

BARNSELY METROPOLITAN BOROUGH COUNCIL  
COMMUNITIES DIRECTORATE

**STRONGER COMMUNITIES PARTNERSHIP  
TUESDAY, 14 FEBRUARY 2017**

Attendees:-

Councillor C Lamb, BMBC (Chair)  
Councillor J Platts, BMBC  
Wendy Lowder, BMBC  
Keith Dodd, BMBC  
Margaret Libreri, BMBC  
Paul Hussey, BMBC  
Lennie Sahota, BMBC  
Lisa Wilkins, BMBC/CCG  
Gill Stansfield, SWYPFT  
Christine Drabble, VAB  
Adrian England, Healthwatch  
Phil Parkes, SYHA  
Tom Smith, BMBC

Apologies:-

Jade Rose, CCG  
Chris Millington, CCG  
Carrie Abbot, Public Health, BMBC  
Dave Fullen, Berneslai Homes  
Marie Hoyle, Practice Manager, Kakoty Practice

**MINUTES**

**1 Welcome and Introductions**

**(a) Declarations of Interest**

None

**(b) Minutes of Last meeting**

Amendments :

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- List of attendees – Gill Stansfield represents SWYPFT not BCCG.

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- Marie Hoyle reported on a Dementia Champions event taking place on 6 December 2016 and a Social Prescribing Champions Awareness session on 7 February 2017

**(c) Action Log**

Wendy Lowder has asked Sara Haydon, Head of Service Management, BMBC IT to provide a position statement on current systems integration and data sharing across health and social care in Barnsley

Dave Fullen was unable to attend the meeting but will provide an update on the roll-out of Universal Credit at a future meeting

## 2 Progress Updates

### (a) Adults Group

Paul Hussey reported that the majority of actions within the delivery plan were on track. The Early Help (Adults) Delivery Group had held a workshop jointly led by South Yorkshire Fire and Rescue and South Yorkshire Police on Safe and Well Checks and the Local Intervention Falls Episodes (LIFE) Team. The outcome of independent research into outcomes achieved by the pilot in Sheffield was awaited.

The group had also held a discussion about the revised configuration of Community Nursing Services which afforded a number of opportunities for joint working on a locality basis.

Key activities for the next period would include providing input to the formulation of detailed actions within the Private Sector Housing Strategy, forming a task and finish group to develop an Ageing Well Strategy, and completing the mapping of peer support activity within the borough.

The meeting discussed the breadth and diversity of related activity happening across a range of partnership groups and meetings. Wendy referred to the responsibility of everyone to adopt a 'brokerage role' across the groups they were involved in to help keep making the connections.

Lisa referred to the potential for the Early Help (Adults) Group to lead some of the initiatives around older people set out in the local Transformation Plan.

### (b) Anti-Poverty Group

Councillor Platts reported on the establishment of the Alexandra Rose Fruit and Vegetable Voucher Scheme – 25 families have already been helped and drop in sessions are being held at the Better Barnsley Shop to help families avoid the cost of an additional bus journey.

The second Community Shop has opened in Athersley and a complimentary 'growing project' has been established on adjacent land.

Councillor Platts and others had met with Dan Jarvis MP and 'Feeding Britain' and had exchanged ideas on projects to relieve and prevent hunger. Barnsley has agreed in principle to take part in a national pilot project around food poverty.

The meeting discussed various facilities now established within the borough to address food poverty but agreed that the crucial point was to identify and begin to address the underlying causes of need through signposting to other forms of support. Ideally we should have no one in need of foodbank services

Wendy enquired about progress with workforce development activity to ensure all staff with client contact are equipped to spot and address signs of poverty.

#### **Action: Andrea/Michelle to re-vamp the programme of workforce development**

Councillor Lamb raised the potential impact of poverty on the workforce across our respective agencies. The meeting agreed that it was important to make all staff aware of the various services and support available within the borough so that they and/or their families could make use of them should they need to. It was agreed that it would be useful to raise this issue with Trade Union representatives.

#### **Action: Andrea/Michelle to discuss approaches to supporting staff who may be suffering the impact of poverty with Trade Unions**

(c) Children's Group

Margaret Libneri reported that the Early Help (Children) Delivery Group had further developed its performance management approach. There has been an increase in Early Help Assessments following the change from Children's Centres to Family Centres and the development of integrated pathways. Performance management is now beginning to focus on impact and the number of cases closed. Audits of the quality of assessments are taking place including cases where thresholds for social care support have not been met. Early help managers are also supporting colleagues through a professional conversation offer where needed.

Links have been made with the THRIVE programme which is aimed at supporting children's emotional development.

A video promoting the early help approach for children and families is currently in production.

Work has also been done to audit the effectiveness of support where a step down from statutory social care services has been achieved. Overall the approach has seen a reduction in statutory child protection plans.

Lisa enquired about the proportion of Early Help Assessments that are originating from primary care. Margaret said that this was low at the moment but agreed to present some statistics at the next meeting on the sources of early help referral sources.

**Action: Margaret to provide data on early help referral sources for the next meeting.**

3 **SCP Delivery Framework**

Paul Hussey introduced the latest iteration of the Partnership Delivery and Performance Framework. He explained that the recent completion of an All-age Early Help Strategy would provide an opportunity to re-define the outcomes, objectives and performance measures for the Partnership's work.

The meeting went on to discuss the future approach to assessing the impact of the Partnership's activities. There was a consensus that attempts to measure and manage performance across a range of numeric performance indicators would not be productive and would be largely duplicative of activity already happening across individual agencies. It was felt that the use of case studies and stories were more helpful in demonstrating effectiveness but Lisa cautioned that this approach could not evidence impact at the population level. Wendy felt that we would still need a small suite of high level performance indicators to support the new strategy. Lisa cited the number of hospital admissions as a result of injuries from falls as a possible example indicator to support this approach.

It was agreed that the Partnership could usefully devote one of its future session to considering how best to demonstrate the impact of work on early help.

**Action: Partnership Coordinator to plan a future meeting to consider the approach to measuring impact**

4 **Social Prescribing**

Phil Parkes gave a presentation on the Social Prescribing service to be established in Barnsley from April 17, managed by South Yorkshire Housing Association.

He explained that there are many different models of social prescribing in place across the country but essentially the aim is to divert non-medical problems away from GP's and other health care professionals to a link worker who can begin to help them address underlying causes such as employment, debt, housing, isolation, etc. Often this will be via supporting people to access services provided by the voluntary sector.

The service will be aimed at:

- People with low level mental health problems
  - A long term managed health condition(s)
  - Social isolation
  - Frequent attendance at GP practices or other Health and Social Care services
  - A&E frequent attendees
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- Six advisors will be allocated by locality across the borough and will aim to work with a minimum of 3,380 customers over the 3 years. Referrals will be accepted from all clinical primary care staff (GP's, surgery staff, neighbourhood nurses). Each person referred will receive a home visit from a community based staff team member and will be supported to develop a plan to improve their health and wellbeing. A Follow up contact will take place after three, six and nine months to evaluate outcomes.

Phil asked all agencies to support and publicise the service and to continually give feedback (positive and negative) as the service develops.

Christine advised that voluntary sector organisations were a little nervous about their capacity to meet demands that may emanate from the social prescribing service. Lisa said that there was some evidence that despite this worry referrals from a social prescribing approach had helped to revitalise many voluntary organisations and that some of those referred had gone on to take a management role within such organisations.

Wendy emphasised the need for intelligence gathered from the service to be fed into the Area Councils and other bodies to influence commissioning decisions.

Councillor Lamb referenced the numerous organisations, groups, clubs and societies that would have something to offer those referred to the service and asked how all such bodies could be connected to the social prescribing offer. Keith advised that the progressive development of Live Well Barnsley, an on-line directory of community based services, would provide an invaluable tool to help with this.

### **Public Services Hub**

Paul Hussey gave a presentation on the development of the Public Services Hub (PSH) and Neighbourhood Teams. He explained that the approach was in-line with the Partnership's ethos of early help and prevention. It also responds to recent reviews of Community Safety and Enforcement, Housing Options and Welfare Services as well as providing an opportunity to restore some degree of neighbourhood policing.

The public services hub will bring service together to increase capacity, capability and resilience and allow a more coordinated targeting of interventions where individuals have complex and multiple issues. It should facilitate a move to a proactive, early intervention model, reduce overall demand and improve long-term outcomes.

In practical terms the PSH will provide a referral, triage and case management function that will target support to those most vulnerable to help prevent and reduce referrals into specialist services.

Phase 1 of the approach (Oct 16 – Mar 17) will see Council Safer Communities Teams co-located with the Police. Phase 2 (April 17 onwards) will see the implementation of integrated area based arrangements between the councils community safety team and the police. Phase 3 (throughout 2017) will broaden the scope of the model with other services located in the hub.

The meeting then held a detailed discussion based around the following questions:

- What are the opportunities to develop common design principles?
- How can we work together to model demand?
- How can service delivery be best integrated to focus on those most vulnerable?
- How can we best ensure a focus on early intervention and prevention?
- What are the barriers and opportunities in moving to a place based (locality) model

The title 'Public Services Hub' was discussed – the PSH's focus is primarily on crime and anti-social behaviour as opposed to an open public service referral point. This was accepted but the difficulty in finding a suitable alternative was also clear.

Tom suggested that there was a clear link to support for those who are economically inactive and that there were a number of imminent funding opportunities to support this kind of activity, notably via Sheffield City Region.

Wendy highlighted the many other potential links including mental health services, Multi-agency Safeguarding Hub (MASH). Family Centres, substance Misuse services, domestic violence services, etc. She suggested that some external support might be beneficial to assist with modelling impact on reducing demand.

Margaret referred to the need to clearly define outcomes both in terms of impact on services and the individuals and families who are helped.

Phil felt that it would be helpful to draw a profile of the kinds of individuals and their circumstance that the Hub would focus on.

Councillor Platts suggested that knowledge held within communities could help to focus attention in terms of early intervention and prevention.

Wendy stated that the model would help to define what successful placed based working might look like and that it might be beneficial to focus on one locality first to gain better understanding.

## 6 **Any Other Business**

None

## 7 **Date and Time of Next Meeting**

Tuesday, 23<sup>rd</sup> May 2017 at 1.30 pm at Shaw Lane