

<b>MEETING:</b>	Overview and Scrutiny Committee
<b>DATE:</b>	Tuesday, 6 December 2016
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

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

### 36 Apologies for Absence - Parent Governor Representatives

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

### 37 Declarations of Pecuniary and Non-Pecuniary Interest

There were declarations from: Councillor Ennis as a lay member on the Barnsley Healthcare Federation; Councillors G Carr, Tattersall and Wilson, as members of the Corporate Parenting Panel; and Councillor Unsworth as a Governor at Barnsley Hospital NHS Foundation Trust.

### 38 Minutes of the Previous Meeting

The minutes of the meeting held on 4<sup>th</sup> October 2016 were approved as a true and accurate record.

### 39 Barnsley Place Based Plan and the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP)

The Chair welcomed the following witnesses to the meeting:

- Lesley Smith, Chief Officer, Barnsley CCG
- Jade Rose, Head of Strategy and Organisational Development, Barnsley CCG
- Will Cleary-Gray, Programme Director, NHS Commissioners Working Together
- Julia Burrows, Director of Public Health, BMBC
- Wendy Lowder, Executive Director, Communities, BMBC
- Andrea Wilson, Deputy District Director, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
- Bob Kirton, Director of Strategy and Business Development, BHNFT

Lesley Smith explained the Barnsley Place Based Plan and the South Yorkshire and Bassetlaw (SYB) Sustainability and Transformation Plan (STP) are two documents

that are inextricably linked, with both sharing the same three visions for Barnsley residents, to start life well, live well and to live longer. Whilst the life expectancy in Barnsley is increasing; healthy life expectancy is decreasing and is only 57 years of age. To deliver these three visions and improve healthy life expectancy, the focus of the Barnsley Place Based Plan and Sustainability and Transformation Plan is not just about health but is about improving education levels, the standard of housing, as well as increasing employment, working with partners and other agencies across the health and care system.

Jade Rose continued by advising the committee that the Barnsley Place Based Plan is a building block for the STP, with there being a strong alignment between this and the Health and Wellbeing Board Strategy, as they were developed in parallel. In Barnsley there are gaps in health and wellbeing, care and quality, and finance. We know we have reducing healthy life expectancy, increasing numbers of long term conditions, increasing poverty, increasing rates of smoking, obesity and alcohol related disease, an ageing population, increased complexity of need and increasing patient expectations, all of which is placing increasing demands on health and social care services.

This increase in demand creates financial challenges which when modelled shows that by 2021, the financial gaps between the predicted cost of health and care services against the expected budget in Health and Social Care Services will be £90m. We therefore need to work differently to focus on prevention, reduce service demand and increase productivity. The local plan links to the STP regarding clinical priority areas and how Barnsley systems contribute to these. A number of actions are already in place however we need to strengthen our system-wide approach.

Members proceeded to ask the following questions:

- i. There has been speculation central government has placed a 'pause' on the delivery of the STPs; can you confirm whether this has happened?

The committee were advised there has been no change in the timescales; the consultation with local people will start later this month and continue through to the end of February 2017. Nationally plans are at different stages, but we are being told to progress our discussions with the public.

- ii. Will the plan have any effect on the provision of the Accident and Emergency (A&E) department at Barnsley Hospital NHS Foundation Trust (BHNFT) and will this be subject to scrutiny?

Members were advised any changes to the provision of services would necessitate a public consultation, as well as the need for a business case, and scrutiny.

- iii. Closure of this service would be met with strong opposition; would there be a full and open public consultation as there is concern that this would be covered up?

The group were advised there would be consultation with the public, as well as a robust business case and public scrutiny. Consultation is currently being undertaken with the public regarding our vision. The Barnsley Place Based Plan is strongly aligned to the STP. The STP outlines the strategic level over all the areas covered,

but 70% of the work will be done at a local place level. The work will be subject to the usual rules regarding scrutiny and consultation.

- iv. A member highlighted a number of key points in both the STP and Barnsley Place Based Plan in relation to the financial figures and timescales for change, stating that the plans lacked credibility and querying that they are just about making financial cuts?

The committee were advised the plans are not about cuts to budgets. The financial gap is created by the projected levels of demand outstripping the projected levels of resource. Current work is being undertaken to support individuals and strengthen support in communities. Doing nothing is not an option and we need to work co-productively with our communities. Primary care and community settings can respond better; we need to use our assets more effectively to get better outcomes. We need to work co-productively with professionals and our communities, and we also need transparency in relation to local government and our communities.

Regarding prevention, the figures sound dramatic but if we can get investment in preventative services such as smoking cessation, a 10-20% reduction in the number of people who smoke would have a dramatic effect on improving health and reducing people attending hospitals and GP appointments.

- v. With an ageing population, reductions in funding, local authority cuts, in five years' time, won't further financial assistance be needed, not the impending cuts that the STP suggests?

Members were referred to the previous response that the STP is not about budget cuts, it is about responding to the need for change to ensure continued service delivery.

- vi. Whilst eloquently written, are the reports simply eluding to the fact that cuts are going to be made; how will you ensure the proposed changes can be achieved and when will the detail of this be available; also please comment on how you propose to improve health in Barnsley?

The committee were advised ensuring the changes are delivered begins with the Barnsley Place Based Plan, improving public health, building resilient communities and continuing to strengthen out of hospital care. We have been working on reducing smoking prevalence for a long time and we have seen it reduce. We need to focus resources on prevention to tackle smoking, alcohol and improve the health of the working age population to have the biggest impact on the economy. It was acknowledged that there was more work to be done and that challenges would arise in considering the details. However it was also highlighted that this work has already begun, with a partnership group established with representation from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), BHNFT, Healthwatch and Voluntary Action Barnsley (VAB) and the Stronger Communities Team.

Work is ongoing to consult our communities on the objectives and actions from the Place Based Plan. Work will continue across partners to build stronger communities, strengthen primary and community services, particularly as 30% of people who make an appointment to see their GP and 50% of people attending A&E don't need to use these services as their initial source of care. From April 2017 we are implementing

social prescribing for people with non-medical needs. In relation to the shortage of GPs we have taken steps to address demand including having clinical pharmacists, health care assistants and extended GP opening hours.

A member of the committee commented that it has recently been the 30<sup>th</sup> Anniversary of a Joint Protocol being signed by Barnsley Hospital on anti-smoking which shows how long we have been trying to tackle these issues.

- vii. A member of the committee explained the Royal Voluntary Service (RVS) were commissioned by the Central Area Council to provide social prescribing and have tried for two years to engage with GPs; however, have not received any referrals. It was highlighted that this does not give them confidence in organisations working differently and that the timescales proposed are very short, therefore how do you propose to implement the plans?

Members were advised there is a lot of work being done in relation to social prescribing and learning has been taken from this example. As GPs are busy treating health needs, they have not been making referrals for non-health needs therefore we are having link workers available in all practices to spot where social prescribing would be appropriate, therefore making GPs not the only ones who can refer. We want to work with Members to make this work, therefore Carol Brady and the RVS have been consulted on how we can make this process work in future. Social prescribing has been a success in other areas and we are bringing that learning to Barnsley.

- viii. Are partners working closely together or is the arrangement more autocratic?

The committee were advised partners are working closely together. The Barnsley Plan is a partnership plan, with an officer group under the Health and Wellbeing Board who own the plan and the actions. GPs are on board with this and feel their skills are not best utilised as there are people in the system who shouldn't be there. GPs are a scarce resource of specialist skills; therefore we need make sure they are used effectively.

- ix. With the population increasing and the plan being to educate everyone regarding the appropriate use of services etc.; how will this work and how long will it take to become the 'norm' where people know what to do?

The group were advised whilst there is an increase in the population; we can either take the view that additional resources will come our way or alternatively plan for how we can do things differently. Work with our communities has already started, with examples in Public Health and primary care. This will continue and there will be further activities in autumn 2017 to assist in progressing the plans.

- x. What changes will residents see as a result of the plans and what are the timescales in relation to these?

Members of the committee were advised, people will see the services available to them being closer to where they live, and alternatives to attending A&E. Services in communities will have integrated teams so there won't be organisational divides and we will be taking a one Barnsley approach.

- xi. The plans appear to be a 'wish list' which relies on volunteers, self-care and Area Councils to deliver with a reduced budget. It also seems like a hierarchical process, therefore what will the consultation look like and will CCG Members be taking a pay cut?

The committee were advised the consultation on the high level plan is starting here, the delivery of the local plan will be undertaken by partners. The SYB STP will follow the usual rules of scrutiny and engagement. We know this is currently a vision and ambition and there will be further work to do down the line. The pay of senior staff at the CCG is benchmarked across other CCGs and no higher or lower than equivalent organisations. The success of the CCG should be evaluated on what it delivers and it is currently delivering a number of schemes to support the Barnsley Plan.

- xii. It seems the plans are predicated on volunteers, people looking after themselves and Area Councils; why is it everyone else is taking cuts but not management?

The group were advised the CCG is investing in resources that are more local to where people live including extended primary care as well as social prescribing. As you can see in the plans, social prescribing is not being done because it's cheaper but because it's better for people's health. It also improves health when people do things for others. A lot of things in the plan are in relation to healthcare, which is only a small part of a person's health and wellbeing. We need for example to ensure we strengthen communities through improved housing.

- xiii. What is going to be done to improve housing to improve health?

Members were advised housing and health is considered under the Safer, Stronger Communities partnership which is chaired by Cllr Chris Lamb which recognises the points raised. We have a number of good private sector landlords as well as pockets of poor ones; we are therefore hoping to bring a report through Cabinet regarding landlords shortly. The CCG advised they had secured national funding regarding the renewal of boilers in Barnsley and the intention is to do a joint pilot with the CCG and Council to invest in warmer homes and look at the health and wellbeing outcomes this delivers in Barnsley.

- xiv. Behavioural change regarding smoking has been ongoing for 30 years and for the last 4 years one of the Area Councils has been working on weight and exercise in particular, however we still have poor outcomes; therefore how can the changes proposed be achieved within 4 years?

The group were advised a lot of good work is taking place both in Barnsley and nationally, such as plain packaging for smoking. We are doing a lot of things to make smoking invisible in Barnsley such as smoke-free play parks and a smoke-free town centre. We also have the best tobacco alliance in the region. The STP enables everyone to be engaged in this work such as enabling doctors to refer to appropriate services.

- xv. A member of the committee advised that attempts had been made by the Tobacco Alliance to get the Breathe 2025 campaign video played in local GP surgeries but were told there is a charge for this, however they have no

budget, therefore requested on behalf of the Alliance for this to be enabled to take place at no cost in both GP surgeries as well as in Family Centres?

Both the Director of Public Health and Chief Officer of the CCG agreed to support this and advised it would be discussed at relevant board meetings and would be taken forward through the Tobacco Alliance.

- xvi. Page 5 of the Barnsley Place Based Plan refers to the Prime Minister's Challenge Fund which was used for I HEART Barnsley referred to on page 17: when will there be an annual report on this programme; who will continue to pay for it once the funding runs out; and has it made a difference in reducing the number of people attending A&E?

The group were advised monitoring is done through NHS England; the initial funding to extend GP opening hours was from the Prime Minister's Challenge Fund and this has now been extended by GP access funding. The funding is about extending care till 10pm, not about minor injuries. When people attend I HEART and have been asked where they would have gone, they say A&E; however we still have large demand on A&E.

- xvii. Has 'I Heart' led to fewer people attending A&E as no-one in the community knows what I HEART is?

Members were advised as Barnsley has relatively few GPs, I Heart as well as any other capacity is welcomed. Demand on A&E services at Barnsley Hospital is up 5.5% this year which is down to a number of factors. Videos should be shown in our A&E department to make people aware of I HEART. The CCG advised they are supporting the hospital to gear up for increased demand over the Christmas period, including having a public campaign.

- xviii. We have used volunteers in the past as health ambassadors: how will we fund them in future; often they have felt under-valued; also are there any materials to help them support people in relation to smoking and obesity programmes; it is also concerning that we have been doing these activities for 20 years and it has not made any significant change?

The committee were advised the achievements of volunteers are reported in the Council's Corporate Plan Performance Report where numbers have increased year on year with 16% growth in new community groups which will continue as a result of the STP. We need to have a dialogue however about where volunteers will be best placed. In relation to the funding of volunteers, Barnsley has just been selected as 1 of 9 Shared Lives Plus Sites across the country to support people in their communities with health needs, such as those in respite care.

- xix. A member of the committee commented that this approach feels like we're re-inventing the wheel without financial investment as this was done years ago through the Government's 'Sure Start' initiative, therefore how will this be managed?

The member was advised the point in relation to Sure Start was well made.

xx. How will children's and maternity services be funded?

The group were advised the services have a plan of how the relevant service fit together. 70% of what happens in Barnsley is about how to support people differently and move resources across the patient pathway to release funding for new investments.

xxi. Will there be continued support for the Breast Feeding Link Worker approach as a lot of money has been invested but it has made limited difference?

Members were advised that their frustration in relation to breast-feeding rates is shared. Services are currently continuing to look at what evidence there is for different ways of improving this.

xxii. A member raised concerns that: cutting smoking over the next 4 years to raise £90 million would not work as it takes decades; the changes being made to Stroke and Children's Surgery Services is the first part of salami slicing; also that the STP is the Sheffield take-over plan and there will be a loss of services in Barnsley; finally that the establishment of an Accountable Care Organisation has no statutory basis and is this just a re-organisation via the back-door?

The committee were advised if there is a reduction in the number of people who smoke, there is an immediate improvement in their health; since the smoking ban in 2007, hospital admissions in relation to heart attacks has reduced significantly. The Barnsley Place Based Plan and the STP are not about salami slicing; from the outset we want people to live well and scrutiny on these changes will be important. We need to make sure we don't increase health inequalities, therefore services need to be closer to people's homes.

Regarding specialist services, during the pre-consultation held January-April 2016, Barnsley people told us when they want specialist care, they want the same service as Sheffield people, and therefore if this can't be in Barnsley then they will travel. Having financial resources won't solve everything as there aren't enough other resources, for example, consultants to deliver these services.

An Accountable Care Organisation is about a delegated budget and the services within it being brought together without organisational boundaries. Currently patients can fall between organisations and get passed from one to the other which isn't good for patients. The vision for Barnsley is one where patients receive services from a single team with no boundaries.

The Chair updated the Committee that further to the previous OSC meeting and in his role as Barnsley's representative on the Joint Health Overview and Scrutiny Committee in relation to the Consultations on Hyper Acute Stroke Stroke Services and Children's Surgery & Anaesthesia Services, early statistics show from the 120 responses received so far, between 50 and 60 are from Barnsley.

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

## 40 Barnsley Provisional Education Outcomes 2016

The Chair welcomed the following witnesses to the meeting and advised Yvonne Gray who is the other Joint Chair of Barnsley Schools' Alliance Board has apologised for being unable to attend the meeting:

- Nick Bowen, Principal of Horizon Community College and Joint Chair of Barnsley Schools' Alliance Board
- Margaret Libreri, Service Director, Education, Early Start and Prevention, People Directorate
- Gary Kelly, Head of Service-Barnsley Schools' Alliance, People Directorate
- Liz Gibson, Virtual Headteacher for Looked After Children, People Directorate
- Councillor Tim Cheetham, Cabinet Member, People (Achieving Potential)

Margaret Libreri gave a detailed outline of the provisional outcomes in education in Barnsley for 2015-16 by each key stage, referring to Items 5b and 5c. This was followed by Liz Gibson giving a detailed outline of performance for Children in Care (CiC), referring to Item 5d. This included highlighting good and poor performance, comparisons with different categories of children and national results, as well as areas requiring improvement.

Members proceeded to ask the following questions:

- I. Last week Sir Michael Wilshaw criticised the North / South divide in relation to academic achievement; is this something we recognise and what are we doing to address this?

Members were advised there is a gap in relation to both attainment as well as the level of funding between the North and South of the country, which adds to the challenge for Barnsley Schools. The issue is not all about funding but also about what schools, families and communities do, such as challenging poor behaviour. As a region, the improvement challenge has been taken on board and we have gained 5% year on year improvement which is contrary to the national picture which is going backwards.

- II. Does the behaviour of today's children have an impact on the results?

The committee were advised poor behaviour in schools has always been an issue; however we now see more extreme behaviour. In general it is good with only a small percentage of students causing problems, but this makes perception poor. Schools continue to work on this, but do struggle.

- III. Why have the assessment methods been changed?

The group were advised; historically it was claimed that 'Every Child Mattered' however this was not the case as the focus was for getting children a GCSE Grade C. However, schools now get credit for moving for example a child from a G to an F and from an A to an A\* which for the first time means teachers have to focus on every child. We convert the new number system to grades to avoid confusion. There is still a focus on maths and English which shouldn't just be the case as we need to encourage students to do creative arts. Also not all qualifications have to be GCSEs as BTECs are also important.



- IV. Not all children are academic and sometimes vocational activities are more suited to their needs, which allow them to excel; are these provided?

The group were advised there is a large group of schools that are working well together and offer a wide-ranging curriculum. Broadly, the way schools work in Barnsley is good but there is still work to do and we are committed to making improvements.

- V. Working within the community and supporting extra-curricular activities will often benefit children and improve their academic performance; does this happen with reduced budgets?

The witnesses agreed with the points raised and advised that at Horizon School five years ago they made their focus achievement, teaching and community enterprise. They now have full time staff to ensure community involvement activities in evenings and at weekends. This model is not necessarily the case in all schools but at Horizon they believe pupil attainment improves when pupils are engaged in their communities and get real-life experiences.

The group were advised that they were not aware of any schools in the Borough which did not have extra-curricular activities for children, even despite the reduced budgets. These additional activities enrich a child's education and assist with their development and wellbeing. The voluntary sector and community are invited to link up with schools and create wider opportunities such as the Prince's Trust and National Citizenship Service.

- VI. Why has there been a dramatic increase in the number of fixed term exclusions (FTEs) in Barnsley over recent years?

The committee were advised there have been inherent changes as schools transfer to academies. This is not about blame but there were periods of establishing new rules and being black and white about boundaries due to previous poor performance and behavioural issues in schools. During Nick Bowen's first year as Head Teacher at Horizon there were deliberately no FTEs. However there were spikes of extreme behaviour where the policy wasn't being effective and was detrimental on staff; therefore it now uses FTEs. They are only used however where there is evidence of very abusive behaviour where attempts have been made to use other interventions. Barnsley Alliance would like to see reductions in FTEs both at Horizon as well as in other schools, however there is no doubt that extreme behaviour causes problems for the learning of other pupils. In schools where there were a number of FTEs, staff, pupils and parents noted a positive change in the atmosphere at the school.

- VII. A Member congratulated the young people of Barnsley on the recent GCSE results and commented that there appears to be a lack of teaching of Modern Foreign Languages in both schools and at Barnsley College. The Member proceeded to ask if it was felt that there should be languages other than French taught at Barnsley College, particularly when for example the legacy of James Hudson-Taylor in Barnsley should mean we should be promoting Chinese as a language to learn given the potential tourist trade?

The group were advised studying a foreign language is now statutory in Primary Schools and changes to the curriculum in Secondary Schools have led to a greater take-up of languages. Schools work hard to get quality provision but there needs to be national improvement in this; however in Barnsley, Secondary Schools are now liaising with Primary Schools in relation to this. In terms of Barnsley College, the witnesses advised that we need to celebrate how good they are and that we have good provision of subjects, however acknowledge that there is still more to do.

VIII. With regards to poor behaviour and exclusions, how many of these children have Special Educational Needs (SEN)?

Members were advised exclusions of SEN pupils are over-represented in both local and national statistics; we are not complacent over these and Barnsley Alliance is planning to take a deep dive investigation into them.

IX. Are there difficulties in recruiting good maths teachers?

The committee were advised, recruiting and retaining good maths teachers is a challenge at both a local and national level. We are currently trying to recruit them from all over the country including using Barnsley Alliance funding to go into universities to recruit them from specific courses. We are working innovatively to solve this but it remains an issue.

X. A Member gave an example of where a pupil excelled at a subject but there was not appropriate provision in Barnsley to pursue this?

The group were advised that schools cannot focus on specific groups of children; all pupils need to be considered. The Barnsley Alliance is a school-led system of improvement and we're getting sharper at identifying where things aren't good enough and getting appropriate resources in place.

With regards to Looked after Children (LAC) we have looked at processes to ensure we offer the right level of support to our children such as having termly PEPs (Personal Education Plans) and reviewing the use of additional premium funding. The Virtual Head quality assures this work to check it matches identified needs. At the end of the term, requests are made to evaluate the funding, such as ensuring the use of SMART (Specific, Measurable, Attainable, Realistic, Timely) targets and that the voice of the child is evident in the plans. In relation to FTEs of LAC, challenge would be made by the Virtual Head to ensure this was the appropriate course of action, particularly as for LAC, behaviour can be a form of communication and is not necessarily the problem itself. Schools also need to ensure they are 'attachment-friendly' and understand the behaviours of our LAC, such as, a child may want to behave but due to stress and anxiety they are unable to. Staff need to be given a range of strategies to deal with children in this position.

XI. It is disappointing to see the attainment gap between boys and girls has widened; is it due to an attitude amongst white working class pupils that education is not cool?

Members were advised the gap did get wider, however schools are working on this, therefore it should start to reduce. Reading is the key to make a difference therefore we're working with schools to address this.

XII. Every primary school is not offering a modern language on their syllabus even though it's compulsory, why is this?

The committee were advised it is difficult for primary schools to find quality provision for the teaching of languages, particularly due to funding. We are however aware that this needs to improve.

XIII. Is funding a problem in schools?

The group were advised funding is low which has an impact; however Barnsley schools are creative with what they have.

XIV. What provision is there when a child has been excluded?

The group were advised schools can exclude children up to 6 days without alternative provision. If the exclusion is more than 6 days then they are given alternative provision for which schools have their own systems and try alternatives. For example if a short-sharp exclusion doesn't resolve the issues, then a school would look at other support measures.

XV. Why is attainment in relation to reading so low?

Members were advised reading is key, particularly in relation to literacy and language skills. Issues occur in early years as children are starting school with low level language. The context however is an improving picture across the Borough; however we need to keep the momentum of this.

At this point the Chair declared the meeting closed and thanked the witnesses for their attendance and valuable contribution to the meeting.

### **Action Points**

1. Playing of the Breathe 2025 campaign video in both GP surgeries and Family Centres free of charge to be taken forward through discussion with relevant Council and CCG Boards and the Tobacco Control Alliance.
2. Members to consider asking for a report on the I HEART service from NHS England back to the Barnsley public to consider performance and to also help promote service funding.
3. Barnsley Hospital to consider showing a video in their A&E to promote the I HEART Barnsley service.
4. Members to continue to support school improvement in the Borough, particularly with regards to provision of support to Looked After Children (LAC).