

Public Document Pack

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 11 August 2015
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

AGENDA

- 1 Declarations of Pecuniary and Non-Pecuniary Interests
- 2 Minutes of the Board Meeting held on 9th June. 2015 (HWB.11.08.2015/2)
(Pages 3 - 6)
- 3 Minutes from the Children and Young People's Trust Executive Group held on 3rd July, 2015 (HWB.11.08.2015/3) (Pages 7 - 24)
- 4 Minutes from the Barnsley Community Safety Partnership held on 29th May, 2015 (HWB.11.08.2015/4) (Pages 25 - 32)
- 5 Minutes from the Provider Forum held on 10th June, 2015 (HWB.11.08.2015/5)
(Pages 33 - 38)
- 6 Action logs from the Anti-Poverty Board held on 8th June, and 20th July, 2015 (HWB.11.08.2015/6) (Pages 39 - 42)

For Decision/Discussion

- 7 Healthwatch Annual Report. (HWB.11.08.2015/7) (Pages 43 - 82)
- 8 Stronger Barnsley Together Pioneer Progress Report. (HWB.11.08.2015/8)
(Pages 83 - 90)
- 9 Sport and Active Lifestyle Strategy. (HWB.11.08.2015/9) (Pages 91 - 96)
- 10 0-19 Healthy Child Programme . (HWB.11.08.2015/10) (Verbal Report)

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

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

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HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 9th June, 2015

1. Present:-

Councillor Sir Stephen Houghton CBE (Chairman) – Leader
Councillor Margaret Bruff – People (Safeguarding) Spokesperson
Councillor Jenny Platts – Communities Spokesperson
Rachel Dickinson – Executive Director, People
Julia Burrows –Director of Public Health
Nick Balac –Chair NHS Barnsley Clinical Commissioning Group
Adrian England – Barnsley Healthwatch
Sean Raynor – South West Yorkshire Partnership NHS Foundation Trust
Richard Jenkins – Barnsley Hospital NHS Foundation Trust
Emma Wilson – NHS England Area Team

2. Declarations of Pecuniary and Non-Pecuniary Interests

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

3. Minutes of the Board Meeting held on 14th April, 2015

The meeting considered the minutes of the previous meeting, held on 14th April, 2015.

Arising from Minute 52, the meeting noted the intention to submit minutes of the Barnsley CCG Clinical Senate to the Board for information.

RESOLVED that the minutes be approved as a true and correct record.

4. Minutes from the Children and Young People's Trust Executive Group held on 27th March and 11th May, 2015

The meeting considered the minutes from the Children and Young People's Trust Executive Group, held on 27th March and 11th May, 2015.

Arising from Minute 4 of the meeting on 11th May, the meeting noted proposals for the commissioning of the 0-19 Healthy Child Programme and that partners were encouraged to engage with the consultation process.

RESOLVED that the minutes be received.

5. Minutes from the Community Safety Partnership held on 12th February, 2015

The meeting considered the minutes from the Community Safety Partnership held on 12th February, 2015.

RESOLVED that the minutes be received.

6. Minutes from the Provider Forum held on 9th March, 2015

The meeting considered the minutes from the Provider Forum meeting, held on 9th March, 2015.

RESOLVED that the minutes be received.

7. Healthwatch Report

This item was withdrawn.

8. Better Care Fund Implementation – Monitoring and Reporting

Members received information on the guidance for quarterly performance reporting on the Better Care Fund, together with information reported for quarter 4 of 2014/15. The meeting noted that work on the Better Care Fund was progressing in line with required targets and deadlines, although the formal Section 75 agreement had yet to be signed by the Council and the CCG. It was hoped that this would be completed by the end of June 2015, with the issue of financial risk share between the partner agencies the main matter for resolution.

RESOLVED that the position on the Better Care Fund be noted.

9. Integrated Personal Commissioning Progress Report

Members received a progress report on the progress on the Integrated Personal Commissioning project, noting that all activities were progressing in line with targets and deadlines. The plan for the project had been received by NHS England and Barnsley CCG was one of a small number of agencies represented at a meeting today with Simon Stephens, Chief Executive of NHS England, about the project.

The meeting noted the scope to undertake pioneering work, particularly in relation to system redesign, within the scope of the programme. It was hoped that the initial focus on diabetes and COPD would provide a template for redesigning the care pathways for other conditions.

RESOLVED that the report be received.

10. Children and Adolescents Mental Health Service (CAMHS)

Members received a report on the opportunity provided by the Improvement and Transformation project under the auspices of the CAMHS Transformation Taskforce to improve services in the Borough for children and young people with mental health problems. NHS England expected that Health and Wellbeing Boards would ensure the development of a joined up transformation plan that sat within the overall Health and Wellbeing Strategy. The meeting noted the arrangements to make progress on this, with the submission of transformation plans by the end of September 2015. The meeting noted recent consideration of this issue at the Council's Overview and Scrutiny Committee, where the Council and its partners, in particular the CCG and SWYPFT, were challenged on the provision of CAMHS in Barnsley.

RESOLVED that the presentation be received.

11. Joint Health and Social Care Self-Assessment for Learning Disability

Members received a report on the outcome of the Joint Health and Social Care Learning Disability Self-Assessment undertaken in September 2014, highlighting particular improvement against the same assessment undertaken in 2013. The report identified arrangements in place to develop an action plan for those areas still in need of improvement, which would be taken forward by the Learning Disability Health Sub-Group. As part of the arrangements established by NHS England, there would also be a requirement to submit a quarterly update on progress against local and regional action plans for learning disability.

RESOLVED that the report be noted.

12. Early Start and Families – Family Centre Programme

Members received a report on proposals to reshape children's centres into a network of family centres and outlining the current statutory public consultation being undertaken on these proposals. The meeting noted that the proposals would result in an extended offer to age 18 in terms of the provision of information, but with a more targeted approach in respect of those families that needed particular interventions to achieve good outcomes. The proposals would also result in the withdrawal of day care provision, except in areas where there were no alternative providers.

The meeting noted the particular interests of the Barnsley Hospital Trust in relation to these proposals and that relevant colleagues in the Trust would be encouraged to engage with the consultation exercise.

RESOLVED that the report be noted.

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Chairman

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Minutes of the Children and Young People's Trust Executive Group Meeting held on 3 July 2015

Present

Core Members

Rachel Dickinson (Chair)	BMBC, Executive Director: People
Bob Dyson	Independent Chair of the Barnsley Safeguarding Children Board
Nigel Middlehurst	Voluntary Action Barnsley, External Services Manager
Dr Clare Bannon	Barnsley Local Medical Committee, GP representative
Tim Innes	South Yorkshire Police Chief Superintendent (Barnsley Commander)

Deputy Members

Sharon Galvin	NHS Barnsley Clinical Commissioning Group Designated Nurse Safeguarding Children/ Looked after children (for Brigid Reid)
Phil Briscoe	Barnsley College Vice Principal (for Jenny Miccoli)
Emma White	BMBC People, Health and Wellbeing Principal (for Penny Greenwood)
Sean Rayner	South West Yorkshire Partnership Foundation Trust District Director Barnsley/ Wakefield (for Dave Ramsay)
Susan Gibson	Barnsley Hospital NHS Foundation Trust, Head of Midwifery/ Nursing (for Heather McNair)
Cllr Anita Cherryholme	Cabinet Support Member: People (Potential), (for Cllr Tim Cheetham)

Advisers

Richard Lynch	BMBC, Head of Commissioning, Governance and Partnerships
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In attendance

Keri Kaye	BMBC Service & Strategy Manager – Assessment and Review (for item 5)
Matt Orr	BMBC Service & Strategy Manager – SSMS (for item 5)
Ben Powell	BMBC, Service & Strategy Manager - Education Psychology (for item 5)
Angela Tracey	BMBC, Head of Strategy, Workforce & Organisational Development (for item 8)
Denise Brown (Minutes)	BMBC CYPF, Governance, Partnerships and Projects Officer

		Action
1.	<u>Apologies</u>	
	Cllr Tim Cheetham	Cabinet Member: People (Achieving Potential)
	Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)
	Dave Whitaker	Executive Headteacher, Representative of Secondary Headteachers
	Gerry Foster-Wilson	Executive Headteacher, Representing the Barnsley Association of Headteachers of Primary, Special and Nursery Schools
	Heather McNair	Barnsley Hospital NHS Foundation Trust, Director of Nursing and Quality
	Mel John-Ross	BMBC, Assistant Executive Director of Social Care and Safeguarding

		Action
	<p>Margaret Libreri BMBC Service Director for Education, Early Start and Prevention</p> <p>Dave Ramsay South West Yorkshire Partnership Foundation Trust (SWYPFT) Deputy Director of Operations</p> <p>Jenny Miccoli Barnsley College, Vice Principal Teaching, Learning and Student Support</p> <p>Brigid Reid Barnsley Clinical Commissioning Group Chief Nurse</p> <p>Penny Greenwood BMBC Public Health Acting Assistant Director</p> <p>Deborah Mahmood South Yorkshire Police</p> <p>Julie Green BMBC CYPF Strategic Lead, Procurement and Partnerships</p>	
2.	<p><u>Identification of confidential reports and declarations of any conflict of interest</u></p> <p>Emma requested that the report for agenda item 5, babies born to substance misusing mothers, be treated as confidential and should therefore not be circulated further.</p> <p>There were no conflicts of interest declared.</p>	All to note
3.	<p><u>Minutes of the Trust Executive Group meeting held on 11 May 2015</u></p> <p>The minutes were approved as an accurate record of the meeting.</p>	
3.1	<p><u>Action log / matters arising</u></p> <p>The action log was updated as follows:</p> <p>3.1(b)(i) – Safeguarding of excluded pupils. An update from the Secondary School Headteacher representative is on the forward plan for the Barnsley Safeguarding Children’s Board. Rachel confirmed that the Barnsley Alliance Board will explore the percentage of young people eligible for free school meals in a school’s cohort.</p> <p>4(i) – 0-19 Healthy Child Programme – Richard to follow up on behalf of Margaret Libreri whether or not an item had been put on the cross-phase Headteacher’s meeting agenda regarding engagement in the consultation process.</p> <p>4(ii) – Richard confirmed that the consultation plan had been circulated, including to the chairs of Governors.</p> <p>5(i) – CYP Trust Membership. Rachel undertook to follow up the nomination of deputy members for the TEG outside of the meeting.</p> <p>6 – Procedure for children missing from home or care. The revised protocol had been approved at the BSCB meeting.</p> <p>7(ii) – Barnsley Alliance Board. Rachel explained that the Barnsley Alliance Board is commissioned through the Children’s Trust to enable schools to be supported and challenged to drive forward attainment and outcomes through sharing of best practice. Key issues are inclusion and healthy children in schools. A report from the Barnsley Alliance Board is on the September agenda of the Trust Executive Group.</p>	<p>Richard/ Margaret</p> <p>Rachel</p>

		Action
4.	<p><u>Review of the Children and Young People's Plan</u></p> <p>A workshop style session was held to discuss whether the priorities of the Children and Young People's Plan are still relevant, and to consider what more can be done to ensure improvements going forward.</p> <p>At the last meeting it was agreed that it is important that the views of young people are incorporated in the plan. Richard had therefore arranged for young people to be interviewed, and the questions included: whether the priorities and actions were the right ones; what actions should be focussed on to make a difference to the lives of young people; comments on progress made on the actions identified; what transformations to Barnsley would have the biggest impact on young people; whether services could be provided differently and if so what might that look like; key messages about being a young person in Barnsley. Extracts of those filmed interviews were shown at the meeting and a summary of all the responses was circulated and are attached to the minutes as appendix A. Richard undertook to find out whether the filmed interviews could be shared with members.</p> <p>Members then moved into two groups to consider: key achievements and ongoing challenges in each of the current priority areas; what transformation would look like; barriers to success. A summary of the discussion is attached to the minutes as appendix B.</p> <p>As it had not been possible to discuss all the priorities in the time allocated it was agreed that an additional hour would be allocated on the next agenda to continue the discussion.</p>	Richard
5.	<p><u>Improving provision for children with special educational needs</u></p> <p>Matt Orr, Ben Powell and Keri Kaye joined the meeting for this item.</p> <p>A report was distributed which is attached to the minutes for information.</p> <p>In summary, work has been underway to further improve the provision for young people with special educational needs in Barnsley. There is now a proposed SEND outcomes framework which will measure the success of the SEND system in Barnsley; a draft 'practice tool' to underpin the outcomes framework; and the beginnings of 'story boards' which chart the journey so far and identifies the next steps.</p> <p>One of the key drivers is to reduce the number of children with an Education and Health Care plan (EHCP) and to focus on early intervention.</p> <p>The Trust Executive Group agreed to support the proposals to identify ownership of the strategy for the SEND outcomes framework. It is important that the strategy has a steering group that is accountable and that reports into the TEG to make sure that the work is being driven forward. Rachel suggested that any issues which prevent this work being achieved should be escalated to the TEG as necessary.</p>	
6.	<p><u>Babies born to substance misusing mothers</u></p> <p>This issue had been raised at a sub-committee meeting of the Barnsley Safeguarding Children Board, when it was suggested that the implications of babies born to substance misusing mothers be considered by the TEG. The report provided information on the prevalence of babies born to</p>	

		Action
	<p>substance misusing mothers in Barnsley, the impact of substance misuse on the child's development and associated commissioning implications.</p> <p>The conclusion is that the health of a baby is affected by the health of the mother, and what a child experiences during the early years lays down a foundation for the whole of their life.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> • This agenda has a significant impact across the board. • Effects of alcohol are difficult to diagnose at birth and sometimes only become apparent later in life. • The majority of babies are discharged to their own parents. • It is important to identify mothers who need additional support at an early stage through an EHA. Concern was expressed regarding the low number of EHAs, and the reason for this needs to be further explored. Sue pointed out that every woman has a pre-CAF to identify what help they are already receiving. • It is important to determine whether or not any concerns are being passed on to health visitors. • A lot of work is being done in Barnsley to reduce the number of still births. The England infant mortality and still birth rates for 2011-13 are higher or similar to Yorkshire and Humber and Barnsley. It was suggested that whatever is being done to achieve less still births in Barnsley needs to be shared and celebrated. • Barnsley has a higher use of crack cocaine; lower success rate in drug treatment; and lower numbers completing drug treatment, and the reasons for this also need to be further explored. • The data needs to be further explored to understand what it means for Barnsley. • Need to consider whether the mapping data links with the South Yorkshire Police data. • Sharon undertook to find out from the CCG whether there is any research that can be undertaken to explore this work further, including cross referencing of geographical data with partner agencies. • Assurance was given that the content of this report has been considered when commissioning substance misuse services. <p>The TEG agreed to note the content of the report and the identified next steps, and requested to remain cited on this work.</p>	Sharon
7.	<p><u>0-19 Healthy Child Programme update</u></p> <p>Penny had provided the attached update for information.</p>	
8.	<p><u>Think Family Programme Board / Early Help Workforce Development updates</u></p> <p>The Think Family Programme Board progress report set out where the partnership is in terms of early help, the immediate next steps and the early help partnership plan.</p> <p>400 practitioners have been engaged with which was a very positive exercise and demonstrated that practitioners understood, and were delivering, early help. To build on this there remains the need to continue to embed early help, improve the process, remove barriers and understand and test the impact and effectiveness of early help.</p>	

		Action
	<p>Main themes have included empowering families and testing effectiveness of the help.</p> <p>The Early Help Workforce Development report highlighted the fact that 450 core practitioners had attended training, with approximately 200 still to be trained including: 50 school safeguarding leads and designated school teachers; 60 Midwifery staff; 90 health visitors, school nurses and FNP staff; and 80 Children's Social Care staff members. Eight further sessions are proposed for September/ October 2015.</p> <p>The training has been well received and the impact of training will be undertaken at a three month evaluation, the first of which is due to be collated in August.</p> <p>The Early Help Partnership Plan proposes developing the early help practitioner role in key areas, including working to create easier access to targeted support at a local level and identifying expertise in local areas; and developing confident practitioners, giving them the skills to initiate challenging conversations with parents. It was acknowledged that more work is needed on the plan so that it is 'smarter'. Angela stated that an operational group would drive the detailed planning and delivery of the plan.</p> <p>Partners are asked to continue to commit to ensuring that practitioners attend the training events and to focus efforts on alignment to improve the quality of the workforce in terms of early help.</p> <p>Sue stated that 11 GPs had undertaken the training and that good feedback had been received. It was suggested that another follow up meeting with the Local Medical Committee would be helpful.</p> <p>It was noted that the governance arrangements of the Think Family Programme Board are currently under review and an update will be given in due course.</p> <p>Rachel stated that the Workforce stream of the CYP Plan would focus on the development of early help and the early help practitioner.</p> <p>As Angela is leaving the BMBC, Rachel thanked her for driving the think family work forward and for all the tremendous work achieved for the Children's Trust.</p>	<p>Andrea/ Kirsty</p> <p>Wendy Lowder</p>
9.	<p><u>Continuous Service Improvement Plan and DfE review in April</u></p> <p>Julie Govan joined the meeting for this item.</p> <p>A letter had been received from the Department of Education following the review of progress since the notice to improve had been lifted. The letter confirmed that Barnsley continues to make improvements and there remains a drive to achieve a 'good' or better rating from Ofsted in future.</p> <p>Julie confirmed that the main area of concern at the last Officer Improvement Group had been about aspects of the Child and Adolescent Mental Health Services. It was agreed that links with the CAMHS Improvement Group need to be improved.</p> <p>Richard stated that Brigid Reid had asked to be provided with the dates of</p>	

		Action
	<p>future iterations of the service improvement plan to ensure that updates are planned in advance.</p> <p>There were no further questions or challenges. (Sean left the meeting at this point)</p>	<p>Julie Govan</p>
10.	<p><u>Barnsley Safeguarding Children Board</u></p> <p><u>Highlights of the BSCB meeting held on 15 May 2015</u></p> <ul style="list-style-type: none"> • The proposal that the LADO would chair some strategy meetings in future was accepted by the Board. Reassurance was given that the policy change would be managed and evaluated and that any concerns, including potential conflict of interest, would be escalated on a case by case basis. • The CCG, BHNFT and SWYPFT had provided an increased financial contribution to the BSCB. • Revised 'children missing from home or care procedures' had been updated to reflect best practice. There was concern regarding some differences between this policy and the South Yorkshire Police's county wide protocol, and these differences need to be considered further. • A revised CSE joint investigation team protocol was presented to the Board. A further revision will be made to reflect the changes in relation to the MASH developments. • The Board accepted the policy for under-18's accessing the needle and syringe programme. • The Annual Head Teachers Report on Safeguarding was considered. Three primary schools who had consistently not submitted reports had been contacted and assurances given to submit reports in future. • 'Signs of safety' style conferences had received positive feedback, as it engages the family more effectively. Agencies need to ensure that safeguarding colleagues receive reports on time and that those reports have been shared with the family prior to the conference. A full evaluation of the conference process will be considered by the BSCB in September. • A private fostering annual report revealed that private fostering arrangements in Barnsley are low and appear to be reducing. Board members were asked to promote this service in their agencies and the BSCB agreed to continue funding publicity material. <p><u>Annual BSCB Report</u></p> <p>It was noted that Barnsley is one of the first local Safeguarding Boards to have prepared its annual report, and Sarah was commended for her efforts in preparing an excellent report.</p> <p>Challenges include the budget; engagement with schools, particularly primary schools; evidencing the impact of training and taking the learning back into the work place.</p> <p>Key work areas include FGM; bullying and e-safety.</p> <p>The next step is for the annual report to go to Scrutiny and then the Health and Wellbeing Board.</p>	

		Action
11.	<p><u>Future Council</u></p> <p>It was agreed that this item would be removed from future agendas.</p> <p>Rachel flagged up the Council's concern regarding the central government's budget announcement alongside the devolution agenda. It is unclear at this stage what impact this will have on services. It was suggested that there be an item on the next agenda to consider the threats and opportunities.</p>	Rachel
12.	<p><u>Review of Children and Young People's Trust Governance, Membership and Work Programme</u></p> <p>At the last meeting it had been agreed to review the governance arrangements including membership of the TEG and the work programme.</p> <p>TEG membership was considered and the following proposals agreed:</p> <ul style="list-style-type: none"> • A representative for the Job Centre Plus to be invited when the Board needs an update on the labour market or any other related issues. • An opportunity will be offered to all School Governors to be a representative on the TEG, and Anna Turner would attend meetings in the interim. • A representative for the Early Start, Prevention and Sufficiency team will attend TEG to represent the youth council and to ensure that work with young people is embedded. Work with young people on the themed discussions would take place separately and the results be fed into the TEG. <p>Rachel undertook to follow up member and deputy nominations outside the meeting.</p> <p>In considering the draft Terms of Reference and work programme the following comments were noted:</p> <ul style="list-style-type: none"> • The aim is to align effort and resources. • It is important that partners are encouraged to submit agenda items. • A proposed list of action focused discussion groups are listed as part of the work programme, and any other suggestions would be welcomed. It was felt that focus groups/ workshops would encourage lively discussion and help to drive tangible outcomes and impact. • Consideration needs to be given to prioritising those areas that need to be focused on. • Once the Children and Young People's Plan has been refreshed the issues that need to be driven forward will feed into the work programme and the focus/ agenda items may change <p>Members agreed to submit any comments and suggested amendments to the draft revised terms of reference, and the TEG work programme by 17 July.</p>	<p>Rachel</p> <p>Members</p>
13.	<p><u>Performance: escalated items from theme leads</u></p> <p>No items for escalation were raised.</p>	
14.	Date and time of next meeting: 25 September 2015, 1.30 – 4.30pm.	

Youth council interviews with young people re. the Children and Young People's Plan

In order to achieve the 5 outcomes of **staying safe, being healthy, being an active citizen, enjoying and achieving** and **earning a good living**, the six priority areas for action identified by the Children and Young People's Trust in 2013 (CYPT) were:

1. Keeping children and young people safe
2. Improving education, achievement and employability
3. Tackling child poverty and improving family life
4. Supporting all children, young people and families to make healthy lifestyle choices
5. Encouraging positive relationships and strengthening emotional health
6. Improving staff skills to deliver quality services

The attached 'plan on a page' gives an idea of the actions the CYPT has focussed on over the last 2 years.

Questions:

1. Are these the right priorities and actions?
2. If so, what actions would you focus on to make a difference to the lives of children and young people?
3. Do you have any comment on progress made to date on the actions identified last time? Have we made a difference – good or bad?
4. If you don't think these are the right priorities, what do you think they should be?
5. If you were thinking about how we can 'transform' Barnsley for children and young people, what do you think we should focus on? What would have the biggest impact?
6. Could services be provided differently? In a more child and young person friendly way? If so, what might that look like? What kinds of things might they need to think about and do?
7. Finally, do you have any key messages for the CYPT, good or bad, about being a child or a young person in Barnsley in 2015?

Responses received from the young people interviewed:

Ali – Horizon Community College

- Safety should come first.
- Barnsley Council should work alongside the youth council to ensure input from young people and that they are fulfilling the needs of young people. They need advice from young people about what they want and need.
- Need more promotion of these priorities – need to hold events and print leaflets to make sure that young people are receiving the right information
- Better transport in Barnsley is needed to allow young people to access facilities
- Need to make young people more aware of the disadvantages of using e-cigs and how harmful they are. Think this is a big problem in Barnsley.
- Need to get feedback about services and use that information to improve services – listen to service users
- Need to trust young people more to know what we need and what is right for us. We are the future of this country. Need to listen to the problems of young people

Anton and Dom

- The priorities are right. There could be a few things improved e.g. emotional and mental health
- Need to improve family life
- Reinstate the visitors when they were young to help children to do well.

- Some services are okay and provide the service in a child friendly way but some don't. Everyone should be entitled to services.
- Services need to offer more time slots and make the waiting lists quicker.
- More activities for young people so that they are not bored and stop anti-social behaviour eg. Fun days and activities
- Prices are high for swimming, bowling etc. which is bad for young people
- Need to do community projects e.g. Art classes
- Bus service is bad. Hard to get around. If you don't have a MiCard it is expensive.

Ashleigh

- Think they are the right priorities and actions
- Priorities around child poverty and healthy lifestyle choices are the most important ones and need to be focused on
- Think that tackling child poverty would result in less children going into care
- Help parents to make healthy lifestyle choices and they won't pass their habits on to their kids.

Danielle

- Main priority is to help children young people and families to make healthy lifestyle choices
- Want to see more support for young people to get jobs – more choices regarding where they want to go. Don't get enough information e.g. about going to college and what courses to choose.
- More activities needed in Barnsley eg team sports – not enough available in Barnsley
- How services are promoted is important. Don't read leaflets. More likely to read it on facebook.
- Majority of schools have staggered opening and closing times, but everyone should have the opportunity to take part in activities
- It's good that you can always ask someone if you need help or know what to do.
- Don't think lots of young people will have heard about the children and young people's plan or know much about it.

Heather

- Priorities are right and important to young people
- Needs to say how the priorities are going to be achieved, eg how is child poverty going to be achieved?
- Positive relationships is most important
- Try to find out what each person needs would help
- CAMHS tries to help family relationships and they work with the children to see if they can make things better for them. Should be something easier to access for families.
- Needs to be more awareness about services available – more publicity about services to support young people is needed
- Services should be more child friendly. Could try different approaches.
- Young people don't know enough about where to go and get these services.
- Important that young people can access services so that they can feel safe.
- 365 leaflet needs to be easier to understand with more information about how the priorities will be achieved. Need to use simpler language so that every young person can understand what it means.

Josh

- Keeping children and young people safe
- Important to prioritise staff skills to help kids in all services
- Healthy lifestyle choices is important
- Need more services to help families
- Need more support for teenagers
- Teenagers get into smoking and stuff
- Educate young children more to help them when making decisions – at primary school, particularly in drugs and alcohol – not enough education about these and life skills
- Need better support and services
- Plan needs to say more how the priorities are going to be achieved.

Kayleigh

- Need more activities to help young people to make healthy lifestyle choices to stop young people taking drugs and getting in trouble with the police. It would stop young offenders and people getting into trouble, e.g. want a centre that caters for lots of things like 'Orange box' in Halifax
- Waiting times for CAMHS is too long – stupid and wrong that children in care are waiting so long that it was better not to sign up for it. The waiting is so long to get any help. That is having a big impact on people.

Lily and Kyle

- Right priorities
- Need to specify how they'll be achieved eg. Improving education attendance – how will that be achieved, by rewards or disincentives?
- Priorities need to be worded in a young people friendly way and easier to understand
- Actions are okay but need more detail
- Don't know about sexual exploitation strategy – it doesn't say what it actually is
- A priority should be helping people to make healthy lifestyle choices e.g. provide more support and even meal plans. Don't understand '5 a day' for example. This would help improve healthy weight.
- Need improved mental health service for young people in Barnsley
- Services need to be more appealing to young people and teenagers – need to be more 'cool'
- Services need to be more accessible e.g. situated locally and have better opening times.
- It's alright being a kid in Barnsley from my point of view
- Could assess things to get better services
- Lots to do in Barnsley like Metrodome
- Mental health services need to be improved in Barnsley – could put posters up in school and in the local co-op
- Not enough information about e-cigs and what goes into them
- Can understand the 364 leaflet

**Children, Young People and Families Trust Executive Group meeting
Notes on the workshop session held on 3 July 2015
Re. Children and Young People's Plan's review**

A workshop was held to discuss the current Children and Young People's Plan priorities, to consider key achievements and ongoing challenges, future priorities and barriers to success.

Keeping children and young people safe:

Achievements/ challenges

- Better understanding of thresholds leading to more children being assessed.
- Lowering thresholds is an achievement but can still be a barrier.
- A barrier is lack of confidence in the workforce. Still getting over 1000 contacts into social care every month, mostly from other professionals seeking guidance and advice. The systems in social care are being clogged up with low level concerns. Workforce need to develop an improved confidence in their organisation's safeguarding officer.
- It is important for agencies to make referrals to the right agency at the right time.
- Use live-time information to make a shift.
- Signs of safety child protection conferences are more interactive and the care plan is developed with the child and their family who are actively involved in the decisions and identifying the risks. The plan is written in a way that is understandable by the family and is signed off by them.
- Moving from a CAF to an Early Help Assessment is an achievement. A barrier is that not all organisations understand their role in early help. Getting early help right is important if more complex and costly problems are going to be avoided later in life.
- An area for further development is the identification of children affected by domestic abuse. A lot of work is taking place around this, including child sexual exploitation.
- It is important that officers know which agencies they can refer people to.
- Key areas for further development include: think family; early help; emotional wellbeing and CAMHS. It was noted that waiting times are a lot lower in Wakefield, and the reason for this should be further explored to see if there is any learning to be gained.

Priorities

- Access to social care
- Safe environments – interchange / public spaces
- Bullying – Y7 transition – needs focus
- Point of principle against priorities – what would good look like?
- Benchmark/ evidence
- Is there a performance dashboard?
- Co-production should be another key principle

Highest impact

- 'child-friendly' services
- Promoting early help (branding)/ simplifying

Improving education, achievement and employability:

Achievements/ challenges

- Lack of aspiration and expectation in young people and families is an ongoing challenge and has an impact on the other priorities
- The challenge for the CYP Trust is to continue to improve in a constantly changing environment
- A barrier continues to be children starting school when they are not yet ready
- The workforce need to be sufficiently skilled to identify those children needing early help
- Each agency needs to understand the links to other partners
- Rachel suggested a light touch learning event to consider what action could be taken to address these issues.
- A discussion was held about the risks that are involved in young people centring their lives around the computer and facebook, and the importance of teaching young people to be sensible and safe on the internet. It is important that alternative activities are provided for young people to engage in.

Priorities

- Should recognise existing assets, e.g. Metrodome

Highest impact

- Focus on parental aspiration. Attitude to schools encouraging co-production.
- Learning from the evidence base – how to impact behaviour
- Behavioural insights

Tackling child poverty and improving family life:

Achievements/ barriers

- It was noted that the Government is aiming to re-defined child poverty indicators.
- There is a better understanding in terms of early help and improvement in practitioners owning this agenda, however there is still more work to do.

Priorities

- Are we doing enough to recognise English as a second language? Emerging even from last planning period.
- Midwifery fluctuates between 3 and 5% non-English speakers.

Highest impact

- Poverty of hope/ aspiration
- What can the community do?
- Focus for Area Councils i.e. in particular Ward Alliances

Supporting all children, young people and families to make healthy lifestyle choices

Highest impact

- Encourage bike libraries
- When police recover stolen bikes, can these be used?
- Could we encourage businesses/ charities to give over space for community gardens/ allotments?

Trust Executive Group – 3rd July 2015

Improving Provision for SEND

(Update by : Keri Kaye , Matt Orr and Ben Powell)

Background:

Upon taking up our positions as Service and Strategy Managers for the Assessment & Review, Specialist Support Services and Educational Psychology Services in April 2015, we were keen to develop our service delivery plans to further improve the provision for SEN in Barnsley, within the context of further embedding the SEN Reforms.

To initiate this work, we worked collaboratively with Margaret Libreri and formulated a vision which was based upon the ethos of Access, Aspire and Achieve and incorporated key guidance/documentation. (See graphic).

While continuing to work towards further embedding the SEN Reforms, we engaged the services of Colette Gollcher (SEN Consultant) and through our work with her and following attendance at several regional briefing's around the reforms it became apparent that a deeper level of strategic planning was required, from which our respective service delivery plans would cascade.

Summary of current Situation:

Colette was commissioned to facilitate the necessary strategic planning work and to ensure all pertinent stakeholders were involved in this key piece of work, two workshops were scheduled for 17th June and 1st July and a further workshop is being planned for September 2015.

Each respective workshop has included a widening group of stakeholders and have proved fruitful in that we now have the following:

- A Proposed SEND Outcomes Framework which will measure the success of the SEND system in Barnsley in terms of:
 - Positive experiences and outcomes for children, young people and their families
 - Effective preparation for adulthood
- A Draft 'Practice Tool' which underpins the Outcomes Framework and will provide detailed guidance with regard to Barnsley's provision for SEND.
- The beginnings of 'story boards' which chart our journey so far and what we need to do next. These will feed into our strategy for meeting the accountability framework.

Proposals:

In addition to the outputs outlined above which still require a significant amount of development in terms of , the strategic planning workshops have identified the following key actions:

- Requirement to identify ownership of the strategy for the SEND Outcomes Framework
- Requirement for an Accountability Steering Group which reports directly to TEG
- An audit of the funding formula arrangements
- Review the Local Authority's SLA's with Academies
- Review OOB provision and SEMH provision
- Analysis of the cost of Custody provision and the monitoring of it
- Organise a Head Teachers conference within next academic year

SEND Service Vision





REPORT FOR THE CHILDREN AND YOUNG PEOPLE'S TRUST EXECUTIVE GROUP

Date of meeting:	3 rd July 2015
Report Title:	0 – 19 Healthy Child Programme Update Report (verbal)
Author:	Name: Penny Greenwood Job Title: Head of Public Health E-mail: pennygreenwood@barnsley.gov.uk Telephone: 01226 773418
Officer Presenting	Emma White
Status of report:	Not confidential

1.	<p>Summary of report</p> <p>This report is to provide TEG with an overview and update on the transfer of the commissioning responsibility of the Health Visiting Service from NHS England to Local Authority and the ongoing commissioning and procurement process of the 0 – 19 Healthy Child Programme.</p> <p>In July 2014 a report “Healthy Child Programme 0 to 19” was presented to Cabinet. The report authorised the Director of Public Health to:</p> <ul style="list-style-type: none"> • Extend the contract with the current provider for school nursing to ensure continuity of service provision whilst a procurement exercise is undertaken to commission an integrated healthy child programme 0 to19 • Establish a transition group to oversee the transfer of public health commissioning responsibility for 0-5 year olds, including health visiting & family nurse partnership from the NHS to the Council which will come into effect on 1st October 2015 • Develop a new service specification for an integrated healthy child programme 0-19 based on national guidance but taking into consideration local need. <p>A follow on report was presented to BMBC Senior Management Team in March 2015 to provide an update on the development of the Healthy Child Programme 0-19 and transfer of the Health Visiting Service. It was agreed that the Executive Commissioning Group (ECG) within the People Directorate will provide oversight and governance for the commissioning activity.</p> <p>Transfer of Health Visiting Service & Family Nurse Partnership</p> <p>From 1st October 2015 the responsibility for commissioning public health services for children aged 0-5 transfers from NHS England to local authorities. The 0-5 Healthy Child Programme includes health visiting services (delivery of the service vision, four stage model including universal, community and targeted services) and Family Nurse Partnership services (targeted service for teenage mothers).</p> <p>The 0-5 Healthy Child Programme (HCP) is a prevention and early intervention public health programme offered to all families that lie at the heart of the universal service for children and families. It aims to support parents, promote child development, reduce inequalities, improve child health outcomes and health and wellbeing, and ensure that families at risk are identified at the earliest opportunity.</p>
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The Family Nurse Partnership is a licensed programme for first time parents aged 19 and under, starting in early pregnancy and continuing until the child is 2. Their work complements the health visiting service and is another service based on the child and family's needs. This more intense support gives the most disadvantaged children and families the foundations for the best start in life, reducing their health inequalities and helping children reach their potential. The programme uses in-depth methods to work with young parents on attachment, relationships and psychological preparation for parenthood, helping them to overcome adverse life experiences.

In preparation for the transfer of the contract two options were made available to Local Authorities, after seeking legal advice, BMBC opted for option one which is a single contract for the full-year of 2015/16, with a deed of novation being approved at the same time as the contract is signed, confirming that the contract will transfer to BMBC on 1st October 2015.

Healthy Child Programme 5 to 19

The Healthy Child Programme from 5 to 19 year olds builds on the 0 – 5 programme and set out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. It sets out support for giving children and their families the best start in life.

The present 5-19 School Nursing Service contract awarded to South West Yorkshire Partnership Foundation Trust (SWYPFT) has been reviewed and will expire on the 31st May 2016. SWYPFT also hold the contract for the health visiting and family nurse partnership contract which novates on 1st October 2015 although the contract end date is 31st May 2016.

Progress Update

The Integrated Healthy Child Programme 0 -19 Years' service will be tendered in accordance with Contract Procedural Rules with a contract commencement date of the 1st June 2016. As the market for a 0 to 19 Healthy Child Programme is developing the proposed procurement will be via an Open Tender. To support the commissioning activity and in preparation for the procurement a project team has been established. The high level timeline has been developed with consideration given to the need for Public Consultation, Market Engagement and Procurement.

The consultation process will inform the development of the service specification and therefore active engagement of GP's, Head Teachers, Service Providers and other commissioners including Barnsley Clinical Commissioning Group and NHS England. Service user consultation and engagement will be undertaken from May 2015 with the final specification being available in preparation for the procurement of the new service in Autumn.

The consultation period has now commenced with 8 drop in sessions planned for June and July at various locations across the Borough. Additional sessions will be held specifically for children and young people along with additional sessions being held within children's centers. Engagement sessions with stakeholders includes; LMC, GP members Council, School Governors and Education Alliance. The consultation period ends on the 27th July with the consultation report being made available early August. Responses so far are minimal from stakeholders however there has been a better response from the public.

The public and stakeholder questionnaires are available here:-

http://consult.barnsley.gov.uk/portal/public_health/ph-cyp-public
http://consult.barnsley.gov.uk/portal/public_health/phservices-cyp

A market awareness event was arranged for the 15th June for potential providers, 30 registered attendees from 13 organisations attended. The HCP is not a stand alone programme, key interdependencies have been identified and further discussions will be held with stakeholders in relation to the provision of a seamless service.

	<p>The ECG will endorse the Consultation Report, Service Specification and Key Performance Indicators, the Procurement Strategy and the Financial Resource Envelope early August. A report for Cabinet, BMBC is scheduled for the 26th August</p> <p>High level project timeline</p> <table border="1"> <thead> <tr> <th>Task Description</th><th>Start Date</th></tr> </thead> <tbody> <tr> <td>Consultation Start</td><td>25/05/2015</td></tr> <tr> <td>Consultation End</td><td>27/07/2015</td></tr> <tr> <td>Draft Consultation Report</td><td>31/07/2015</td></tr> <tr> <td>Consultation report for consideration ECG</td><td>03/08/2015</td></tr> <tr> <td>Invitation to Tender</td><td>02/09/2015</td></tr> <tr> <td>Final Moderation and Selection of Preferred Bidder</td><td>06/11/2015</td></tr> <tr> <td>Alcatel Period</td><td>09/11/2015</td></tr> <tr> <td>Final Award</td><td>12/11/2015</td></tr> <tr> <td>Contract Mobilisation</td><td>01/12/2015</td></tr> <tr> <td>Service Commencement</td><td>01/06/2016</td></tr> </tbody> </table>	Task Description	Start Date	Consultation Start	25/05/2015	Consultation End	27/07/2015	Draft Consultation Report	31/07/2015	Consultation report for consideration ECG	03/08/2015	Invitation to Tender	02/09/2015	Final Moderation and Selection of Preferred Bidder	06/11/2015	Alcatel Period	09/11/2015	Final Award	12/11/2015	Contract Mobilisation	01/12/2015	Service Commencement	01/06/2016
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2.	<p>Proposals/ Recommendations/ Action required</p> <ul style="list-style-type: none"> To update TEG on the progress of the procurement process. 																						
3.	<p>Risks/ barriers</p> <p>A risk workshop for the project steering group members considered all project risks. Project risks highlighted to date;</p> <ul style="list-style-type: none"> Funding for 2016/17 is yet to be determined and there is a risk that the funding allocation will be below the current provision. NHS England commission services from the current provider of the Healthy Child Programme that are interdependent. This may impact on the service mobilisation. The market for an Integrated 0 to 19 Healthy Child Programme is in development. 																						
4.	<p>Financial Implications</p> <p>Financial modelling will underpin the proposed resource allocation for consideration and agreement through the ECG.</p>																						
5.	<p>Equalities</p> <p>Equality Impact Assessment in progress</p>																						
6.	<p>Attachments/ background papers</p> <p>None</p>																						

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

**Friday 29 May 2015
2pm – 4pm**

Silver Command Facility, Churchfield Police Station

Present:

Liz Watson, District Commander - Barnsley, South Yorkshire Police (Chair)
Paul Brannan, Barnsley MBC
Cheryl Wynn, Office of the Police & Crime Commissioner
Gill Blake, SYP
Melanie Fitzpatrick, Barnsley MBC
Kath Harris, Barnsley MBC
Deb Mahmood, DCI Barnsley Crime Manager, South Yorkshire Police
Sue Ludlam, Asst Chief Executive, South Yorkshire CRC (Probation)
Wendy Lowder, Service Director, Communities, BMBC
Liz Pitt, BMBC
Jennie Milner, BMBC
Julia Burrows, BMBC
Amy Tilbrook, SYP
Darren Asquith, Berneslai Homes
Jamie Wike, BCCG
Lorna Naylor, BMBC (Minutes)

Introduction - Chair

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

1. Apologies

Apologies were received from John Hallows, Jenny Platts, Jim Andrews, Martin Farran, Mel John-Ross, Dave Fullen, Ben Finley, Linda Mayhew, Marie Carroll, Lesley Smith, Steve Green.

2. Minutes of Previous Meeting – 13 November 2014

The minutes of the meeting of 12 February were agreed as a true record.

Action Schedule

- 1.1 CSE – Mel John-Ross suggested that the CSP Board consider the CSE Action Plan. Mel to present a copy to the next meeting (August 2015).
- 1.2 The Hate and Harassment Partnership has received contributions from BMBC, SY Police and Berneslai Homes. The Partnership now has sufficient funds to continue with their action plan. An update to be requested from the Hate and Harassment Partnership for the November 2015 meeting.
- 1.3 A BMBC cabinet report on Prevent to be prepared by Paul Brannan. The current arrangements to continue, with SY Police chairing the meetings until September 2015.
- 1.4 The DHR Review will be amended to incorporate comments received from the Home Office. A further update to be given at the August meeting. Following the update, a series of briefings will follow.

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

3. JSIA 2015/16 – Presentation by Gill Blake/Liz Pitt

Liz Pitt and Gill Blake gave a presentation on the JSIA for 2015/16.

It is proposed that with effect from 2016, that there will be an integrated approach to the development of the JSIA & JSNA. There will be two separate front-end documents produced but one integrated data and intelligence evidence-base.

In order to support the joint JSIA and JSNA process, a strategic intelligence group and a data intelligence group will be established across the partnership arrangements. In the interim until these groups are established, a multi-agency Data Task and Finish Group will be established to progress the 2015 JSIA. Paul Brannan requested that Priority Lead Officers be invited to be part of the JSIA Data Task and Finish Group.

The draft timeline for the 2015 JSIA was outlined. A draft version of the 2015 JSIA will be available for consultation in September 2015 with the final version presented to the CSP Board for endorsement at the November meeting. The JSIA will then inform the strategic review of the CSP Plan and the CSP Priorities for next 3 years (2016 to 2019). Timescales and deliverability were discussed however, reassurance was given that whilst the timeline is challenging it is achievable.

Consultation with the public on the JSIA and JSNA documents will be undertaken. All agencies were asked to consider any current forums which could be consulted regarding the 2015 JSIA.

Action: A JSIA Task and Finish Group to be established by Gill Blake and Liz Pitt.

Action: Each agency to consider whether they have any forums who could be involved with the consultation process.

4. Selective Licencing/Private Sector Housing

Paul Brannan explained that it is proposed to develop a Selective Licensing scheme for Barnsley based on the Blackpool model. At present the private sector housing market is growing and the standard of a substantial amount of properties is poor. Barnsley has a lot of low priced housing, therefore ideal for landlords to purchase properties.

Landlords would have to apply for a licence; the cost for each licence would be approximately £600 and would last for 3 years.

The areas to be considered within the scheme in Barnsley is Goldthorpe where all private let houses would have to be licenced and Barnsley Town Centre where private let houses having 2 storey's or above, would have to be licenced.

The scheme would be managed on an area basis similar to how Berneslai Homes currently operate.

The legislation for Selective Licencing is very strict, but due to the private sector housing market being on the increase it is proposed to pursue such a scheme for Barnsley. It is the intention to develop the scheme over the next 12 months to start during 2016.

Members of the CSP agreed to endorse the project.

Action: Paul Brannan to prepare a BMBC cabinet report on the scheme to identify a project management resource.

5. Unauthorised/Illegal Encampments

Paul Brannan informed the meeting that in recent months, an increase in unauthorised/illegal encampments within the Borough had been observed. Once an encampment appears the amount of public concerns/complaints dramatically increases and has a huge impact on the supporting agencies such as BMBC, SYP and the legal services of both agencies.

Unauthorised/illegal encampments is an issue throughout the county.

Paul suggested that a protocol be developed for Barnsley; Liz Watson informed that she thought the county-wide community safety group were also considering developing a protocol.

It was agreed that a meeting be held for the key people to discuss developing a protocol for Barnsley.

Action: Liz Watson to check on progress to-date with the development of a South Yorkshire protocol.

Action: Paul Brannan to arrange a meeting to discuss developing an Unauthorised/Illegal Encampment Protocol, to involve Simon Leake/Andy Hodgkinson from SYP.

6. Review of Performance and Governance

Mel Fitzpatrick circulated a report on the Review of Performance and Governance for 2015.

The report set out the following recommendations:-

- Members note the report and progress made to develop a performance dashboard based around outcome metrics for the Community Safety Partnership
- Members agree to the introduction of a Strategy and Performance Group, the remit of which will be :-
 - Oversee the production of the JSIA;
 - Review, develop and oversee the implementation of the 3 year Community Safety Partnership Plan;
 - Provide strategic direction and overview of the thematic sub-group delivery structures;
 - Effectively manage performance against the delivery of the CSP priorities and outcomes receiving exception reports on key risks/under performance from Priority Lead Officers and representatives of the relevant sub-groups to report assurance to the CSP Board.
- Members agree to the core membership of the Strategy and Performance Group being the responsible authorities and delegate authority to the CSP Co-Chairs to draft the Strategy and Performance Group terms of reference and report back to the CSP Board in August 2015 for endorsement.
- Members agree to refresh the terms of reference for the CSP Board in light of this review and task the sub-groups to do likewise to ensure absolute clarity in terms of accountability and assurance for the delivery of the CSP priorities and outcomes.

Members endorsed the recommendations of the report.

The revised performance framework and proposed targets for 2015/16 were tabled at the meeting. Board members were asked to feed back any comments to Mel Fitzpatrick within 2 weeks.

It was agreed that the Strategy and Performance Group scheduled for 11th June be cancelled but a planning meeting be held in its place to draft the Terms of Reference for the Strategy and Performance Group.

Action: Any comments on the refreshed performance framework and proposed targets for 2015/16 to be sent to Mel Fitzpatrick within 2 weeks.

Action: Mel Fitzpatrick to arrange a Strategy and Performance planning meeting with the CSP Co-chairs for the 11th June 2015.

7. Partnership Plan – Priority Area Performance Update

Partnership Plan updates :-

Priority: Reducing alcohol & drug related harm (Jennie Milner)

Jennie Milner presented an exception report with regards to PMI 2.

Currently the DAAT board do not receive any hospital data however; a discussion has taken place with the hospital to develop systems locally to enable the reporting of consistent local data.

Priority: Prevent and Reduce Reoffending (Sue Ludlam)

Sue Ludlam advised that data collection systems were still in development and that re-offending data should be available from quarter 2 of 2015/16. The information provided will be based on the COMPASS model.

Sue Ludlam informed the meeting that Jan Hannett will be attending future meetings of the CSP. It is Sue's intention to refresh the Action Plan before Jan takes over.

Sue Ludlam informed that at present there is a spike in offenders and suggested that the next meeting receive an overview paper on the CRC and Probation.

Action: Sue Ludlam to prepare a re-offending overview paper for presentation at the August meeting.

Priority: Protecting vulnerable people (Kath Harris)

Kath Harris informed that Barnsley has seen a rise in the reporting of sexual offences which is currently being monitored and may be due to changes of SYP recording systems.

Kath Harris acknowledged that the Action Plan needs to be updated.

Hate & Harassment Partnership

The Hate and Harassment Partnership are currently reviewing the Action Plan.

The Hate and Harassment Conference is to be held on 25th September, 2015.

Priority: Reduce ASB (Paul Brannan / Deb Mahmood)

ASB within the town centre has increased mainly around the Interchange. A meeting has been arranged (the Town Centre ASB Tactical Group) including members of the appropriate agencies to try and tackle and prevent the number of offences. SYP and other agencies are aware of who the prolific offenders are and are developing a multi-agency action plan to address the issues.

8. Crime Performance Overview

Due to SYP system changes, the crime overview will no longer be available in the same format as previously displayed.

Liz Watson gave a short update :-

Barnsley District crime rates are within the average of our comparison group. Burglary dwelling was previously below average but is moving into the average at present.

Sexual offences are still high as a force but Barnsley is below the force average. All 'Other Theft' is higher than the average which in the main is due to theft from petrol stations, sheds and of garden furniture.

10. Future Operations/Events

At the beginning of June, there is an U21s England football match taking place at Barnsley Football Club.

Saturday 20th June 2015 there is an all-day music festival taking place at various venues in the Town Centre.

11. Any Other Business

For information - The Alzheimer's Society in conjunction with the Police (contact Tim Fish) have developed a form for individuals to be registered, in case they go missing.

The restructure of SYP is taking place on 8th June 2015; some staff from Churchfields will be relocating to Churchfields Court.

Future meetings of the Community Safety Executive Partnership may not be able to take place in Churchfields, due to alterations taking place throughout the building.

The representative from Public Health will be Carrie Abbott and not Julia Burrows in future.

12. Date and Time of Next Meeting

The next meeting will be held on Thursday, 13th August, at 10:00 to 12:00 in Barnsley Police Station.

**Barnsley Community Safety Partnership
Executive Group meeting**

Action schedule from minutes (29 May 2015)

1	Actions relating to previous minutes:
1.1	Mel John-Ross to circulate the CSE Action Plan for discussion at the August meeting.
1.2	Hate and Harassment Partnership to provide an update to the CSP Board at the November meeting.
1.3	Paul Brannan to prepare a BMBC cabinet report on Prevent Duty.
1.4	An update on the DHR Review to be given by Kath Harris at the August meeting.
2.1	A JSIA Task and Finish Group to be established by Gill Blake and Liz Pitt.
2.2	All agencies to consider whether they have any forums which could be part of the consultation process for the JSIA/JSNA.
3	Selective Licencing/Private Sector Housing – Paul Brannan to prepare a BMBC Cabinet Report on the proposed Scheme.
4	Unauthorised/Illegal Encampments – Paul Brannan to arrange a meeting to discuss developing a protocol for Barnsley, contacts for SYP are Simon Leake/Andy Hodgkinson.
5.1	Performance and Governance Report – Any comments on the report circulated to be sent to Mel Fitzpatrick within 2 weeks.
5.2	Mel Fitzpatrick to arrange a Strategy and Performance planning meeting with the CSP Co-chairs for 11th June 2015.
6	Re-offending data and overview– Sue Ludlam to prepare an overview report for the next meeting.

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BARNSELY HEALTH AND WELLBEING BOARD PROVIDER FORUM

**Minutes of the meeting held on
Wednesday 10 June 2015
10.00 to 12.00 pm Room 1, Barnsley Town Hall**

Attendees:

Helen Jaggar	Barneslai Homes
Sean Rayner	SWYPFT
Darren Taylor	SY Police
Sharon Clarke	BMBC
Sharon Brown	Dial Barnsley
Kevan Riggett	BPL
Matt Wright	Barnsley Hospice
Phil Parkes	SYHA Live well
Julia Burrows	BMBC
Pat Heath	Barnsley CAB
Cheryl Greenwood	BHNFT
Anne Simmons	Alzheimer's Society
Richard Walker	TLC Homecare Ltd
Andrew Peace	Caremark
Jamie Wike	Barnsley CCG
Dan Carver	NHS Barnsley CCG

Chair: Helen Jaggar

Minute taker: Janet Turner

Item 1 – Apologies Pauline Kimantas - Age UK Michelle Hall - Mencap Karen Kelly - NHS Carolyn Ellis & Carianne Stones - Healthwatch	ACTION
Item 2 – Introductions Introductions were made and noted.	
Item 3 – Minutes of the meeting 9 March 2015 These were agreed as an accurate record.	
Item 3a – matters arising NHS 5 year forward review still requires circulation.	JW
.Item 4 – Health and Well Being Board 4a) General Update (Helen Jaggar/Sean Rayner) HJ provided feedback on the key issues discussed. <ul style="list-style-type: none"> Be Well Barnsley recommissioning integrated health and wellbeing service, focus on overweight (obesity adults), smoking cessation, mental health wellbeing and emotional resilience and alcohol management. The services are currently out to tender with 	

<p>contracts to commence November 2015.</p> <ul style="list-style-type: none"> • Joint Strategic Intelligence Assessment is looking to inform Community Safety Partnership priorities. The priorities being asb, alcohol, drugs, vulnerable people and re-offending. The document will integrate with the Joint Strategic Needs Assessment. • Anti Poverty Board - increase being reported generally in households experiencing poverty particularly where there are children but some stakeholders also reported that this is also being experienced by older people. Slides tabled at the meeting can be viewed on the Council's website within the Health and Wellbeing Board papers. • Primary Care Improved Access Hubs - looking to create access to GP's for the residents of Barnsley Monday to Friday 5.00 - 10.00 pm, Saturdays 9.00 – 1.00 pm and aim to also include some Sunday opening times. This has been badged and branded as I HEART Barnsley. Aimed at people who are struggling to get access to a GP and there is no requirement to be registered. <p>SC reported that in recent months the Executive Group had discussed its role and focus. The Group also considered how it informs the agenda of the Health and Wellbeing Board and this work is still in progress. The Executive Group had recognised however that the wellbeing element needed to be strengthened and that focus on this was required in future discussions.</p> <p>The Health and Wellbeing Board held on the 9 June 2015 had discussed Support 20 and R. Dickinson had provided an update on the family centre programme consultation.</p> <p>4b) Provider Forum Report Feedback (Helen Jaggar) HJ reported that the report had been well received and it was felt that the terms of reference for the forum were correct. The priorities and areas of work identified will be discussed at the next meeting of the Executive Group. The Health and Wellbeing Board will continue to determine overarching priorities however if the Forum wished to collectively highlight a specific issue a report can be compiled and tabled at the Executive Group for their consideration. HJ therefore requested members of the Forum to consider any issues they would like to take forward with emphasis being on raising the wellbeing profile. By the September meeting of this forum there may be an indication from the Executive Group on what they would wish the forum to consider or be consulted on.</p> <p>It had also been agreed that HJ as Chair of this Forum would become a member of the Health and Wellbeing Board and this decision will be ratified through the Council's decision making process in the near future.</p> <p>PP expressed thanks to HJ on behalf of the Forum for compiling the report and taking this forward.</p>	<p>All</p>
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4c) Pioneer Update

DC reported that at the last meeting of the Executive Group he had provided an update on Pioneer which included a list of potentially relevant work areas (circulated to the forum in advance). Since its inception Pioneer and SBT have been viewed as largely synonymous with each other, although there is now recognition that this may not be the best approach. DC stated that although there is only limited finance attached to Pioneer, there are opportunities to engage with specialist support and learning. As the scope of Pioneer is reviewed it is anticipated that integration orientated projects from across the system will become increasingly relevant and important. Going forward this could provide opportunities for forum members, and providers in general who are progressing relevant activity.

DC discussed the 3 joint programme boards which make up the SBT portfolio; pointing out that their respective autonomy and current status had forced a rethink of the role in the context of Pioneer:

- Ageing Well – now ceased and subsumed into the Clinical Commissioning Board
- Think Family – currently remains unchanged.
- Promoting Independence – this Board will be revised with more service user input and this may therefore be of particular interest to members of the Forum. DC said that representation from the Forum may be requested when membership is being looked at. Further updates will be provided as this progresses. It is likely that the central themes from promoting independence will be continued under the auspices of the developing 'Communities' arrangements within BMBC.

It was noted that HJ represents the forum at SSDG. DC also attends and supports the broader interests of providers at this Group.

Item 5 – Frequent Flyers presentation

AS gave presentation on this scheme which aims to address issues in relation to the small minority of the public that make frequent calls to emergency services which consume a disproportionate use of resources. This is not only in relation to emergency service but also the wider health and social care economy. The presentation outlined the criteria for identifying patients and how assistance is given to this group and the benefits realised as a result of this.

The purpose of the Barnsley High Intensity Users Group (HIUG) was outlined. The Group meet on a monthly basis and work collaboratively to demonstrate a joint working approach. It was felt if the Forum had representation on the Group this would give an opportunity to engage with providers and any relevant signposting/referrals could be highlighted. Agreed therefore that AS and PP would alternate attendance and feedback to the Forum. Copy of the the Forum's circulation list to be provided to HIUG. The Forum felt it may also be beneficial to look in further detail at one or two cases that have been through this process see

AS/PP

<p>if further assistance could have been given by providers in terms of prevention or support. It was agreed that the Forum's end of year report would be shared with AS.</p>	
<p>Item 6 – Social Prescribing Project VAB (Teresa Gibson) TG outlined the purpose and aims of the project. This is a pilot service taking place in Barnsley that commenced in February 2015 and funded by CCG for one year and is based in Voluntary Action Barnsley. The project is aimed at patients who regularly visit their GP and cannot be given further medication but continue to return to the surgery. TG outlined the referral process which is by GPs (or patients can self refer) and the work that has commenced. On receipt of a referral VAB visit the patient at the surgery to establish any underlying issues and identify any relevant signposting/referrals that could be made to assist the patient. It was agreed to forward to TG Berneslai Homes' useful contact list which may be of assistance when signposting.</p> <p>VAB's aim is to sign 6 GP's up to the project during the pilot period and work is currently taking place with Walderslade, Woodlands, and Royston. AC suggested TG contact Dr Morris at Penistone surgery who she felt may be interested in this project. Regular reports on the project are made to CCG and a full evaluation will be undertaken of the pilot.</p> <p>TG stated that contact is also being made with other authorities who are piloting this scheme to look at how this is being operated. It was suggested therefore that TG meet with PP who had been involved in the Doncaster Prescribing Project. MW felt it may also be beneficial for TG to visit Barnsley Hospice to share the project with professionals based there.</p> <p>The Forum raised some concern in that as signposting/referrals are made to organisations via this project that this will place a greater demand on resources without an increase in capacity.</p> <p>TG reported that a seminar is taking place at Barnsley hospital at the end of September which Forum members can attend if they so wish.</p> <p>Agreed it would be helpful if TG provided an update on the project in 6 months time.</p>	<p>HJ</p> <p>TG/PP</p> <p>TG</p>
<p>Item 7 – Public Health Agenda (Julia Burrows) JB new Service Director for Public Health outlined the mandatory services that are undertaken in relation to health protection, sexual health service, provide commissioning support to NHS, support to CCG, health checks, national child measurement programme, from October Health Child Programme.</p> <p>It is planned to develop the Public Health Strategy with focus on children and young people which will be submitted to the Health and Wellbeing Board later this year. JB said it is hoped to consult with the Forum on the Strategy however it was noted that in order to meet timescales this would need to take place at the September meeting. JB to feedback this to the</p>	

<p>Planning meeting.</p> <p>JB reported that responsibility for commissioning public health services for children 0–5 will transfer from NHS England to local authorities in October. Recommissioning of this service will take place in autumn 2015 and consultation is taking place from May to July in order to gain peoples' views on the service. Consultation will be live on BMBC's website with a link to an on line survey and a series of open public meetings will also be held.</p> <p>JB asked if the Forum could contribute to this by completing the stakeholder survey and where possible attending public meetings to share views. The Forum suggested the Metrodome as a potential venue to undertake consultation as would give ability to gain views from people with children in relevant age group.</p>	<p>All</p>
<p>Item 8 – Future Agenda Items</p> <p>Agenda items for 9 September noted as:</p> <ul style="list-style-type: none"> Feedback from SSDG on priorities/key themes Feedback from frequent flyers meeting Consultation on public health strategy Value set <p>HJ stated that she was happy for Berneslai Homes to provide administrative support to the Forum.</p>	
<p>Item 9 – Date of next meeting – 9 September 2015</p>	

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Anti-Poverty Board Meeting Action Log from 8 th June 2015					
Action	Board Date	Issue and Action point	Progress/ closed	Accountable Officer/Group	NEXT ACTION
1a	13.04.15 08.06.154	Strategy Refresh Refresh Strategy to include <ul style="list-style-type: none"> reference to other strategic plans across council & partners Develop Action Plan Agree Poverty Impact measures Agree Performance monitoring process Complete Equality Impact Statement Poverty Impact Statement Confirm Governance and reporting plan 	It was agreed to constitute a working group to progress these activities. Action Plan workshop on 16.07.15 Plan in draft on agenda	WL AH APB	Review 20.07.15 on agenda
1b	13.04.15 08.06.15	Poverty Needs Assessment	Evidence Base & Key Findings published March 2015. Gap analysis report as part of Action Plan		
1c	12.05.14 23.06.14 09.03.15 08.06.15	Case Studies request –impact of poverty/welfare reform remains an open action for colleagues to submit cases as they arise	Remains open - to review format	All to AH	
2	13.04.15 08.06.15	Poverty Awareness raising actions: <ul style="list-style-type: none"> Bold Fuel Poverty action All member Briefing Reports to be scheduled including DMT, SMT, HWB, BLT, Cabinet 	<ul style="list-style-type: none"> Publicity required and enquiries made re further elements Date to be confirmed then working group to be convened to plan workshop for all Member Briefing/workshop in October to update Members on refreshed Strategy, activity to include Universal Credit Briefing. As part of Strategy Refresh 	AH MK AH MK	Review 20.07.15 Review 20.07.15 Review 20.07.15

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Anti-Poverty Board Meeting Action Log from 20 th July 2015					
Action	Board Date when discussed	Issue and Action point	Progress/ closed	Accountable Officer/Group	NEXT ACTION
1a	13.04.15 08.06.15 20.07.15	Strategy Refresh activity –review progress. Workshop completed 16 th July	Agreed to be reformulated as Anti-Poverty Action Plan informed by workshop on 16th July.	WL AH APB	Draft Action Plan: <ul style="list-style-type: none"> To include reference to other strategic plans & KPIs across council & partners To be circulated to consult /confirm draft with workshop partners and APB Final draft be completed by 11th August Final draft to next Board on 1st Sept Case studies to be included if/as appropriate
1b	13.04.15 08.06.15 20.07.15	Poverty Needs Assessment	Evidence base and Key findings document to inform Action Plan. Noted that Evidence Base document is a live document kept up to date on intranet by Central Intelligence Team so this source should be used as reference. Key Findings Report to be published with Action Plan as Appendix	WL AH	
1c	12.05.14 23.06.14 09.03.15 08.06.15 20.07.15	Case Studies request –impact of poverty/welfare reform remains an open action for colleagues to submit cases as they arise	Remains open - to review format to include in Action Plan as appropriate	All to AH	
2	13.04.15 08.06.15 20.07.15	Poverty Awareness raising actions: <ul style="list-style-type: none"> Bold Fuel Poverty action All Member Briefing Appropriate Reporting schedule for Anti-Poverty Action Plan to be agreed. 	<ul style="list-style-type: none"> Review additional learning Pool Catalogue element for fuel poverty. To include if compliments current module and publicise both through Straight Talk and relevant partner platforms Date confirmed as 21st October. Working group to be convened to plan workshop for all Member Briefing/workshop. Review recipients and schedule for Action Plan reporting 	. AH AH JH WL	<ul style="list-style-type: none"> Review progress at next Board Workshop Plan to be reviewed / agreed at next Board 1st Sept Update to Board on 1st Sept

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REPORT TO THE HEALTH AND WELLBEING BOARD

Date: 11th of August 2015

Healthwatch Barnsley Annual Report

Report Sponsor:	H&WB member
Report Author:	Carrienne Stones
Received by SSDG:	20.7.2015
Date of Report:	11.8.2015

1. Purpose of Report

- 1.1 To update the Health and wellbeing Board on the activities of Healthwatch Barnsley during 2014/15.
- 1.2 Inform of priorities for Healthwatch Barnsley 2015/16.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Note the Healthwatch Barnsley Annual Report 2014/15 and share with respective organisations.
- Look at how the Health and Wellbeing Board would like to work with Healthwatch Barnsley during 2015/16

3. Introduction/ Background

3.1 Healthwatch Barnsley is in its second year of operation, each year we are statutorily required to produce an annual report which outlines activities of the past 12 months and clearly demonstrates impacts and outcomes. The annual report will accompany this cover report to the Health and Wellbeing board which outlines some of this year's hi-lights, including information on the Healthwatch network, and Healthwatch Barnsley's Outreach, engagement, impacts and outcomes.

4. The Healthwatch Network

4.1 Healthwatch Barnsley is one of **148** Local Healthwatch in England, and we are supported by a national organisation called Healthwatch England, who sits with the Care Quality Commission.

Local Healthwatch are the eyes and ears on the ground providing information to Healthwatch England about people's experiences.

Healthwatch England analyse national data to identify issues that affect large numbers of the population, and carry out their own research to reach out to groups who are often not heard.

Healthwatch England use their legal powers to raise concerns with people who commission, regulate and provide health and social care services to encourage change.

Across this network there are **890** staff members & **5400** volunteers working to gather patient opinion and act on the trends developing to encourage change.

In October 2013 40 local Healthwatches raised concerns about the new plans to share people's GP records with NHS and Care services through the Care.data programme. NHS England proposed that information would be collected by the Health and Social Care Information Centre (HSCIC) and used to inform the improvement of treatment and care. But local people were worried about anonymity and how data will be shared.

So in February 2014 Healthwatch England challenged NHS England calling for a delayed roll out of the care data until people had the information they needed to choose whether to opt out. As a result NHS England announced a 6 month pause on the programme, and since then Healthwatch England has continued to ask for more to be done so that the public understands the programme. More recently Healthwatch England has also called for more action to improve the complaints system. Drawing attention to the complexity of the system, highlighted the fragmentation of advocacy services and presented to Government people's experiences of complaining about health and social care. This helped lead to coordinated action from across Health and Social Care system and increased recognition that the complaints system needs to change.

Then in Feb 2014 Healthwatch England Launched their first special enquiry into unsafe discharge, to which Healthwatch Barnsley were one of the 100+ Local Healthwatch who contributed to the enquiry. Through the inquiry Healthwatch England will help marginalised people to tell their stories of unsafe discharge from hospitals and mental health institutions. Local Healthwatch identified this issue as an entrenched problem that needed to be addressed nationally through a fresh approach.

On the 21st of July Healthwatch England launched the findings of this enquiry and the report, which does not outline recommendations but challenges the department of Health to make improvements.

Healthwatch Barnsley's work has also featured in the following Healthwatch England Reports to the Department of Health:

- Primary Care a review of local Healthwatch Reports

- Healthwatch Children and Young People The Role of Local Healthwatch Nov 2014.

5. Healthwatch Barnsley Outreach and Engagement

5.1 Locally Healthwatch Barnsley has worked hard over the past two years to develop as an organisation, and develop networks and links into local communities and across Health and Social Care organisations.

Healthwatch Barnsley has since the 1st of April 2013 engaged **9000** members of the public recruited **1600** Healthwatch Members **500** of which are Children and young people.

We have also gained **32** active volunteers who support us as Strategic Advisory Board Members, or Healthwatch Champions.

Our volunteers are committed to what we do as an organisation and during 2014/15 supported us to attend **258** local outreach and community engagement events across the borough.

6. Impacts and Outcomes

6.1 Healthwatch has already reported to the Health and wellbeing board the impacts and outcomes of our work through our regular reporting. Throughout our Annual Report you will see a number of impact stories which also outline Impacts, partnership working, and outcomes for Barnsley people.

Where we have seen the most significant growth this year is with the Signposting and information service, during 2013/14 Healthwatch Barnsley received 43 signposting and information requests but in 2014/15 our signposting and information requests more than doubled to 90 requests for information.

In a recent audit of the signposting and information service we received 24 responses to our survey 22 of which stated that they were happy with the signposting and information that they received and would use Healthwatch Barnsley again. Comments included:

“I contacted Healthwatch when my husband was ill and I didn't know what services were available to help. I was given helpful and accurate advice which meant that we were able to access support equipment to help us cope. Thank you Healthwatch”

“I did not want to go through another agency I only wanted help to write a letter to my GP as English is not my first language. Healthwatch helped me with this”.

5. Conclusion/ Next Steps

5.1 Healthwatch Barnsley's activities and priorities for 2015/16 will be to:

Activities

- Expand our programme of outreach and promotion with front line staff within health and social care services.
- Continue to promote Healthwatch Barnsley to members of the general public and raise our profile locally.
- Continue to train and develop our Healthwatch Champions, and ensure they have plenty of opportunities to meet with and talk to members of the public.
- Develop our involvement with the Health and Wellbeing Board.
- Continue to look at opportunities in line with our remit and bid for local/regional contracts.

Priorities

- Healthwatch has chosen its priorities for 2015/16 based on the information we received as part of the reflective audit and the comments collected over the last 12 months. Next year we will focus on:
- GP Access - looking at people's experiences of accessing general practice, and variations between practices.
- Mental health services - completing our work on Children Adolescent Mental Health Services as well as looking at peoples experiences of accessing mental health services when in crisis.
- We will also continue to remain responsive to the trends data that we receive.

6. Background Papers

9.1 Healthwatch Barnsley Annual Report

9.2 Healthwatch Presentation Slides

Officer: Carrienne Stones Healthwatch Barnsley Manager

Contact: Carrienne.stones@vabarnsley.org.uk

Date: 11.8.2015



Healthwatch Barnsley

Annual Report 2014/15



Contents

Note from the Chair, Adrian England	4
Note from the Healthwatch Manager, Carrianne Stones	5
About Healthwatch Barnsley	6
Engaging with people who use health and social care services	8
Enter and View	10
Meet Marie Cook OBE	11
NHS complaints advocacy	12
Providing information and signposting for people who use health and social care services	13
Case Study - signposting success	13
Influencing decision makers with evidence from local people	14
Producing reports and recommendations to affect change	14
Putting local people at the heart of improving services	14
Working with others to improve local services	15
Case Study - Andrew Cole	16
Impact Stories Case Study One - access to services for the Deaf community	19
Meet Keith Lucas	20
Impact Stories Case Study Two - access to General Practice	21
Impact Stories Case Study Three - Young Champions Summer Project	22
Our plans for 2015/16	25
Governance	26
Financial information	29
Appendix 1 - Where are we represented?	30
Appendix 2 - Healthwatch Barnsley at a glance 2014/15	31
Appendix 3 - Map of activity	34
Contact us	35



Note from the Chair, Adrian England



It is my pleasure to introduce Healthwatch Barnsley's second Annual Report.

The last 12 months have been both challenging, but at the same time exciting and hugely rewarding as we

continue to develop Healthwatch across Barnsley.

The economic situation continues to inhibit public spending and more than ever funding needs to be directed and focused on people's needs. Within the health and social care system it is essential to ensure that there is a balance between value for money and maintaining exceptionally high quality services.

The challenge, both nationally and locally, is how to transform health and social care services. It is quite obvious that despite the passion and commitment we often see demonstrated by the people working within the sector, that things simply cannot remain the same.

Healthwatch Barnsley is committed to both support and challenge changes to ensure that the people of Barnsley remain at the heart of health and social care.

We all use health and social care services from time to time. Whether this is visiting the GP, dentist, chemist, optician, a care home, or having to be treated at the hospital. We need to be able to challenge

when things go wrong, in the same way we would when buying a product or service.

People have not always been recognised as the consumer within health and social care and there is a responsibility on healthcare organisations to ensure that the individual remains at the heart of their service.

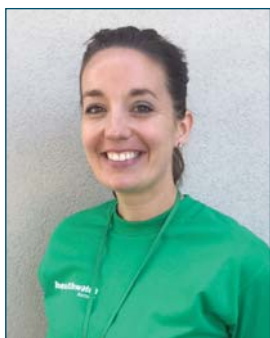
Healthwatch Barnsley is the people's consumer champion and we will continue to consult, research and collect people's experiences. We will use this intelligence to both identify gaps, as well as exceptional practice so we might influence, challenge and support those organisations responsible for service delivery.

During the last two years, I have been extremely impressed with the desire and commitment that people in the local authority, Clinical Commissioning Group (CCG), NHS, the Health and Wellbeing Board, Community Forums and Provider Forums have demonstrated in the improvement and development of the current healthcare system in Barnsley.

I have also witnessed the passion and dedication of our Strategic Advisory Board, staff team and Healthwatch Champions and I offer my sincere thanks to them all for their commitment over the past year.



Note from the Healthwatch Manager, Carrienne Stones



Welcome to Healthwatch Barnsley's second annual report. As the consumer champion for health and social care services we listen to your views and experiences of services and present these views to encourage change.

As an organisation, Healthwatch Barnsley has grown from strength to strength over the past two years in challenging circumstances; especially during times of great change and with a reduced budget.

Despite the pressures faced, I am proud that we have adhered to our traditions of being owned, led and driven by our members. To have members decide on the way our Healthwatch is structured, maintained and delivered for the improvement of local services is something that is valued and admired by many.

As you make your way through this report, I'm sure you will become aware of the hard work and dedication of our volunteers. They give their time freely to take part in outreach and promotion activity, actively seeking the views of local people to ensure they are heard at a local, regional and national level to inform change. I would like to take this opportunity to thank all our volunteers for their support and time. Without you all Healthwatch Barnsley would not be as successful as it is.

Looking to the future, I'm sure that we are all aware of the changes that may take place nationally and affect us all at a local level. However our role as the independent consumer champion for health and social care services remains and we will continue to ensure that communication channels to health and social care services remain open and your views are shared and acted upon.

This year we have led and worked in partnership on a number of projects to improve access to health and social care services, and have learned that in Barnsley, service providers and commissioners are keen to know what is working well and what needs improving. They have also demonstrated through their actions that they are listening and that your views are being followed up, when concerns and issues are raised.

I hope that this report clearly demonstrates how we have actively engaged the general public and that your voices, when combined are stronger at affecting change and helping to improve services in the future. I also hope that it encourages anyone who is reading it to use Healthwatch Barnsley; tell your family and friends about what we do and how important it is to get involved.



About Healthwatch Barnsley

We are here to make health and social care better for local people. We believe that the best way to do this is by designing services around their needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care services.

We are uniquely placed as a network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and local decision makers, put the experiences of people at the heart of their care.

Our vision/mission/values

Vision

We aim to listen to the views expressed by the people living in Barnsley and to work with service providers and commissioners to ensure that these views influence and shape the provision of high quality, responsive health and social care services which meet the need of all the population.

Mission

We will work with people, communities and organisations to influence the provision, planning, commissioning and delivery of the health and social care services that we all depend on. We will work to ensure that everyone has confidence in us and that we achieve positive changes.

Values

We will work in a way that is:

- Accountable; openly reporting activities and impact;
- Honest in what we offer and how we (and the people who lead us) behave;
- Free at the point of contact;
- Well known and well publicised;
- Respectful to everyone;
- Approachable, easy to contact and always ready to listen;
- Safe, maintaining a comfortable environment and managing all risks, such as those around safeguarding;
- Representative of all people, ages and communities. In addition to this, we will provide a service in a way that is equal and available to everybody, including those who are seldom heard.

We believe everyone has a right to high quality health and social care services throughout their lives, whatever their circumstances.

Our strategic priorities

We form our priorities on the feedback we gather from the general public through research and engagement work. Our priorities are then checked against the Joint Strategic Needs Assessment (JSNA) and the Health and Wellbeing Board Strategy for Barnsley. Through this activity we are able to cross reference trends, look at areas to focus on, identify where work is already taking place and seek opportunities to work in partnership and avoid duplication.



Locally we have productive working relationships with local service providers and commissioners. In a recent audit, over 70% of health and social care organisations surveyed felt that Healthwatch Barnsley was an effective, accessible and responsive organisation. This is something we have worked hard to develop over the past two years through the regular sharing of information. However, this does not mean we can be complacent; we need to continue to progress and ensure regular outreach and engagement with the people of Barnsley continues. We also need to ensure your views are regularly shared with service providers and commissioners, to enable them to provide more person centered care and commission services that are in line with the needs of the local population.

“All of our staff know about Healthwatch Barnsley and refer in on a regular basis.”

“Awareness of Healthwatch Barnsley is excellent within our organisation. We have enjoyed a really positive working relationship with their staff.”

Healthwatch Barnsley’s priorities for 2014/15 included:

- Completing the work looking into access to health and wellbeing services for the Deaf community.
- Looking in more detail at access to Children and Adolescent Mental Health Services (CAMHS).
- Engaging with and understanding more about older people’s experiences of accessing health and social care services.
- Engaging with young people to understand their views and experiences of accessing specific services, including those targeting emotional health and wellbeing, drugs and alcohol, school nursing and sexual health services.



Throughout this report you will see examples of how we have fulfilled our priorities and where work is ongoing.

Our team

(Standing from left to right)

Carolyn Ellis, *Communications Officer*

James Goodwin, *Signposting and Information and CRM Data Administrator*

Lorna Lewis, *Adult Engagement Worker*

(Seated from left to right)

Jade Bligh, *Children and Young People’s Engagement Worker*

Carrienne Stones, *Healthwatch Manager*.



Engaging with people who use health and social care services

Understanding people's experiences

Over the past two years, we have engaged with local people through a range of outreach and engagement activities. We have provided almost 9000 members of the public with information on our service, our contact details and information on volunteering opportunities. We have also taken the time to listen to individuals who have experiences and views to share on health and social care services.

As a result of our work, Healthwatch Barnsley has been able to recruit 1600 members, some of which have become active as either:

- Strategic Advisory Board Members
- Healthwatch Champions
- Young Champions

And collectively have supported us in:

- Setting the priorities for the organisation
- Identifying new opportunities
- Developing Healthwatch Barnsley as the local independent consumer champion
- Raising our profile
- Ensuring we stick to our remit and work within the bounds of our contract
- Outreach and promotion activity.

They have also supported us to gather the views of:

- **Children and young people**
 - looking specifically at the following areas:
 - Emotional health and wellbeing
 - Sexual health
 - Drugs and alcohol
 - School nursing
- **Patients with Parkinson's disease**
 - gathering the views and experiences of people with Parkinson's disease accessing their medication in unplanned emergency care within an acute setting.
- **The Deaf community**
 - supporting in the delivery of a feedback event to provide responses to the Deaf community from the provider and commissioner event held in March 2014.
- **New and expectant mothers**
 - gathering their views on antenatal and postnatal care.
- **Patients accessing their General Practice**
 - patients experiences of automated telephone appointment systems.
- **Older people being discharged from residential and acute settings**
 - case studies were gathered which fed into the Healthwatch England Special Inquiry.



Engaging with service users and carers

During 2014/15, the restructure of Barnsley Council has given us the opportunity to engage with seldom heard groups through the reorganisation of the Local Expert Partnerships.

In addition to our outreach and engagement activity, we will be supporting the newly formed service users and carers board. The purpose of this board is to work in partnership with the council and its partners. By working in this way, we can ensure that health, well-being and social care services are planned, developed and delivered in a transparent manner. This will make best use of the resources available, to meet the needs of local service users.

Our role within this board will be to attend meetings, and where individual concerns are raised, we will ensure the right information is given to people and help them to pursue their concerns. Where trends are identified, we will support members in seeking answers. We will also feedback on the activities of the Health and Wellbeing Board and we will be the conduit for the Board and its networks to escalate concerns.

Board members are made up of volunteers who are service user and carer experts by experience and are representatives of a wider network of service user and carer voices through a range of forums including:

- Older people and vulnerable adults
- Carers
- People with Learning Disabilities
- People experiencing mental ill health
- People with physical disability and/or sensory impairment
- People with substance dependency issues

Whilst planning is still underway for this group we look forward to working with them in the future.

Outreach and engagement

We tailor our outreach and engagement to the people we work with. We always ensure that the communities with which we engage have the opportunity to become actively involved, using their experiences and knowledge of services when raising concerns.

We have a Facebook page where we share information about what we are doing, as well as the work of our partners. In the past 12 months we have increased our likes to 198 people. We also use our page to ask people to feedback on issues and services that matter to them.

We have a Twitter account that has over 1140 followers from all over the country and we use this to inform our followers of our work and issues that may be important to them.

We currently use the website provided by Healthwatch England and regularly update it with news, reports and events.

During 2014/15, we have been particularly successful when engaging with children and young people, gathering their views on:

- emotional health and wellbeing
- sexual health
- drugs and alcohol
- school nursing

This engagement has been successful due to the excellent working relationship that we have with Barnsley's Youth Participation Team who have enabled us to join their school sessions.



Our Children and Young People's Engagement Worker can regularly be seen at the following schools:

- Dearne ALC
- Penistone Grammar
- Horizon Community College
- Barnsley Academy
- Kirk Balk
- Darton Community College
- Carlton Community College

She also regularly attends:

- Barnsley Hospital NHS Foundation Trust's Children's Ward
- Barnsley College

During the school holidays, the outreach activity continued as our worker was joined by the Young Champions. Together they talked to young people in local parks, at community events and at other outreach activities across Barnsley to gather their views and experiences of health and social care services.

Over the past 12 months, Healthwatch Barnsley and its Young Champions have engaged with over 1000 children and young people. Half of these have become Healthwatch members and regularly receive newsletter bulletins, which let them know what we are currently doing, what they can get involved in and how we are influencing change based on their views.

Enter and View

As part of our statutory activity, we have the right to Enter and View health and social care services. During 2014/15 we did not need to carry out Enter and View activity, but we have been preparing our Healthwatch Champions for this.

We will carry out an Enter and View visit when:

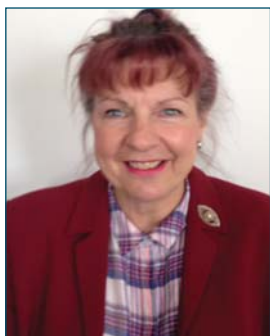
- There is clearly evidenced need, flagged through the outreach and engagement we undertake with the general public
- We need to check that action has been taken and providers have carried out any agreed improvements to service
- An independent Enter and View is requested by a provider organisation

We currently have four Healthwatch Champions that are Enter and View representatives. All of whom have been trained in dignity and respect, equality and diversity, safeguarding and the Mental Capacity Act.

This group are currently being supported by one of our Healthwatch Champions, Marie Cook OBE, who has knowledge of the residential care sector and has supported us in the planning to deliver a programme of Enter and View to the Residential Care Home Sector during 2015/16.



Meet Marie Cook OBE



Marie was awarded the OBE in 2001 for her services to older people. She retired in 2009 and at the time held the position of Assistant Director of Nursing for Barnsley Primary Community

Services. Marie later accepted a contract to work with the Primary Care Trust, leading on the Mental Capacity Act (MCA). Whilst Barnsley Council manage the MCA locally, Marie has since been seconded into the local authority as a Specialist Nurse Lead on the MCA. She will be retiring fully in September 2016.

Marie has chosen to volunteer her time with Healthwatch Barnsley, as a Healthwatch Champion as she wishes to retain her skills in influencing care practice with local services. She would also like to help us to build on the Enter and View work that is ongoing and support other volunteers to become competent and confident Enter and View representatives. Marie feels that it is really important that we influence good practice through Enter and View especially in care homes.

Marie moved to Barnsley in 2008, she is married and has a lifelong passion for dancing; she still takes lessons. She also enjoys gardening and has taken up piano playing.

With the proportion of older people increasing locally, we felt that it is now more important than ever to have safe, accessible, well managed residential care homes available in Barnsley, and a recognisable independent organisation in place, to ensure residents are able to share their experiences of services when it matters most.

To plan our programme of Enter and View, Marie has been working closely with Lorna, our Adult Engagement Worker to prepare the Enter and View representatives for their visits to residential care homes, starting in May 2015.

Gathering service user and carer opinion on the residential care homes sector has always been difficult. This is due to individuals believing that sharing their views and experiences could lead to loved ones being treated differently. In order to avoid this, we will provide an independent point of contact for residents, family members, carers and staff members to share their views. We will be a recognisable friendly face and ensure individuals feel able to approach us with their views and experiences or for support when required. Where concerns are raised we will escalate them appropriately.

Our visits are not intended to replicate Care Quality Commission (CQC) visits, or Quality Improvement Framework (QIF) visits carried out by Barnsley Council. They have been planned as additional activity and used to make observations of the service, gather comments and experiences which will be fed back to service providers and commissioners to highlight good practice and encourage change where services are not working well.



This activity will also enable us to gather regular data which feeds in to CQC regulatory visits which are communicated to us on a regular basis prior to their planned inspections.

NHS complaints advocacy

It is inevitable when talking to members of the public about their health and social care experiences that we are going to meet people who have not had good experiences. We listen to individual concerns, complaints and comments to inform trends but we do not work directly with individuals to navigate the complaints systems or provide advocacy support.

The NHS complaints advocacy service is commissioned separately to Healthwatch and was provided by VoiceAbility until 31 March 2015. Since that time, the service has been provided by DIAL Barnsley. This is a free, independent advocacy service that can help people to make a complaint about any aspect of NHS care or treatment, and navigate the complex complaints system. This includes treatment in a private hospital or care home that is funded by the NHS.

When required, an advocate can be assigned to a client and help them by:

- Supporting them to make an independent complaint.
- Safeguarding their rights as set out in both health policy and law to advocate as far as they are able.
- Getting their views heard.
- Finding a resolution to issues which concern them.
- Using client experiences to inform future service development.
- During 2014/15, we have referred 23 individuals to VoiceAbility.



Providing information and signposting for people who use health and social care services

We provide an array of information to ensure that local people are well informed about the health and social care services available in Barnsley. Our team has excellent knowledge about local services and where further information is required we use other sources such as provider websites, NHS websites and Connect to Barnsley. We also stock a wide range of leaflets and information packs which we take to outreach and promotion events across the borough.

Our aim is to signpost right first time and every signposting and information request is followed up 14 days later. This enables us to continuously update our records as services change as well as measure the number of successful signposting requests made. From this activity we can also identify gaps in services; this is then shared with the relevant organisations.

In a recent audit of the signposting and information service, we received feedback from 24 of our customers and 91% of people surveyed stated that they were happy with the information they had received and they would use the service again in the future. We have found that signposting and information requests have increased over the past 12 months, with most of our customers approaching us through word of mouth recommendation. This year our team has dealt with 90 signposting and information requests, which is a significant increase of almost 50% compared to the signposting activity of 2013/14.

Case study – signposting success

The client had searched really hard to find a dental technician able to make dentures suitable for her. Most dentures tend to be made in laboratories, which operate almost like a production line. Dentures made in this way were unsuitable for her. Due to her requirements, she was looking for a dentist that would pay attention to her individual needs and was getting disheartened at not being able to find this level of personal service. Lorna, our Adult Engagement Worker, gave a talk about Healthwatch Barnsley at a meeting of the Ladies Club that the client attends. The client spoke to Lorna afterwards about her problem and was delighted when the next day, Lorna contacted her saying that we may be able to help. James, our Signposting and Advice Worker then contacted the client with information that he had obtained from a contact on the Local Dental Council and from this, she was referred to Barnsley Hospital before being referred on to the Charles Clifford Dental Hospital. The client has since been told that they can help with her problem and to date, she has been delighted with the level of care and attention that she has received. The client is grateful for the intervention of Healthwatch and extremely pleased with the result.



Influencing decision makers with evidence from local people

Producing reports and recommendations to affect change

We communicate with health and social care providers and commissioners in a range of different ways. For example, where significant trends have been identified we share the information gathered through reports. These outline key findings and recommendations for service providers and commissioners to respond to within a 20 day period.

We also attend regular intelligence sharing meetings where we are able to communicate to service providers and commissioners the trends informed by findings from our outreach activity.

Of the reports we have written this year, the following have led to, or are leading to, service change:

- Deaf Engagement Report, March 2014 updated March 2015
- Patient Partner Report, January 2015
- School Nursing Report, March 2015

We have also contributed to service change by providing members of the public with information on service reviews so that they are able to raise their views at a time when it can immediately affect change. An example of this type of activity is included on page 16, where we outline changes to TB services due to an individual sharing their experiences.

During 2014/15, we have found service providers and commissioners to be responsive to our work. We have received responses to our reports within the requested 20 day period from all of the following organisations:

- NHS England
- Barnsley's Clinical Commissioning Group
- Public Health
- South West Yorkshire Partnership Foundation Trust
- Barnsley Hospital NHS Foundation Trust
- Barnsley Council

The area where we've had difficulty in obtaining responses is from General Practice. 24 practices did not respond to our request for information on access to the health and wellbeing services for the Deaf community.

During 2015/16, we aim to improve this relationship, which will begin with our involvement at the local GP Co-Commissioning meetings.

Putting local people at the heart of improving services

Keeping in touch with what is happening within health and social care is imperative to our work. We are involved in a number of health and social care strategic meetings and through our attendance at these meetings we are able to add patient opinion where it is needed most and can affect change.



Please see page 34 where we have included a map of activity which explains exactly where we are involved and how and where we are able to share your views.

Barnsley's Health and Wellbeing Board

Adrian England, Chairman of Healthwatch Barnsley, regularly attends the Health and Wellbeing Board to report on our work and areas of focus. Adrian is supported in his role by Tony Alcock who has recently been appointed as the deputy.

Although the Health and Wellbeing Board meetings have been useful to us to understand local arrangements and priorities for the borough, we felt that at this level we were less able to influence the decisions and the strategies of the board with patient and public opinion.

Therefore in May 2014 we requested a seat on the Senior Strategic Development Group (SSDG), a subgroup of the Health and Wellbeing Board.

This seat was negotiated by the Health and Wellbeing Board co-ordinator and In November 2014 we were accepted on to the SSDG.

Although this is a new area for us, we can already see how we will have more opportunity to influence at this level in the future.

Working with others to improve local services

Through our intelligence sharing meetings, we always receive information on priority areas for health and social care services and service areas where reviews are to be undertaken.

Through our Communications Officer, Carolyn Ellis, we are able to ensure that our members are in receipt of this information, so that they are able to contribute. An example of where this has been successful is with the TB service review undertaken by Barnsley's Clinical Commissioning Group (CCG) in 2014.

Tuberculosis (TB) Service Transformation Review

In August 2014 the CCG undertook a review to transform the way it delivers TB services.

We were contacted and asked for support to identify patients with experience of accessing TB services who wanted to be involved in the review process. We sent out information to our members and networks, asking for individuals to contact us about their experiences.

Within a short period of time, we began to receive feedback from members of the public that wanted to share their experiences. One particular case stood out from the others as an opportunity for lessons to be learned.

Case Study - Andrew Cole



Andrew asked to see us following his wife's death from TB in Barnsley Hospital. He had also later discovered that

he was infected with TB, as well as his children; one child had to be treated at Sheffield Children's Hospital and both Andrew and his other children had to take medication to eradicate the infection for three months afterwards. Andrew felt that there was a lack of awareness amongst hospital staff about TB and also a lack of communication between health professionals and families of patients. He also felt there was a lack of aftercare for families of patients. Andrew was keen that the public should be made more aware of TB and how to tell if someone may be infected.

From his meeting with us, Andrew said that he would be interested in speaking with the health professionals involved in his wife's care. He had questions that he wanted to ask and was keen to get an assurance that staff at Barnsley Hospital had learned from what had happened to his wife, in order to avoid other families having to lose a loved one to TB. We then liaised with the Patient Advice and Liaison Service (PALS) at Barnsley Hospital and with the help of The Head of Patient Experience, a meeting was arranged. Andrew felt the meeting was a really useful experience, as not only did it provide answers to questions that he had around his wife's care, but it also helped to give his family a sense of closure on a really upsetting time in their lives.

Following the meeting, Andrew received a letter from Barnsley Hospital detailing issues raised and action to be taken. He now feels there is a better understanding of TB amongst health professionals, and also the wider public, as the hospital has placed awareness raising material in areas of the building. Andrew is also pleased that the hospital have improved their communication between health professionals and families of patients. He feels that all the points he raised with hospital staff were taken on board and is optimistic about the quality of care for TB patients in the future.

From speaking with members of the public, including Mr Cole, the CCG also identified that the revised service needed to ensure timely early diagnosis and, treatment and much better multidisciplinary working across provider organisations. This is to ensure the best outcomes possible for the relatively small number of patients affected by TB in Barnsley. The recommendations from the review included:

- Awareness raising and education programmes properly specified in contracts
- Identifying an overall lead to manage external communications and press releases to ensure that they are informed of any potential outbreaks
- Creating a strategy and plan to raise awareness of TB issues and pathways across the local health services and including local authority, voluntary sector organisations and faith sector groups
- Ensuring a multidisciplinary team (MDT) is in place for each confirmed case of TB
- Formal regular MDT meetings, to include consultants
- Reviewing the opportunity for learning and increasing knowledge of TB to ensure excellence in care.



Patient Led Assessments of the Care Environment (PLACE)

We have supported Barnsley Hospital by providing volunteers to take part in PLACE assessments.

The purpose of these visits is to assess hospitals, looking at a range of environmental aspects that is in line with specified guidelines. This gives clear picture of how their environment is seen by those using it, and how they can improve it.

This year four of our Healthwatch members (who had undergone Enter and View training) expressed an interest in becoming involved in the work and were able to learn more about Barnsley Hospital. They received training on how to conduct PLACE visits which will broaden their experiences when carrying out Enter and View activity.

“This year, we have continued to build strong links with Healthwatch Barnsley. We have regular contact to discuss current and developing priorities and work together to ensure that the voices of patients are heard across the Trust”

“We continue to work collaboratively to ensure that targeted improvements are made to the care of patients with specific conditions and specialised needs such as Parkinson s Disease, Dementia and patients who are profoundly Deaf”

“Healthwatch members have continued to be involved in our annual Patient Led Assessments of the Care Environment (PLACE) and bring a valuable, independent patient perspective to the process.”

“Overall, we look forward to continuing to build a strong and constructive relationship with Healthwatch Barnsley.”

Jill Pell, Head of Patient Experience, Barnsley Hospital NHS Foundation Trust

Working with Healthwatch England and the Care Quality Commission (CQC)

Working with a national organisation like Healthwatch England enables us to influence national policy. This is a great strength for the Healthwatch Network and is why we ensure that we are in regular contact with the Regional Development Officer for the North. Through this contact, we keep Healthwatch England informed by the sharing of our reports and recommendations and details of our work schedules.

To date, we have not needed to escalate issues to Healthwatch England for special investigation. However we are confident that if the time comes, Healthwatch England will be responsive, as it has been with other escalations across the country. We also respond to any requests for information from Healthwatch England, helping to keep the lines of communication open.

In 2014/15 we contributed to Healthwatch England’s Special Inquiry, which looked at unsafe discharge from hospital. For this piece of work, we gathered case studies focusing on people with mental health



conditions and older people who have been unsafely discharged from hospitals, care homes and mental health units.

The information we gathered, along with information from 71 other local Healthwatch informed the report produced by Healthwatch England.

If you are interested in receiving the findings of the Healthwatch England Special Inquiry, please email your details to specialinquiry@healthwatch.co.uk

This year, our work has been mentioned in the following national publications:

- Primary Care a Review of Local Healthwatch Reports.
- Heathwatch Children and Young People The Role of Local Healthwatch November 2014.

It is important for us to have an excellent working relationship with the Care Quality Commission (CQC) who are the regulators of health and social care services.

We regularly receive requests for information from the CQC, and information about their inspection schedule. This enables us to look at the comments, case studies and information we hold about specific service providers. We can also share this anonymised data, where required. For example, we responded to the CQC inspections of General Practice, providing comments and case studies to inform their visits.

Over the past 12 months we have also informed visits to a number of residential care homes. This will continue into 2015/16.

To date, we have not had to refer any issues to the CQC for special investigation.



Impact Stories

Case Study One

Access to services for the Deaf community

In last years annual report, we informed you that we had worked with the DEAForum, Leeds Involving People and Barnsley Council to plan an event to gather the views of the Deaf community. This event was to look at the accessibility of local health and social care services and took place in March 2014. It was followed by a report to service providers which contained key findings and recommendations on access to services, with a request to respond in 20 days.

Since our event, Deaf health inequalities have been highlighted once again through SignHealth releasing its 'Sick of It' report for professionals. This was the first report of its kind and looked at health inequalities of Deaf people and stimulated a debate in the House of Lords in March 2014. They also discussed how many local Healthwatch organisations had begun to take a closer look at access to health and social care services for the Deaf community.

After consulting with the Deaf community we arranged another event in January 2015 to feed back on the responses we received from service commissioners and providers.

Health Deafinitions, an organisation based in the Dearne that offers innovative solutions to access and education for British Sign Language (BSL) users agreed to help with the event at no cost after attending the first event.

Health Deafinitions worked with us to create a performance piece that explained how services are commissioned locally, and outlined the actions service providers and commissioners had taken within their organisations to begin to improve the experience of accessing services for the Deaf community. These changes included:

Barnsley Clinical Commissioning Group

Reviewed their contracts and set new key performance indicators to monitor BSL interpretation.

Barnsley Hospital NHS Foundation Trust

Re-wrote their interpreting policy.

Carried out an audit of BSL interpreters within the organisation.

Recommissioned the Big Word to provide an interpreting service.

Looked at how they could ensure members of the BSL community were adequately supported during emergency admissions and are looking at re-designing a booklet called 'All About Me', containing key medical information for use in an emergency when an interpreter is not available.

Ensured that all BSL patients that were at the event were aware of how their record could be marked on the new Customer Relationship System as needing BSL interpretation.

The hospital were also honest about what would remain a challenge and how they hoped to address these challenges going forward.

South West Yorkshire Partnership Foundation Trust (SWYFT)

Assigned a worker to be the lead person to respond to Healthwatch and action upon recommendations from the Deaf community across Barnsley and Wakefield.

Adopted a Deaf Quality Mark developed by Healthwatch Wakefield with involvement from the Deaf community which they will be adopting and using across services in Barnsley.

Provided mental health awareness training to the Deaf community at accessible times and locations across the borough.

Change4Life added a session with a BSL interpreter available to book two weeks in advance that the Deaf community could use to engage with health and wellbeing services.

40 members of the Deaf community attended the feedback event on 31 January 2015 to hear what actions service providers and commissioners had taken within their organisations to improve access to health and wellbeing services. They believed that there was a commitment to improve access to services for Deaf people, but all involved still felt that this was just the beginning. For the first time, this event gave service providers an insight into what it must be like to struggle with communication, as the event was almost all in BSL.

Keith Lucas is a member of the DEAFForum and the local Deaf club and was a part of the planning group that worked with us to plan the event in March 2014 and the feedback event in January 2015.

Meet Keith Lucas



Keith worked with us to plan the two BSL events for the Deaf community.

After being involved in the DEAFForum for over five years Keith was keen to get the views of the Deaf community heard by service providers and commissioners and to get them to understand about the issue they face when accessing health and social care services. Since working with us in March, and helping to plan another event in January 2015 Keith says that the Deaf community feel more confident that health and social care services are listening to the needs of their Deaf patients.

He said that advances in video technology such as Skype has really helped Deaf patients to get better access to services as they no longer have to book interpreters two weeks in advance. The live-streaming services mean that patients can get live translation at appointments and he hopes that this will be used by all service providers in the future.

By working with us Keith feels that the Deaf community have a voice and are being heard by providers and commissioners. The Deaf community are already noticing changes to services but know that Healthwatch are always ready to listen to their concerns and that the relationship that has been built up over the past two years will continue to grow as we attend Deaf club meetings every six months along with BSL interpreters.



Impact Stories

Case Study Two

Access to General Practice – automated telephone appointment system

In November 2014 we completed a piece of work for Barnsley's Clinical Commissioning Group (CCG) to independently evaluate the Patient Partner System in seven General Practices across Barnsley. The practices we worked with were:

- Great Houghton Surgery
- Hollygreen Surgery, Goldthorpe
- Hollygreen Surgery, Thurnscoe
- Kakoty Practice
- Park Grove Surgery
- Royston Group Practice
- Wombwell Medical Centre.

Patient Partner is a 24 hour telephone appointment booking system that allows patients to book, change or cancel their appointments.

We produced a survey to be completed by patients about the system, their knowledge of it and the reasons why they may not have used it. Lorna, our Adult Engagement Worker and a volunteer went into the surgeries to talk to patients waiting for appointments. They went on different days of the week, between 9am and 5pm to ensure that they spoke to different people of different ages. The staff at each of the surgeries said that they would also help to complete surveys when we were not there.

The results of the survey showed, that despite promotion about the service within the surgeries, lots of patients were unaware of the system. Of the patients that had

used the system the survey showed that they were confused by some of the options, and the cost of the call from mobile telephones was putting them off.

The results of the survey were then shared with the surgeries and the CCG, along with a list of recommendations. As a result of this work the CCG were able to look at the use of the system, gain patient feedback and identify areas for further improvements to the service.

Further to this, an action plan has been developed to look at promotion of the Patient Partner System and to make sure it is accessible to all patients.

The system is going to be rolled out across all other surgeries in Barnsley (except for 12 surgeries that opted out of using the system) in June 2015. This should enable patients to make and be in control of their appointments 24 hours a day.

“We would like to thank the Healthwatch team for the professional and collaborative way in which you liaised with our teams in the CCG. We appreciated your approachability and willingness to discuss the evaluation, throughout the process.”

Pauline Roberts, NHS Barnsley Clinical Commissioning Group



Impact Stories

Young Champions Summer Project

“School nurses can play a massive part in public health but there need to be more of them”

Caroline Voogd, Editor of the British Journal of School Nursing

Through our outreach and engagement activity within schools in 2014, we found that young people seemed to have little knowledge of the school nursing system. As a result of these findings, the Young Champions felt that it was important to understand more about the school nursing system in Barnsley. They designed a questionnaire for young people within schools to complete in order to gain a better insight of their views, experiences and expectations from the service.

This questionnaire was shared with South West Yorkshire Partnership NHS Foundation Trust (SWYFT) and Public Health (PH) outlining our plans and what we hoped to achieve. We also offered commissioners and other providers the opportunity to add to the survey, prior to commencing outreach and engagement activity.

SWYFT responded by asking the Young Champions to include the following questions:

- What do you like or dislike about the school nursing service?
- Have you any suggestions about school nursing? (the Young Champions adapted this question slightly to “If you could change anything about the school nursing system what would your suggestions be?”)

This questionnaire was then taken out to the seven schools which we regularly engage with. As a result, 358 young people completed the survey.

Key findings

- Most young people want to know who their school nurse is, as well as receive information on where they are based;
- A high percentage of young people did not have information about the school nursing system, where they were based or how to access them;
- In contrast, the young people that had accessed the school nurse had been pleased with the service provided, stating that it had met their needs.

Both SWYFT and PH responded to this report, within the allocated 20 days.



South West Yorkshire Partnership Foundation Trust

SWYFT received the report positively, providing feedback on the recommendations through an action plan. The responses they provided were as follows:

There needs to be more awareness raising amongst young people regarding the school nursing system. We will do this in the following ways:

- The named specialist community public health practitioner will meet with the school lead to identify the best method in raising awareness of school nursing using communication methods that are most appropriate for the school i.e. electronic notice boards, posters, pupil newsletters, pupil planners and assemblies;
- Develop and establish a Facebook page for school nursing for young people to access and promote awareness of this using the methods identified above;
- Develop a communication and marketing strategy for the service.

The young people suggested that there needs to be a school nursing health and wellbeing session in every secondary school. We aim to do this in the following ways:

- The named specialist community public health practitioner to meet with the school lead to identify the most appropriate location for the drop-in;
- Develop and establish a Facebook page to promote the service and drop-in for school nursing for young people to access and promote awareness of this using the methods identified above;

- In conjunction with the school advertise the drop-in through school's communication methods using the method that is most appropriate for the school. i.e. electronic noticeboards, poster, pupil newsletter, pupil planner and assemblies;
- The named specialist community public health practitioner to meet with the school lead to identify the best method of promoting school nurse service and contact details in school using the method that is most appropriate for the school. i.e. electronic noticeboards, poster, pupil newsletter, pupil planner and assemblies
- Develop and establish a Facebook page to promote the service for young people to access raise awareness of this as above.

The school nurses need to be more accessible for young people, so they are able to access them independently. We will gather this information in the following way:

- The service carries out patient and public surveys every six months and will include in the next survey for school nursing, questions about accessibility of the service for young people.

Public Health

PH also received the report positively and asked for the support of our Young Champions in engaging further with children and young people to find out what they would like the school nursing service to look like. We responded to this request by working with over 100 of the young people involved in the first survey and this report was published in April 2014.



“One of the sections of the survey was on the school nursing services within secondary schools. We saw that a great deal of children did not access this

service or know who their school nurse was. I think this is important, as more children need to know who their school nurse is and where they are based.

I feel that children should be informed as soon as they start secondary school about the services that they can access and the reasons why they might need to. It is important that they know who the school nurse is, as they are someone that the children can speak to in confidence.”

Victoria Farmer - Healthwatch
Young Champion

What's next?

In addition to the school nursing service, the Young Champions also focused on young people's experiences and views on:

- Emotional health and wellbeing services
- Sexual health services
- Drugs and alcohol prevention services

362 young people gave their views on the above mentioned topics and the findings from each of these reports will be presented in a booklet. This booklet is due to be published in July and has been funded through Berneslai Homes healthy eating fund, which our Young Champions were successful in bidding for in 2014, and will enclose information on young people's views and experiences regarding the services listed above, the feedback received from commissioners and providers, so young people can see how their views have been used and what effect it is having. This booklet will also include information on how and where to access services and support and will also contain information about healthy eating.

To view all of the outreach and engagement activity undertaken by the Young Champions please visit our web page at www.healthwatchbarnsley.co.uk





Our plans for 2015/16

As we are the consumer champion for health and social care services, it is only right that we continually check on our performance. This enables us to take a look back at what we have done well and what we need to improve upon in the future. In 2014/15 we carried out a reflective audit to gather feedback on our signposting service, our work with partner organisations and to see what our members thought of our work. 143 people took part in the audit and the responses gathered have helped us to set our priorities and plan activity for 2015/16.

Activity

In 2015/16 we will:

- Continue to promote Healthwatch Barnsley to members of the general public and raise our profile locally.
- Expand our programme of outreach and promotion with front line staff within health and social care services.
- Continue to train and develop our Healthwatch Champions, and ensure they have plenty of opportunities to meet with and talk to members of the public.
- Develop our involvement with the Health and Wellbeing Board.
- Continue to look at opportunities in line with our remit and bid for local/regional contracts.

Priorities

Healthwatch has chosen its priorities for 2015/16 based on the information we received as part of the reflective audit and the comments collected over the last 12 months. Next year we will focus on:

- GP Access - looking at people's experiences of accessing general practice, and variations between practices.
- Mental health services - completing our work on Children Adolescent Mental Health Services as well as looking at people's experiences of accessing mental health services when in crisis.

We will also continue to remain responsive to the information we receive and where it is indicated that change needs to happen, we will do our best to influence service commissioners and providers.



Governance

How we involve lay people and volunteers

Healthwatch Barnsley was established in April 2013 and is hosted by Voluntary Action Barnsley. Voluntary Action Barnsley is responsible for the recruitment, employment and management of staff, payroll and premises.

Strategic Advisory Board

Our Strategic Advisory Board focuses on the development and direction of the strategic work plan and supports with the prioritisation of key issues relating to health and social care.

Our outreach and engagement work ensures that we work with organisations representing the population of Barnsley, including Black Minority Ethnic communities, carers, groups working with, or campaigning for, older people, young people, people with mental ill health and those with sensory impairment.

Individuals and groups can become members of Healthwatch Barnsley. Individual membership is open to anyone living in Barnsley or using local health and social care services. Individual members can indicate to what level they wish to become involved in our work and activities.

Group membership is open to any voluntary organisation or community group or business organisation that operates in the Barnsley area and wishes to affiliate itself to us and our work.

To ensure we have a Strategic Advisory Board that is truly representative, members of the public can find out more about our voluntary roles through outreach and engagement work and our other promotional activities. Once a potential volunteer has identified that they would like to be a Strategic Advisory Board member, they are given an application pack to complete and send back to the team. These candidates are then shortlisted by other Board members and invited for interview. This ensures there is a broad range of skills, competencies, knowledge and experience on the Board and that it is committed to our strategic vision, mission and aims.

The role of Chair of the Strategic Advisory Board is also advertised and all potential candidates will be interviewed by a panel of independent experts. The person selected as Chair will then be our representative on the Health and Wellbeing Board and the main spokesperson for Healthwatch Barnsley.

The Strategic Advisory Board will work to ensure:

- All sections of the community are represented and their views considered in our work.
- Proactive communication with the wider community, and in particular with hard to reach groups.
- Appropriate resources are allocated to support activities.



The Strategic Advisory Board will also:

- Agree our strategic priorities.
- Approve reports produced by groups working on behalf of, or in collaboration with, us.
- Support, whenever appropriate, collaborative work with other organisations including adult and children's social care services, Barnsley's CCG, neighbouring Healthwatch services, the overview and scrutiny committees and foundation trusts.
- Ensure Healthwatch Barnsley contributes to the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.
- Ensure that the views and experiences of people are communicated to commissioners and providers of services and to Healthwatch England.

Our Strategic Advisory Board is structured and represented as follows:

- It should have no more than eight members with a range of specialisms, skills and interests.
- Strategic Advisory Board members will serve for two years. Members will be eligible for re-selection.
- Candidates representing organisations must be nominated by an authorised representative of the organisation and active in health and/or social care in that district. The NHS or local authority will be unable to nominate candidates.
- The interview panel for the Board will be comprised of the Healthwatch Barnsley Chair, additional Board members, the Healthwatch Barnsley Manager, along with a representative of the voluntary sector.

- The Board has the power to invite representatives from special interest groups or organisations to attend Board meetings, in order to reflect the need for particular knowledge, experience or skill sets which are deemed necessary for the effective functioning of the Board.

All Strategic Advisory Board meetings will be minuted and Healthwatch will regularly produce bulletins, newsletters and reports, to highlight significant achievements and difficulties.

Currently we have the following people on our Strategic Advisory Board:

Adrian England - Chairman
Tony Alcock
Margaret Baker
Margaret Dennison
Christine Key
Tony Murray
Phil Stables

Healthwatch Champions and Young Champions

Individuals who become members of Healthwatch Barnsley are given the opportunity to become actively involved as Champions or Young Champions. Anyone who shows an interest is given an application pack to complete before a meeting is arranged with the relevant engagement worker.

Healthwatch Champions are then supported to choose activities in line with their personal interests and skills.



All Champions are supported by our Adult Engagement Worker, Lorna Lewis. Currently we have the following Champions assisting with our work:

Aftab Ali
Edith Bird
Pauline Buttling
Marie Cook OBE
Evelyn Cowdell
Andrew Crossley
Patricia Durie
Chris Green
Mike Grundy
Wendy Hardcastle
Jean Hardy
Lorraine Hickie
Carmen Kilner
Susan Rushforth
Mark Smith
Moira Toombs

All Healthwatch Young Champions are supported by our Children and Young People's Engagement Worker, Jade Bligh.

Currently we have the following Young Champions assisting with our work:

Sophie Darn
Victoria Farmer
Grace Hartill
Shelly Johnson
Emma O Rouke
Joe Sennitt
Louise Wilson

Special interest groups

If necessary, special interest groups (responsive project groups) will be established, focusing on specific issues or geographical areas.

These special interest groups can be short term or permanent and focused on a specific

project. The ideas, findings and recommendations will be reported to the Board to enable it to make strategic decisions.

Special interest groups may be led by a voluntary organisation, community group, stakeholder organisation or by the Healthwatch staff. The aim will be to facilitate discussion in a setting that is supportive of the participants and enables and encourages the participation of hard to reach or seldom heard groups in the community.

In 2014/15 we formed a special interest group to work on access to health and wellbeing services for the Deaf community.

Training

Healthwatch Barnsley staff and volunteers are all appropriately trained, DBS checked and supported to adhere to a range of policies, including equality and diversity, safeguarding and future sustainability.

This year our Healthwatch Champions and Strategic Advisory Board members have had the opportunity to be trained in:

- Enter and View
- Mental Capacity Act and Deprivation of Liberty Safeguards
- Adult Safeguarding
- Children and Young People Safeguarding
- Hate Crime
- Dementia Awareness
- Outreach and Engagement

As we are hosted by Voluntary Action Barnsley, our members are also regularly offered opportunity to take part in nationally accredited qualifications.



Financial Information

In June 2014 we received a letter which advised the level of grant funding we would receive in the new financial year. Barnsley Council allocated £150000 to Healthwatch Barnsley in the next financial year, a decrease of £50000 (25%), and a decrease of £62000 from the when the contract was first awarded.

Barnsley Council advised us that this change in funding was not, in any way, a comment on our organisation and sadly many organisations face similar cuts.

INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		201500
Additional income		750
Total income		202250

EXPENDITURE		
Office costs		23098.83
Staffing costs		160457.16
Direct delivery costs		13776.39
Total expenditure		197332.38
Balance brought forward		4917.62



Appendix 1 - Where are we represented?

Health and Wellbeing Board

Adrian England (*Healthwatch Barnsley Chair*) and Deputy Tony Alcock (*Strategic Advisory Board Member*)

Barnsley Senior Strategic Development Group

Adrian England (*Healthwatch Barnsley Chair*)

Barnsley Provider Forum

Carrienne Stones (*Healthwatch Barnsley Manager*) and Deputy Carolyn Ellis (*Communications Officer*)

Adult Safeguarding Board

Carrienne Stones (*Healthwatch Barnsley Manager*)

GP Co-Commissioning Meetings

Margaret Dennison (*Strategic Advisory Board Member*)

CCG Intelligence Sharing Meetings

Carrienne Stones (*Healthwatch Barnsley Manager*)

Health and Social Care Intelligence Sharing Meetings

Carrienne Stones (*Healthwatch Barnsley Manager*)

System Resilience Group

Carrienne Stones (*Healthwatch Barnsley Manager*) and Nigel Middlehurst (*Chief Executive Community Services, Voluntary Action Barnsley*)

Children and Young Peoples Trust Executive Group (TEG)

Nigel Middlehurst (*Chief Executive Community Services, Voluntary Action Barnsley*)

Equality and Diversity Group (CCG)

Carrienne Stones (*Healthwatch Barnsley Manager*)

Service User and Carer Board

Margaret Baker and Christine Key (*Strategic Advisory Board Members*) and Wendy Hardcastle, Moira Toombs, Pat Durie (*Healthwatch Champions*)

Mental Health Concordat

Marie Cook OBE, Moira Toombs and Mark Smith (*Healthwatch Champions*)

Patient Council

Adrian England (*Healthwatch Barnsley Chair*), Margaret Dennison (*Healthwatch Strategic Advisory Board Member*)

Electronic Prescription Service

Margaret Dennison (*Healthwatch Strategic Advisory Board Member*)

Regional Quality Surveillance Group

Tony Alcock (*Strategic Advisory Board Member*)

We work closely with Healthwatch from across South Yorkshire and Bassetlaw, sharing intelligence to inform the regional Local Professional Networks.

Local Pharmacy Network

Healthwatch Rotherham represents the network

Local Dental Network

Healthwatch Sheffield represents the network

Local Eye Care Network

Healthwatch Barnsley represents the network

If you require any more information about these meetings, or our representation on them, please contact us.



Appendix 2 - Healthwatch Barnsley at a glance 2014/15

Engagement Figures

Activity	Number	Comments
Engagement activities	9000	People who we have spoken to and provided with literature about our service
Total membership	1600	Receive quarterly e-mail bulletins
Children and young people members	500	Receive quarterly children and young people focused bulletins
Strategic Advisory Board Members	7	Meet on a monthly basis
Healthwatch Champions	18	Meet on a bi-monthly basis and carry out regular outreach and engagement activity
Young Champions	6	Meet on a bi-monthly basis formally, informally on a two weekly basis

Outreach and Promotion

Activity	Number	Comments
Events attended	258	
E-bulletins produced	4	
Twitter followers	1149	
Facebook “likes”	198	

Requests for Information

Activity	Number	Comments
Informal requests for information	125	Requests for information that do not require a response in 20 days
Formal requests for information	6	Formal requests for information are when we do ask for a response in 20 days



Enter and View

Activity	Number	Comments
Number of Enter and View visits	0	
Number of trained Enter and View representatives	8	
Number of active Enter and View representatives	4	

Complaints

Activity	Number	Comments
Number of complaints received	52	Complaints received but those that do not require follow up
Number of complaints referred to NHS Independent Complaints Advocacy Service	23	
Number of complaints referred directly to the service provider	16	If an individual requires information on how to complain directly to the service provider, we will provide this
Number of complaints not referred due to client withdrawing/other reasons	13	Many people who approach us are undecided if they want to make a complaint

Signposting and information

Activity	Number	Comments
Total number of signposting and information requests	90	Doubled last year's total of 43 signposting and information request

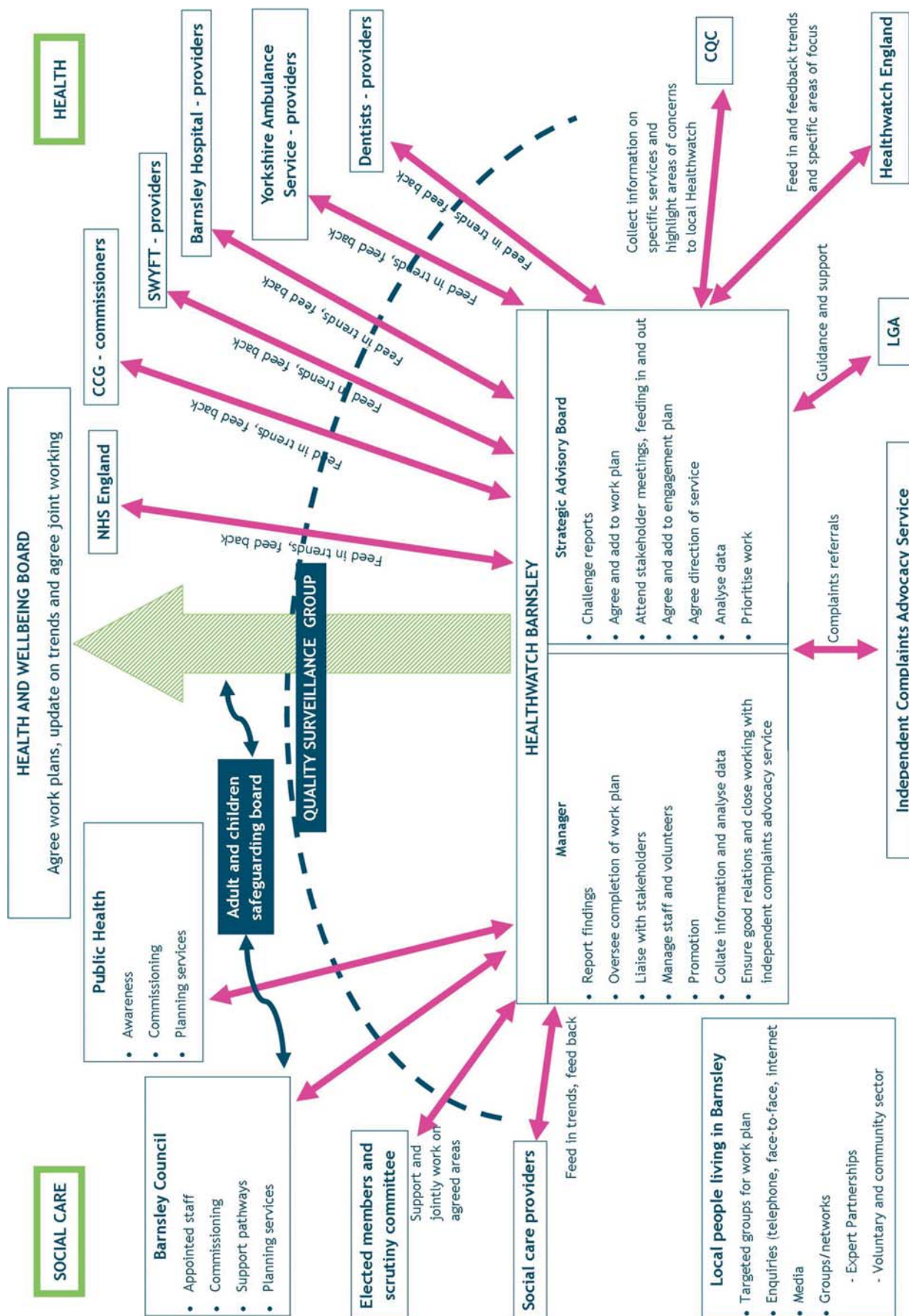


Reports and recommendations

Activity	Number	Comments
Total number of reports written	6	Maternity Services BHNFT Deaf Engagement April 2014 Deaf Engagement Updated March 2015 Emotional Health and Wellbeing School Nursing Patient Partner
Reports and recommendations acknowledged in the required timescales	6	All of our reports were acknowledged within the required timescales, except for the Deaf Engagement report, which was acknowledged by 14 General Practices out of 38
Reports and recommendations leading to service change	4	Deaf Engagement School Nursing Patient Partner
Reports and recommendations not leading to service change	3	Emotional Health and Wellbeing Maternity Services Our work helped to underpin work that was already underway or that had been completed.



Appendix 3 - Map of activity





Contact Us

Get in touch

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Phone number: 01226 320106

Email: healthwatch@vabarnsley.org.uk

Website URL: www.healthwatchbarnsley.co.uk

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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REPORT TO Barnsley Health and Wellbeing Board

H&WBB 11th August 2015

**Stronger Barnsley Together and Pioneer – Revision of scope and structure.
Including interim system developments update**

Report Sponsor: Rachel Dickenson, Martin Farran,
Lesley Smith, Julia Burrows
Report Author: Dan Carver
Received by SSDG: 20th July 2015
Date of Report: 11th August 2015

1. Purpose of Report

- 1.1 To seek endorsement for the closure of the portfolio structure represented by 'Stronger Barnsley Together'
- 1.2 To seek endorsement for changes of scope and governance in relation to Barnsley's 'Integration Pioneer' arrangements
- 1.3 To provide a brief update relating to emerging structure and related system developments.

2. Recommendations

The Board are asked to:

- Note report content
- Acknowledge and ratify the effective cessation of Stronger Barnsley Together portfolio arrangements
- Endorse the revised scope of Barnsley's approach to Integration Pioneer status. Specifically, that it should no longer be exclusively aligned with the Stronger Barnsley Together structures. Instead, incorporating key integration activity across the system.

3. Introduction/ Background

3.1 Stronger Barnsley Together (SBT) was developed in 2013 to provide a framework for effective integrated working locally; providing the working title of Barnsley's expression of interest for integration Pioneer status.

3.2 'Stronger Barnsley Together' flows from the wider Health and Wellbeing Board vision and seeks to achieve a step change and strategic shift from the traditional approach to health and social care. This includes greater focus on prevention, personalisation and early intervention; allowing the limited resources across a joint health and social care system to be focussed on those with greatest need.

3.3 The SBT portfolio consisted of three joint programme boards - Ageing Well, Promoting Independence and Think Family.

3.4 SBT has been viewed as synonymous with Barnsley's approach to 'Pioneer'. However, more recently it has been recognised that the projects and activities set out within the formal portfolio structure may not be the most effective representation of Pioneer-relevant delivery. Furthermore, it has been acknowledged that in a practical sense this relationship has inadvertently limited the scope and relevance of Barnsley's integration Pioneer status.

3.5 A range of factors have culminated to promote an environment whereby the continuation of existing arrangements is no longer viable. The current paper provides an overview of relevant developments, although it should be recognised that the landscape remains in flux and potentially subject to further change and development.

4. Overview of system developments affecting and influencing SBT and Pioneer.

4.1 The approach to Pioneer nationally has developed since its inception. Following learning from the first year of delivery and the transition of management arrangements to NHS England's New Models of Care team, there is improved clarity around what is expected of individual pioneer sites as well as the approach and levels of engagement. In this context it is recognised that the activities set out under the SBT arrangements are unlikely best demonstrate the integration-orientated work being progressed across within Barnsley.

4.2 In response to NHS England's requirement for further clarity about Pioneer intentions and delivery content, several changes to the current approach have been agreed by senior stakeholders. The outcome of a number of SSDG discussions and a dedicated meeting of senior stakeholders have agreed the following:

- SBT currently has limited relevance as the delivery mechanism for Pioneer.
- The Health and Wellbeing Strategy remains relevant and that it accurately sets out our collective aspiration when considering Pioneer and integration more generally.
- Relevant activity from across the system needs to be represented and acknowledged in the context of Pioneer. Initial discussions have identified a number of potentially relevant work areas. See Table 1.
- Additionally, a number of themes have been identified which may add value across the system. Including: Evaluation, Information Governance, Workforce development and system leadership. The approach is in keeping with Barnsley's identified priorities within the Barnsley' Better Care Fund (BCF)

- There is agreement that any revised scope should, as a minimum, represent activities set out under.
- Pioneer does not constitute a separate programme of work and should not be seen as the responsibility of an individual. Going forward it is desirable that leads for individual pieces of work engage more effectively with the national programme; capitalising on the context-specific opportunities and benefits that exist.
- A central coordinating function will remain relevant in the context of oversight, communication, improved stakeholder engagement and links with the National Pioneer team.
- Projects and activities recognised in the context of 'Pioneer' going forward will be entirely dependent on their own governance and decision making arrangements.
- It is recognised that Barnsley's focus on communities and the aspiration to change, fundamentally, the way communities, individuals and families engage with the formal system represents a USP. The concept of 'inverting the triangle' therefore requires emphasising going forward.
- It has been proposed, although not requiring a defined governance structure, that oversight and system ownership for Pioneer should be represented through SSDG and the Health and Well Being Board. With respect to SSDG the proposed relationship reflects emerging approaches to developing 'robust networks', rather than being hierarchical. The approach is likely to be adopted across SSDG for a range of strategically significant work areas.

Table 1

Universal advice and information (UIA)	Improving information, advice and signposting across health and social care (though 'Connect to Barnsley' and 'Connect to Support'), care navigation and telehealth to promote greater independence and self-care. Initial strategy to be produced 2015.
Health Intelligence Group	To provide effective and timely dissemination of data, information, research and strategic intelligence to support evidence based decision making and resource allocation. Primarily linked to the Clinical Transformation Board, but with potential system wide implications.
Bed utilisation review and action plan/Seven Day working	Providing a detailed understanding of acute bed admission and utilisation. The work provides a basis for system developments that impact on preventing admissions and reducing duration of bed occupancy through the provision of services and care closer to home.

Early interventions and Prevention	The established and emerging community-based delivery structures are focused on the effective utilisation of community assets and social capital. Inverting the Triangle was a cornerstone of Barnsley's original Pioneer application; the approach remains strategically important.
Think Family	Robust integrated partnership approach with relevance for wider integrated delivery structures
Intermediate Care	Review and re-procurement of a single integrated service based on a revised specification with an increased focus on preventing hospital admissions
Be Well Barnsley	An integrated and holistic 'Wellbeing for Life' approach, designed by Public Health, covering social determinants of health such as poverty, poor housing and social care needs, through community focused preventative services/peer models
New Models of Care Multi-disciplinary Community Provider (MCP)	Development, under the flexibilities enabled via the New Models of Care / FYFV, of a Multispeciality Community Provider encompassing the GP Federation, BHNFT, SWYPFT and Social Care to become the contracting vehicle for delivery of the diabetes and respiratory pathways in an integrated, out of hospital setting
Assessment & Care Management	New Target Operating Model which is fundamentally revising the way assessment and care management services are provided to focus more on early intervention and prevention, self-help, and targeted reablement
Community Nursing Review (encompassing virtual ward)	A review and re-specification of the deployment of SWYPFT Community Nursing resources in Barnsley (supersedes the Virtual Ward, a proactive case management approach to supporting people at the highest risk of admission/readmission to hospital with intensive multi-disciplinary care and care coordination within their home environment).
Integrated personal commissioning (IPC).	IPC is a new approach to joining up health and social care for people with complex needs. This proposal makes a triple offer to service users, local commissioners and the voluntary sector to bring health and social care spend together at the level of the individual.

Holistic patient care/	Involves establishing an information hub to allow interconnectivity between the information systems in the acute hospital and in adult social care - covering home care, telecare and reablement. (Barnsley Hospital NHS Foundation Trust received £125k through Tech Fund 2 for the development of an IDCR)
Medical Interoperability Gateway	Portal for electronically sharing real time, read only extract from GP record with healthcare providers working in other settings
Right Care Barnsley	Care coordination centre - a single 'front-door' to support medical patients aged 18 and over who are at risk of a hospital admission and those who need support to return home after discharge from an acute setting - thus avoiding emergency admissions

4.3 The component programmes within the SBT portfolio arrangements have undergone significant change and revision in recent months. Notably, Ageing Well has ceased operating, with relevant ongoing activities being incorporated within the emerging Clinical Transformation Board within the Clinical Commissioning Group (CCG) (See 4.5). In relation to 'Promoting Independence', the Promoting Independence board has proposed to step-down current arrangements in lieu of forthcoming structural changes within the BMBC's Communities Directorate. It is expected that the key principles associated with Promoting Independence, as well as specific work streams, will be embedded within these emerging structures. Additionally, under the auspices of structural changes associated with 'The Future Council' and the developing Communities structure, it is expected that the current approach to 'Think Family' will undergo a period of review likely to result in a revised approach to delivery. It is recognised that the current status of the individual programmes will not provide a sufficiently robust framework for the effective delivery of Pioneer

4.4 System leadership support has been provided as part of the Pioneer Programme. One aspect of the intervention has focussed on reviewing and refreshing the purpose and function of SSDG. Although this work has not concluded and the final approach is yet to be ratified there is some consensus that the function of SSDG will primarily be focussed on inter-organisation system oversight; providing space and time to more effectively 'join the dots' within the overall system. It is recognised, when contrasted with the previous approach, that there will be significantly less focus on operational aspects and direct performance management e.g. progressing the Better Care fund submission. There are a number of emerging structures, such as the Systems Resilience Group, that benefit from full-system representation; they are well placed to facilitate some aspects of the work previously dealt with through SSDG.

4.5 Barnsley CCG, following a review of its programme boards and associated governance structures, has recently aligned its delivery capability under a single Clinical Transformation Board (CTB). The Clinical Transformation Board will allow the CCG to direct service development resource to key projects that will bring care closer to home and facilitate the achievement of CCG objectives. A Project Management approach that uses exception-based reporting will ensure focus is applied to areas of need. The Clinical Transformation Board will prioritise the commissioning and development work of the CCG to ensure interdependent projects are linked and have the required level of clinical evidence to be implemented. It should be noted that the CTB replaces existing programme board structures, including the Joint programme board Aging Well.

4.6 A number of functions, previously included under arrangements associated with SSDG can be seen to have transferred to the 'Systems Resilience Group' (SRG). SRG is a statutory required forum concerned with strategic leadership, performance and assurance oversight to ensure system wide operational resilience; this will include urgent, elective and wider resilience planning in the delivery of health and care services for the people of Barnsley.

SRG is a multi-agency forum with system-wide representation. It will be the forum where all partners across the health and care system come together to undertake regular planning of service delivery. The group should plan for the capacity required to ensure delivery, and oversee the coordination and integration of services to support the delivery of effective, high quality accessible services which provide good value for tax payers.

5. Conclusions

5.1 The health and care landscape, related partnerships and system infrastructure has changed significantly since the inception of SBT. It is essential that Barnsley's Integration Pioneer status reflect the current reality.

5.2 The effective cessation of the component programmes within SBT mean that it no longer provides a viable structure for the delivery of Barnsley's integration Pioneer.

5.3 To avoid confusion it is desirable that the formal SBT portfolio arrangements are closed down.

5.4 In Partnership with NHS England there is a requirement to refresh Barnsley's approach to Pioneer; ensuring that stakeholders representing activity from across the system are able to benefit and contribute effectively.

5.5 The Health and Well-being strategy remains the overall strategic framework for any work progressed in the context of Pioneer. Principle ownership and oversight of Pioneer, including identified SROs will be sought through SSDG. The approach is

consistent with wider system developments and the emerging role of the Senior Stakeholders Group.

6. Financial Implications

[There are no additional financial requirements foreseen]

Officer: Dan Carver

Contact: dancarver@nhs.net

Date: 20.06.2015

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REPORT TO THE HEALTH AND WELLBEING BOARD

Date: 11th August 2015

Barnsley's Sport and Active Lifestyle Strategy 2015 - 2018

Report Sponsor: H&WB member
Report Author: Adam Norris
Received by SSDG: 20/07/2015
Date of Report: 03/08/2015

1. Purpose of Report

- 1.1 The purpose of this report is to make the Health and Wellbeing Board aware of the Sport and Active Lifestyle Strategy and to gain the support and commitment of HWB members and its partners to implement the strategy over the next 3 years.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Contribute to being part of the action planning process.
- Where relevant provide representation at Barnsley Sport and Active Lifestyle Partnership Meetings.
- Commit to providing on going support to implement the strategy.

3. Introduction/ Background

- 3.1 Barnsley's Sport and Active Lifestyle Strategy seeks to increase physical activity, improve the health outcomes for Barnsley's residents and position the Council to lead on it's Public Health responsibilities of improving health and reducing health inequalities through supporting people to lead an active lifestyle.
- 3.2 Across Barnsley we have high levels of chronic disease such as cardiovascular disease, obesity and type II diabetes. Levels of physical activity and sport are significantly lower than the national average for both children and adults.
- 3.3 Leading a physically active lifestyle has been proven to offer opportunities to improve both the length and quality of life for individuals, but also offers huge social and economic benefits for society as a whole.

- 3.4 Our Sport and Active Lifestyles Strategy sets out a broad vision and key priorities for the Council and its partners to address, to increase physical activity across the Borough for the next three years. It builds on the physical activity and sporting initiatives that have already been delivered across the Borough. It also builds on the progress Barnsley has made towards achieving its long term goal of everybody in the Borough being active across the lifecourse regardless of age, gender, wealth, or disability.
- 3.5. The strategy makes use of available data and evidence to identify where activity should be targeted to best effect and to enable internal and external partners to align available resource. The aim is for more residents to take care of their own health and wellbeing, which will prevent longer term health problems and reduce the need for expensive intervention by the Council and its partners in the future.

4. Our Vision

- 4.1 Our vision is to see everyone within the Borough taking responsibility for their own Health and wellbeing and leading active and healthy lives irrespective of age gender, health and ethnicity or social status. The strategy aims to deliver the following outcomes:
- To increase the number of people being physically active year on year
 - To target underactive and under represented groups to increase sports and physical activity participation
 - To provide pathways to personal success
 - To improve access to the opportunities to being active
- 4.2 We recognise this is a hugely ambitious aspiration and that in order for individuals to be active throughout the whole of their lives they require different levels of support and opportunities.
- 4.3 In recognition of this, we have identified four enablers of physical activity in which our objectives sit:
- **Places** – creating the right physical environments for activity to take place including safer walking and cycling routes to parks and open spaces to sport specific built facilities.
 - **People** – creating a skilled and motivated paid and volunteer workforce who are able to inspire, promote and lead others to an active lifestyle.
 - **Community** – recognising that all activity takes place in local communities that are the major source of providing activities.
 - **Communication and Advocacy** – ensuring that everyone is aware of the benefits and opportunities to be physical active. Ensuring that the decision

makers in the Borough promote physical activity and sport to achieve specific outcomes.

5. Priority Actions

5.1 Headline priority actions have been identified as follows:

- Active Travel – Work closer with town and transport planners to link health policy with strands such as planning, housing and transport to provide walking and cycling friendly infrastructure at the design stage of projects.
- Workplaces - support employers to work towards achieving the Workplace Wellbeing Charter to ensure workplaces support their workforce to lead physically active lifestyles.
- Social Marketing – explore the opportunities to use social marketing to develop activities aimed at changing or maintaining people's behaviour.
- Be Well Barnsley (Barnsley's new healthy lifestyle service) - establish referral pathways from Be Well Barnsley to community opportunities for sport and physical activity.
- Children's centres and schools – support schools and the local community to work in partnership to plan, develop and deliver sport and physical activity opportunities that will increase participation amongst women and girls.

6. Conclusion/ Next Steps

6.1 The majority of people take responsibility for their own health and wellbeing but there is a need to ensure that everyone is able to do so. This may mean providing extra help to both motivate individuals and remove some of the barriers that prevent people from leading a physically active lifestyle.

6.2 The council are only one of the many organisations involved, providing much of the infrastructure from which sport and physical activity can take place, however it is the many voluntary clubs and organisations that deliver the vast majority of provision and activity.

6.3 This Strategy provides broad themes and identifies key priorities for Barnsley Council and its partners to achieve. The Strategy seeks to ensure:

- There is a clear vision for sport and physical activity across the Borough.
- More people of all ages are physically active across the Borough.
- Barnsley's environment enables people to live a healthier, more active and better quality of life.
- There is a framework for collective action through partnership working between stakeholders.

6.3 The next steps are to develop a working action plan that enables us to achieve our key priorities. It is the ask of the HWB members and its partners that it is

able to support the implementation of the strategy, commit to contributing to the development of a working action plan and where relevant provide representation at the Barnsley Sport and Active Lifestyle Partnership Meetings.

7. Financial Implications

7.1 Consultations on the financial implications have taken place with representatives of the Director of Finance, Assets & Information Services at Barnsley Metropolitan Borough Council.

7.2 There are no direct financial implications arising from this report. Any financial implications associated with any of the priority actions identified in 5.1 above, will be subject to further reports where necessary.

8. Consultation with stakeholders

8.1 Consultation has taken place with a range of stakeholders at a number of workshops delivered in early 2014 - a full list of consultees can be found in Appendix 1.

9. Appendices

9.1 Appendix 1 - Stakeholder Consultation List

10. Background Papers

10.1 Background papers are available from Adam Norris Senior Health Improvement Officer.

Officer: Adam Norris Contact: 01226 787431 Date: 03/08/2015

Appendix 1

Barnsley Sport & Active Lifestyles Strategy – List of Consultees

Adam Norris - Public Health Specialist, BMBC
Alison Rumbol – Senior Commissioning Manager, Mental Health, Planning and Commissioning, Adults & Communities, BMBC
Anita Dobson – Public Health Specialist Nurse, BMBC
Anthony Devonport - Group Leader, Bereavement, Parks, Sport and TPT, BMBC
Carl Hickman – Public Health Principle, People, BMBC
Cathy Utey - Healthy Setting Services 0-19 - Children, Young People & Families, BMBC
Claire Barnes - Volunteer Policy Lead, BMBC
Claire Gray - Barnsley Health Trainers, PSS
Claudia Fulchini - Play Strategy - Children, Young People & Families, BMBC
Chris Reeves - Development Manager, Active Barnsley
Dan Carver – Barnsley CCG
David Atherton - Sustrans Bike It Officer, BMBC
Darren Padgett - Head of Partnership Development, Team Activ Ltd
David Redfern - Leisure Operations Manager, Barnsley Premier Leisure
Gavin Batty - Assistant Director, Sport & Public Services, Barnsley College
Hannah Philips - Disability Sports Officer, Barnsley FC's Community Sports & Education Trust
Helen Marney - Head of Operations, South Yorkshire Sport
Jackie Heald – Community Safety Manager, Community Safety, BMBC
Jane Baker - Physical Activity Assistant, Physical Activity Team, SWYFPT
Jasmine Waiters – Public Health Principle, Place, BMBC
Jayne Wise – Equality & Diversity Manager, Adults & Communities, BMBC
Joe Micheli – Lead Locality Officer, Community & Area Governance, Adults & Communities, BMBC
Julia Burrows – Director of Public Health, BMBC
Julian Horsler – Equality & Diversity Manager, Performance & Partnerships, Corporate Services, BMBC
Julie Hammerton – Extended Learning, CYP&F, BMBC
Karen Harkness - Education Advisor, Looked After Children, BMBC
Kaye Mann – Public Health Specialist, BMBC
Kyra Ayre - Head of Service, Mental Health & Professional Support, BMBC
Lee Garsden – Extended Learning, CYP&F, BMBC
Mark Anderson – Transportation Officer, Highways, Engineering and Transportation, BMBC
Mary Dyson - Funding Officer, Barnsley FC's Community Sports & Education Trust
Maureen Harrison - Barnsley Association of Community Partnerships
Matt Gladstone – Executive Director Development, Environment and Culture, BMBC
Mike Kemp - Service & Strategy Manager, Disabled Children, BMBC
Mick Dewsnap - Manager, Shaw Lane Community Sports Centre
Nick Bowen – Head of Horizon ALC
Nicky Bloodworth - OOHLC Co-ordinator, Extended Learning, CYP&F, BMBC
Nick Gillott - Barnsley Health Trainers, PSS

Nigel Harrison - Chief Executive Officer South & West Yorkshire Sport
 Nina Sleight – Early Childhood Strategy & Service Manager, Early Childhood Services, CYP&F, BMBC
 Paul Castle - Assistant Director of Operational Services, BMBC
 Paul Clifford – Group Leader, Development, Environment and Culture- planning and regulatory services, BMBC
 Penny Greenwood – Acting Assistant Director of Public Health, BMBC
 Pete Styan - Carlton Community College
 Phil Hollingsworth – Lead Locality Officer, Community & Area Governance, Adults & Communities, BMBC
 Phillip Spurr - Service Director, Culture, Housing & Regulation
 Phil Wild - Netherwood ALC
 Ruth Jefferson – Assistant Executive Director, Disability & Provider Services, BMBC
 Shiv Bhurtun - Senior Commissioning Manager, Joint Commissioning Adults & Communities, BMBC
 Susan Copeland - Healthy Settings 0-19 Manager (5-19), Family, Adult & Extended, BMBC
 Stacey Heppinstall – Planning, local development plan & green spaces strategy, BMBC
 Tom Smith - Head of Service, CYPF Service, BMBC
 Wayne Bullimore - Chief Executive, Barnsley FC's Community Sports & Education Trust
 Will Boyes - Performance & Partnerships Improvement Officer, BMBC