

# Public Document Pack



<b>MEETING:</b>	Health and Wellbeing Board
<b>DATE:</b>	Tuesday, 9 August 2016
<b>TIME:</b>	4.00 pm
<b>VENUE:</b>	Reception Room, Barnsley Town Hall

## SUPPLEMENTARY AGENDA

- 4 Minutes from the Barnsley Community Safety Partnership held on 11th May, 2016 (HWB.09.08.2016/4) *(Pages 3 - 8)*
- 7 Adult Joint Commissioning Review and Work Plan (HWB.09.08.2016/7) *(Pages 9 - 24)*

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

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)  
Councillor Jim Andrews BEM, Deputy Leader  
Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)  
Councillor Jenny Platts, Cabinet Spokesperson - Communities  
Diana Terris, Chief Executive  
Rachel Dickinson, Executive Director People  
Wendy Lowder, Interim Executive Director Communities  
Julia Burrows, Director Public Health  
Nick Balac, NHS Barnsley Clinical Commissioning Group  
Lesley Smith, NHS Barnsley Clinical Commissioning Group  
Tim Innes, South Yorkshire Police  
Emma Wilson, NHS England Area Team  
Adrian England, HealthWatch Barnsley  
Richard Jenkins, Barnsley Hospital NHS Foundation Trust  
Steven Michael OBE, South West Yorkshire Partnership NHS Foundation Trust

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**BARNSELY COMMUNITY SAFETY PARTNERSHIP  
EXECUTIVE COMMITTEE MEETING MINUTES**

**Thursday 11<sup>th</sup> May, 2016  
10:00am to 12:00am**

**Town Hall Meeting Room 1**

**Present:**

Wendy Lowder, Barnsley MBC (Chair)  
 Tim Innes SYP  
 Melanie Fitzpatrick, Barnsley MBC  
 Jason Pearson, SYP  
 Darren Asquith, Berneslai Homes  
 Linda Mayhew, South Yorkshire Criminal Justice Board  
 John Hallows, Barnsley Neighbourhood Watch Liaison Group  
 Sue Ludlam, SY CRC  
 Jayne Hellowell, Barnsley MBC  
 Paul Hussey, Barnsley MBC  
 Ben Finley, Barnsley MBC  
 Jakki Hardy – SYP  
 Jamie Wike – Barnsley CCG  
 Liz Pitt – Barnsley MBC  
 Lorna Naylor, BMBC (Minutes)

**Introduction - Chair**

The Chair welcomed everyone to the meeting and introductions were made.

**1. Apologies**

Apologies were received from Jade Frances-Rose, Cheryl Winn, Dave Fullen, Deb Mahmood, Paul Brannan.

**Barnsley Community Safety Partnership  
Executive Group meeting**

**2. Minutes of Previous Meeting – 11<sup>th</sup> November 2015**

The minutes of the meeting of 25<sup>th</sup> February 2016 were agreed as a true record.

Action Schedule

All actions on the schedule were discharged or covered on the agenda.

**3. Presentation – Vulnerability Hub – Jayne Hellowell / Jakki Hardy**

Jakki Hardy and Jayne Hellowell gave a presentation on the vulnerability hub.

The hub will be a key piece of work over the next 12 months. The project is still in its early stages of development which will explore further opportunities for partners to work together and pool resources to achieve the best outcomes for local people and communities. Particular consideration is being given to risk, vulnerability and early identification.

Jakki / Jayne were thanked for the presentation and their work so far on this project.

**4. Update on the Domestic Abuse & Sexual Violence Strategic Review - Jayne Hellowell**

Jayne Hellowell informed the meeting that the Domestic Abuse & Sexual Violence Strategic review is currently taking place. An interim report will be brought back to the CSP meeting following the business case submission to Cabinet in July 2016.

Jayne informed the meeting that a poster campaign focussing on Domestic Abuse /Sexual Violence in conjunction with SYP, is taking place before the European Football Competition in June. There may be some funding available in future to do a sustained campaign in relation to Domestic Abuse / Sexual Violence via the Police and Crime Commissioner funds.

Linda Mayhew added Marie Carroll may be able to offer some support with regards funding opportunities.

Ben Finley added that there is currently a gap in service provision for teenagers and links within schools which the YOT may be able to offer some resource to help with.

**Action : Jayne Hellowell to liaise with Ben Finley with regards to additional resource.**

**5. Unauthorised / Illegal Encampment Protocol – Wendy Lowder**

Wendy informed the meeting that the Local Plan will be progressing to Public Consultation in the coming months within which provision for traveller community will be considered. The protocol will be finalised post Local Plan Consultation.

**6. CSP Plan (2016-2020) and Governance Review  
– Mel Fitzpatrick/Jason Pearson**

Mel Fitzpatrick / Jason Pearson gave an update on the CSP Plan (2016-2020) and Governance Review.

The draft plan was distributed and an overview of the emerging issues, key achievements and priorities for 2016-2020 was given. The Board endorsed the proposed priorities for 2016-2020 and were advised that the plan would be released for an eight week publication consultation.

A draft revised governance structure was presented to the meeting. Board members were informed that any revised governance structures and performance frameworks would be implemented in line with the launch of the finalised CSP Plan (2016-2020) post-consultation. Board members endorsed the draft revised governance structures and requested that further work be undertaken in relation to the Terms of Reference for the September meeting.

**Action: Mel Fitzpatrick to circulate the finalised draft Plan to Board members with a link to the consultation portal.**

**Action: Mel Fitzpatrick/Jason Pearson to work with Priority Leads to further develop proposals in relation to revised governance structures and report back to the September meeting.**

**7. CSP Strategy and Performance Update Quarter 4 2015/2016  
- Mel Fitzpatrick**

Mel Fitzpatrick presented the highlight report of the Strategy and Performance Group detailing the exceptions from Quarter 4 2015/16. It was recommended that the CSP Board members :

- Endorse the recommendations of the report and;
- Task the S&PG to oversee the quarter 4 performance remedial action and report back on any emerging challenges/pressures/opportunities.

**Reducing Re-offending Sub Group**

It was noted that the national reoffending data is not available due to changes in calculation methodology. It is unlikely that any data will be available before October 2017.

**Hate and Harassment Sub Group**

There has been a reduction in the number of hate crimes / incidents reported across the borough. The S&PG were asked to continue to monitor the indicator, and engage with the under-reporting communities.

There were no specific escalations identified.

**Drug and Alcohol**

It was noted that data provided in relation to alcohol-related hospital admission is based on a national statistical modelling formula including all alcohol specific conditions plus those where alcohol is casually implicated. The local alcohol profile for England (LAPE) data is only released annually and twelve months in arrears (next release is May 2016).

## **Barnsley Community Safety Partnership Executive Group meeting**

The latest data published shows an increase in the number of females recorded with an alcohol related hospital admission.

The Drug and Alcohol Board are working with the CCG, Barnsley Hospital and other partners to develop a local dataset to monitor and establish the local position.

The CSP Board agreed the proposed remedial actions.

There were no specific escalations received from the Drug and Alcohol Action Board.

### **Domestic Abuse and Sexual Violence Partnership**

The number of domestic abuse incidents and crimes reported have reduced along with the number of victims re-submitted to the MARAC when compared to the previous year. The CSP Board agreed to further analytical work being undertaken by the Domestic Abuse and Sexual Violence Partnership.

An escalation from the Domestic Abuse and Sexual Violence Partnership was received by the Board in relation to the funding the delivery of a campaign. Once funding is secured a Task and Finish Group will be established with a further report being submitted to the CSP for consideration.

### **Tactical Tasking and Co-ordination**

The number of ASB reported incidents has increased particularly within the Town Centre. Criminal damage and arson incidents have also increased however, this is the lowest increase in the force area. An increase has also been observed in relation to accidental dwelling fires.

The Board endorsed the remedial actions of the S & PG Group.

## **8. Refreshed CSP Information Sharing Agreement – Mel Fitzpatrick**

The refreshed CSP Information Sharing Agreement has been circulated for comments.

Barnsley MBC are the accountable body, therefore any breaches of information sharing will be investigated in line with Barnsley MBC procedures.

The final document will be available in July 2016.

Jakki Hardy requested that CCTV and NPR information sharing arrangements also be referenced in the information sharing agreement.

**Action : Jakki Hardy to liaise with Mel Fitzpatrick and Paul Castle with regards to the information sharing protocol for CCTV/NPR.**

## **9. Presentation – Approach to JSIA 2016/17 – Liz Pitt**

Liz Pitt gave a presentation on the JSIA approach for 2016/17.

Liz explained that it is the intention to develop a Borough-wide Portal which will ensure:-

- Information and data in one place;
- Officers and Members have the ability to self-serve;
- Intelligence is accessible and easy to understand;

## **Barnsley Community Safety Partnership Executive Group meeting**

- An overview of the needs of our residents at borough & local level is available;
- Commissioning / decommissioning is well informed;
- Demand management / forecasting is supported.

By developing the portal the data will be live, and make reporting easier and user friendly. The portal will provide an overview for the local Area Council Areas and Wards.

The portal will contain data, profiles, projections, maps, infographics, customer insights and intelligence on the following:

- Demographics
- Deprivation
- Poverty
- Health including diseases, life expectancy and mortality.
- Housing
- Income
- Crime & Anti-social Behaviour
- Community Safety
- Education attainment

The anticipated launch date for the portal will be August 2016.

Liz informed the group that 2 groups to oversee the development of the portal are being set up, the Strategic Intelligence Group and an Operational Group. Terms of Reference have been drafted and dates for the meeting set. If any agency would like to be involved please contact Liz Pitt direct.

Liz added the information sharing agreements have yet to be developed, and the portal may not fit in with the timescales for the JSIA but will be used for the JSNA.

The Chair thanked Liz for the presentation.

**Action : Members to contact Liz if their agency wants to be involved with the development of the Borough-wide Portal.**

### **10. Crime Performance Overview**

Jakki Hardy gave an overview of crime performance. Particular increases were noted in relation to vehicle arson and car crime. A prevention campaign in relation to car crime will take place in the run up to the summer.

### **12. Date and Time of Next Meeting**

The next meeting will be held on **Monday 12<sup>th</sup> September, at 10:00 to 12:00 in Barnsley Town Hall.**

**Barnsley Community Safety Partnership  
Executive Group meeting**

**Action schedule from minutes (11<sup>th</sup> May 2016)**

1	<b><u>Domestic Abuse and Sexual Violence Strategic Review</u></b>
1.1	<b>Jayne Hellowell to liaise with Ben Finley with regards to additional resource.</b>
2	<b><u>CSP Plan and Governance Review</u></b>
2.1	<b>Mel Fitzpatrick to circulate the finalised draft Plan to Board members with a link to the consultation portal.</b>
2.2	<b>Mel Fitzpatrick/Jason Pearson to work with Priority Leads to further develop proposals in relation to revised governance structures and report back to the September meeting.</b>
3	<b><u>Refreshed CSP Information Sharing Agreement</u></b>
3.1	<b>Jakki Hardy to liaise with Mel Fitzpatrick and Paul Castle with regards to the information sharing protocol for CCTV/NPR.</b>
4.	<b><u>Approach to JSIA 2016/17</u></b>
4.1	<b>Members to contact Liz if their agency wants to be involved with the development of the Borough-wide Portal.</b>



Barnsley Clinical Commissioning Group

Report of the Head of Adult Joint Commissioning to the Health & Wellbeing Board

**Title: Adult Joint Commissioning Team Annual Review**

**Purpose of this Report**

To share with the Health and Wellbeing Board a summary of the work, achievements and challenges of the new Adult Joint Commissioning Team during 2015/16

To share the agreed priorities and plans for 2016/17.

**Introduction**

This report was originally prepared for the Adult Joint Commissioning Group, the executive group that oversees the work of the Adult Joint Commissioning Team. It was felt that the work of the Adult Joint Commissioning Team would be of interest to the Health and Wellbeing Board as it supports integrated working across the health and social care system in Barnsley.

**Recommendation**

For the Health and Wellbeing Board to note the work of the Adult Joint Commissioning Team, its governance arrangements and the role it can play in supporting improved health and social care outcomes for vulnerable people in Barnsley.

**Appendices and Background Papers**

Adult Joint Commissioning Team Annual Review and appendices

Author: Jane Wood

Designation: Head of Adult Joint Commissioning

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## Title: Adult Joint Commissioning Team 2015/16 Review

### 1. Purpose

To provide a summary of the work, achievements and challenges of the new Adult Joint Commissioning Team during 2015/16

To consider and agree priorities and plans for 2016/17.

### 2. Introduction

The new Adult Joint Commissioning Team was formed in early 2015 as part of the Future Council re structure. The team is part of the People Directorate and sits in Business unit 2 – Adult Assessment and Care Management. See appendix 1 for team structure diagram.

In order to function effectively it was important to re establish and clarify the role and purpose of the team within the context of changes in the CCG and the Council and following an 18 month period during which time the former Adult Joint Commissioning Unit had been effectively dismantled.

A workshop was held in March 2015 with Lesley Smith (CEO Barnsley CCG), Rachel Dickinson (Executive Director, People), Brigid Reid (Chief Nurse, Barnsley CCG) and Kath Harris (Service Director, Adult Assessment & Care Management) and adult joint commissioning senior team members which led to the establishment of the Adult Joint Commissioning Group (AJCG) meetings as the main vehicle that oversees and supports the work of the Adult Joint Commissioning Team (AJCT).

The agreed terms of reference are that the adult joint commissioning team are responsible for leading on commissioning activities on behalf of BMBC and BCCG for the following communities of interest:

- Older Adults
- People with Mental Health needs
- People with Learning Disabilities
- People with Physical Disability & Sensory Impairment (including HIV & Aids for social care)
- People with Autistic Spectrum Conditions

The expectation is that by undertaking commissioning jointly, health and social care can achieve better outcomes and work more efficiently across care pathways for the benefit of individuals; and that the AJCG will agree the shared direction, vision and principles of adult joint commissioning, seeking to support work and approaches that demonstrate the added value of a joint approach.

### 3. Work, achievements and challenges during 2015/16

#### 3.1. The team - recruitment, relationships, development

The team comprises of nine members who worked in the former Joint Commissioning Unit and eight new team members. During the year there has been a lot of recruitment activity. The team as a whole have integrated well and there is a good team spirit. A team consolidation and development day is being planned for the early part of the new financial year.

For original members there have been challenges to adapt to changed roles and new ways of working; commissioners are no longer working in service user group silos and there is much greater alignment and cross cutting programmes of work within the AJCT.

Some areas that have historically been led solely by the old Joint Commissioning Unit (adult mental health services, Intermediate Care, Falls and Memory Assessment Service) are now a high priority for the CCG and there is joint working between commissioners in the Adult Joint Commissioning Team and colleagues in the CCG. This has at times led to a lack of clarity and perhaps some inefficiency regarding who is leading and accountable; recently new arrangements have been agreed for managing some of these work streams and new working relationships are being brokered between AJCT members and staff in the Commissioning and Transformation Team in the CCG.

As the AJCT sits in the council, for the majority of staff in the team it is council culture and working practices that predominate; whilst team members do receive the weekly CCG bulletin and have appreciated opportunities to access CCG training (recent leadership sessions) and Brigid and Lesley's attendance at team meetings, it should be recognised that the team is in a fairly unique position and the efforts to bridge the potential communication barriers must continue to be made by the Head of Service; to this end regular meetings with the Head of the Commissioning & Transformation Team are to be diarised and there should be a renewed effort to find ways of AJCT team members being co located with CCG colleagues for part of the week.

#### 3.2. Learning Disabilities

The LD work programme has been regularly reported to the AJCG. The LD Lead Commissioner has undertaken all the Transforming Care regular reporting (HSCIC and NHSE), attended all the required meetings and has shown positive leadership at a regional level (Section 117 work and Transforming Care partnership) as well as at a local level. The Care and Treatment Review work has increased a great deal but the approach taken has always been to consider the right thing for the individual

patient and to challenge and support providers and colleagues to do the same. There have been two (now a third) very challenging cases of individuals with autism that NHS specialist services have found very difficult to manage and the issues raised have been escalated to NHSE as well as being used to inform our own local LD transformation programme. The Senior Commissioner role has had to become that of Commissioning Complex Case Manager; in 2016/17 one year funding from the CCG will allow for recruitment of another post to support the work, thus enabling the Senior Commissioning Manager to focus on delivering the regional and local Transforming Care programme.

The LD accommodation and support project, led by a joint funded temporary Senior Commissioning Manager post, has reached a significant milestone in recent months, following a number of years of work; a plan to procure new services to deliver high quality care and better outcomes, in the community, to a wider range of people with Learning Disability has been given the go ahead by the Council. The proposal involves the effective decommissioning of council in house services and therefore includes a further sensitive dimension in addition to the complexity of procuring a new innovative model and approach, working with providers and case managers to ensure the intended outcomes are achieved and transitioning from current arrangements with minimal disruption to existing service users. Using the existing invest to save investment from BMBC and CCG, two social workers have been recruited for 18 months and the current project manager post has been extended to the end of March 2017.

### 3.3. Older People

Key work streams for older people have been:

Falls Strategy action plan implementation – mapping of current services and pathways in BHNFT and SWYPFT undertaken, facilitation of a multi agency strategy group, involvement of public health staff to progress primary prevention and harness and coordinate contributions to the agenda across Communities and Place Directorates. A review of expected progress and milestones will be beneficial to focus the work further in the coming year.

Intermediate care has been a challenging area with a lead provider model pilot to deliver a system wide integrated pathway underway. In 16/17 the CCG Transformation Team will be supporting the health elements of the pathway and the Senior Commissioner in AJCT will continue to support the work but will focus on managing the relationship and contract with the Independent Living At Home (ILAH) service. Further interim contractual arrangements have been put in place to support sufficient independent sector intermediate care beds.

A new provider of the call response service (outsourced from BMBC in house service in April 2015) is being supported through a pilot phase which is now coming to an end and requires review and future commissioning intentions clarifying.

Night service review of need and commissioning recommendations has been undertaken. An interim proposal/ agreement and longer term strategic recommendation was agreed by the AJCG in April 2016.

The Memory Assessment Service pilot has demonstrated success in the practices that have engaged with the new model. A full review will be completed in the first part of the new financial year to inform future commissioning intentions.

The team are using the opportunity to champion good dementia care in Barnsley residential and nursing homes, as part of the Mayor elect's focus on Dementia and 'the best of Barnsley'.

Domiciliary Care contracts are being retendered during 2016/17 – this is a major project that will result in improved services, better contract and performance management arrangements and better relationships with fewer providers leading to better outcomes, value for money and quality assurance.

The focus for AJCT in 2016/17 will also include developing a clear 3-5 year commissioning plan for older adults, based on robust needs analysis and modelling. Exploration of the business case for development of fully functioning Extra Care schemes in Barnsley will form part of the strategy.

#### 3.4. Physical Disability and Sensory Impairment

As a result of changes to where transport contracts sit in the council, there has been some work to do to secure sustainable and cost effective transport for adult social care service users attending day services. The Commissioner has worked with colleagues in 'Place' to get a shared understanding of 'People' transport needs, including supporting continuity of provision over the Christmas period when the provider gave notice on the contract and new provision was needed.

Regular renewal of the assessed list of non regulated services has taken place, this is an approach that is designed to help stimulate the market to offer innovative and individual services to people exercising choice and control, while providing assurance of minimum quality standards; with the further development of e-market place and close links between commissioners and the Brokerage Team it is hoped that the choice and range of non regulated providers in Barnsley can be further developed.

Work has been ongoing to ensure value for money in minor adaptations providers, accessed via the Equipment and Adaptation & Sensory Impairment Service. During the coming year new contracting arrangements need to be in place along with refreshed service operating procedures within the Equipment Adaptations and Sensory Impairment (EASI) Team to ensure Care Act compliance can be clearly demonstrated.

The Vision Strategy group put forward a business case to the Ageing Well Programme Board to pilot an Eye Clinic Liaison Officer (ECLLO). One year funding was secured and the pilot went live in April 2015. A review of the pilot, with commissioning recommendations, will determine the CCG's future plans in relation to the continuation of this role/function.

### 3.5. Mental Health

In 2015/16 the focus has been on supporting local providers with the CQC review of crisis care in the early part of the year, and then leading and coordinating the Crisis Care Concordat and associated work streams. The Senior Commissioner has continued to attend regional mental health commissioner meetings including the interface with Secure Commissioning Team. To support management of budget pressures in adult social care in relation to mental health, the approach to high cost case review and use of the Care Funding Calculator has been rolled out.

In 2016 there is a commitment to undertake a review of the provision at Jubilee Gardens.

### 3.6. Autism

Following the review of the Adult Autism and ADHD service and the continued problems with demand outstripping capacity, a task and finish group has worked at understanding the issues facing the service and agreed actions required to deal with the backlog and move to a sustainable footing. The service has responded to commissioner views and brought co produced solutions forward. Funding has now been agreed by the CCG to support clearing the backlog. Progress will be monitored during 2016/7.

During 2016/17 the multi agency Autism strategy group will be re established.

### 3.7. Contracts

The contracts team have made huge strides this year in ensuring contracts are in place and fit for purpose and are managed. Their priorities have been regulated providers, in particular residential and nursing care homes and domiciliary care, and systematic arrangements are now being used to proactively manage the performance of providers and to escalate the response of the authority where necessary. Information on regulated services performance and contract team interventions is regularly reported into the Safeguarding Adults Board.

In the next year the team will be reviewing the arrangements for other contracts held by the team and ensuring a proportionate, intelligent and risk based approach to contract management and performance monitoring is in place across the board. The team also provide support to procurement exercises undertaken by AJCT. See appendix 2 for a summary of contracts held by AJCT.

### 3.8. Fees and funding

There have been challenges this year in determining robust arrangements for establishing fair and value for money fees for social care services, particularly in responding to the new National Living Wage that was announced in October and commences on 1<sup>st</sup> April 2016.

There is more work to do in 16/17 with providers, and the council, and CCG to determine processes and arrangements for future years.

### 3.9. Public Health – Health and Wellbeing Team

The Health and Well Being Team sit within the AJCT although they work across all the People Directorate. The challenge for the team has been to move into a new area for Public Health, as part of the new distributed model, to get to know the business of the directorate and then to demonstrate to managers the added value they can bring. During this year the team have worked really hard at building relationships and understanding.

In relation to AJCT work they are contributing to the Falls strategy (early intervention and prevention); bringing together health needs data to support an older people's plan; doing a specific dementia health needs analysis; supporting the autism work by working with colleagues across the council to broaden out the safe places scheme and helping the town centre redevelopment plans be autism, dementia and disabled person friendly; leading on an exercise to understand better what early interventions would be most beneficial at reducing, delaying or preventing the need for adult social care services in Barnsley and linking with 'Communities' colleagues through the Stronger Communities Partnership to ensure the most vulnerable benefit.

## 4. Summary of 2016/17 priorities

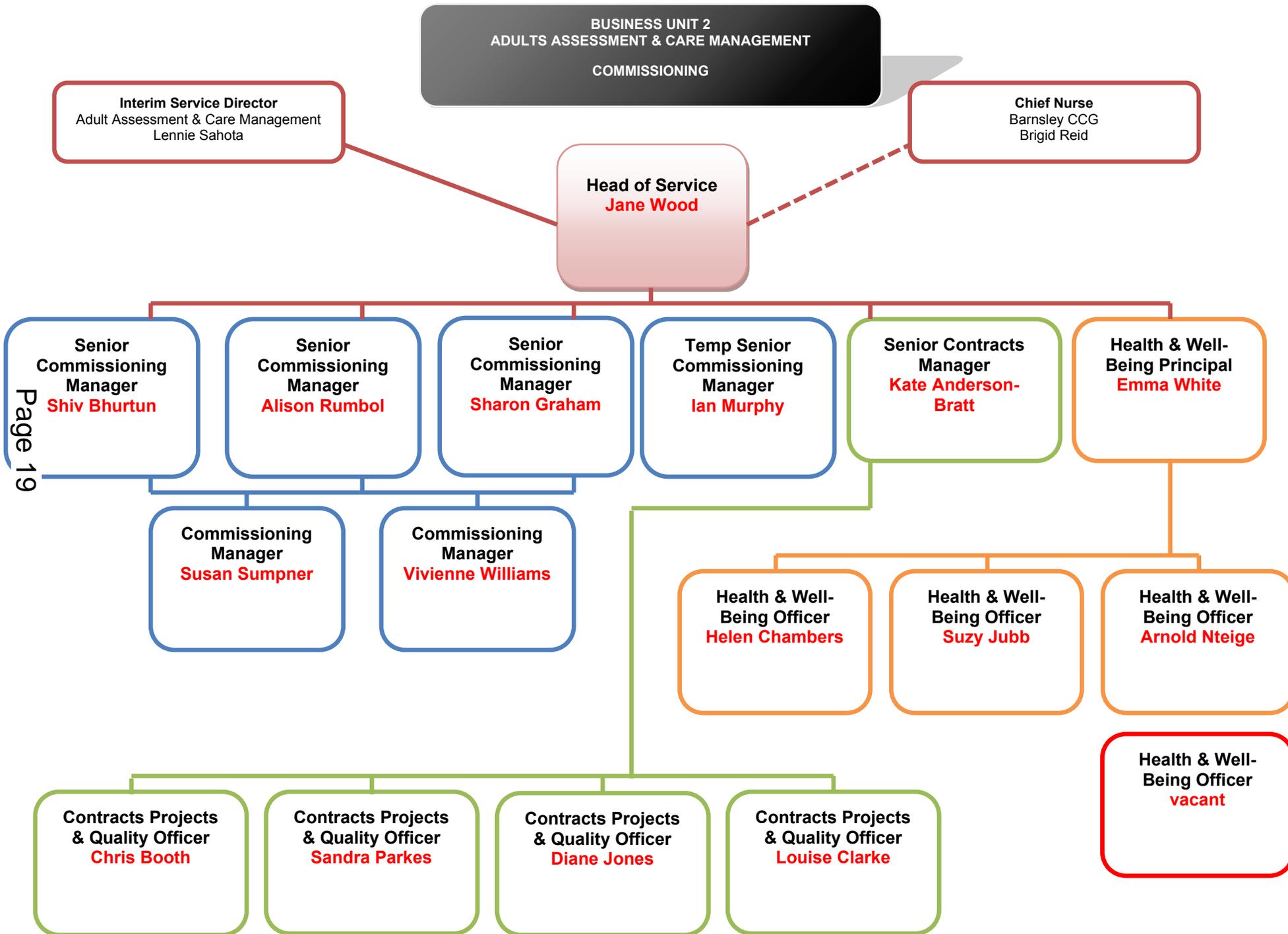
See the table at appendix 3 for proposed list of priority work streams for 16/17. The table includes an estimate of the percentage split of each area between health and social care emphasis, a simple prioritisation key and an estimate of scale in terms of duration. It is not intended to give a definitive view of time to be spent by the team on health or social care focussed work, or to give specific timescales.

## 5. Conclusion

2015/16 has seen the team form and make significant progress in getting some important foundations in place, particularly in relation to the contracting function. There has also been progress on some key commissioning projects. In the year to come the work to consolidate the 'business as usual' elements of the service will need to continue, along with delivery of two large and complex procurements and the Transforming Care programme. To support adult social care 'delay, reduce and prevent' aims a longer term (3-5 year) commissioning plan to meet the needs of older people in Barnsley needs to be developed to inform commissioning priorities and intentions.

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Appendix 1 Adult Joint Commissioning Team Structure



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BU2 Contracts summary			
client group	category	contract	value
LD, MH & OP	residential & Nursing care	individual placements LD x34, MH x6, older people x 46	4,665,000
LD	Supported Living	3xcontracts	1,600,000
LD	Other Short Term Care	respite contracts	460,000
LD, MH & PDSI	Other Vol sector	LD Employment HIV support Advocacy Mental Health Support	855,000
OP	residential & Nursing care	OP residential & Nursing care x 47 homes	18,500,000
	Home Care	Home Care x21 providers	8,400,000
	Other Short Term Care	Older People and Dementia Day Care x 4 contracts	circa 400,000
	Reablement, Assistive Equipment & Technology, adaptations	ILAH service, telecare response service, EASI Team, CES	2,443,150
	total		37,000,000

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Appendix 3 Adult Joint Commissioning Team 16/17 proposed priorities

	Area	Summary	Health/Social Care split	prioritisation	Scale
1	Transforming Care Programme	Regional partnership and local delivery plan SWYPFT transformation Care & Treatment Reviews	80/20	1	large
2	LD Accommodation and Support project	Procurement exercise and transition to new arrangements	20/80	1	large
3	Falls Strategy Implementation	Review of expected progress and milestones Clarify AJCT focus	70/30	2	medium
4	IC pathway	ILAH service contract/SLA Independent sector beds contracting	50/50	2	small
5	Call response service pilot	Review and commissioning recommendations Secure sustainable delivery	20/80	1	small
6	Night Service	Commissioning intentions	50/50	2	small
7	Memory Assessment Service	Commissioner review	80/20	2	medium
8	Mayoral year Dementia focus	Supporting good dementia care in residential and nursing homes project	20/80	2	small
9	Domiciliary Care	Procurement exercise and transition to new arrangements	20/80	1	large
10	Older People's 3-5 year commissioning plan	Develop social care commissioning plan to meet needs of older people in Barnsley Consider business case for Extra Care	20/80	1	medium
11	Renew contract arrangements for minor adaptations	Ensure best value and compliant contractual arrangements in place Ensure EASI provider policy and procedure is care act compliant	30/70	2	medium
12	Ophthalmology contract – links with Barnsley Vision Strategy	Support CCG commissioners with ophthalmology recommissioning in respect of ECLO function	70/30	3	small
13	MH Crisis Care Concordat	Facilitate multi agency group Submit required updates to NSHE	80/20	2	small
14	Review Jubilee Gardens	Review service in line with MH strategy and make commissioning recommendations	50/50	2	medium
15	Monitor ASD/ADHD service	Ensure delivery of waiting list backlog to timescale	100 health	1	small

Appendix 3 Adult Joint Commissioning Team 16/17 proposed priorities

	performance				
16	Support Autism Strategy group	Re-establish multi agency group and work plan.	50/50	3	small
17	Fees and funding agreements	Develop arrangements for determining fee levels/ uplift	20/80	1	Medium
18	Contracts and procurement forward plan	Maintain and roll out contract and performance management processes	20/80	1	large
19		Maintain contracts register	20/80	2	small
20		Support timely procurement Ensure contracts are up to date/ meet regulations	20/80	1	large
21		Maintain non regulated services assessed list	100 social care	3	small
22		Support e market place	100 social care	2	medium
23	Health & Wellbeing Team	Falls prevention agenda	60/40	1	large
24		Dementia HNA	40/60	2	medium
25		Older People's strategy – support with PH data	20/80	1	medium
26		Building Community Capacity – deliver project	20/80	1	medium
27		Autism – safe spaces and friendly town centre	20/80	3	small

Key:

Prioritisation		Scale	
1	High priority – must do	large	6 months - year
2	Moderate priority – should do	medium	Up to 6 months
3	Lower priority – could do	small	Less than 3 months