q3. At the end of Q4, the 110 vacancies these comprised:

15 Social Worker Teams posts:

Advanced Social Worker	2
Assistant Social Care Prac (Transitory)	4
Assistant Social Care Practitioner	2
Social Worker	4
Team Manager	1
Exp Social Worker/Health Practitioner	1
Experienced Social Worker	1

The remaining 95 vacancies are within the Independent Living at Home Service, which includes a range of services and roles (75); Adult and Wellbeing (19); and Business Improvement, HR & Communications (1).

5.6 The Principle Social Worker continues to work with the teams as well as representing Barnsley regionally and nationally at the Principle Social Workers networks and co-chairing the Yorkshire and Humber PSW regional network. This has given further national exposure to the issues relating to social work.

6.0 Better Lives Programme

6.1 The council knows that people want to remain at home surrounded by the things and people they love, in neighbourhoods that they are familiar with, and with people that care about them for as long as possible. To support this, the service knows that it needs to think differently about ASC. The service also knows that there are increased needs because of the pandemic, that people are living longer and that this will bring additional pressures on the service. To respond to this, changes needed to be made in a number of areas.

6.2 The workstreams the programme has focussed on for 2022/23 are:-

- Prevention & Early Intervention – new front door approach
- Workforce Development
- Health & Social Care Academy (to be renamed the Proud to Care Hub)
- Market Shaping (commissioned care and support services people use)
- Digital

6.3 All projects within the workstreams are progressing as expected and are RAG rated Green, with the exception of the implementation of the Provider Assessment & Market Management System (PAMMS - a regional approach to recording Provider audits and inspections) within the Market Shaping workstream, which is rated as Amber.

6.4 Digital is a new area of the programme and a new Board has been established to monitor progress of digital projects. This is a key part of the White Paper and Funding Reforms and will be an important area for Barnsley to develop. Pilot projects around the use of GPS trackers to people with Dementia have started, as well as devices to monitor people at risk of falls.

7.0 Invited Witnesses

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

- Julie Chapman, Service Director, Adult Social Care & Health, Barnsley Council
- Andrew Osborn, Interim Service Director, Commissioning & Integration, Barnsley Council
- Wendy Lowder, Executive Director, Place Health & Adult Social Care, Barnsley Council
- Cllr Jo Newing, Cabinet Spokesperson, Place Health & Adult Social Care, Barnsley Council

8.0 Possible Areas for Investigation

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

- What area of performance are you most proud of and why?
- What area of performance are you most concerned about and why? What is being done to address the challenges?
- When do you expect to complete the actions identified as a result of the findings of the safeguarding consultant?
- How inspection-ready are Adult Social Care Services given the new powers of the Care Quality Commission (CQC)?
- What mechanisms are in place to ensure that quality is permanently embedded within service delivery?
- Can you give recent, tangible examples of how those on the front line and those with lived experience are involved in shaping service delivery?
- How confident are you that people approaching adult social services for the first time find accessible, timely and helpful information and advice? What evidence do you have to support this?
- How does performance in Barnsley compare with neighbouring areas and what is being done to learn from and share good practice?
- Can you give examples of where good practice in one area has been used to positively influence performance in other areas?
- Given the pressures on the care market, how confident are you in the effectiveness and sustainability of services in Barnsley?
- What preventative services are in place locally to support adults with their physical and mental health such as preventative falls services, community equipment, services to prevent social isolation and loneliness?
- How are local organisations working together to ensure the effective reablement of adults and what does quality look like? Is this being achieved?

- How can technology support Adult Social Care to be more efficient and effective? What are the opportunities and what are the challenges?
- What is being put in place to address staffing challenges?
- What are the challenges associated with collecting, analysing and presenting robust and timely data? What more needs to be done?
- Does the local authority/ICB have a plan in place to deal with the impact of any future catastrophic pandemics on the elderly?
- What can Elected Members do to best support this area of work?

9.0 Background Papers

- Item 6b (attached) – Understanding & Challenging Adult Social Care
- Barnsley Council Adult Social Care Local Account:-
<https://www.barnsley.gov.uk/services/adult-social-care/adult-social-care-local-account/>

10.0 Glossary

AJC	Adult Joint Commissioning
ASC	Adult Social Care
ASCOF	Adult Social Care Outcomes Framework
ASYE	Assessed & Supported Year in Employment
BIIT	Business Improvement & Intelligence
CQC	Care Quality Commission
CPD	Continuous Professional Development
CSF	Critical Success Factor
DASS	Director of Adult Social Services
DoLS	Deprivation of Liberty Safeguards
DoT	Direction of Travel
HR	Human Resources
LGA	Local Government Association
MARAC	Multi-Agency Risk Association Co-ordination
OSC	Overview & Scrutiny Committee
PAMMS	Provider Assessment and Market Management System
QASI	Quality Assurance & Service Improvement
RAG	Red, Amber, Green
SLT	Senior Leadership Team
SMT	Senior Management Team

8.0 Officer Contact

Jane Murphy/Anna Marshall, Scrutiny Officers
Scrutiny@barnsley.go.uk

28th June 2023

This page is intentionally left blank

Performance Indicator	Definition	Good performance is...	Aggregation Type
<p>CSF: Number of safeguarding concerns received by public (friend/neighbour/relative and unpaid carer/self)</p>	<p>This is a critical success factor, meaning measuring this indicator is critical to the performance of adult social care services.</p>	<p>High High number indicates engagement with public. Although too high can suggest an increase in problems leading to safeguarding concerns.</p>	<p>Sum</p>
<p>CSF: Number of active reablement episodes in the quarter</p>	<p>This is a critical success factor, meaning measuring this indicator is critical to the performance of adult social care services.</p> <p>An episode of reablement is a unit of care which can be counted to measure the services provided by the reablement service. Episodes do not directly link to individuals, as an individual can have multiple episodes of reablement.</p>	<p>High High number of active reablement episodes means people are receiving a service to potentially help them from requiring a long term support care plan.</p>	<p>Discrete</p>
<p>New Contacts</p>	<p>Number of contacts received from someone over 18 and not currently in receipt of long term support. Excluding safeguarding, DOLS, mental health act assessments and blue badges. This includes new contacts recorded by the Customer Access Team and the Hospital Team, as well as other avenues.</p>		<p>Sum</p>

Understanding and Challenging Adult Social Care Performance

Performance Indicator	Definition	Good performance is...	Aggregation Type
Outcome Further Action Required	Number of contacts resulting in further action. Further action includes, "New Referral", "Link to Existing Referral", "Recontact", "Service at Point of Contact" and outcomes are determined at the completion of the contact record.		Sum
Assessments Completed within 28 Days or Less Page 54	Percentage of assessments completed within 28 days of contact. Includes Care Act Assessments only.	High High proportion of assessments being completed within 28 days or less means good levels of timeliness in the service and clients will be faster in getting their care plan (if one is necessary).	Formula Sum of assessments completed within 28 days divided by total number of assessments
Care Packages Completed within 28 Days or Less	Number of completed care plans within 28 days of an assessment with the outcome of progress to services.	High High proportion of care packages being completed within 28 days or less means good levels of timeliness in the service and clients will be faster in getting their care (if necessary).	Formula Sum of care packages completed within 28 days divided by total number of care packages

Understanding and Challenging Adult Social Care Performance

Performance Indicator	Definition	Good performance is...	Aggregation Type
Client in Nursing	Number of individuals with nursing care plans as of the end of a specified time period.		Snapshot
Permanent Admissions to Residential and Nursing Care - People Aged 18-64 [ASCOF] Page 55	An admission is identified as the start date of a nursing/residential long term placement, excluding gaps of less than 28 days. This indicator is an ASCOF (Adult Social Care Outcome Framework) indicator, meaning it is mandatory to report and is measured against other LA's.	Low A low number of people requiring permanent admissions to residential and nursing care is the aim.	Formula Sum of all months in the quarter. Monthly totals are calculated by adding BMBC funded admissions, full costs clients, S117 admissions.
Clients in Residential	Number of individuals with residential care plans as of the end of a specified time period.		Snapshot

Understanding and Challenging Adult Social Care Performance

Performance Indicator	Definition	Good performance is...	Aggregation Type
Permanent Admissions to Residential and Nursing Care - People Aged 65+ [ASCOF]	An admission is identified as the start date of a nursing/residential long term placement, excluding gaps of less than 28 days. This indicator is an ASCOF (Adult Social Care Outcome Framework) indicator, meaning it is mandatory to report and is measured against other LA's.	Low A low number of people requiring permanent admissions to residential and nursing care is the aim.	Formula Sum of all months in the quarter. Monthly totals are calculated by adding BMBC funded admissions, full costs clients, S117 admissions.
Clients with a Community Service	Number of individuals with community care plans as of the end of a specified time period.		Snapshot
Home Care (Hours) inc. Spot Purchase / Other	Total number of homecare hours provisioned weekly at the end of the period for service users		Snapshot

Understanding and Challenging Adult Social Care Performance

Performance Indicator	Definition	Good performance is...	Aggregation Type
Number of Carers Receiving Services Provided as an Outcome of an Assessment or Review by the Council	Number of carer care plans active as at the end of the period.	High Providing support and services to carers.	Cumulative snapshot
Number of Carers Receiving an Assessment	Number of carer assessments during a period. Includes joint assessments.	High Providing support and services to carers.	Cumulative snapshot
Reviews Completed on Clients in Receipt of Long Term Support for 12 Months or More	Percentage of clients who have been on long term support for 12 months or more who have had a review in the last 12 months.	High High proportion of reviews completed means good levels of timeliness in the service and clients are receiving the correct services.	Snapshot of the final month in a quarter

Understanding and Challenging Adult Social Care Performance

Performance Indicator	Definition	Good performance is...	Aggregation Type
Percentage of Clients with Learning Disabilities who are in 'Settled Accommodation [ASCOF 1g]	Settled accommodation refers to secure, medium to long term accommodation. This indicator is an ASCOF (Adult Social Care Outcome Framework) indicator, meaning it is mandatory to report and is measured against other LA's.	High Aim for clients with LD to be in stable and safe accommodation for long periods of time and reducing any chance of homelessness.	Formula Number of Clients with Learning Disabilities receiving long-term support who are in Settled Accommodation divided by Number of clients with Learning Disabilities receiving long-term support
Percentage of Clients with Learning Disabilities who are in 'Paid Employment' [ASCOF 1e]	This indicator is an ASCOF (Adult Social Care Outcome Framework) indicator, meaning it is mandatory to report and is measured against other LA's.	High Aim for as many clients with LD to be in paid employment as possible.	Formula Number of Clients with Learning Disabilities receiving long-term support who are in Paid Employment divided by Number of clients with Learning Disabilities receiving long-term support
Number of Individuals (Referrals) to the Reablement Service	This is calculated from referrals by locality teams (Central, Dearne, North Barnsley, North East Barnsley, Penistone, South Barnsley, Out of Area, Not Recorded)	High Aim for a high proportion of referrals to be offered reablement before any further services, to help reduce the need for long term support.	Sum of referrals into locality teams.

Understanding and Challenging Adult Social Care Performance

Performance Indicator	Definition	Good performance is...	Aggregation Type
Number of Distinct Individuals with an Active Reablement Service During Period - Critical Success Factor	The number of individuals who are receiving an active reablement episode in a period. If a person has a reablement episode that spans two quarters, they are counted in each quarter, but the quarters cannot be added together to get an annual figure, as this would result in double counting.	High Aim to have as many people as possible receive reablement to reduce the number of people who then go on to need long term support.	Discrete
Proportion of Clients Completing Reablement Episodes with NO Long Term Need [ASCOF 2D]	Number of new clients completing reablement where the sequel to support is "Ongoing Low Level Support", "Short Term Support", "No Services Provided - Universal Services", and "No Services Provided - no identified needs". Those with a sequel of either early cessation due to a life event, or those that have declined support or are self funding are excluded from the indicator.	High High levels indicate successful outcomes of reablement.	Formula Sum of 'New Clients - Ongoing Low Level Support', 'New Clients - Short Term Support', 'New Clients - No Services Provided', divided by all new clients, except those who ended in early cessation.
Deprivation of Liberty (DoLS) Number of Referrals	The number of Deprivation of Liberty Safeguards applications received by the DoLS team.		Sum

Understanding and Challenging Adult Social Care Performance

Performance Indicator	Definition	Good performance is...	Aggregation Type
Safeguarding Concern (Stages 1 & 2) - Section 42 Enquiry Decision within 72 hours	<p>The number of safeguarding concerns where a decision was made within 72 hours as to whether it was a Section 42 enquiry or not.</p> <p>A section 42 enquiry relates to the duty of the Local Authority to make enquiries if an adult may be at risk of abuse or neglect. This happens whether or not the authority is providing any care and support services to that adult. It aims to decide what, if any, action is needed to help and protect the adult.^[1]</p>	High High levels indicate timeliness in the service and ensure people receive support as soon as possible.	Sum