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BARNSLEY Metropolitan Borough Council

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 13 October 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 11th August, 2015 (HWB.13.10.2015/2) *(Pages 3 - 8)*

3 Minutes from the Barnsley Community Safety Partnership held on 13th August, 2015 (HWB.13.10.2015/3) *(Pages 9 - 24)*

4 Minutes from the Provider Forum held on 9th September, 2015 (HWB.13.10.2015/4) *(Pages 25 - 30)*

For Decision/Discussion

5 Safeguarding Children Board Annual Report *(Pages 31 - 80)*

6 Better Care Fund update, including financial position (Presentation)

7 Excess winter deaths *(Pages 81 - 110)*

8 Report from the Health and Wellbeing Board Development Session (Oral report)

For Information

9 Female Genital Mutilation (FGM) *(Pages 111 - 116)*

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
Wendy Lowder, Interim Executive Director Communities
Julia Burrows, Director Public Health
Nick Balac, NHS Barnsley Clinical Commissioning Group
Lesley Smith, NHS Barnsley Clinical Commissioning Group
Tim Innes, South Yorkshire Police
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Steven Michael OBE, South West Yorkshire Partnership NHS Foundation Trust
Richard Jenkins, Barnsley Hospital NHS Foundation Trust

Please contact Peter Mirfin on 01226 773147 or email governance@barnsley.gov.uk

Monday, 5 October 2015

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 11th August, 2015

1. Present:-

Councillor Sir Stephen Houghton CBE (Chairman) – Leader
Councillor Jim Andrews BEM – Deputy Leader and Public Health Spokesperson
Councillor Jenny Platts – Communities Spokesperson
Councillor Emma Dures – Support Member for People (Safeguarding) Spokesperson
Rachel Dickinson – Executive Director, People
Julia Burrows –Director of Public Health
Nick Balac – Chair NHS Barnsley Clinical Commissioning Group
Adrian England – Barnsley Healthwatch
Helen Jaggar – Chair of Provider Forum and Chief Executive of Berneslai Homes
Bob Kirton – Barnsley Hospital NHS Foundation Trust
Steven Michael OBE – Chief Executive South West Yorkshire Partnership NHS Foundation Trust
Lesley Smith – Chief Operating Officer NHS Barnsley Clinical Commissioning Group
Emma Wilson – NHS England Area Team

2. Declarations of Pecuniary and Non-Pecuniary Interests

Councillor Platts declared a non-pecuniary interest in Minute 8 so far as the Healthwatch Annual Report related to the Barnsley Hospital Trust, of which she was a partnership governor.

3. Minutes of the Board Meeting held on 9th June, 2015

The meeting considered the minutes of the previous meeting, held on 9th June, 2015.

Arising from Minute 8, the meeting noted that partners had agreed the risk share in respect of the Better Care Fund and work was now progressing to prepare the necessary legal agreement for sign off, before the submission of the monitoring report for the first quarter. The meeting noted that the Board would receive regular reports on performance against individual targets within the Better Care Fund.

RESOLVED:-

(i) that the minutes be approved as a true and correct record; and

(ii) that the Chair and Vice Chair be authorised to sign off the Better Care Fund Quarterly Monitoring Submission in advance of the next meeting of the Board.

Note: The Chairman of the meeting agreed to consider arrangements for signing off of the Better Care Fund Quarterly Monitoring Submission as an urgent item for this meeting in view of the need to make appropriate arrangements before the meeting of the Board in October 2015.

4. Minutes from the Children and Young People's Trust Executive Group held on 3rd July, 2015

The meeting considered the minutes from the Children and Young People's Trust Executive Group, held on 3rd July, 2015.

RESOLVED that the minutes be received.

5. Minutes from the Community Safety Partnership held on 29th May, 2015

The meeting considered the minutes from the Community Safety Partnership held on 29th May, 2015.

RESOLVED that the minutes be received.

6. Minutes from the Provider Forum held on 10th June, 2015

The meeting considered the minutes from the Provider Forum meeting, held on 10th June, 2015.

RESOLVED:-

(i) that the minutes be received; and

(ii) that arrangements be made for a representative of the newly formed GP Federation to be invited to the Provider Forum.

7. Notes from the Anti-Poverty Board held on 8th June and 20th July, 2015

The meeting considered the notes from the Anti-Poverty Board meetings held on 8th June and 20th July, 2015.

Arising from the meeting held on 8th June, 2015, the meeting noted that arrangements were in hand to convene a workshop for all Members to progress the Anti-Poverty Action Plan. The workshop will be held in October, with a draft action plan to be available by 1st September, 2015.

RESOLVED that the notes be received.

8. Healthwatch Annual Report

The meeting received a presentation on the Healthwatch Annual Report for 2014/15, highlighting in particular the signposting and engagement work undertaken with people who use health and social care services and the impact that Healthwatch had been able to achieve on their behalf. The annual report included a number of case studies to provide emphasis to this, and the presentation incorporated a detailed account of the experience of one carer and how Healthwatch had been able to help.

The presentation went on to set out the next steps for Healthwatch in terms of activity, particularly in relation to expanding the programme of outreach and promotion with front-line health and social care staff and to raise the profile of Healthwatch Barnsley with the general public. Training and development of Healthwatch champions would continue and Healthwatch would look for further opportunities for engagement and to bid for local and regional contracts, as well as developing its involvement with the Health and Wellbeing Board.

In terms of priorities for 2015/16, Healthwatch would be using comments collected over the last 12 months to take forward further work. A particular emphasis would be on GP access and mental health services, particularly in relation to the Children Adolescent Mental Health Services (CAMHS).

The meeting discussed the content of the annual report, and noted in particular the approach Healthwatch had taken to deal with financial challenges by streamlining the governance arrangements and accessing alternative sources of funding. The focus of Healthwatch on CAMHS was particularly welcome, given the emphasis on analysing patient experience, but a particular focus on crisis intervention would be welcome.

RESOLVED:-

(i) that the Healthwatch Barnsley Annual Report for 2014/15 be received and arrangements be made to share this with respective organisations;

(ii) that the proposed activities and priorities for 2015/16 be noted and the Senior Strategic Development Group be instructed to consider the broad strategic issues raised by these at its future meetings in consultation with Healthwatch Barnsley representatives, focusing in particular on rationalising system complexity;

(iii) that Healthwatch Barnsley hold further discussions with the South West Yorkshire Partnership NHS Foundation Trust in relation to the experience of patients of mental health crisis services; and

(iv) that the congratulations of the Board to Healthwatch Barnsley for its activity and impacts over the year be placed on record.

9. Stronger Barnsley Together and Pioneer – Revision of Scope and Structure

The meeting received a report on the background to the development of the Stronger Barnsley Together and Pioneer programme and the approach in taking this forward since 2013. The report went on to highlight the key component programmes of Stronger Barnsley Together/Pioneer, noting the contribution each could make to achieving the necessary systems change to strengthen health and social care in Barnsley. However, the report acknowledged the need to rationalise governance arrangements and provide appropriate oversight and system ownership through the Senior Strategic Development Group and Board. The revised arrangements would effectively lead to the cessation of the Stronger Barnsley Together portfolio arrangements.

RESOLVED:-

(i) that the report be noted and the effective cessation of the Stronger Barnsley Together portfolio arrangements be approved;

(ii) that the revised scope of Barnsley's approach to the integration Pioneer status, incorporating key integration activity across the whole health and social care system with oversight and system ownership provided by the Senior Strategic Development Group and the Health and Wellbeing Board be endorsed; and

(iii) that the component programmes highlighted in the report be used as the basis for the proposed Health and Wellbeing Board workshop to take forward work on wider integration within the system.

10. Sport and Active Lifestyle Strategy 2015-18

The meeting received a report and presentation giving a brief overview of the Sport and Active Lifestyle Strategy approved in June 2015 and to highlight for the Board the key priorities in the Strategy and seek the support of partners in its implementation.

The meeting noted high levels of awareness about the contribution that an active lifestyle will have to good health and the extent to which the key factors in encouraging this were well understood. The support of organisations as employers was important, but the key to sustainability was encouraging the continued engagement of individuals with programmes of sport and activity. The meeting noted the development of the Be Well Barnsley programme and the importance of establishing how GPs could make referrals to this.

RESOLVED:-

(i) that the Sport and Active Lifestyle Strategy for 2015-18 be endorsed;

(ii) that, where relevant, partner agencies provide representation at the Barnsley Sport and Active Lifestyle Partnership meetings in order to contribute to the action planning process;

(iii) that partner agencies commit to providing ongoing support to implement the Strategy through their own programmes of activity; and

(iv) that the action plan be submitted to a future meeting of the Board, incorporating a RAG rating of progress against each element of the action plan.

11. 0-19 Healthy Child Programme Update

The meeting received an update on the integration of the number of programmes associated with child health into a 0-19 healthy child programme and the wide ranging consultation that had been undertaken in recent months to develop a specification for the service. The specification would go forward to the Council's Cabinet on 26th August for consideration so that a service could be commissioned. It was anticipated that approval of the successful provider would be given in December 2015.

RESOLVED that the report be noted.

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Chairman

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Barnsley Community Safety Partnership
Executive Group meeting

BARNSLEY COMMUNITY SAFETY PARTNERSHIP
EXECUTIVE COMMITTEE MEETING MINUTES

Thursday 13th August, 2015
10am-12.00am

Westgate, Plaza, Level 4, Room 5

Present:
Martin Farran, Barnsley MBC (Chair) Shelley Hemsley South Yorkshire Police Tony Coy, South Yorkshire Police Gill Blake, South Yorkshire Police Melanie Fitzpatrick, Barnsley MBC Kath Harris, Barnsley MBC Jan Hannett, South Yorkshire CRC (Probation) Jennie Milner, Barnsley MBC Dave Fullen, Berneslai Homes Linda Mayhew, South Yorkshire Criminal Justice Board Julian Horsler, Barnsley MBC Ben Finley, Barnsley MBC - YOT John Hallows, Barnsley Neighbourhood Watch Liaison Group Carrie Abbott, Barnsley MBC - Public Health Jenny Platts, Barnsley MBC Mel John-Ross, Barnsley MBC Jade Francis-Rose, Barnsley CCG Lorna Naylor, Barnsley MBC (Minutes)

Introduction - Chair
The Chair welcomed everyone to the meeting and introductions were made.
1. Apologies
Apologies were received from Paul Brannan, Deborah Mahmood and Tim Innes.

DRAFT

2. Minutes of Previous Meeting – 29 May 2015

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

Action Schedule

1.1 The BMBC Prevent Cabinet Report to be circulated to members for information. (Paul Brannan)

1.2 Selective Licencing/Private Sector Housing – A copy of the report to be circulated once it is complete. (Paul Brannan)

1.3 Unauthorised/Illegal Encampments – The protocol for Barnsley has been drafted and a further meeting arranged with SYP for further discussion.

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

3. Hate and Harassment Partnership – Annual Report

Jules Horsler gave an overview of the Hate and Harassment Strategy 2014-17, Annual Progress Report – June 2015.

The following points were highlighted:-

- The Hate and Harassment Performance Group has become more focused and effective;
- The local community have become more involved/aware since the launch of the Strategy in June 2014;
- The procedure for reporting incidents is simpler, there is now a single contact phone number and updated website;
- Emerging areas of work are around sexual harassment especially within the Town Centre and working with the deaf community who have little knowledge of the Hate and Harassment Partnership and how to report incidents;
- A gender equality event is taking place in December 2015;
- Hate and Harassment incidents have been responded to quicker over recent times for example incidents in takeways;
- The Hate and Harassment Conference will take place on 25th September, 2015.

The following comments were made :-

Once the Hate and Harassment Annual Report has been ratified by the Hate and Harassment Partnership, a summary report will be prepared and circulated as widely as possible within the partner organisations. It was suggested the report be sent to the Safeguarding Board Chair, the Head Teacher Alliance Forum and Tim Innes within South Yorkshire Police.

Action :- Board members to contact Jules Horsler to reserve a place to attend the Hate and Harassment Conference.

Action :- Jules to prepare a summary of the Hate and Harassment Annual Report and circulate as widely as possible across partner agencies.

4. Louise Casey Report / CSE Action Plan
Mel John-Ross gave an update on the CSE Action Plan. Mel explained that the governance for CSE lies with the Children's Safeguarding Board, the CSE multi-agency strategic group and the operational group who carry out the quality assessment. The circulated plan identifies current progress. Item 16 Therapeutic Support, is the only area presenting a challenge at present, although BMBC/CCG has identified further resources to fund additional workers via BSARCS to take this work forward. Mel informed the group that following the Louise Casey report, BMBC have developed a work programme, and is working with colleagues in South Yorkshire Police (led by ACC Ingrid Lee) to consider how the recommendations of the report can be taken forward across the South Yorkshire Region, acknowledging each district is different. Mel informed that a Safeguarding week will be held later in the year to promote awareness. John Hallows stated that the Confirmer system could be used to send out any messages into the community, if necessary. It was agreed at a previous meeting that an update on CSE would be provided to this meeting twice a year or more frequently in line with emerging priorities.
5. Domestic Homicide Review (DHR) Update
Kath Harris gave an update on the DHR review. The original report was submitted to the Home Office and rejected with further information requested regarding a number of points. Previously the independent chair indicated that due to unforeseen circumstances he would be unable to continue with the case, however recent contact has indicated that he is now able to undertake the further work, therefore the panel has been reconvened and the report is being progressed with the aim of completing it and re-submitting to the Home Office by the end of September. A letter will be sent to the Home Office requesting an extension to enable the completion of the report. Shelley Helmsley/Tim Innes will sign the letter if required. Linda Mayhew offered to help with reviewing the report as they have some experience of DHR reviews. **Action : Kath Harris to liaise with Shelley Hemsley/Tim Innes and forward the letter requesting an extension to the Home Office.**
6. Crime Performance Overview
DS Tony Coy gave an update of the crime figures in the Borough :- • Crime is continuing to fall; • Burglary currently stands as 2 per day; • Vehicle crime is slightly up in relation to insecure vehicles, and vans containing tools. Shelley Helmsley added that currently Barnsley is doing well. Recent reports of bogus official burglaries are being monitored to ensure there is not an emerging theme.

7. Strategy and Performance Group Update

The action notes from the CSP Strategy and Performance Group held on 7th August 2015 were circulated for discussed.

2015/16 Performance Targets

The targets in relation to the CSP Performance Dashboard for 2015/16 were agreed, however it was proposed that the use of targets in relation to the 2016/17 CSP Plan would need to be considered further by the CSP Board. During the consultation process in relation to the 2015/16 target setting, comments were received from the Office of the Police and Crime Commissioner in relation to the potential disadvantages of the use targets. The CSP Board agreed to invite the a representative from the Office of the Police Crime Commissioner to the November CSP Meeting to provide a presentation regarding target setting.

Action: 2015/16 targets agreed however, the use of targets in 2016/17 would be further considered by the CSP Board before the end of the financial year.

Action : Mel Fitzpatrick to invite the Office of the Police Crime Commissioner to the November CSP Meeting to provide a presentation regarding target setting.

CSP Plan Qtr 1 2015/16 Performance Overview

Mel Fitzpatrick gave an overview of the quarter 1 performance position. The meeting considered the key risk areas and the following actions were agreed:

Action: Delivery Plans of the CSP Sub-Groups to be reviewed by the CSP Strategy and Performance Group to ensure the plans reflect the strategic direction and priorities of the CSP.

Action: Re-offending Sub-Group to work collaboratively with Drug and Alcohol Action Board (DAAT) Sub-Group to undertake a deep dive to examine successful treatment completions in relation to criminal justice clients.

Action: DAAT Board to undertake further work to understand alcohol related attendances and admissions at the hospital to report in a timely manner.

Action: Adult Reoffending – presentation to be provided to CSP Board following organisational changes in Probation Services.

Action: Domestic Abuse and Sexual Violence Sub-Group to investigate qualitative and sub-level performance data to inform future service provision.

Sub-Group Update Reports

CSP Sub-Group reports were received and the following exceptions were identified for CSP consideration:

Hate and Harassment Sub-Group

Stakeholder Conference to be held on 25th September 2015.

Action: CSP nominations required to attend Hate and Harassment Conference and members to contact Jules Horsler direct.

Current communications fund will cease in 2015/16.

Action: CSP partners to consider contributions to continue Hate and Harassment communications work from April 2017.

DAAT Sub-Group

No escalations were received.

Domestic Abuse and Sexual Violence Partnership Sub-Group

MARAC Steering Group governance structure was discussed.

Action: MARAC Steering Group reporting and governance to be reviewed by Jayne Hellowell as Priority Lead Officer to clarify whether reporting should be at a local or sub-regional level. Report to be submitted to Strategy and Performance Group for consideration before end of calendar year.

Tactical Tasking and Coordination Sub-Group

No escalations received.

Re-offending Sub-Group

No Update Report received.

Action: Mel Fitzpatrick to meet with Re-Offending Sub-Group Lead Officers to review governance arrangements.

8. CSP and Sub-Structure Terms of Reference Review

The Terms of Reference for the CSP and its Sub-Structure were circulated for ratification.

Mel Fitzpatrick gave an overview of the CSP governance review and outlined that the main focus was to ensure governance arrangements were reframed to strengthen the golden thread and effective linkage with the sub-structures.

The CSP Board endorsed the updated CSP Terms of Reference and requested that clarification be sought as to whether these should be submitted to the Health and Wellbeing Board for approval.

The CSP Board endorsed the CSP Strategy and Performance Group Terms of Reference.

Mel Fitzpatrick outlined the position in relation to the review of the CSP Sub-groups Terms of Reference:

- The Terms of Reference of the Hate and Harassment Sub-Group were presented to the CSP Board for ratification and these were approved.
- The Tactical and Coordination Sub-Group Terms of Reference were presented to the CSP Board. Ben Finley requested that the membership reflect the Youth Offending Team rather than Multi-System Therapy which is a functional team which froms part of the Youth Offending Team. Subject to this amendment, the Terms of Reference were approved.
- It was highlighted that the Drug and Alcohol Action Board (DAAB) Terms of Reference circulated to the CSP Board were in draft form and were out for consultation to be presented to the October DAAB Board for endorsement. Martin Farran requested that the endorsed DAAB Terms of Reference be presented to a future CSP Board meeting for ratification.
- The Terms of Reference for the Domestic Abuse and Sexual Violence Group (DAVSP) have yet to be received and were currently under review with a view to the revised Terms of Reference being presented to the DAVSP in October for endorsement. Martin Farran requested that the endorsed DAVSP Terms of Reference be presented to a future CSP Board meeting for ratification.
- No update was received in relation to the Re-offending Sub-Group. Mel Fitzpatrick/Gill Blake to liaise with Kerry Ibbotson-Devine (CRC) and Ben Finley as joint chairs to clarify the timeframes as to when the refreshed Terms of Reference will be available.
- As the Prevent Partnership Sub-Group and the Unauthorised Encampments and Minority Communities Sub-Group were newly aligned to the CSP governance structure, Martin Farran requested that Mel Fitzpatrick/Gill Blake liaise with lead officers of each of the respective sub-groups to establish/review the Sub-group Terms of Reference. These should be presented to a future CSP Board for ratification.

Action: Mel Fitzpatrick to clarify with Council Governance whether the CSP Terms of Reference should be submitted to the Health and Wellbeing Board for approval.

Action: Gill Blake to amend the Tactical and Coordination Sub-Group Terms of Reference to reflect the membership as the Youth Offending Team rather than Multi-Systemic Therapy as requested by Ben Finley.

Action: Mel Fitzpatrick to liaise with the DAAB Board lead to ensure the Sub-Group endorsed Terms of Reference are submitted to the CSP Board for ratification.

Action: Mel Fitzpatrick to liaise with the DAVSP Board lead to ensure the Sub-Group endorsed Terms of Reference are submitted to the CSP Board for ratification.

Action: Mel Fitzpatrick/Gill Blake to liaise with Kerry Ibbotson-Devine regarding the Re-offending Sub-Group to clarify the timeframes as to when the refreshed Terms of Reference will be available for submission to the CSP Board for ratification.

Action: Mel Fitzpatrick/Gill Blake to liaise with the lead officers of the Prevent Partnership Sub-Group and the Unauthorised Encampments and Minority Communities Sub-Group to review/establish Sub-Group Terms of Reference for submission to the CSP Board for ratification.

9. Joint Strategic Intelligence Assessment (JSIA)
Gill Blake gave an update on the progress of the JSIA. The project completion timescales remain tight and are currently approximately 1 week behind but assurance was given that this slippage should be regained over the coming weeks and should not affect the project end dates. Some data returns remain outstanding and there are outstanding queries in relation to the Fire Service projection data, however, these areas are currently being progressed. The public consultation process still needs some consideration. Members of the Board informed the following may be able to help – the BMBC Residents Survey (contact Rachel King), the Berneslai Homes E-Bulletin (contact Dave Fullen), the Ward Alliances (contact Wendy Lowder).
10. Future Operations/ Events
Gay Pride Event – 6th September, 2015 Penistone Show – 12th September, 2015 Battle of Britain Parade – 13th September, 2015 Fairs at Grange Lane & Locke Park Cannon Hall Road Race – September, 2015 **Action: Shelley Hemsley/Gill Blake to circulate a future operations schedule detailing planned operations up to April 2016.**
11. Any Other Business
Martin Farran informed the group that he had recently attended a BMBC internal meeting on Community Cohesion, where it was agreed to hold a multi-agency workshop on 21st September, 2015. Martin Farran to invite all relevant partner agencies to attend. **Action: Martin Farran to invite all relevant partner agencies to attend the multi-agency workshop on 21.9.15.** Shelley Hemsley thanked Martin Farran and Kath Harris for their contributions to the Community Safety Partnership and to South Yorkshire Police and wished them well for the future.
12. Date and Time of Next Meeting
The next meeting will be held on Wednesday 11th November, at 10:00 to 12:00 in Westgate Level 3 Room 4.

Barnsley Community Safety Partnership
Executive Group meeting

Action schedule from minutes (13 August 2015)

1	**Actions relating to previous minutes :**
1.1	**Paul Brannan to circulate the Prevent Cabinet Report.**
1.2	**Paul Brannan to circulate the Selective Licencing/Private Sector Housing Report**
1.3	**Paul Brannan/Shelley Hemsley to circulate the Protocol for Unauthorised/Illegal Encampments once its finalised**.
2	**Hate and Harassment Partnership**
2.1	**Board members to contact Jules Horsler to reserve a place to attend the Hate and Harassment Conference.**
2.2	**Jules to prepare a summary of the Hate and Harassment Annual Report and circulate as widely as possible across partner agencies.**
3	**DHR Review**
3.1	**Kath Harris to liaise with Shelley Hemsley/Tim Innes and forward the letter requesting an extension to the Home Office.**
4	**Strategy and Performance Group**
4.1	**2015/16 targets agreed however, the use of targets in 2016/17 would be further considered by the CSP Board before the end of the financial year.**
4.2	**Mel Fitzpatrick to invite the Office of the Police Crime Commissioner to the November CSP Meeting to provide a presentation regarding target setting.**
4.3	**Delivery Plans of the CSP Sub-Groups to be reviewed by the CSP Strategy and Performance Group to ensure the plans reflect the strategic direction and priorities of the CSP.**
4.4	**Re-offending Sub-Group to work collaboratively with Drug and Alcohol Action Board (DAAT) Sub-Group to undertake a deep dive to examine successful treatment completions in relation to criminal justice clients.**
4.5	**DAAT Board to undertake further work to understand alcohol related attendances and admissions at the hospital to report in a timely manner.**
4.6	**Adult Reoffending – presentation to be provided to CSP Board following organisational changes in Probation Services.**
4.7	**Domestic Abuse and Sexual Violence Sub-Group to investigate qualitative and sub-level performance data to inform future service provision.**

4.8	**CSP nominations required to attend Hate and Harassment Conference and members to contact Jules Horsler direct.**
4.9	**CSP partners to consider contributions to continue Hate and Harassment communications work from April 2017.**
4.10	**MARAC Steering Group reporting and governance to be reviewed by Jayne Hellowell as Priority Lead Officer to clarify whether reporting should be at a local or sub-regional level. Report to be submitted to Strategy and Performance Group for consideration before end of calendar year.**
4.11	**Mel Fitzpatrick to meet with Re-Offending Sub-Group Lead Officers to review governance arrangements.**
5.	**<u>CSP and Sub-Structure Terms of Reference Review</u>**
5.1	**Mel Fitzpatrick to clarify with Council Governance whether the CSP Terms of Reference should be submitted to the Health and Wellbeing Board for approval.**
5.2	**Gill Blake to amend the Tactical and Coordination Sub-Group Terms of Reference to reflect the membership as the Youth Offending Team rather than Multi-Systemic Therapy as requested by Ben Finley.**
5.3	**Mel Fitzpatrick to liaise with the DAAB Board lead to ensure the Sub-Group endorsed Terms of Reference are submitted to the CSP Board for ratification.**
5.4	**Mel Fitzpatrick to liaise with the DAVSP Board lead to ensure the Sub-Group endorsed Terms of Reference are submitted to the CSP Board for ratification.**
5.5	**Mel Fitzpatrick/Gill Blake to liaise with Kerry Ibbotson-Devine regarding the Re-offending Sub-Group to clarify the timeframes as to when the refreshed Terms of Reference will be available for submission to the CSP Board for ratification.**
5.6	**Mel Fitzpatrick/Gill Blake to liaise with the lead officers of the Prevent Partnership Sub-Group and the Unauthorised Encampments and Minority Communities Sub-Group to review/establish Sub-Group Terms of Reference for submission to the CSP Board for ratification.**
6	**<u>Future Operations/Events</u>**
6.1	**Action: Shelley Hemsley/Gill Blake to circulate a future operations schedule detailing planned operations up to April 2016.**
7	**<u>AOB - Community Cohesion</u>**
7.1	**Martin Farran to invite all partner agencies to attend the multi-agency workshop on 21.9.15.**

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BARNSLEY COMMUNITY SAFETY PARTNERSHIP

Terms of Reference

August 2015

Vision

The Community Safety Partnership has set the following vision for Barnsley:-

"Barnsley people and communities are safe and feel safe, able to contribute to community life, lead healthy and independent lifestyles and take responsibility for their actions and how they affect others."

Purpose and Functions

The Partnership has a statutory requirement under the 1998 Crime and Disorder Act and subsequent legislative amendments to develop and deliver a Partnership Plan which contains community safety priorities based on the current evidence base across the communities of Barnsley.

The Partnership brings together the responsible authorities of Police, Local Authority, Fire and Rescue Authority, Health and Probation to work in collaboration with other statutory / voluntary services and local people to reduce crime and make people feel safer by dealing with issues such as anti-social behaviour, drug and alcohol misuse and re-offending.

The Partnership will strive to:-

- Make Barnsley an even safer place;
- Drive and support the collaborative delivery of Community Safety interventions by all partners; and
- Support the delivery of the Barnsley Health and Wellbeing Strategy and wider partnership landscape to help create the social and economic conditions for health, wellbeing and economic prosperity in the Borough.

To do this, the Partnership will:-

- Deliver the statutory requirements of the Community Safety Partnership;
- Develop the Joint Strategic Intelligence Assessment to inform the development of the Community Safety Partnership Plan;
- Deliver the outcomes set out in Community Safety Partnership Plan across the communities of Barnsley.

Membership

The Community Safety Partnership membership in terms of multi-agency representation is set out below:-

- South Yorkshire Police;
- Barnsley Council;
- South Yorkshire Fire and Rescue Service;
- South Yorkshire Fire and Rescue Authority;
- NHS Barnsley Clinical Commissioning Group;
- Community Rehabilitation Company;
- National Probation Service;
- Barnsley Safer Communities Forum/Neighbourhood Watch;
- South Yorkshire Criminal Justice Board;
- Berneslai Homes;
- Police and Crime Commissioner.

Except where membership of the Partnership is by position, member organisations should appoint named representatives. All members should nominate a named deputy to attend only in their absence. The full membership, including deputies, is set out at Appendix 1.

Officer Support

Officer support for the meetings will be provided as follows:-

- BMBC Community Safety, Technical Support Officer (Secretariat)
- BMBC Community Safety, Strategy & Operations Manager (Policy lead)
- SYP, Local Authority Liaison Officer

Additional officers from the Council and partner agencies will attend meetings on an ad hoc basis to present specific reports.

Roles and Responsibilities

Individual members undertake to:-

- Promote the health and wellbeing of residents of Barnsley embracing safeguarding principles to ensure people are effectively supported and safe from harm;
- Reflect the views of their agency and/or sector, being sufficiently briefed, able to contribute to discussions, make decisions and enact those decisions within their respective agency/sector;
- Identify local issues, needs, priorities and assets to inform the development of strategic intelligence and strategic planning;
- Consult about the work of the Partnership to ensure a strong resident and community voice;

- Embrace a strong performance management ethos in delivering the key outcomes and priorities set out in the Community Safety Partnership Plan;
- Act on what the Partnership has agreed and be held to account for delivery within their respective agency/sector;
- Influence any consequent changes to policy development/ service delivery in their own agency/sector;
- Commit to a whole systems approach of working, including the alignment and pooling of resources where appropriate;
- Champion and advocate the work of the Partnership in their wider networks, locally and nationally, and in the community; and
- Ensure that there are communication mechanisms in place within their agency/sector to enable information about the work and priorities of the Partnership to be disseminated and to ensure decisions are fed back accordingly.

The Chair will undertake to:-

- Promote and encourage discussion and ensure that discussions and resulting decisions reached are recorded;
- Ensure that meetings are conducted ethically, orderly, fair and are thorough, efficient and appropriate to the vision and priorities of the Partnership;
- Represent the views of the Partnership locally, regionally and nationally, where appropriate.

Accountability/Governance

The Partnership reports into the Barnsley Health and Wellbeing Board, as a committee of the Council, but has an important working relationship with the Children's Trust and Safeguarding Boards in the Borough.

The Health and Wellbeing Board (H&WB) and the Barnsley Economic Partnership (BEP) are the two high level strategic partnerships in the Borough. It is important that the H&WB and BEP and the Community Safety Partnership work closely together to improve local outcomes for residents and communities of Barnsley due to the inextricable link between employment, health and overall wellbeing, as well as community safety.

The Partnership has a series of sub groups and may establish time limited task and finish groups as it sees fit, to deliver the vision and priorities of the Partnership. The structure is set out at appendix two.

The Chair of the Partnership is the Chief Superintendent for Barnsley, SYP. The Co-Chair will be appointed from the membership of the Partnership on an annual basis. The Co-Chair for the period 2015/16 is the Executive Director Communities, BMBC.

Meetings will be held approximately every 8 to 10 weeks, as required, with a minimum of 6 per calendar year.

The quorum for the meeting will be one quarter of the membership.

Agendas will be agreed by the Chair with minutes approved at the following meeting.

Papers will be distributed a minimum of 5 clear days before the meeting date. In exceptional circumstances papers can be tabled on the day of the meeting. The use of complex terminology will be minimised in the preparation all working documents.

Members can request the inclusion of items for future meetings by contacting the Chair no later than three weeks before the meeting in question.

Review

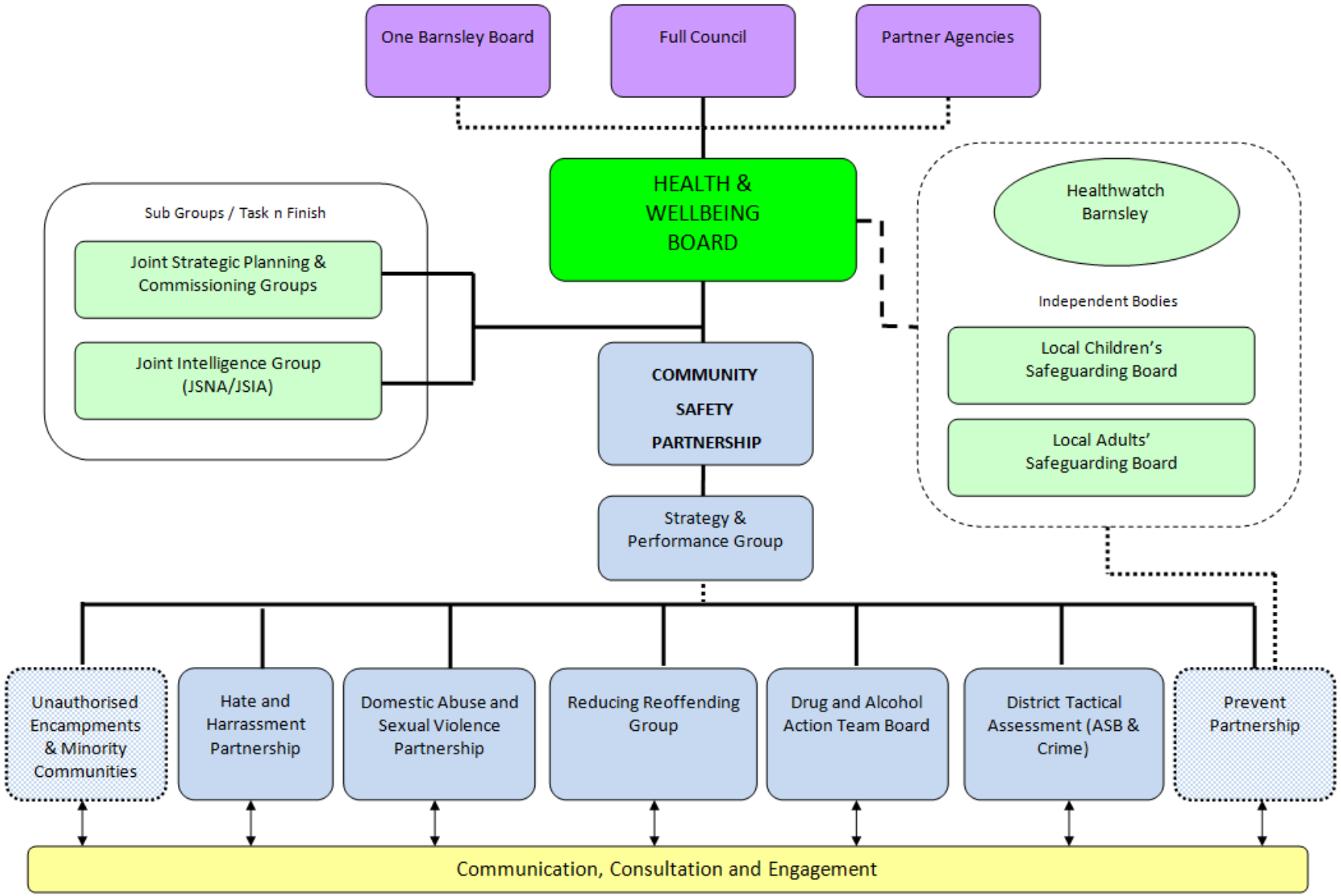
The terms of reference will be reviewed on a 12 monthly basis or as and when required.

Approved by CSP Board: 13/08/15
Review Date: August 2016

Appendix One: Community Safety Partnership Membership

	Agency/Position	Named Representative	Named Deputy
1.	South Yorkshire Police, Barnsley Chief Superintendent (Chair)	Tim Innes	Shelley Hemsley
2.	Barnsley Council, Executive Director Communities	Martin Farran	Wendy Lowder
3.	Barnsley Council, Cabinet Spokesperson for Communities	Councillor Jenny Platts	TBC
4.	Barnsley Council, People Directorate, Service Director, Adults Assessment and Care Management	Kath Harris	TBC
5.	Barnsley Council, People Directorate, Service Director, Children's Social Care & Safeguarding	Melanie John-Ross	Sharon Cooke
5.	Barnsley Council, Communities Directorate, Community Safety & Enforcement Service, Head of Service Community Safety and Enforcement Service	Paul Brannan	Melanie Fitzpatrick
.	Barnsley Council, Communities Directorate, Service Manager Commissioning & Market Development	Jennie Milner	TBC
.	Barnsley Council, Public Health Service Director	Carrie Abbott	TBC
.	Barnsley Youth Offending Team, Service Manager	Ben Finley	TBC
9.	South Yorkshire Fire and Rescue Service, Group Manager Emergency Response	Mark Lidster	Damian Henderson
10.	South Yorkshire Fire and Rescue Authority	Councillor James Andrews	Rhona Bywater/Linda Noble
11.	Community Rehabilitation Company, Assistant Chief Executive	Sue Ludlam	TBC
12.	National Probation Service,	Max Lanfranchi	TBC
13.	NHS Barnsley Clinical Commissioning Group, Chief Officer	Lesley Smith	Jamie Wike
14.	South Yorkshire Criminal Justice Board, Business Manager	Linda Mayhew	Marie Carroll
15.	Neighbourhood Watch/Safer Communities Forum, Representative	John Hallows	TBC
16.	Berneslai Homes, Director of Housing Management	Dave Fullen	Tony Griffiths
17.	South Yorkshire Police Crime Commissioner	Marie Carroll	TBC

Appendix Two: Community Safety Partnership Structure



BARNSLEY HEALTH AND WELL BEING PROVIDER FORUM

Minutes of the meeting held on

Wednesday 9th September, 2015

Attendees:

Sean Rayner	SWYPFT
Sharon Brown	DIAL
Pauline Kimentas	AGE UK
Michelle Hall	MENCAP
Anne Simmons	Alzheimers Society
Phil Parkes	SYHA
Karen Fewster	CAREMARK

Adam Norris in attendance for Item 5 – Sport and Active Lifestyle Strategy.

Prior to commencement SR advised he would be Chairing the meeting in the absence of HJ and introductions were then made.

	Action
Item 1 – Apologies Apologies were received from Helen Jaggar - Berneslai Homes; Andrew Pearce - Caremark; Jo Clarke - CAB; Matt Wright - Barnsley Hospice; Jade Francis - CCG; Karen Kelly - NHS; Richard Walker - TLC Homecare; Jamie Wike - CCG, Kevan Riggett -BPL; Carolyn Ellis- VAB.	
Item 2 – Minutes of the meeting held 10th June 2015 The minutes were accepted as a true and accurate record with the exception of the following:- 1. Anne Simmons was not present at the last meeting. 2. Cheryl Greenwood gave the presentation on frequent flyers not Anne Simmons. The minutes will be amended to reflect the above.	JW

	Action
Item 2a – Matters Arising Item 6 – Social Prescribing Project VAB – It was agreed that an update be provided at the December meeting .	**TG**
Item 3 – Health and Wellbeing Board – 12th August 2015 SR provided the following feedback that had been provided by HJ. • Agreed that a representative of the newly formed GP Federation attend the Forum – HJ awaiting name • Confirmed that Stronger Barnsley Together programmes to cease and no longer be the badge for Barnsley's Integration Pioneers status for which there are a number of work streams which Dan Carver shared with the Forum at the last meeting • Health Watch Barnsley Annual Report • Sport and Active Lifestyle Strategy agreed • 0-19 Healthy Child Programme – consolidation of health visits, school nurse service and support to under age pregnancies out to tender in the Autumn, contract to start 1 April 2016 (SR declared an interest in this). SR provided a brief overview of the GP Federation. It is a group of practices that have formed a social enterprise. It is not unique to Barnsley, there are a number emerging across the country. The practices involved do not lose their Practice identity, but come together for mutual interest and benefits. 16 practices have signed up to it, so far, in Barnsley. They can bid for tenders, put forward proposal for business cases etc. They have submitted a bid for Prime Minster Challenge Funding and have been successful in securing over £1M to support out of hours access for primary care. Public consultation has taken places on where access should take place and 2 hubs have been identified – Chapelfields in Wombwell and a practice in Barnsley. These are coming on stream in October 2015. In time it is hoped that this will help relieve the pressure on hospitals by people attending their GP practices and locality centres instead. SR referred to the update provided by Dan Carver at the last meeting on Pioneer Status. This information had been shared with the Health and Well Being Board. SR confirmed there is still integration moving forward. The meeting felt it would be useful if a further update could be provided in the near future. SR would raise at the SSDG to secure attendance at the Forum to present updates.	SR
Item 4 – Provider Forum Priority Work Areas 4.1 Senior Strategic Development Group - SR provided the following feedback provided by HJ:-	

• Good discussion and acknowledgement of the Forum, as a group to be used as part of system review and transformation. Agreed following remit and priorities for the Forum: - - Two way synergy with HWB Board – to present and receive reports. This is working better with the Chair's attendance e.g. presentations on today's agenda. Last meeting asked if anyone had anything specific they wished to report back e.g. views from Barnsley Hospice on end of live service. Outside of this group HJ forming a task and finish group to look at the health and housing links and will take a report through to SSDG and then into the HWB Board. PP advised that along with himself HJ had invited a representative from Public Health and Strategic Housing. Following their meeting HJ will feed back to the Forum.	**HJ**
- Navigation of the system – the role providers have in terms of UIA and communications. Forum to discuss specific case studies arising from Health Watch Barnsley's advocacy. SB advised that Health Watch Barnsley do not provide advocacy, it is DIAL that does this. Therefore there is confusion on how they will get cases and clarity was requested.	**HJ**
- To act as a consultation forum. - To undertake specific work areas – currently this is frequent flyers which the Forum have triggered and is on the agenda and SSDG are to set up a task and finish group to look at health and care 7 day services with the focus on reducing admissions to hospital. A representative from the Forum will be required and SSDG would welcome a Care Home provider. SR to liaise with HJ on the requirement of the Forum member to input into the Task and Finish Group 7 day service.	**SR**
4.2 <u>Frequent Flyers</u> – AS provided an update of the meeting she attended last month • It is a lengthy case conference type meeting with sensitive information on individuals. • Attended by Police, Fire Service, Ambulance Service, A & E and Forum providers. • Feels is a difficult meeting to attend in her capacity on a regular basis. • Most cases are around drugs, alcohol and mental health. There is nothing specific around dementia, but there could be scope. • She had been asked to pass on contact details of the Forum organisations, but the list she had received only provided the attendees of the Forum and their e-mail address, there were no specifics on the key organisation's services. It was felt more work	

is required on this from the Forum in providing information around mental health, learning disabilities, older people etc and she suggested a booklet format. It was acknowledged however that this would be a significant piece of work. She said the meeting were not aware of the wider services that exist, in particular with regard to prevention. PP confirmed the meeting is very operational, mainly around mental health and alcohol. He suggested it may be more beneficial for the Police to attended this Forum, to enable them to make relevant suggestions in the Frequent Flyers meeting from discussions that have taken place. Contact to be made with Darren Taylor or Cheryl Greenwood's replacement. PP to liaise with HJ. SB feels the connective support is not as comprehensive as it should be. She referred to the smaller support groups that exist within the communities that do not always get publicised on websites and questioned if key agencies were able to sign post on. • AS said the meeting also requested information on the vulnerable persons advocate and asked if there was a Vulnerable Persons Team/Safeguarding Team. Confirmation was provided that the Safeguarding policy is in the process of being updated – PK to seek update of timescale. It was suggested when this is launched a presentation be provided to the this Forum.	**PP** **PK**
<u>Item 5 – Sport and Active Lifestyle Strategy by Adam Norris</u> AN gave a presentation to the meeting. Discussion followed. They key areas are outlined below. AN advised the meeting that they found the information on the groups who undertake less exercise through Sport England who have carried out the research and national data evidence. They do not ask why people cease being active, sometimes it is down to time, family pressure, safety, female body image, or bigger issues An Action Plan will be formulated that should be finalised October/November which will outline how groups are targeted. This will also look at key activities and priorities and how to mobilise some people. SB informed AN that DIAL had carried out some work on how to get people active and have developed some chair exercises. Information to be forwarded to AN. AN advised it is more important for them to get people who are inactive active as this achieves the bigger public health gain. PK said she would forward an evaluation programme Age UK have carried out on designing physical activities for older people which links into the Falls Prevention Strategy.	**SB** **PK**

SR thanked AN on behalf of the group for attending and presenting the useful information.	
Item 6 – Forum Value Set SB referred to the Frequent Flyer presentation at the last meeting where she had observed the word 'patient' being referred to by the Police on a significant number of occasions. She felt that a language needs to be established by the Forum for those who use service, preferring not to use words that could refer to dependency, as this has a negative effect. Acceptable suggestions were people, customers, clients, tenants, older people. It was agreed a value set is required identifying common language that underpins approaches to work. SR to circulate the previous Partnership in Action value set that was developed in Barnsley.	**SR**
Item 7 – Future Agenda Items The following items were suggested. SR to liaise with HJ on agenda dates. • Safeguarding Update • Pioneer Update • Health Watch Overview – (December meeting suggested) • CCG Update on Structure/links and forward plans for next year (Dec meeting suggested) Colleagues to be canvassed on future agenda items. The importance of CCG and the Council attending future meetings was raised by attendees at the meeting. HJ to liaise with relevant officer.	**SR** **HJ** **HJ**
Item 8 – Date of Next Meeting – 9 December 2015 – 10 a.m.	
Item 9 – 2016 Meeting Dates 9th March 15th June 14th September 7th December All at 10 a.m. in Committee Room 1, Town Hall	

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annual report 2014-15

barnsley safeguarding children board

a BRIGHTER future for EVERY CHILD make EVERY DAY count

365 children young

June 2015

Contents

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safeguardingchildrenbarnsley.com

Chair's foreword

I am pleased to introduce the Annual Report of the Barnsley Safeguarding Children Board (BSCB) for 2014/15.

The past year has again been an important year in taking forward improvements to enhance the safety and welfare of children in Barnsley.

In June 2014 Barnsley's safeguarding arrangements were the subject of an Ofsted inspection with the BSCB being inspected in its own right for the first time.

I am pleased to be able to report that the 2014 inspection acknowledged that the quality of the safeguarding services and arrangements had improved and were judged to have improved from 'Inadequate' to 'Requires Improvement'. The same judgement was applied to the Barnsley Safeguarding Children Board.

This led in November 2014 to the Department for Education's Notice to Improve being lifted and the disbanding of the Improvement Board. This leaves the BSCB with a significant governance role in ensuring that the comprehensive Continuous Service Improvement Plan is implemented and changes are embedded.

I am confident that the board is equal to this challenge; we remain committed to enhancing the safety and welfare of children and young people. Together we aspire to improve to an Ofsted Judgement of 'Good' or better still 'Outstanding'.

In the foreword to last year's annual report, I identified the following issues as being in need of further work:

- Continued action to address Child Sexual Exploitation (CSE)
- Ensuring that the application of thresholds for service ensures that those children who are in need of support get the services they require
- Strengthening the engagement with young people and their families to inform service development
- Continuing the work to improve the performance framework
- Further work in addressing child neglect

I am pleased to report that action has been taken against each of those issues and further detail can be found in this report. The work on thresholds has been welcomed and acknowledged by agencies and has led to an increase in the number of assessments and children on child protection plans.

The board effectively uses data to identify areas for improvement and ensure positive outcomes for local children and young people. Data, audit and quality assurance are managed through the; Performance, Audit and Quality Assurance Sub Committee of the Board. Examples of this work include the use of audit data to improve the approach to supporting young people who are at risk of child sexual exploitation and changes made to the process for the delivery of Child Protection Conferences.

The board has a number of sub committees, an outline of the work undertaken by each of them is provided in the main body of this report.

In year improvements:

- The introduction of the Early Help Assessment to replace the Common Assessment Framework. To improve outcomes for children by addressing their needs in the wider family context and improving timeliness of help to prevent issues becoming more complex and challenging.
- Stronger arrangements for tackling Child Sexual Exploitation (CSE) and responding to those children that are considered to be at risk of being exploited. The CSE Strategic Group reports directly into the BSCB and considerable work has been undertaken to ensure that a relevant and comprehensive action plan is in place. CSE cases have been audited leading to changes in approach. Further audits are scheduled within the BSCB Multi-Agency Audit Plan.
- The move to a Signs of Safety model for Child Protection Conferences. This is a more dynamic process that seeks to more effectively involve children and families in the development of Child Protection Plans. A full review of this process will be presented to the Board in September 2015.
- Individual agencies have addressed actions arising from their individual Section 11 Self Assessment and the challenge process.
- New approaches to delivering training with the introduction of lunch time seminars on key issues. These have proved a timely and popular way of providing information to staff in a way that reduces abstractions from the work place.
- One day conferences on key subjects including Child Sexual Exploitation and Neglect.

Challenges

Each year schools are requested to submit a self assessment on their arrangements for safeguarding children. The return considered by the board in March 2015 showed a disappointing reduction of 22% in the percentage of schools submitting their return.

During the forthcoming year the board needs to establish why the return rate has fallen and to take action to see a significant improvement. Schools who did not submit their return were asked to ensure a completed return was submitted to be included in an amended report delivered to the board in May 2015.

The board has faced financial challenges resulting in a small overspend; this is largely as a consequence of commissioning three Serious Case Reviews. This led to a meeting with the partner agencies that provide a contribution to the budget to secure an increase in contributions for 2015/16.

In conclusion, the board and its member organisations, consistently display their commitment and there is clear evidence of improvements being made.

Bob Dyson QPM,DL
Independent Chair, Barnsley Safeguarding Children Board.

Introduction and local safeguarding context

Barnsley Safeguarding Children Board comprises of representatives from a range of statutory partners, who are passionate about promoting the safeguarding and welfare of local children, young people and families in Barnsley.

Our vision is that:

Every child and young person should be able to grow up safe from maltreatment, neglect, accidental injury/death, bullying and discrimination, crime and anti-social behaviour.

Children are entitled to a strong commitment from the BSCB and its constituent agencies to ensure that they are safeguarded. Where possible, this will be done in partnership with parents and carers, and by engaging the active support of the public. We will do as much as we can within the resources available to us and, with every agency providing services, we can maintain an inter-agency safeguarding system directed at safeguarding and promoting the welfare of all Barnsley's children.

We will endeavour to ensure that every child is safe, well cared for and thereby supported to fulfil their potential to make the transition from childhood to adulthood.

The board's prime responsibilities are:

- to co-ordinate what is done by each person or body represented on the board for the purpose of safeguarding and promoting the welfare of children in the area, and
- to ensure the effectiveness of what is done by each person or body for that purpose.

The board oversees work undertaken by partners to provide integrated services for children and families, with particular focus on safeguarding and promoting the welfare of children and young people.

This Annual Report provides:

- an outline of the main activities and achievements of the Barnsley Safeguarding Children Board during 2014 and 2015.
- an assessment of the effectiveness of safeguarding activity in Barnsley.
- an overview of how well children are safeguarded in Barnsley.
- ambitions for future service developments and identification of key priorities.

Early Help

The emphasis of the work undertaken by the board and partners continues to move towards effective early intervention and prevention. Early Help services in Barnsley form part of the continuum of help and support to respond to the different levels of need of children and families. The way practitioners work together, share information, put the child and family at the centre, move swiftly to provide effective support to help them solve their problems and find solutions at an early stage is at the heart of a strong Early Help approach.

It is recognised that Early Help is everyone's responsibility across the partnership. There is commitment at all levels to work more closely together to build upon what we do for and offer to children and families. The focus of the work over the last period has been to strengthen understanding of the approach across the partnership ensuring that the shift to Early Help is embedded and is sustainable. Barnsley's whole family approach to working with families

continues with the implementation of the Early Help Assessment. In March 2015 the start of the next phase of consultation began on Early Help with practitioners, the feedback from which will be worked on together across the partnership to plan and mobilise the Early Help support we would like to see.

Support for practitioners has been developed including refreshing of the Practitioner Forums, articulation of the Early Help Offer and the revision of the Barnsley Assessment Framework to include guidance and support on Early Help. Good early help is founded in the skills and confidence of practitioners and support from safeguarding leads. To this end, training has been developed for delivery to all early help practitioners to further develop their skills and confidence in working with families and in 'holding the ring' on early support. The training includes working in a multi-agency way, understanding other practitioners' services and roles; working honestly and openly with families and with other professionals.

Local relationships

The board is strongly committed to further strengthening its relationship with other strategic partners, including the Children and Young People's Trust Board, the Health and Wellbeing Board and the local strategic partnership, 'One Barnsley'.

The One Barnsley Board, of the Local Strategic Partnership (LSP) is responsible for agreeing the overall strategic direction for achieving the economic and social wellbeing of the Borough, the vision and objectives are outlined in the following two strategies:

- Barnsley Health and Wellbeing Strategy (2013-16) - responsibility for delivery rests with the Barnsley Health and Wellbeing Board
- Barnsley Jobs and Business Growth Plan (2014-17) responsibility delivery with the Barnsley Economic Partnership

The role of the One Barnsley Board is to provide co-ordination and coherence across these two principal partnerships and to challenge partners in both partnerships, ensuring their performance contributes to the successful delivery of outcomes.

To affirm all these relationships, the board has approved a protocol covering governance arrangements and the degree to which they enable partners to assess whether they are fulfilling their statutory responsibilities to help, protect and care for children and young people. The board also articulates clear improvement priorities in its Business Plan, with actions to accomplish improved outcomes.

A chart of the structural relationship between the BSCB and its strategic partners is shown on page 12.

To ensure effective safeguarding and child protection, the BSCB operates under an information sharing agreement, however this will need to be reviewed over the course of this year.

Local demographic context

Barnsley is part of a broad South Yorkshire conurbation located around traditional community bases of former mining and market towns. The latest data from the Office for National Statistics (ONS) (2013) shows the population of those under 18 years is approximately 21% of the total population at 49,500 (ONS Mid-Year

Estimates 2013) and is expected to increase by approximately 1% by 2017 to 49,900. The predicted population increase has implications for increased demands on all services, including those providing child and family support. The School Census (2014) shows that 7.8% of primary school pupils and 4.9% of secondary school pupils are from minority ethnic origins.

The Growing Up in the UK report (2013) recognises a link between infant mortality and deprivation; those born to the most deprived parents have a higher infant mortality rate per 1,000 live births compared to babies born to the least deprived. The Public Health Outcomes Framework (Feb 2015) shows infant mortality rates at 3.5 deaths per 1,000 live births. This is lower than the regional and national averages of 4.1 and 4.6, and follows a five year trend of lower rates from 2006-2012. The Index of Multiple Deprivation 2010 ranks Barnsley as the 47th most deprived local authority in England.

Women living in deprived areas are more likely to smoke during pregnancy than their more affluent neighbours (Graham, 2003) with smoking in pregnancy being a major contributor to increased infant mortality in England (Public Health England, 2013). The rate of women smoking during pregnancy in Barnsley is 23% of the maternal population; this is higher than regional average of 16.2% and national average of 12% (Health and Social Care Information Centre, 2013/14).

In Barnsley, unemployment is higher than national average for those aged 16-64 years; 8.5% compared to 6.4% nationally (Annual Population Survey, 2014) and the rate of children living in out-of-work benefit claimant households is 23.3% (Department for Work and Pensions, May 2014). This is higher than the national rate of 17%. In 2010-2011, 29% of children living in urban areas in England lived in households below the poverty threshold after housing costs, and children are most likely to live in a household with an income below the poverty threshold (Department for Environment, Food and Rural Affairs, 2013). Child poverty in Barnsley is higher than the England average, with 22.8% of Barnsley's children under 16 years living in low income families according to the Children in Low-Income Families Measure (previously the Revised Local Child Poverty Measure or National Indicator) compared with an 18.6% national rate (HMRC, 2012).

The ONS's study into teenage conception rates in England found that rates were highest in the most deprived areas (ONS, 2014). The latest data shows Barnsley's teenage pregnancy rate is 40.9 per 1,000 of the population (ONS, 2013). This is over a third higher than the national and regional averages of 24.3 and 28.5 and follows a five year trend of lower rates from 2006-2012.

Nationally, individuals with a low level of educational attainment are almost five times more likely to live in poverty than those with high levels of education (Household Income and Expenditure Analysis, ONS, 2014). Although educational attainment continues to improve in Barnsley, results at age 16 remain below the national average in relation to the proportion of children attaining 5 A* to C grades at key stage 4, including English and Maths (47.1 % compared to 53.4%, Children, Young People and Family Service, 2014).

Children from deprived backgrounds are more likely to have complicated health histories over the course of their lifetime, including a lower life expectancy; professionals live on average eight years longer than unskilled workers (ONS, 2011).

In Barnsley, life expectancy is slightly lower than the national average, with an expectancy of 78 for males and 82 for females compared to 79 and 83 nationally (Public Health Directorate 2009-2013). However, there is a significant inequality in life expectancy across the borough, with those living in the wards with the highest levels of deprivation dying on average 6 years sooner than those in the least deprived wards (Public Health Directorate 2009-2013)

Coordinating local work to safeguard and promote the welfare of children

Governance and accountability

The board's constitution was reviewed in November 2013 to ensure continuing relevance and reflect membership changes dictated by national changes in health service structures. In July 2013, a gap analysis against the 'Working Together' 2013 provided assurance that operational practice accords with the statutory guidance. A similar activity has been planed for 2015 to ensure compliance with the revised 'Working Together' document published in March 2015.

The board has six planned business meetings each year, together with additional sessions, to allow time for member development and reflection on specific issues. Special meetings are convened when required, for example to receive the findings from Serious Case Reviews or discuss key member financial contributions.

To promote optimum focus on priority issues, the board revised its sub-committee structure in 2012. These arrangements were largely retained in 2013-14 and 2014 -2015, with the addition of two new sub-groups with direct reporting lines to the board in recognition of emerging priorities relating to child sexual exploitation/missing and services to children with disabilities and complex health needs. The current subcommittee structure will be maintained for 2015/2016. The terms of reference and the membership for each subcommittee will however be reviewed over the course of the year and task and finish groups will be established to help progress some subgroup priorities, for example; Female Genital Mutilation (FGM).

The current sub-committee structure, as depicted in Appendix 1, provides for focus on our priorities and promotes activities aligned to the board's statutory functions. The functions of the sub-committee and sub-groups, which all meet at least six times a year, are:

- **Performance, Audit and Quality Assurance (PAQA)**
  Provides oversight of performance management data, review of a rolling programme of audit activity and improvement to service quality
- **Policy, Procedures and Practice Development (PPPD)**
  Ensures that policy and procedures are current, implemented, embedded and reflective of practice
- **Workforce Management and Development (WMD)**
  Addresses all aspects of multi-agency safeguarding training including; evaluation of impact and reviews, aspects of workforce management concerned with safer recruitment and supervision
- **Serious Case Review (SCR)**
  Oversees commissioning and management of SCRs, ensuring agencies are accountable for

implementing recommendations and action plans and promotes strategic learning from local and national reviews, including Domestic Homicide Reviews. (A separate, independently chaired, Serious Case Review Panel is convened to review individual cases as required)

- **Child Death Overview Panel (CDOP)**
  Examines the deaths of all Barnsley children, in accordance with statutory guidance and reports directly to the board
- **Child Sexual Exploitation and Missing Panel (CSEM)**
  This group is not a formal subcommittee of the board. It is an operational group to review individual cases of concern and ensure provision of appropriate services through a multi-agency response.

  The Terms of Reference for this group were reviewed in November 2015 and panel arrangements were strengthened. The CSE Strategy Group has oversight of the work of the panel.

The CSE Strategy Group

This group is responsible for the strategic development of Barnsley's response to CSE. This includes the newly refreshed CSE Action Plan and CSE Strategy. Progress against the action plan is monitored by the group and scheduled audits in relation to CSE are conducted and submitted to the board.

Children with Disabilities and Complex Health Needs (CWDCHN)

Provides more robust oversight under the board's governance and support to the increased vulnerabilities of this group of children and young people ensuring continued provision and a multi-agency response

This structure provides the board with a mechanism for multi agency development and review of safeguarding practice ensuring existing and emerging priorities are identified and addressed. It also ensures a valued input from adult services in areas of mutual safeguarding concern such as domestic abuse, adult mental health and substance misuse.

Communication between the board and sub-committees is strengthened through the regular Sub-Committee Chairs Briefing held before each Board Meeting. During the briefing each of the subcommittees escalates any areas of concern to the BSCB Chair which are flagged to the board for action. It is evident that partners increasingly feel confident to use respectful challenge as a means of improving services to children and young people. Briefings provide beneficial support to the sub-committee chairs and reinforce their relationship with the board and their responsibilities as Subcommittee Chairs. This meeting also helps to retain a focus on key priorities as explained below.

- **Focus on priorities**

Each year, the board reviews its current Business Plan to identify success in achieving objectives and identify new priorities for next year. The BSCB Chair and the Sub Committee Chairs meet regularly to review progress and ensure that workload is managed and implemented effectively, in line with the Business Plan. These meetings also consider emerging issues of interest or concern in light of the board's priorities.

When testing effectiveness the BSCB draws on both performance data and quality assurance activity that examines in detail the quality and effectiveness of front line

practice ensuring a 'line of sight' to practice at the front line.

All board members and specialist advisors have a strategic safeguarding role in relation to their own agencies. Accountability to local communities is promoted through the two lay representatives.

The BSCB provides a forum to hold partners to account and test effectiveness of multi-agency working to safeguard children. The BSCB 'holds the ring' on challenging performance providing a forum for partners to challenge across the piece.

- **Effective partnership working and relationships with strategic partners**

The board's functions and responsibilities complement those of the Children and Young People's Trust and provide for leadership and ownership of safeguarding at all levels in the council and partners.

The Children and Young People's Trust, chaired by the Executive Director for People, secures the cooperation of partners to strategically plan and align service commissioning to improve children's outcomes. These arrangements encompass all strategic partners, with a focus on working together to improve the wellbeing, life chances and outcomes of every local child.

The BSCB refers to the Children and Young People's Trust matters that have commissioning implications. The chair of the BSCB escalates matters to the governance structures of partners and / or the Health and Well-Being Board where it is considered that agencies are failing to discharge responsibilities under 'Working Together' (2015).

Our high aspirations for children and young people, relating to their ability to secure optimum health, safety, educational attainment and contribution to their communities, recognises that families need support across the whole spectrum of services, including social care, education, health, police, voluntary organisations, safeguarding and other stakeholders.

Responsibility for establishing a secure continuous service improvement approach for children, young people and families rests with the Children and Young People's Trust and the BSCB.

The shared ambition of the Barnsley Children and Young People's Trust and BSCB is to go beyond Ofsted's judgement of 'requires improvement' and to deliver the best possible outcomes for local children, young people and families. This means collectively working together to deliver services which are judged to be at least good. In order to achieve this ambition services for children, young people and families will use the Continuous Service Improvement Framework.

The framework is made up of a number of dynamic elements. It is understood that it is the people (officers, elected members, non–executive officer, independent chairs) operating at different levels with different functions in their organisations who will make the children's system work effectively. This requires everyone operating within the system to discharge their responsibilities effectively and to be held to account. These elements include:

- The Children and Young People's Trust
- The Safeguarding Children Board
- Elected Member led challenge

- A Continuous Service Improvement Officers Group
- A Continuous Service Improvement Plan
- External Review and Challenge
- Culture of Respectful Challenge
- The Voice of the child
- Joint review of the framework.

At the annual joint meeting of the BSCB and the Children and Young People's Trust Executive Group (CYP TEG) held on 10 October 2014 key areas for discussion included: An understanding of the responsibility of both boards; the Continuous Service Improvement Plan; a combined risk register; and consideration of the ways in which both boards could work more effectively together in future to achieve improved outcomes, and enabled shared priorities.

It was agreed that there needs to be a link between the BSCB risk register and identified risks to the Children and Young People's Trust, and that a single risk register would also reflect joined up working. The work to produce a joint risk register is ongoing at the time of writing this document.

The group identified the following key areas for joint development and focus:

- Keeping the needs of children at the centre of all activities.
- Early Help
- Membership roles and responsibilities
- Voluntary sector engagement
- Challenge
- Pace
- Communication
- Data sharing
- Cultural dynamics in Barnsley

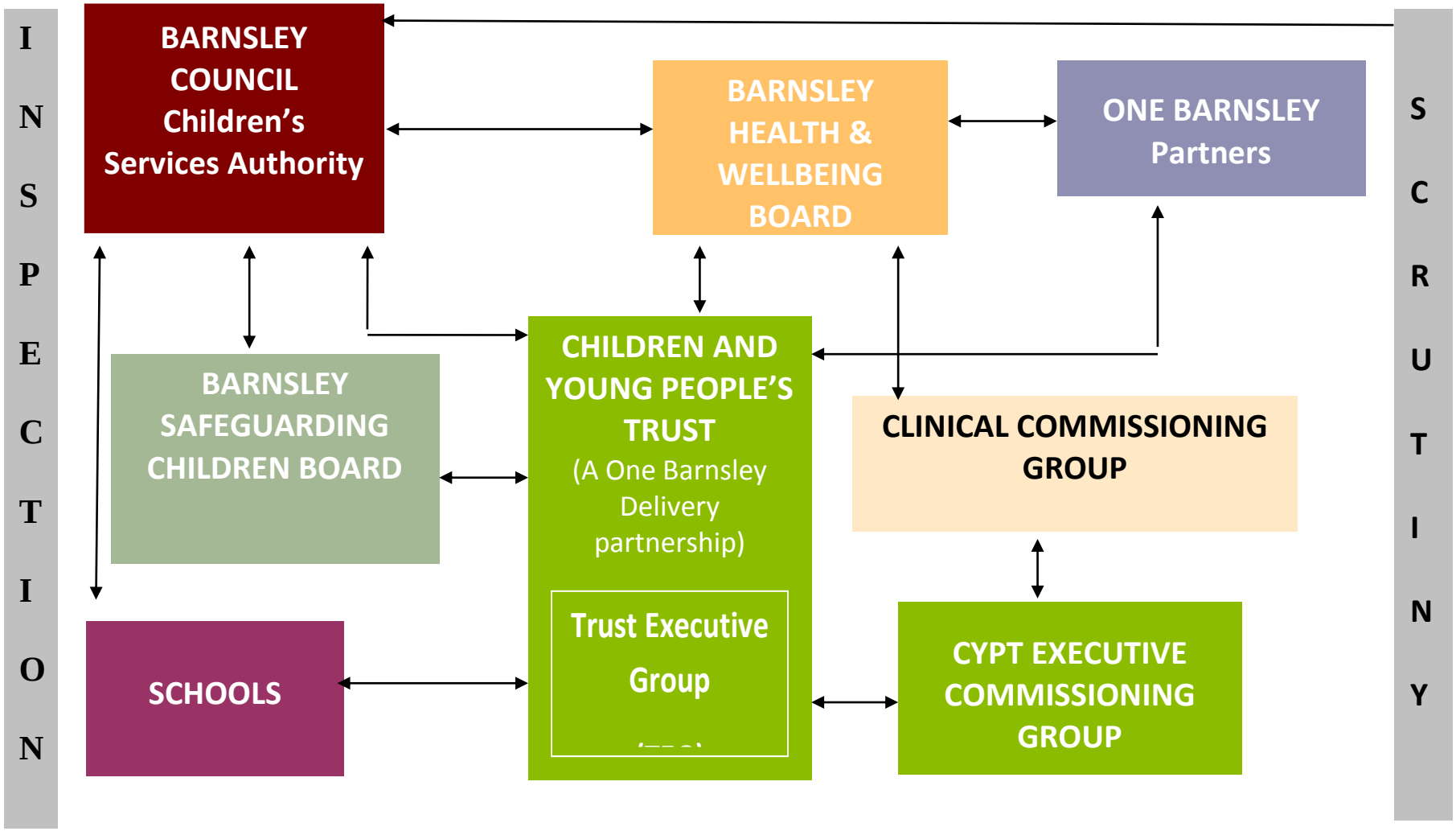
The Children and Young People's Trust Children and Young People's Plan 2013-16 recognises the nature and value of its relationship with the BSCB through its three main safeguarding priorities:

- improving the safety of children by developing the engagement and focus of all partners via the BSCB.
- increasing confidence and understanding of referral processes and thresholds
- developing data use, information and quality assurance.

During the year, these priorities were progressed as the BSCB continued to hold individual agencies to account in discharging their responsibilities to keep children safe. From 2013-16, the Children and Young People's Trust and partners have identified the following as continuing priorities:

- maintain oversight of and take forward actions from the Ofsted Improvement Programme relevant to the BSCB
- To continue to improve performance management and quality assurance systems to ensure robust and continuous service improvement, supported by workforce development programmes to secure safe practice.
- Ensure that the board maintains a comprehensive overview of the work of partner agencies involved with safeguarding, including the voluntary sector.
- Ensure the implementation of actions within the Child Sexual Exploitation Strategy.
- Ensure all board members are up-to-date with changes in policies, guidance and practice to provide strategic direction and scrutiny of core safeguarding and child protection processes and data, and provide effective challenge.

WORKING TOGETHER Partnership Groups



Progress on key priorities and achievements in 2014-2015

Last year's key priorities relating to the coordination of local safeguarding activity and promotion of children's welfare are set out below, with commentary on the extent to which they were achieved. More detail and examples of specific activities relating to each priority is contained in the sections of this report which outline the work of the subcommittees throughout the year.

Maintaining a strong commitment to continuous improvement and challenge through oversight and taking forward relevant actions from the Ofsted Improvement Programme and new governance structure

The board has maintained oversight of activity under the Improvement Programme though regular updates, Section 11 interviews, individual reports on particular areas of concern, and evidence from specific audit activity. The board has sought to encourage more open challenge during debates in order to secure service improvement and embraces its new role in monitoring the Continuous Service Improvement Plan under the direction of the Executive Director for People.

Continuing to develop and refine our Performance Management Framework

The board is now able to secure systematic reporting of valid and useful KPIs, with sufficient contextual analysis to understand and identify improved performance across all partner organisations.

Addressing the increasingly high profile risk relating to child sexual exploitation, in conjunction with relevant partners

Local analysis identified gaps within Barnsley's strategic response and monitoring of CSE. The internal review identified the need to address child sexual exploitation in a robust and comprehensive way, in line with best practice by:

- Identifying victims and providing appropriate responses and services
- Raising awareness amongst practitioners and professionals to ensure familiarity with signs and symptoms enabling identification of potential and actual victims

The publication of the independent inquiry into CSE in Rotherham identified widespread issues with the multi-agency response to the issue. Learning from this report is being used to inform Barnsley's internal review.

Over the last year considerable effort and resource have been put into raising awareness and developing structures to provide a robust and effective local response to CSE. The CSE Strategic Group has become well established and is chaired by the Police. The group reports directly to the board which has a strong focus of challenge and pace in relation to CSE. The group's purpose is to ensure the board's CSE strategy and action plan are effectively implemented and progress monitored to achieve the key objectives above.

The CSE Strategic Group also oversees the work of the Child Sexual Exploitation and Missing Panel and in November 2014 revised the terms of reference for Panel.

The operational group focusses on reviewing high risk victims, offenders and locations with the aim of adding value to existing plans to inform better protection, prosecution of perpetrators and to inform strategic planning around CSE. The group meets monthly to review all individual cases or potential cases of CSE to ensure

there is effective safeguarding and planning of appropriate services for these young people.

During the last year the Strategic Group has:

- Completed a 'Thematic Inspection of CSE' utilising guidelines published by Ofsted in autumn 2014
- In January 2015 the group reviewed the CSE Action plan. The revised version was approved by the board in March 2015
- Carried out quarterly multi agency dip sampling of CSE cases reported directly to the board
- A suit of practice documents and policy updates in relation to CSE has been completed and an enhanced programme of training in relation to CSE is now available to all agencies. Awareness raising has also taken place in relation to taxi licensing and hoteliers

In March 2015 the CSE Strategy Group undertook to review the board's CSE Strategy and the revised strategy will be submitted to board on completion.

There is no evidence or intelligence to suggest that Barnsley has an issue of gang related CSE. However all agencies are actively monitoring information to ensure any such CSE is identified and dealt with as soon as possible.

Barnsley's CSE profile suggests that the majority of cases are single victims that have been targeted by a single offender.

What next:

- Maintain a continued focus by all agencies on CSE
- Continue to progress actions within the CSE action plan until completion including a review of therapeutic support for victims of CSE.
- Seek assurance regarding the embedding of actions and effectiveness of the response to CSE via specific and targeted audit work
- Embed revised processes for intervention, investigation, risk assessment and utilisation of the CSE Panel for monitoring and support

The board will:

- Continue to promote multi-agency awareness raising
- Maintain oversight through regular reports on progress of the action plan via the CSE Strategic Group to the BSCB, senior officers and members of the Council
- Continue to participate in county-wide activities to raise awareness, develop best practice and address individual cases.

Improve our learning from Serious Case Reviews

The SCR Sub-Committee has continued to disseminate learning through multi-agency training activity and specific single agency learning events in relation to SCR action plans. Action plans are monitored by the committee to ensure implementation of actions and an evidence bank to illustrate the changes to practice has been established. This work will continue next year as additional case specific action plans are completed in relation to a number of ongoing SCRs. A priority for 2015/16 will be to develop more robust commissioning arrangements in relation to the commissioning of SCRs.

Continue to promote activities to mitigate the risks to children arising from domestic abuse, adult mental health, substance misuse and digital technology

These areas of safeguarding are progressed by the Policy, Practice, Procedure and Development Sub-Committee (PPPD). Maintaining oversight of all these vital areas, together with other emerging areas of concern and promoting activities to mitigate the risks, has been difficult and had limited success. More effort will be required next year to ensure sufficient resources are available and deployed to address these areas in a more systematic and consistent way.

Accelerate joint working arrangements with the Barnsley Safeguarding Adults Board where this could be mutually beneficial

The Safeguarding Adults Board is represented on the BSCB and its sub-committees to facilitate joined up working around those issues that mainly affect adults, but also impact on their children. The focus on joint practice needs to be maintained in order to ensure a whole family approach to policy, practice and assessment.

A focus on and review of the 'Front Door'

Over the course of 2014 the 'Front Door' has been through a period of development as a response to the review with associated realignment of threshold supported by a re-launch of the BMBC threshold for intervention being completed to embed a shared understanding of threshold for intervention. An integral part of this approach has been to be more responsive to children living in neglectful situations and to address more chronic neglectful parenting which relates to parental substance misuse, and domestic abuse.

As the service has developed and the threshold realigned the volume of work has continued to increase with more children accepted for tier 3 interventions and numbers of assessments increasing. As pressure on capacity in the service has increased strategies to prioritise case allocation and focus on timely and good quality assessment have been pressured and both social work and management capacity increased to respond.

Data and feedback from service shows increases in children in need opened for referral and assessment and conversion rate from referral to assessment shows marked increase over the course of 2014 and into 2015.

There has been an appropriate rise in numbers of children subject to a child protection plan from 200 in December 2013 to circa 340 in March 2015. Significant increase in those categorised as 'neglect'. This increase in numbers per 10,000 brings us in line with national average and closer to statistical neighbours.

More agency partners now contact their own safeguarding lead to seek advice to divert low level contacts *however it* is important that all agency partners develop this practice to divert low level contacts and reduce growing pressures on the 'Front Door'. The board will ensure this is a key priority throughout 2015/16.

Workforce management and development

Barnsley's biggest asset in terms of safeguarding children and promoting their welfare is its workforce, the town generally has workforce stability across all agencies and vacancies are usually filled in a timely manner. The Workforce Management and Development Sub-Committee's remit includes oversight of partner agencies' workforce responsibilities with regard to agency compliance with Working Together to Safeguard Children and statutory guidance. This includes the planning,

design, delivery and evaluation of the multi-agency Safeguarding Children Training Strategy and Programme. Adult services and community representation maintain a strong link with adult workforce training and promote a wider overview and input to safeguarding training.

During 2014-2015 the Workforce Management and Development Sub-Committee commissioned and delivered specialist multi-agency safeguarding training for 2,403 delegates across the children's workforce. The multi-agency training programme is dynamic and flexible to meet the needs of the workforce and their capacity to access training. The training programme has been developed and delivered in response to statutory requirements, learning from SCRs, current research and report findings.

Most importantly, the training substantially contributes to a firm foundation of practitioner knowledge and awareness and is key to the safeguarding of children and young people in Barnsley.

In addition to the variety of multi-agency courses the programme of lunchtime seminars which continues to be very popular has been reviewed and further topics added.

New topics include:-

- Operation Klan-Child Internet Abuse
- Fabricated or Induced Illness
- The role of the Child Death Overview Panel
- Information Sharing in difficult Situations
- Young People Affected by Intimate Partner Abuse

Contribution from partner agencies

Many multi agency courses benefit from participation and contribution of partner agency colleagues, who regularly provide input through co-delivery with the multi-agency trainer or sole delivery. These include South Yorkshire Police; Trading Standards; Barnsley Hospital, CAMHS; Pathways; Addaction; Child Protection Conference Chairs; Multi-Agency Co-ordinators and the Local Authority Designated Officer. This input is valued in providing a wider multi-agency perspective. In addition, the programme is supported by reciprocal contribution from neighbouring authorities, which brings a broader regional view and economic benefit.

Strong and productive links with Yorkshire and Humber regional safeguarding trainers have also been developed resulting in joint approaches and activities including, in November 2014, a very successful Safeguarding Conference on Serious Case Reviews: What Next?

Key achievements

There have been improvements to the monitoring of the impact of training and feedback to inform the training programme.

The impact of training has been added to the Section 11 Challenge Visit that the Safeguarding Board Chair and Safeguarding Board Manager undertake with all Safeguarding Board member agencies.

Managers are expected to assess the impact of training during the member of staff's annual appraisal and during supervision.

Ofsted Inspectors commented on the quality and variety of the multi-agency training programme.

This sub-group has continued to engage with Faith Communities to ensure that they are adequately safeguarding children. Links with travelers, asylum seekers and migrant communities have also been made.

A full day conference was held on neglect which was oversubscribed, and a conference on Domestic Violence 'Behind Closed Doors', held which received very positive evaluations.

E-Learning

In addition to traditional classroom based courses there is an e-learning offer. The learning packages have interactive screens, learner challenges and online assessment, and issue a certificate on completion.

E-learning continues to be well used and valued, with 3187 learners accessing safeguarding e-learning courses in the reporting period. Our varied range of courses includes:

- Awareness of Child Abuse and Neglect (foundation and core levels)
- Runaways – The South Yorkshire Protocol
- Integrated Working (introductory level and strategic manager overview)
- Hidden Harm
- Safeguarding Children with Disabilities
- Safeguarding Children from Abuse by Sexual Exploitation
- Think Safe, Stay Safe, See Safe
- E-safety
- Child Development
- Basic Awareness of Domestic Violence and Abuse, including the impact on Children, Young People and Adults at Risk
- Equality and Inclusion in Health, Social Care or Children's and Young People's Settings
- An introduction to Female Genital Mutilation, Forced Marriage, Spirit Possession and Honour Based Violence
- Safer Recruitment

Evaluation of multi-agency training

Training receives very positive feedback:

"More than addressed my needs - very up- to-date and relevant evidence presented of recent cases"

"Very informative and challenging of preconceptions"

"An incredibly powerful course. The films were very hard-hitting and emphasised the seriousness and impact of domestic violence"

"Given me confidence to challenge other professionals and obtain advice"

Future Developments

The training programme is kept under regular review by the Workforce Management and Development Sub-Committee, to ensure that the training continues to meet the needs of organisations and individuals. Regular monitoring of course evaluations and attendances evidences the value of the courses and provides quality assurance. This has resulted in very few courses being cancelled during the year.

The group will continue to focus on evaluation of training and impact on practice. It will explore different ways of delivering training, such as webinars to reach a larger audience. Webinars could help to engage with professionals who may struggle to access training during the day such as teachers and GP's. The group want to explore ways of generating income as pressures on the BSCB budget continue to increase ensuring that the multi-agency training programme is able to be maintained and continue to keep

pace with the developing needs of Barnsley's workforce.

The group have made improvements to the Female Genital Mutilation (FGM) training as a result of National Guidance and the Serious Crime Act. Child Sexual Exploitation Champions and FGM have been recommended for all agencies and service areas.

Increasingly practitioners across both adults and children's services are being encouraged to develop family based approaches to working with vulnerability and need, to address this, a comprehensive and concentrated programme of 'Think Family' awareness raising sessions are planned to be delivered for a three month period from the end of April 2015.

To complement this, in recognition of how the co-existence of key issues, such as; domestic abuse, substance misuse and parental mental illness can significantly contribute to the abuse and neglect of children, a half day 'Safeguarding Adults and Children' course has been developed for practitioners in both Adult and Children's Services. It raises awareness of safeguarding issues for both vulnerable adults and vulnerable children and considers how practitioners in Adult and Children's services might work more effectively together.

The number and nature of multi-agency courses delivered in 2014-15 and agency attendance is set out in the table:

	Number of courses	a	b	c	d	e	f	g	h	i	j	k
Achieving Best Evidence Through Interviewing Skills	1	7	2	0	0	1	0	0	1	0	0	**11**
Becoming Culturally Competent	1	5	2	0	0	0	0	0	1	4	0	**12**
"Behind Closed Doors" - Multi-agency Conference on Domestic Abuse	1	14	8	7	5	21	1	4	25	5	2	**92**
Child and Adolescent Mental Health Disorders and Illnesses	1	3	4	2	0	3	0	1	3	0	0	**16**
Communicating Effectively with Children	2	15	4	0	0	4	0	0	5	18	0	**46**
Conferences and Core Groups	3	14	9	4	0	8	0	2	21	2	0	**60**
Court Room Skills	2	8	4	0	0	11	0	0	2	7	1	**33**
Domestic Abuse and the Effects on Children and Adults	3	12	8	1	2	15	0	2	20	9	0	**69**
Domestic Abuse, Risk Assessment and MARAC	3	14	9	1	3	27	0	1	15	1	2	**73**
"Don't Shake the Baby"	2	23	1	1	0	26	0	0	5	11	0	**67**
Engaging with Children and Families Assessment Processes	1	12	1	1	0	2	0	0	2	0	0	**18**
Engaging with Fathers and Father-figures	1	10	1	0	0	2	0	0	6	5	0	**24**
Forced Marriage, Honour-Based Violence and Female Genital Mutilation	1	17	0	0	1	4	0	0	3	0	0	**25**
"Good Enough for your Child?" - Multi-agency Conference on Neglect	1	47	12	4	1	15	2	0	13	0	4	**98**
Introduction to Child and Adolescent Mental Health Issues	1	3	6	2	0	3	0	0	4	3	0	**21**
Learning Lessons from Serious Case Reviews	1	4	1	1	0	3	0	0	5	1	0	**15**
"Legal Highs"	2	12	4	3	0	10	0	0	14	7	0	**50**

Lessons Learned from the Savile Investigation at Leeds Teaching Hospitals	1	6	2	1	1	8	0	2	8	0	0	**28**
MAPPA Awareness	2	8	4	3	2	4	0	2	16	1	2	**42**
Parental Problematic Substance Misuse	3	26	10	0	0	5	0	0	14	4	0	**59**
Physical Abuse and the Role of the Paediatrician	2	10	2	0	0	4	1	0	3	7	0	**27**
Preserving Forensic Evidence	1	4	3	1	0	5	0	0	1	7	0	**21**
Prevent' Agenda	1	5	2	0	6	6	0	8	2	1	0	**22**
Raising Awareness of Child Sexual Exploitation	8	36	17	26	0	67	0	0	42	12	1	**209**
Recognising and Responding to Children and Young People Who Display Concerning or Harmful Sexual Behaviour	1	4	2	1	0	5	0	0	6	0	0	**18**
Safe Practice to Prevent Allegations Against Professionals	1	1	3	2	0	2	0	0	12	1	0	**21**
Safeguarding Children Online	1	3	7	2	0	1	2	0	5	4	0	**24**
Safeguarding the Older Child	1	7	4	3	0	2	0	0	6	9	1	**32**
Safer Recruitment	2	12	15	0	0	1	0	0	8	0	0	**36**
Self-Harm Awareness	2	5	4	1	2	3	1	0	10	10	0	**36**
Sexual Abuse - the Investigative Process	2	9	3	5	2	2	0	3	7	3	0	**31**
Sexual Exploitation of Children and Young People	3	20	8	2	0	10	0	9	10	8	3	**64**
Signs of Safety' - Changes to Child Protection Conferences	11	52	52	10	2	77	1	0	51	0	0	**254**
Sleep: Issues and Impacts	2	16	3	0	0	5	0	0	5	13	0	**42**

Teenage Brain Development and Engaging Teens	1	17	0	0	0	5	0	0	8	13	0	**43**
The Impact of Parental Imprisonment on Children and Families	1	6	1	0	0	2	0	0	8	10	0	**27**
The Voice of the Victim	1	15	0	2	0	3	0	1	7	5	0	**32**
Understanding Attachment	1	14	1	1	0	5	1	1	3	3	0	**29**
Understanding Autistic Spectrum Disorders	2	*10*	*9*	*0*	*0*	*8*	*0*	*2*	*12*	*10*	*0*	***50***
Understanding Thresholds	3	29	7	2	0	4	0	5	14	2	0	**60**
Working Together to Safeguard Children and Young People	9	49	22	11	12	47	1	0	69	7	1	**224**
Working with Neglect	3	21	14	3	1	9	1	0	17	4	1	**71**
Working with Parents with Learning Disabilities and Safeguarding	2	16	5	0	0	11	0	0	7	8	1	**48**
Working with Parents with Mental Health Issues and Safeguarding	2	16	9	0	0	12	0	0	12	6	0	**55**
Working with Resistant Families	2	21	10	0	0	5	0	0	12	1	0	**49**
Young Carers Service	1	5	1	0	0	3	0	0	8	2	0	**19**
TOTALS	99	**663**	**296**	**103**	**40**	**476**	**11**	**43**	**528**	**224**	**19**	**2403**

a	b	c	d	e	f	g	h	i	j	k
CYPF 663 staff	Education 296 staff	Berneslai Homes 103 staff	BMBC Other 40 staff	Health 476 staff	Police 11 staff	Probation 43 staff	Third Sector 528 staff	Foster Carers 244 staff	Other 19	Total attendances **2043 people** **99 courses**

Safeguarding vulnerable children and young people

Children in Care

The board's oversight of children and young people in care is maintained through membership of the Care4Us Council and receipt of individual reports, including the Children in Care KPI Scorecard. The Care4UsCouncil, which comprises of young people in care, board members and relevant council officers, meets regularly to address issues which are important to this group. During 2014-15, the council, led and chaired by young people have:

- Built a positive working relationship with Barnsley's Youth Council and United Kingdom Youth Parliament representatives.
- After consultation a recommendation was made to increase the Leaving Care Grant to support young people into independence.
- Successful completion of ring-fenced apprenticeships within BMBC with a further 5 agreed for 2015/16.
- Delegated Authority leaflet for use by young people agreed.
- Increased numbers of Care Leavers (19) in Staying Put Arrangements
- Agreed 'Letter for Later Life Process' to inform Care Leavers in regard to their care history as an alternative to Subject Access Requests.
- Established a Youth Voice Policy and action plan to inform the participation strategy.

Young people in care contributed to a range of local, regional and national meetings and consultations including:

- Attendance at the 'Recognising Outstanding Achievements Event' at Westminster hosted by Ed Miliband.
- Participation in a national consultation on personal advisors and care leavers.

Health of Children in Care

Substantial work has been undertaken by partner agencies to improve health outcomes for children in care. The Designated Doctor and Nurse have improved data collection quality and audited LAC health assessments to inform future work.

There is a monthly meeting between the Designated Doctor and Service Managers for Children in Care to ensure actions related to the health of Children in Care are implemented. This includes the need to improve waiting times for the Children and Adolescent Mental Health Service (CAMHS) for Children in Care and that the improvement in timescales for health assessments and dental checks are maintained.

The Health and Wellbeing of Children in Care and Care Leavers Steering Group, reporting to the Child Health Programme Board, meets every six weeks to identify service improvements to address the health needs of this group and to ensure ongoing improvement. The Steering group has representation of Foster Carers and Elected Members.

The Steering Group is/has:

- Ensured that the Strengths and Difficulties Questionnaire (SDQ) is completed and the scores recorded on the child's record.
- A review of the use of the SDQ was undertaken and as a result the SDQ is sent out before the review health assessment is undertaken and placed on SystmOne (health based recording system) by the Looked After Children Support Team to ensure that the professional undertaking the LAC

health assessment can use this as part of their holistic health assessment.

- The Designated Nurse for LAC has attended School Nurse and Health Visitor Professionals Meetings to discuss the SDQ, and training for staff took place in July 2014.
- Is implementing an agreed Health Passport for Care Leavers
- Ensured that the timeliness of Initial and Review Health Assessments has improved to ensure that Initial LAC Health Assessments are undertaken within 20 working days.
- Ensured that the CCG have updated the Service Specification for Children in Care and Care Leavers, so that providers are clear what is expected of them
- The designated nurse has undertaken an audit of review health assessments of children placed in Barnsley and placed out of area.
- The designated nurse and designated doctor for LAC have developed a data collection form to ensure a robust data set for LAC children is in place.

What difference has this made:

- All health professionals that undertake LAC health assessments have received training and meet the competency requirements recommended in the Looked after Children: Competences of Health Care staff Intercollegiate Role Framework (2012).
- Review LAC Health Assessments are undertaken by a Health Visitor for under-fives and a School Nurse for over-fives; this allows continuity of care for the child.
- There is closer monitoring of the timeliness of LAC health assessments (currently 100%) by both provider agencies, and any problems are escalated to the CCG when appropriate.
- There is closer monitoring of the quality of the LAC health assessments and improved data collection.
- Better use of the SDQ is now in progress and the data is input on to TED, the local authority IT system, so that staff can look for themes and trends.

Arrangements for Private Fostering Support in Barnsley

The Board oversees local arrangements to safeguard privately fostered children and young people and monitors the extent to which the local authority undertakes its responsibilities. A private fostering arrangement is one made without the involvement of a local authority for the care of a child under the age of 16 (under 18, if disabled) with someone other than a parent or close relative for 28 days or more. Anyone involved in, or knowing about, such an arrangement must notify the local authority at least six weeks before it begins and the fostering service takes active steps to advertise this responsibility through a range of measures:

- Information disseminated via specific information sessions and training.
- Distribution of an updated Statement on Private Fostering to key stakeholders, including schools, school nurses, health visitors, GPs, children's social care teams, housing and voluntary sector professionals, setting out notification requirements, the local authority's duties and the role of local professional agencies.
- Distribution of a private fostering flyer to the same stakeholders.

Specific awareness raising activity, supported by the board, has continued throughout the year, including local advertising. Information leaflets are available for carers, parents, children and

young people and professionals. Leaflets, posters and business cards are displayed in major public buildings and information is available on the board and council websites.

Parents, carers, children and young people can receive advice and support, including training opportunities, from the Private Fostering Social Worker.

The requirements on a local authority under private fostering span both child and carer focussed services. In September 2014 a new worker was appointed to take over the service that had a safeguarding as well as a fostering background. The skill mix of this worker has ensured that the needs of the child/young person remain very much to the fore while the suitability of the placement is assessed. Should the child need more support through services for children in need or children in need of protection the Private Fostering Worker will liaise with the appropriate service particularly the Stronger Families and the Safeguarding Services. The line management arrangements have also been amended to have the Private Fostering Worker managed by a fostering manager with recent experience of safeguarding services.

The developments outlined above are having an impact on the areas of concern highlighted in the Ofsted Inspection around oversight and management of the service and a reduction in identified private fostering arrangements. Numbers are however still down on previous years and a key aspect of the current action plan is to focus on awareness-raising with other agencies. A twice yearly report is provided to the board so progress can be monitored and to remind partnership agencies to maintain a focus on identification of private fostering arrangements within their own organisation.

The current Private Fostering Worker has been undertaking a programme of regular visits to agencies to raise the profile of private fostering across the Borough. This has particularly focussed on ALCs.

Colleagues within the CCG have worked specifically with GPs and publicity materials have been developed for schools and other agencies to raise awareness across the Borough.

The board specifically funds this publicity as private fostering still remains a priority of the board. Work to ensure assessments are child-focussed as well as addressing the carer's needs is taking place alongside a focus on involving birth parents more within the process.

Above all assessments need to be timely to ensure children do not drift in unsuitable home conditions or emotionally unsupportive environments. Improvements are being made but this is still work in progress and work will continue around all aspects of private fostering in 2015/16.

Private Fostering Figures 2013-15

		31.3.13	31.3.14	31.3.15
1	Number of children in private fostering arrangements as at 31 March	18	12	5
2	Number of new private fostering arrangements which commenced over the last 12 months	18	14	2
3	Number of private fostering arrangements that ended during the past 12 months	17	20	9
4	Number of arrangements that were visited within timescales	100%	100%	100%
5	Number of arrangements initially assessed as suitable	12	14	2
6	Number of arrangements initially assessed as not suitable	0	0	0
7	Number of arrangements that ended following an assessment by the local authority that the arrangement was no longer suitable	0	0	0

Children with disabilities, complex needs and/or special educational needs

The Children with Disabilities and Complex Health service has continued to work with a range of partner agencies, children, young people and the Barnsley Parents and Carers Forum to develop and improve services for children and young people with disabilities and complex health needs.

The key areas of work undertaken during 2014/15 have included:

- Reviewing and developing services around short breaks and an increase in use of direct payments
- The development of Education and Health and Care Plans and the Local Offer outlining all local service.
- The development of a Disability Register
- The extension of person centered planning, transition planning the development of the Autism pathway and Strategy.

This year work has been undertaken to develop and progress the reach of current advocacy work for Parents and Carers within existing budgets as well as developing additional advocacy for young people following a successful grant application.

The annual SEND information event for children and families was held in June, the event centered on consultation in relation to the SEND reforms with an overall theme of 'Child First' to ensure the voice of the child is central to all our work within Barnsley. The day included contributions from children and young people, parents/carers and professionals.

Excellent feedback was received from the 200 parents/carers and young people who attended the event.

A number of additional consultation events focusing on the SEND reforms and short breaks have also taken place to ensure appropriate and responsive service commissioning and a positive and proactive parental response to change.

The Disabled Children Programme Board has met throughout the year and continues to steer and challenge progress of related sub groups and to ensure coordination of service delivery. The board took a proactive step by extending its membership so issues around hate crime could be understood by the group in relation to what life is like for children with disabilities and complex health needs.

There has also been some very positive and productive work around awareness of Safeguarding of children with disabilities and complex health needs. This work has resulted in increases in children subject to child protection plans and the number who are looked after.

From December 2014 there was a major shift in how the Aiming High Newsletter was produced with young people taking a more active role in writing articles and contributing to its development. This work is being extended further as young people are being assisted to develop their reporting and interviewing skills. Another positive step has been a young person known to the Children with Disabilities and Complex Health Needs Social Work Team delivering training to all social work staff about good practice and effective communication.

Over the next few months, a review of 'One Path One Door' (the current strategy for children with disability and complex needs) will be completed.

Children with Disabilities and Complex Health Needs Sub- Committee

Work undertaken:

- Considered learning from SCRs both internal and external to inform the groups action plan
- Reviewed data to inform practice and provision development. For example in establishing and developing the Disabled Children Register. Different ideas have been explored to increase the numbers being registered so that both communications with the wider group of service users can be improved and numbers can inform the commissioning of services in the future.
- Review of the OFSTED thematic report into Safeguarding Disabled Children to strengthen safeguarding arrangements for this group. The Sub group regularly reviews the data form the Disabled Children's Team against the whole data for Children's Social Care and this has supported action to increase the number of section 47's and CP plans for this vulnerable group of children and young people.
- A gap analysis to determine how an outstanding service for this vulnerable group is established. Eight areas for development have been agreed and will be progressed by the group over the forthcoming financial year.

Education Welfare Service (EWS)

The Education Welfare Service works in partnership with schools to support and advise on attendance and safeguarding issues. School attendance is tracked, including vulnerable groups such as children in care, children subject to a child protection plan or child in need, those at risk of child sexual exploitation, children who have special educational needs (SEND) and children who are involved or at risk of criminal activity.

The EWS also oversees children missing education (CME) and those whose parents elect to provide education at home (EHE). During 2014 a central record keeping system was devised which schools complete and return on a half termly basis to the LA. This identifies pupils who are not in full time education provision with a focus on the most vulnerable groups. This became an Ofsted requirement following the publication of "Pupils missing out on education" published in November 2013. The service also contributes to a number of the board's sub-committees and related multi-agency safeguarding forums, including child sexual exploitation and missing forum and more recently the continuum of thresholds task group.

The Education Welfare Service and the Early Help Offer

The service will work with schools for earlier identification of pupils who display early signs of irregular attendance including nursery and non-statutory school age. Education Welfare Officers will play a key role in undertaking and supporting early help assessments.

Policies are updated annually by the EWS These include promoting good school attendance, incorporating model school attendance policies for schools including nursery schools, and policies on Children Missing Education and Elective Home Education. Revised policies are taken to the Policy and procedures sub-group for approval before going out to schools for consideration at governors meetings. Updated policies form part of the annual head teachers safeguarding report and are located on the BSCB website.

The EWS delivers school designated safeguarding lead including, together with

the schools S175/157 safeguarding training. The service audits case files to ensure minimum standards are met.

The service has taken part in a number of multi-agency audits including children who were identified at risk of child sexual exploitation and quality of early help assessments through the thresholds continuum of assessment group. The service also completed its third year of work with vulnerable families over the summer holiday period which included:

- A total of 327 home visits were undertaken to vulnerable families who required a safe and well visit, or where school attendance was a concern.
- 45 visits were to pupils who did not have an identified school place for the start of the school term in September 2014.
- The EWS provided education representation to a number of case conferences, core groups, children in need, team around the child meetings, case planning and multi-agency risk assessment conferences (MARAC).
- 5 requests for elective home education (EHE) were dealt with.

Dealing with allegations against professionals

The Ofsted Inspection Report published on 8 August, 2014, identified that "*there are very good arrangements in place to make sure that children are protected when allegations of abuse are made against professionals.*"

This indicates that practice has remained consistently good from the previous inspection findings.

In the period April 2014 to March 2015 contact was made with the LADO in relation to 245 cases. This is a small increase on the previous 12 months. It follows the pattern of a gradual increase over the past 3 years of agencies contacting the LADO for advice and guidance when incidents of concerning behaviours by staff or volunteers arise in services being delivered for children.

Of the 245 cases discussed with the LADO 96 were deemed to meet the criteria of indicating a risk of harm to children, or a possible criminal offence committed against or related to a child.

The majority of behaviours reported were of a physical nature (48%) which is consistent with previous data for Barnsley and nationally. Sexual abuse allegations accounted for 28% of the total, an increase of 7% on the previous year and includes a significant proportion (22%) which were historical allegations reflecting the raised profile following media and public attention in the wake of the Saville Inquiry. Emotional abuse and neglect accounted for 13% and 11% of allegations respectively.

The referrals were made by a wide range of statutory and voluntary agencies. Education providers in the borough (Primary, Secondary, Special Schools and College) accounted for 39% of all referrals reflecting the frequency, duration and intensity of the direct work with children in the education sector.

Awareness raising activities have taken part during the year with training provided to a multi- agency audience and bespoke training to foster carers and taxi drivers and the designated safeguarding leads within schools.

Records evidence that referrals made to LADO received a timely and robust initial response which ensured that children and

young people were protected. The timescale for completion was however delayed for those allegations that required a police investigation due to the increased volume of work referred to the Police Public Protection Unit. The majority of allegations were investigated by management investigations undertaken by the employers and in total 86% of the allegations had been concluded by the end of the year. Of these 35% were concluded as being substantiated in that there was sufficient evidence to prove the allegation. A further 39% were concluded as unsubstantiated because there was insufficient evidence to prove or disprove the allegation. The remainder were concluded as unfounded or false, and none were considered to have been malicious during the year. The Board will continue to monitor the level of referrals to encourage all partners to refer to the LADO appropriately.

Equality, diversity and participation

The board is strongly committed to promoting equality of opportunity and ensuring that all safeguarding activities take account of the diverse needs of all children and young people in the borough.

Equality objectives for children and young people supported by the Barnsley Children and Young People's Trust and BSCB include:

- providing support to schools and settings to meet their public sector equality duty
- helping schools and settings identify, record and deal with bullying and harassment in schools
- narrowing the gap between different sections of the community, including where different levels of achievement are related to disability, gender, ethnicity or economic background
- challenging the barriers faced by looked after young people
- fulfilling the 'Pledge' to children in care.
- meeting the needs of children and young people with special educational needs, learning difficulties, disability and complex health needs
- implementing/reviewing the One Path One Door strategy
- continuing to reduce the number of young people not in education, employment or training and address the needs of specific groups
- undertaking work to improve transition of vulnerable groups, particularly those with learning difficulties

All newly developed strategies, policies and procedures are subject to an equality impact assessment. Active steps taken to facilitate inclusion include the provision of appropriate support for families to enable them to participate fully in child protection conferences and representation of young people's views at the board's sub-committees. Where necessary, specialist support, for example, interpretation and translation services are engaged to support families.

Key points of development within the Continuous Service Improvement Plan for the BSCB are:

- The needs arising out of ethnicity, faith and identity should be consistently considered and reflected within assessments.
- To introduce systematic use of cultural competence tool (completed July 2014)
- Review BSCB training to ensure ethnicity, faith and identity are included in all relevant training.
- Monitor impact and outcomes through multi and single agency case file auditing and S11 audit process.

Current Position and the Improvement Journey		
EFFECTIVNESS		
What we need to do	**How are we doing and what difference did it make?**	**How do we plan to improve?**
Overall: 'good' characteristics are widespread and 'common practice'	"Good" characteristics are not yet consistently embedded in daily practice.	Actions are ongoing to improve performance and embed good practice through our continuous service improvement programme.
Overall: How effectively LSCB evaluates and monitors the quality and effectiveness of partners	Multi agency performance data was provided but the Board was not satisfied that it routinely reported the right measures. Special meetings in February and March 2014 identified the KPIs to be routinely monitored by the Board and PAQA Sub-Committee. From April onwards appropriate data collection has taken place and is routinely reported to the Board and PAQA where it is explored to ascertain areas of progress and areas for development/further exploration. The Section 11 audit challenge process evaluates and monitors the quality of partners' effectiveness. Further supporting information has been requested from partners this year to ensure actions/impact is able to be demonstrated.	The PAQA Sub-Committee will continue to refine its suite of KPIs and monitor audit outcomes from the single and multi-agency audit schedule. Work has been undertaken to develop the schedule of audits and audit reporting during 2014/15. This work will be further developed during 2015/16 and be assisted by increased resource identified to support quality assurance activities. A programme of multi-agency audits will continue to be undertaken to examine priority areas of concern and identify key actions which will be monitored by PAQA through the development of specific action plans. Audit finding will be disseminated by PAQA into the relevant services.
Complies with its statutory responsibilities in accordance with the Children Act 2004	The Board was established on 1 April 2006 and CDOP on 1 April 2008 in accordance with legislation. The Annual Report and Business Plan are produced and published each year.	The Board will undertake more rigorous and systematic review of its Business Plan objectives to ensure continuing relevance and evidence of achievement.
Complies with the Local Safeguarding Children Board Regulations 2006.	Enshrined in Constitution. Board and CDOP established in accordance with legislation. SCRs are commissioned when criteria are met and findings published.	Where criteria for holding SCRs are not met the Board will undertake alternative learning events in compliance with its Learning and Improvement Framework to promote and disseminate learning.
Able to provide evidence that it coordinates the work of statutory partners in helping, protecting and caring for children in its local area	Section 11 self assessments to demonstrate compliance and impact. Multi-agency training programme The Board produces multi-agency policies, procedures and	Section 11 challenge process to be more rigorous. Interviews take place and evidence bank introduced however further review work throughout the year could be introduced which would focus on key areas for

	strategies. A multi-agency Sub-Committee structure is operational Action plans are created and monitored for SCRs, Learning Lesson events and specific strategies/polices/pathways are developed as a result.	development and support reporting against actions within the Continuous Improvement Plan. The Board needs to review its policies and procedures more systematically to ensure they are all up to date and relevant. Action Plans from SCRs, other learning events and strategies need to be SMART and implementation of actions and impact clearly able to be demonstrated.
There are mechanisms in place to monitor the effectiveness of those local arrangements	Section 11 challenge process Multi-agency training evaluation process Action plans monitored Multi agency audit programme in place and findings reviewed by PAQA Committee.	A more systematic review of multi and single agency audit activity. Improve evaluation process for multi-agency training to evidence impact of training more effectively. Improvement in this area has been made during 2014/15 with agencies demonstrating how they are recording and monitoring the impact of training. These improvements can be used to drive further development during 2014/15.
Multi-agency training in the protection and care of children is effective and evaluated regularly for impact on management and practice.	Comprehensive programme of multi-agency training provided. Evaluation process in place with plans to develop this further to evidence improved outcomes for children. Guidance published to encourage management support in ensuring that messages from training are embedded in practice. Regular monitoring of evaluations by the WMD Sub-Committee	Training will continue to be monitored and developed to address emerging priorities. Evaluation of impact will continue to be improved.
LSCB checks that policies and procedures in respect of thresholds for intervention are understood and operate	New thresholds document approved and disseminated February 2014. Staff summary leaflet developed. Multi-agency training provided on thresholds. Multi agency thresholds group working to further develop	There is clear evidence to suggest that the Escalation Policy is being used but work will be undertaken during 2015/16 to review the current policy and improve the process for formally recording and collating escalations

effectively and identifies where there are areas for improvement	and embed understanding of thresholds across all agencies. Development and endorsement of the Barnsley Assessment Framework January 2015 which is consistent with Early Help development. Safeguarding leads encouraged to use escalation policy re thresholds.	which will increase reliability of data and allow for themes and tends to be identified. Further work required to raise partner agency understanding of thresholds, increase the use of agency safeguarding leads and 'hold the ring' on early help. Multi-agency audit on thresholds and work to collate data in relation to the pressures on the font door.
Challenge of practice between partners rigorous and leads to improvement	Section 11 challenge Encourage challenge on debate at Board and Sub-Committee meetings Log of challenges and outcome is developing. Use of Escalation policy is encouraged and monitored	Maintain and strengthen challenge relating to attendance and representation at the Board and Sub-Committees. Continue to monitor challenges made to identify themes, trends and response/outcome.
Casework auditing is rigorous and used to identify where improvements can be made in front-line performance and management oversight	Substantial audit work undertaken however quality of audits undertaken need to be improved.	The programme of single and multi agency audits reported to PAQA Sub-Committee needs refining and more systematic scrutiny. The Board will undertake an agreed programme of multi-agency audits.
Serious case reviews, management reviews and reviews of child deaths are used by the local authority and partners as opportunities for learning and feedback that drive improvement.	SCRs undertaken when criteria met - where not met learning lessons reviews commissioned if appropriate. Action plans monitored by SCR Sub-Committee. Multi agency training provided on SCRs Individual reviews disseminated through relevant forums e.g. Head teachers meeting	The Board will continue to disseminate lessons derived from SCRs and similar reviews and develop specific multi-agency training to address identified need.
The LSCB provides robust and rigorous evaluation and analysis of local performance that influence and inform the planning and delivery of high-quality services.	Performance management system still developing. Safeguarding Board's set of key indicators identified for regular review at each meeting. Wider set also identified for the PAQA Sub-Committee to review and escalate issues of concern to the Board.	Further strengthen the role and function of the BSCB through building on current work to improve performance management, including: Coordination of the process to evaluate the impact of multi-agency training.

	Supplementary audit programme to evidence practice improvements. Much improved data for LAC. Areas of poor performance identified for action as part of the Continuous Improvement Plan monitored by the BSCB.	Performance data and audit activity integrating child protection and IRO activities to provide learning from quality assurance.
WHAT GOOD LOOKS LIKE		
What we need to do	**How are we doing and what difference did it make?**	**How do we plan to improve?**
The governance arrangements enable LSCB partners (including the Health and Well-Being Board and the Children's Trust) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people.	Clear relationship articulated between SCB and Children's Trust (TEG report November 2013) Common members on all 3 bodies i.e. SCB/TEG/HWB provides opportunity for mutual reporting Protocol agreed to articulate relationship between SCB, TEG and HWB.	Embed the developing performance management process to clarify and understand how well statutory responsibilities are fulfilled.
The LSCB effectively prioritises according to local issues and demands and there is evidence of clear improvement priorities identified that are incorporated into a delivery plan to improve outcomes.	Priorities are set out in Board's Business Plan and Annual Report. New priorities identified as local issues arise and action taken. Sub-Committees review their Business Plan priorities regularly for achievement and relevance. Reports to the BSCB are required to show the link between the subject of the report and the board priorities.	The Board needs to monitor its own priorities more systematically and develop a clear delivery plan. This should feed directly into the Continuous Development Plan monitoring Process. More formal evidence of Board and Sub-Committee achievement required to ensure continuing validity of the purpose, values and vision. This should include specific developments in relation to identified vulnerable groups and key areas of development priority. The Board will improve its oversight of the extent of neglect as a local feature and the processes in place to monitor the efficacy of interventions to ensure that all partner agencies are addressing neglect robustly and without compromise.

		The Board aims to improve oversight of missing children and continue to develop its strategic approach to CSE which includes Female Genital Mutilation in line with local and national developments.
Regular and effective monitoring and evaluation of multi-agency front-line practice to safeguard children identifies where improvement is required in the quality of practice and services that children, young people and families receive. This includes monitoring the effectiveness of early help.	Regular audits. Performance reporting with escalation from PAQA Sub-Committee.	Regular reports on effectiveness and monitoring of Early Help to the Board.
Partners hold each other to account for their contribution to the safety and protection of children and young people (including children and young people living in the area away from their home authority), facilitated by the chair.	Board Chair encourages open debate at Board meetings and culture where respectful challenge is encouraged. Performance information provides transparency to rate partners' performance.	More clarity and systematic reporting needed on children placed out of district. A report to the Board to highlight recent work undertaken by key partners facilitated by PAQA.
Safeguarding is a priority for all of the statutory LSCB members and this is demonstrable, such as through effective section 11 audits. All LSCB partners make a proportionate financial and resource contribution to the main LSCB and the audit and scrutiny activity of any sub-groups.	Revised more rigorous Section 11 self assessment. LSCB partner contributions have been reviewed during 2014/15 to try to increase levels of funding to the Board in order to maintain its current programme of work including facilitation of SCRs. Sub-Committees have multi-agency representation. Multi-agency audits undertaken. Additional contributions in kind considered e.g. the provision of training venues and meeting rooms.	Feedback to be provided by school representatives to all schools through the weekly bulletin following key meetings (BSCB, Schools Forum, SEE, Improvement Board, Trust Executive Group, Challenge Board, Children and Families Act Project). Sub-Committee attendance will continue to require proactive oversight and action to address unsatisfactory attendance The Board will need to meet challenges posed by partner agency reorganization and impact on attendance.

		Further work to address resourcing issues in relation the Board to be addressed.
The LSCB has a local learning and improvement framework with statutory partners. Opportunities for learning are effective and properly engage all partners. Serious case reviews are initiated where the criteria set out in statutory guidance are met and identify good practice to be disseminated and where practice can be improved. Serious case reviews are published.	Learning and Improvement Framework approved and published on the SCB website. Learning lessons opportunities undertaken with frontline practitioners and resulting action plans monitored through SCR Sub-Committee. SCRs initiated where criteria are met and are published Learning from SCRs and learning events disseminated by partner agencies and through multi-agency training.	Learning from SCRs and learning events will continue to be disseminated to partner agencies and through multi-agency training.
The LSCB ensures that high-quality policies and procedures are in place (as required by *Working Together to safeguard children*) and that these policies and procedures are monitored and evaluated for their effectiveness and impact and revised where improvements can be made. The LSCB monitors and understands the local application of thresholds.	Policies and procedures in place and accessible via website. Continued focus of the Board in relation to thresholds. Work to improve the monitoring and reporting of escalations through the Continuous Improvement Plan.	Undertake more regular and systematic review of the Board's Polices and Procedures to ensure they are comprehensive, up to date and relevant. Need better evidence of the effectiveness and impact of policies and procedures and when they are revised following review. Application of thresholds needs to be more consistent and better understood by partner agencies which can be demonstrated via appropriate data and regular progress reporting to the Board. This should include input from partner agencies.
The LSCB understands the nature and extent of the local issues in relation to children missing and children at risk of sexual exploitation and oversees	SCB received reports on children missing and at risk of CSE in January 2014. Local CSE Strategy and Action Plan in place. Strategic CSE Group maintains coordinated oversight and monitors CSE Strategy Action Plan. CSEM Forum monitors individual cases. Review of CSEM Forum TORs and practice.	The Strategic CSE Group will monitor and periodically report on achievement of the CSE Strategy Action Plan. Regular audits in relation to CSE undertaken and reported.

effective information sharing and a local strategy and action plan.	The Board is represented on the South Yorkshire Police and Crime Commissioner's county wide forum and is participating in the county wide CSE campaign lead by the PCC. In March 2014 the Board agreed a county wide addendum to the information sharing Protocol re CSE.	
The LSCB uses case file audits including joint case audits to identify priorities that will improve multi-agency professional practice with children and families. The Chair raises challenges and works with the local authority and other LSCB partners where there are concerns that improvements are not effective.	Case file audits undertaken including multi-agency audits to identify priorities for improvement. Log of challenges developing to evidence challenge from Chair and Board to partners, including the local authority. Board minutes evidence challenge by partners to improve effectiveness of services e.g. health service DNA polices.	Findings from the multi - agency and case file audits will be incorporated into Action Plans where appropriate for monitoring by the PAQA Sub-Committee and report back to the Board. In overseeing partner effectiveness the Board will provide challenge in respect of any areas of concern
Practitioners and managers working with families are able to be involved in practice audits, identifying strengths, areas for improvement and lessons to be learned. Experiences of children and young people are used as a measure of improvement.	Practice audits undertaken by managers. Developments ongoing to capture voice of young person e.g. in cp conference reports.	More development is needed to capture and use the experiences of children and young people as a measure of improvement and to inform service delivery
The LSCB is an active and influential participant in informing and planning services for children, young people and families in the area and draws on its assessments of the effectiveness of multi-agency practice. It uses	The LSCB has influenced service delivery e.g. continued concerns on thresholds has led to additional work. The report on private providers of Children's homes led to new meetings and additional work to ensure compliance. DNA concerns led to additional work to ensure effectiveness. The SCB contributes to the C&YP plan. The Chair has influenced the Health and Well Being Section	The Board will continue to influence the planning of services for children in areas of identified need e.g. next neglect, appropriate resources to support young people who have been victims of CSE. Ensure the Board clearly communicates commissioning priorities to the Children's Executive Trust.

its scrutiny role and statutory powers to influence priority setting across other strategic partnerships such as the Health and Well-being Board.	of the C & YP Plan to ensure that CSE was captured under the Sexual Health section in response to a consultation on the draft plan. The Board had approved a Protocol to clarify relationships between the SCB, TEG and HWB	
The LSCB ensures that sufficient, high-quality multi-agency training is available and evaluates its effectiveness and impact on improving front-line practice and the experiences of children, young people, families and carers. All LSCB members support access to the training opportunities in their agencies.	The Board provides a comprehensive programme of high quality multi-agency training which is flexible and adapted to meet newly identified needs e.g. response to CSE. Effectiveness and impact on frontline practice evaluated through new evaluation process. Multi-agency membership of Sub-Committee promotes take up of training plus wide promotion through website, flyers etc. Managers are encouraged to ascertain impact on practice through guidance approved by Sub-Committee and published on website	Better evidence of the impact of multi-agency training is required and should be reported with supporting evidence within Section 11 Audits. Sustainability of the MA Training Programme should be explored and issues around access by private providers considered and addressed via commissioning and contract arrangements.
The LSCB, through its annual report, provides a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness and the causes of those weaknesses, and evaluates and where necessary challenges the action being taken. The report includes lessons from management reviews, serious case reviews and child deaths within the reporting period.	LSCB's Annual Report provides assessment of performance and effectiveness of local services, including areas of weakness and future priorities for action. Annual Report includes information from SCRs, lessons learned reviews and child deaths.	Consideration should be given to the develop of a monitoring timetable for activities of the board and sub committees which could be used to develop the report and ensure that board priorities are being met and are consistent with the priorities outlined in the annual report and business plan.

Monitoring the effectiveness of local work to safeguard and promote the welfare of children

The work of the board is progressed largely through its sub-committees and sub-groups who have undertaken the following work over the last year:

Performance, audit and quality assurance sub-committee

This is the key forum through which the board examines and verifies the quality of individual agency safeguarding practice. It oversees performance management, scrutinises a developing suite of key performance indicators (KPIs) and secures quality assurance through findings from single and multi-agency audit activity.

Performance management and quality assurance framework

A Quality Assurance and Performance Management Framework is in place and has been endorsed by the board. This confirms the need for continuous service improvement and delivery to be driven through quality standards, monitoring of improvement targets and focus on a suite of selected KPIs.

The board and sub-committee have held development sessions to determine the data to be received by the Board and sub-committee. Respective scorecards of multi-agency KPIs have been identified for regular reporting. The sub-committee will escalate any issues of concern to the Board. The Board has developed a more effective performance management culture through increasing focus on performance and quality assurance. More valid data with contextual information will enable constructive challenge and provide proper reassurance about safeguarding from partner agencies.

The board's own set of KPIs, framed around the child's journey from early intervention through to Tier 4 and looked after status include:

Early Intervention

1. Number of CAFs reported and completed by agency
2. Number of escalations received and resolved in respect of threshold disputes
3. Percentage of referrals to assessment, i.e. conversion rate
4. Total number of referrals

Assessment and Section 47 investigation - contacts in and conversion rates

5. Number of contacts received
6. % of contacts to referral
7. Number of Section 47 Investigations
8. % of Section 47 Investigations converting to child protection conference
9. % of assessments completed within 20 days
10. % of assessments completed within 45 days and those out of timescale
11. Number of Section 47 investigations relating to children at risk of CSE
12. Number of strategy meetings and referrals to the CSE Forum

Child Protection

13. % of children becoming the subject of a CP Plan for the second or subsequent time within 2 years
14. % of children becoming the subject of a CP Plan for the second or subsequent time ever
15. % of open CP Plans lasting 2 years or more
16. CP Plans lasting 2 years or more – ceased within period

Children in Care

17. Number of children/young people missing from care.
18. Looked after children missing from care incidents (episodes)
19. Police Data. In May 2015 new police measures and safeguarding performance data was provided by South Yorkshire Police (SYP) across a range of categories
20. For 2015/16 the numbers of unallocated assessments to Children's Social Care will be reported.

Assurance from audit activity

The sub-committee promotes practice improvement through review of audit outcomes, drawn from an evolving programme of planned single and multi-agency agency audits Efforts continue to improve systematic reporting of single and multi-agency practice in terms of identifying priority areas and promoting multi-agency contribution. The sub-committee has considered the following findings from partner agency audits:

- Multi-agency audit to examine the quality, effectiveness and validity of child protection plans
- Case Audit to Examine Use of the Protocol for Safeguarding Children Living in Families with Drug and / or Alcohol Misuse – CSC and Phoenix
- Audit of Children on a Child Protection Plan for a Second Time – CSC
- Re-referrals to Children's Social Care - CSC
- Multi-Agency Child Sexual Exploitation Audit.
- Multi-Agency Child Sexual Exploitation Audit - Re-evaluation
- Multi agency deep dive audit of case decision making in respect of Children's Social Care S47 cases.
- Audit of 'Did Not Attend' from BHNFT
- LAC health assessments on children placed out of area – BHNFT
- Record Keeping Special Care Baby Unit Audit - BHNFT

Overview of vulnerable groups: In fulfilling its objective to review the welfare of vulnerable groups of children, the sub-committee questioned information on the following during the year:

- **Children missing education (CME):** This relates to children of compulsory school age, not on school roll or educated otherwise, who have been out of any educational provision for at least four weeks. The sub-committee sought information on local numbers and how the children were monitored to ensure they receive suitable education and are safeguarded. Although potential complications relate to school transfer and relocation to another area, the EWS request a safe and well visit to ensure a child's welfare as soon as relocation is known. The service has revised its CME policy and procedure guidance during the year in response to a national consultation. Ofsted has commended our procedures as robust.

- **Looked After Children:** The sub-committee continue to closely review performance indicator data relating to looked after children.

- **Child Sexual Exploitation:** Two multi-agency audits have been undertaken in respect of children and young people who are at potential risk of CSE. The first in October 2014 was commissioned by BSCB and facilitated by an independent facilitator. The second audit in January 2015 found a more robust approach in intervention and planning.

Work to increase audit work and review of the audit programme will increase over 2015/16 and be assisted by additional quality assurance resource.

Policy, procedures and practice developments sub-committee

This sub-committee oversees a range of areas of safeguarding practice. In acknowledgment that many safeguarding issues relevant to children and young people are derived from adult behaviours, membership of the sub-committee contains representation from adult services. These clear links to adult mental health and substance misuse provide for more cohesive working in these areas of safeguarding concern and forge stronger alliances with relevant partner agencies. The sub-committee has found this extensive remit to be a challenge in terms of addressing all issues thoroughly, and has therefore established periodic time-limited task groups to address particular pieces of work. Last year, it built on this approach in its considerations to:

- develop and consult on new multi-agency protocols, policies and procedures on specific safeguarding issues or in response to Serious Case Review findings
- ensure relevant communications to frontline staff
- identify any gaps in safeguarding practice that need to be addressed through development of new safeguarding policies/procedures
- respond to national and local policy changes and advise the Board of the implications of relevant publications and safeguarding developments
- work with the Serious Case Review Sub-Committee to undertake 'lessons learnt' reviews, and identify required amendments to policy and procedure
- ensure development of a holistic approach to the safe use of digital technology and ensure that e-safety safeguards are audited and evaluated within the board's Performance Management Framework
- provide advice and support on digital technology safeguarding requirements
- maintain oversight of interagency arrangements to protect young people who are vulnerable/exposed to risk of harm through sexual exploitation and/ or running away from home and/or substance misuse. Receive reports from the Sexual Exploitation and Young Missing Forum. Report on specific areas of unmet need to advise the Board of potential and necessary resources/services to meet these needs
- ensure multi-agency training on the impact of adult mental health on parenting children and promote shadowing opportunities for relevant staff in partner agencies
- strengthen engagement of young people with the Board through maintenance of links with relevant forums, such as the Youth Council, to secure the voice of the young person
- promote better awareness of the impact of adult mental health, learning difficulties, substance misuse and domestic abuse.
- ensure that work relating to anti bullying policies and strategies reflects a zero tolerance approach.

Development of new policies and procedures

The board's policies and procedures were revised and updated in September 2014 and March 2015. In response to identified needs or recommendations from SCRs/learning events, the board approved the following new policies and procedures, developed with multi-agency consultation:

- Revisions to Protocol to safeguard children living in families with drug/alcohol abuse
- Consideration of the process to address DNAs
- Revised Missing Children Procedure
- Revised CSE Joint Investigation Team Protocol
- The Assessment Framework
- Policy for under 18's accessing needle and syringe programme
- Anti Bullying Policy

Serious case review sub-committee

During 2014/15 the sub-committee's two action plans, arising from Learning the Lessons reviews, were monitored to completion and signed off by the full BSCB.

The information and findings from SCRs and learning events are used to ensure that we continue to improve practice in Barnsley to safeguard children and young people.

During the last 12 months the sub-committee has taken a more robust approach to evidencing that actions arising from reports have been completed and that there is an audit trail to show the work completed.

Serious Case Review Panel

During 2014/15, the SCR Panel met four times to consider cases that may potentially have met the criteria for a SCR. In three of those cases the panel concluded that the criteria for a SCR were met; independent authors have been commissioned to complete those reviews. In the other case a decision was taken to conduct a Learning the Lessons Review; again, an independent author was commissioned to complete that review.

The intention is to publish all SCR reports on the BSCB website unless there are exceptional and compelling reasons why publication cannot take place. All three current SCRs will be published. In order to protect the wider family and any siblings, reports do not contain the names of the children concerned. All three reports are in their final stages of preparation for submission to the BSCB with draft reports having been considered by the SCR sub-committee. One case is subject to a Coroner's Inquest that is scheduled to take place in the autumn which may delay publication.

What have we learnt?

Examples of lessons learnt from reviews that have been completed and actioned are:

- Ensuring that agencies policies and procedures for following up where children Do Not Attend (DNA) for medical appointments are fit for purpose and are being complied with. This includes the auditing of cases to ensure effective practice.
- Actions around the training of staff in relation to Common Assessment Frameworks (now revised to become Early Help Assessments)
- The review and development of the multi agency process for their collective response to critical incidents involving children. The process and policy is in place and was the subject of a half day dedicated training event attended by staff from a range of agencies.
- Improving the transitional arrangements for children moving from primary schools to secondary schools. Transitional arrangements are in place for all secondary schools.
- Ensuring professionals are inquisitive about significant others involved with

families and that they share information on any concerns.

- Ensuring that birth visits are conducted by health visitors within 10 to 14 days of a baby's birth even if the baby is still in hospital
- Ensuring that the record keeping on the Special Care Baby Unit meets national recording standards
- Ensuring the correct action is taken to complete risk assessments around domestic violence and notifications to other agencies
- Ensuring a co-ordinated approach to effective bereavement follow up.

The board will assess how well this learning is embedded in practice through evidence from quality assurance and audit findings.

Child Death Overview Panel

The BSCB is responsible for reviewing the deaths of all children who are normally resident in their area. The key purpose of reviewing all child deaths is to learn lessons in order to improve the health, safety and wellbeing of children and to seek to reduce the number of future deaths. The current system for child death reviews was introduced in 2008 and is designed to collect information on all child death reviews which have been undertaken by the Child Death Overview Panel (CDOP) on behalf of the board. This is the 7th year of data collection.

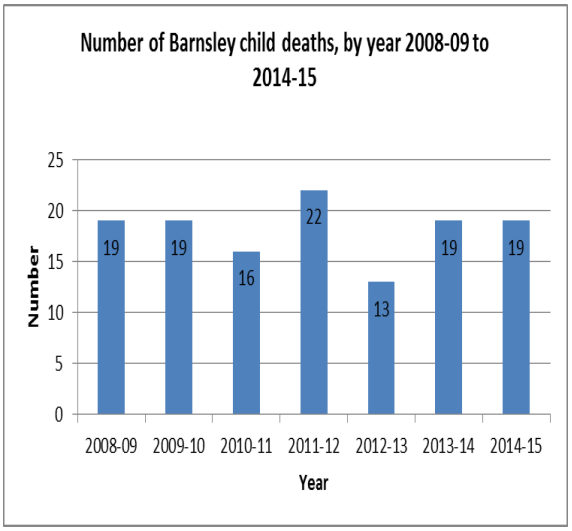
Reviewing child deaths requires the collection of information about the circumstances of the death, categorising the death in accordance with the national dataset, assessing whether there were any modifiable factors that may have prevented the death and determining whether there are lessons to be learned.

Child Death Overview Panel Terms of Reference

CDOP is a multi-agency Panel responsible for reviewing information on all deaths of a child or young person under the age of 18 years in Barnsley. CDOP meets at least quarterly to review individual cases in accordance with the guidelines set out in Working Together to Safeguard Children 2015.

Number of child deaths notified

From 1 April 2014 to 31 March 2015 there were 19 deaths notified to Barnsley CDOP. Figure 1 shows the number of Barnsley child deaths by year, 2008-09 to 2014-15.



Cases Reviewed

The panel met 4 times and completed 19 reviews during the April 2014 - March 2015 reporting period. Because of the small numbers of deaths that occur each year in Barnsley, identifying trends and patterns is difficult. An analysis has been undertaken of the child death information held on the CDOP database over the period 2008/09 to 2014/15 to provide a picture of what is happening over a longer time period.

Figure 2 shows the breakdown of child deaths reviewed by CDOP by age over the

period 2008-09 to 2014-15 (total 110 deaths).

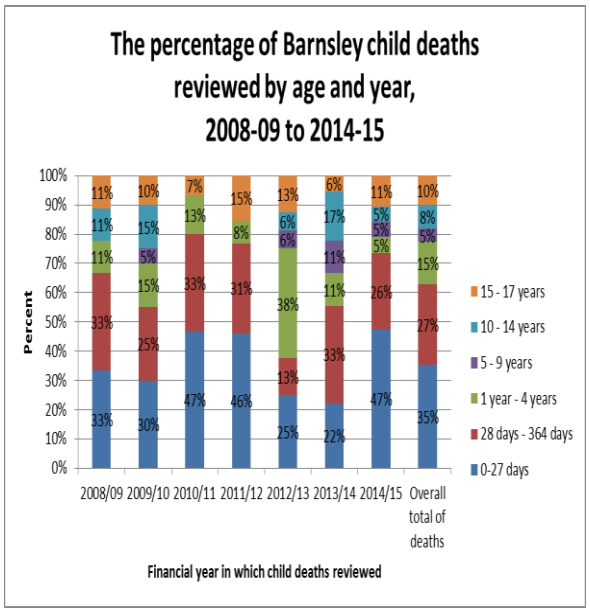
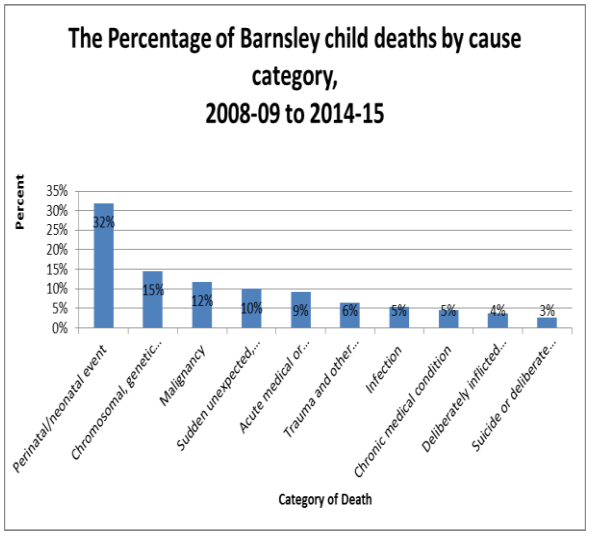


Figure 3 shows the percentage of child deaths reviewed by cause category over the period 2008-09 to 2014-15.



The findings show that the pattern of child deaths seen locally reflect those identified in national findings with approximately a third of deaths being associated with premature birth.

National and local data show that there is a significant link between inequalities and child deaths. The evidence base shows that it is the following interventions that will have the greatest impact on reducing the gap in inequalities and giving every child in Barnsley the best start in life:

- Reducing smoking during pregnancy and in the home
- Reducing the prevalence of obesity in the population and obesity during pregnancy
- Promoting early access to antenatal care i.e. before 12 weeks into the pregnancy
- Reducing teenage pregnancy
- Reducing Sudden Unexpected Death in Infancy (SUDI) through safe sleeping risk assessment and promotion of safe sleeping practices
- Reducing child poverty
- Reducing parental alcohol and/or substance misuse

Progress against 2014-15 recommendations

In accordance with the previous year's proposed service developments, the following have been successfully completed:

- The national data collection Form C has been completed at multi-agency case review meetings for each unexpected child death and then ratified at CDOP, which has streamlined the process.
- Any actions/recommendations raised at the multi-agency case review meetings have been received by the Serious Case Review Sub Committee of the Barnsley Safeguarding Children's Board for monitoring until completed.
- An analysis of modifiable factors identified from reviews of still births and neonatal deaths has been undertaken to identify areas where care during pregnancy and in labour can be improved.

- Ongoing detailed analysis of child mortality has been developed as part of the approach to the Joint Strategic Needs Assessment.

In addition to the above:

- The child death data collection, a statutory annual return has been submitted to the Department for Education.
- Terms of Reference have been revised and updated to reflect the appointment of the Head of Public Health as the new Chair and to note the updated Working Together Guidance released in March 2015.
- Quarterly CDOP Highlight Reports have been submitted and received by the Barnsley Safeguarding Children Board.
- 'When a Child Dies - an awareness raising event for frontline practitioners' was held in September 2014, which was a well attended and successful conference.

Recommendations for 2015-16

The Panel has discussed and agreed the following actions during 2015/16 to improve the efficiency and effectiveness of the child death review process:

- An audit will be undertaken of the governance arrangements and administrative processes.
- A review and update of the local CDOP Protocol and Rapid Response Protocol will be undertaken.
- The way that we communicate the CDOP process to families will be reviewed by a small Task and Finish Group.
- Links will be made with national Child Accident prevention organisations for learning and good practice.
- A further 'When a Child Dies, awareness raising event for frontline practitioners' will be arranged

Partner agency contributions to safeguarding

The board values the contributions of all partner agencies in promoting and monitoring the effectiveness of safeguarding in the area. An effective board requires all partner agencies to participate fully, engage in the board's business and transfer the safeguarding ideology into their own sphere of activity. Barnsley organisations and services continue to meet the requirements of an ever challenging safeguarding agenda and fulfil regular commitments to training, supervision, advice, support and audit in relation to safeguarding. This section highlights some of the work within individual agencies in relation to safeguarding practice.

The issue of children failing to attend health appointments has featured in national and local child deaths and remains of concern to the board. BHNFT's 'Did Not Attend' policy has been revised and updated to ensure that, when a child misses a hospital appointment, a safeguarding review is undertaken to assess risk. Cancelled appointments are also reviewed to assess issues of veiled compliance to ensure improved health outcomes for children and addressing of neglect. A similar process has taken place within South West Yorkshire Partnership NHS Foundation Trust (SWYPFT). Some of the services SWYPFT are responsible for are; children's therapies, health visiting, and the Family Nurse Partnership.

As part of the work under taken by the CCG the Designated Nurse for Safeguarding Children the Designated Nurse for Adults and the Named Doctor have developed a Safeguarding Vulnerable People Section 11 Audit to inform the forth coming 'safeguarding stock take' of primary care which will contribute to the board's understanding and assessment of safeguarding practice across the Borough.

It is acknowledged that the impact on children living in families where domestic abuse features can be immense and negative affect a child's quality of life. Over the last year, Barnsley Police Public Protection Unit (PPU) has gradually increased in size as a result of increased funding provision from the Police and Crime Commissioner. The team now has additional staff across all areas, with increased capacity available for child abuse and child sexual exploitation investigations. In Barnsley there is also a new team dedicated to vulnerable adult investigations, which includes all high-risk domestic abuse cases. This team has strong links to child protection colleagues and other relevant partners which means that the risk to any children is identified and managed at the earliest opportunity.

'Something Doesn't Look Right' is a developed strategy which Berneslai Homes has initiated to provide practical support and interventions to address identified issues to prevent progression to other services for example social care or the police. Their strategy aims to ensure the early intervention of risks during routine visits to thousands of homes within the Borough.

Integrated working with partners

Integrated and partnership working is a particular local strength and all the individual partner agency contributions to safeguarding are valued. The board maintains links with partners and contributes to local initiatives on a variety of safeguarding themes, through representation on a range of multi-agency working groups.

Planned future developments and key priorities for 2015-16

Barnsley Safeguarding Children Board's strong commitment to continuous service improvement and addressing the needs of the most vulnerable children and young people is evidenced through the objectives in our 2015 -16 Business Plan. Future aims and priorities are identified in the context of significant change, nationally and locally, particularly in the light of continuing budgetary pressures. The continuing effectiveness of the board's work will continue to be subject to close scrutiny. The synergy obtained from strong partnership working remains an essential element of effective safeguarding. The objectives of the board and sub-committees/groups for the coming year have been determined with multi-agency input and will be subject to regular review throughout the year to measure their achievement and impact.

In recognition of the importance of effective, locally based partnership working, the police force is disbanding the Central Referral Unit and introducing Multi-Agency Safeguarding Hubs (MASH). The Barnsley MASH and will incorporate partners from Police, Social Care and Health, working together to safeguard children. This new safeguarding structure will be in place summer 2015. This means

that in future, all child protection referrals will be received and actioned by a dedicated team of professionals within the MASH, who will also be able to progress joint investigations and ensure services required by children and families are signposted to the relevant partner agency without delay.

Oversight and progress of actions from the Continuous Improvement Programme

The board will assume responsibility for driving and monitoring practice to secure mainstreamed continuous improvement. It will assimilate learning from the Improvement Programme and use it to inform future safeguarding developments through partner agency participation. The board will also require regular update reports of specific case file thematic audit and general audit activity.

Encourage challenge

The board will seek to strengthen and evidence its own effectiveness through rigorous challenge, participation and engagement. This will include challenge sessions for each refresh of the Section 11 self assessment, encouraging challenge at board debates, monitoring use of the escalation policy and promoting participation and engagement of stakeholders wherever possible. The Section 11 challenge will also seek evidence that current austerity measures and budget reductions are not having an adverse effect on the ability of partner agencies to fulfil their responsibilities.

Child sexual exploitation

Although the board has an approved strategic approach in relation to CSE there is a need for continuous focus which will include a strategy refresh and procedure update. The development of the Multi-Agency Service Hub (MASH) will support the early identification and intervention for children at risk of CSE.

Promote understanding on thresholds and monitor pressures on the 'front door'

Continued work to ensure that the thresholds are understood and correctly applied by partner agency staff and that effective use is made of the escalation process in cases where there are concerns about the decision making.

To encourage agencies to ensure that non urgent referrals and contacts into social care are quality assured and discussed with agency safeguarding leads prior to children's social care.

Ensure developments in relation to Early Help are supported and monitored.

Strengthening work with partners

The board will seek to improve its overview of the work of partner agencies involved with safeguarding children, including the voluntary and community sector and local faith groups through issues reported and escalated by the sub-committees. It will actively seek to strengthen existing links with the VCS and associated groups and continue to explore the benefits of closer co-operation through multi-agency working, building on establishment of the Joint Investigation Team and the development of the MASH.

Performance management and quality assurance

Development of the board's Performance Management Framework and routine reporting of key indicators has continued to be refined during the year. The board is now able to scrutinise performance in a more informed and systematic way and challenge areas where it appears that improvements are required. This approach will continue to evolve to ensure the board receives the necessary

information to be assured about the safety and quality of frontline services. Responsibility for regular mainstream scrutiny rests with the PAQA Sub-Committee, who will escalate areas of concern to the board through exception reporting.

Through oversight of a comprehensive audit programme, the PAQA Sub-Committee will continue to scrutinise findings from commissioned single and multi-agency audits to ensure actions are embedded through practice changes. The board has also agreed to receive themed presentations on performance from partners for challenge at board meetings. PAQA has agreed a priority robust performance management framework for agency audit action plans. The board are keen to retain a key focus in relation to CAMHS and monitor improvements within this service.

Developing stronger means of engaging with young people and their families to be clear about how they feel safe in the borough

Securing the voice of children and young people to inform strategic and service planning is being developed but is an area where further work and a more systematic approach to engagement is required. There are examples of engagement with young people for specific activities and the board maintains links with the Care4Us Council and the Youth Council. The board holds meetings in schools, so that board members can enter into a dialogue with young people about their priorities/ views on safeguarding and a series of stakeholder engagement events will be arranged with Barnsley College for the new academic year to help drive policy/service development. A programme of awareness raising activities will be developed over the forthcoming year to raise the profile of the board, engage in consultation activities and promote the safeguarding agenda across the borough.

Learning from serious case and other reviews to inform practice

Continue to assimilate and act on the learning and improvements derived from Serious Case Reviews, the CDOP, and other learning events in order to improve practice and service delivery. The SCR Sub-Committee will continue to inform local practice through examining findings from SCRs held elsewhere to identify lessons with local resonance for dissemination to agency practitioners.

Board Attendance

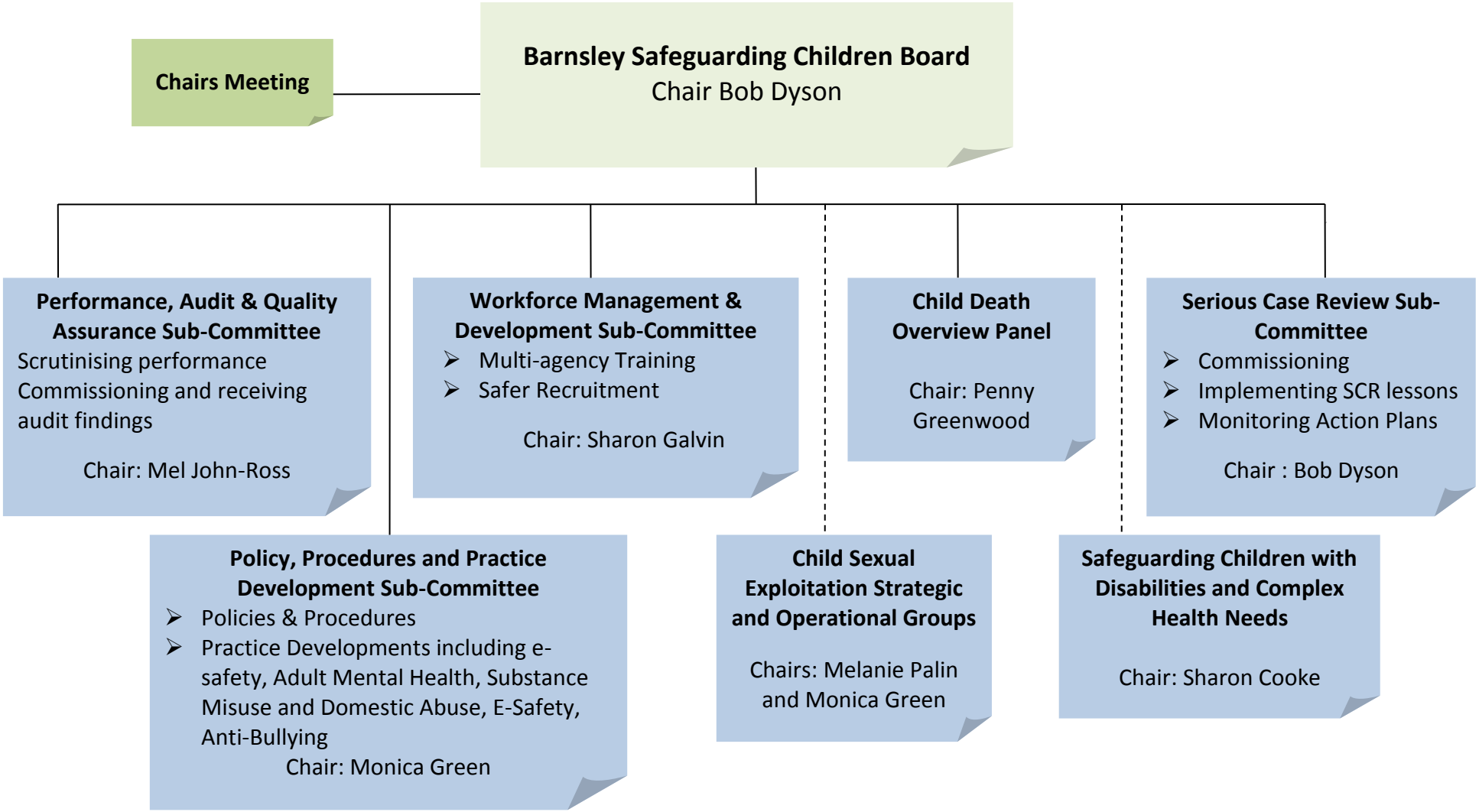
Board membership represents all key local partner agencies. Last year saw a limited number of membership changes. The majority of changes were in relation to school membership and the replacement of interim staff with permanent staff members. Board membership and sub committee membership will be reviewed and further engagement from partners in education developed.

Member attendance at Safeguarding Children Board meetings in 2014/15

From March 2104 until March 2015 there were seven ordinary meetings, one special meeting to discuss the 2014/15 budget with key partner agencies and a joint meeting with the Children's Trust Executive Group (TEG). The board maintains regular oversight of attendance to promote regular and consistent participation. Analysis shows that attendance and participation is generally very good, especially by key stakeholder representatives from the local authority, health services - particularly the safeguarding children teams within the CCG, BHNFT and SWYPFT, Barnsley College, the police and the voluntary and community sector.

Appendix 1

BARNSLEY SAFEGUARDING CHILDREN BOARD GOVERNANCE STRUCTURE



Appendix 2

MEMBERSHIP

The list of members and advisors to the Barnsley Safeguarding Children Board, as at 3 May 2015, is set out below.

Members	**Representative Agency**
Bob Dyson	Independent Chair
Susan Barnett	Barnardos/Voluntary and Community Sector representative
Tim Breedon	Director of Nursing, South West Yorkshire Partnership NHS Foundation Trust
Liz Watson	Chief Superintendent, South Yorkshire Police
Lynda Hoyle	Primary Head Teachers' representative
Rachel Dickinson	Executive Director People, BMBC
Ben Finley	Service Manager Barnsley Youth Offending Team,
Jo Nolan	Secondary Head Teachers' Association
Max Lanfranchi &	Director of Probation , Barnsley
Sue Ludlam	Director of Probation , Barnsley
Dr Ken McDonald	Named Doctor Barnsley Clinical Commissioning Group
Heather McNair	Chief Nurse Barnsley Hospital NHS Foundation Trust
Brigid Reid	Chief Nurse, NHS Barnsley Clinical Commissioning Group
Pat Sokell	Lay Member
Steven Szocs	Lay Member
Sue Symcox	Service Manager, CAFCASS
Phil Briscoe	Assistant Principle, Barnsley College
Judith Wild	Quality & Patient Safety Manager, NHS England SY and Bassetlaw
Advisors	**Representative Agency**
Colin Brotherston	Principal Hate and Hidden Crime Officer, BMBC
Yvonne Butler	Service Manager, Safeguarding Adults, BMBC
Steve Eccleston	Assistant Director, Legal Services, Sheffield MBC
Sharon Galvin	Designated Nurse Safeguarding Children, Barnsley CCG
Pete Horner	Head of Public Protection Unit South Yorkshire Police
Mel John-Ross	Assistant Executive Director of Children's Services, Safeguarding, Health and Social Care, BMBC
Dr Saqib Iqbal	Designated Doctor, Barnsley Hospital NHS Foundation Trust
Dave Fullen	Director of Housing Management Berneslai Homes
Kathryn Padgett	Assistant Director of Children's Health Improvements, SWYPFT
Dawn Peet	Safeguarding Officer South Yorkshire Fire & Rescue
Sarah Sinclair	Safeguarding Children Board Manager
Penny Greenwood	Assistant Director of Public Health
Cllr Margaret Bruff	Cabinet Spokesperson
Monica Green	Head of Service for Safeguarding

Barnsley Safeguarding Children Board Budget 2014/15			
Income £		**Expenditure £**	
Partner Contributions			
Barnsley MBC	115,138	Staffing	90,162
NHS Barnsley CCG	29,175	Multi-agency Training	17,925
Probation	2,314	Professional Fees including SCR	41,302
South Yorkshire Police	12,024	Service Developments	9,853
Cafcass	550	Running Costs	13,862
Target Youth Support	2,906	Training Income	-£3,000
TOTAL	£162, 107	TOTAL	£170, 104

The BSCB Budget 2014/2015

The board is funded by contributions from partner agencies. The budget breakdown and contributions made by member organisations for the 2014-15 year are shown above.

There was a pressure on the budget this year due to the increased level of Serous Case Review Work which resulted in the budget being overspent.

The budget reduced in real terms last year due to inflation and standstill partnership contributions. The police provided an additional amount of funding to the board within year. Contributing member agencies met together towards the end of the financial year to discuss and agree budget contributions for 2015/2016 which have resulted in a budget increase to maintain the work of the board and secure some of the business support required to support the work of the board and the multi-agency training programme.

REPORT TO THE HEALTH AND WELLBEING BOARD

13 October 2015

EXCESS WINTER DEATHS

Report Sponsor: Julia Burrows
Report Author: Julie Tolhurst
Received by SSDG: 21 September 2015
Date of Report: 21 September 2015

1. Purpose of Report

1.1 To provide an opportunity for Health & Wellbeing Board to consider the issue of Excess Winter Deaths in Barnsley, given that a system wide co-ordinated planning and action is required by many agencies to tackle this agenda.

1.2 To respond to a number of key points raised by Mr Dan Jarvis MP regarding the plans in place to tackle excess winter deaths for 2015/16. This included the commitment to protect the elderly and vulnerable and details of targeted programmes to impact on excess winter deaths, fuel poverty and protecting vulnerable groups.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Note the content of the report and recommendations
- Provide any feedback
- Agree next steps for action and communication of the report

3. Introduction/ Background

3.1 More people in Barnsley die in the winter than in the summer, in line with the rest of England and other European counties.

Excess winter deaths are a statistical measure to quantify the effect of winter months for a given population. It can be expressed as the number of extra people who have died, or as an index comparing winter deaths to the number of deaths that occur at other times of the year.

These are crude measures. People die unnecessarily all year round, and it is possible for the apparent number of excess winter deaths to go down simply due to the number of deaths at other times of the year going up. The figures

take no account of the age structure of the population, which makes comparison with other areas or the national average difficult. Comparing the picture in Barnsley can be equally challenging , as the age structure of the population may change year on year, for example with the influx of population due to new housing developments.

3.2 There is a wealth of evidence demonstrating that death rates are higher in the winter months, and these deaths are largely due to predictable causes:

- Long term conditions: cold temperatures pose a particular risk to people living with long term cardio-vascular and respiratory conditions. These diseases reduce the body's ability to make the natural physiological responses required to keep warm and well in the cold.
- Thrombosis: cold temperatures increase blood pressure and the blood's tendency to clot, which is exacerbated by physical inactivity and causes heart attacks and strokes.
- Influenza and other viral infections: incidence of seasonal flu, respiratory syncytial virus and norovirus all peak in the winter months.
- Injuries: people of all ages are affected by increases in falls and road traffic accidents in the winter weather.

Certain groups are most at risk:

- Older people, especially those living alone
- People with long term illnesses
- People with disabilities
- Households with low income, living in poor housing, or in rural areas
- Younger people who live alone
- People who are homeless

These risk factors are preventable through a range of measures including: home insulation and adequate heating; protective behaviours (adequate clothing, eating well, staying active); flu vaccination and alertness on the part of individuals and their caregivers to the increased risk of becoming unwell and seeking medical help early.
It is important to consider the impact of living in fuel poverty and the household heating bills in proportion to its income, in order to keep the indoor temperature at a health-protecting level alongside these risk factors.

4. Data

4.1 The indicative number of excess winter deaths for Barnsley in the three year period for all persons (all ages) from August 2010 to July 2013 was 401 extra deaths during the three year period, an average of 133 excess winter deaths per year. This is not statistically significant from the England average.

4.2 Most excess winter deaths in Barnsley occur in the 65-84 year age group. Given that the over 65 population of Barnsley is expected to increase by 17.2% between 2012 and 2020, it is reasonable to expect that the number of

excess winter deaths will also increase substantially if action is not taken to address the root causes.

4.3 Approximately a third of excess winter deaths in Barnsley between 2004 and 2011 were caused by circulatory diseases and another third by respiratory diseases. The excess winter mortality indices clearly show that while circulatory deaths are certainly more common in winter than at other times of the year, it is respiratory illnesses in which the seasonal peak is most pronounced. Almost 60 % more people die of respiratory infections and 40 % of people die from decompensation of their existing lung disease in the winter months.

4.4 There is no clear cut explanation for excess winter mortality. It would appear to be due to a variety of factors, such as temperature, socio-economic circumstances, fuel poverty, vulnerable groups, housing tenure, housing condition and personal and social behaviours. Consequently, the response needs to be similarly multi-faceted.

5. Conclusion/ Next Steps

5.1 To discuss the progression of the report and agree next steps for action and communication of the report.

6. Financial Implications

6.1 There are no financial considerations at this time.

7. Consultation with stakeholders

7.1 The report has been drafted in consultation with Cllr Andrews and colleagues from the People, Place, Communities Directorates, Bernslai Homes, Barnsley CCG and South Yorkshire Housing Association.

7.2 The report has been discussed by Senior Strategic Development Group and approved for scheduling at Health & Wellbeing Board.

8. Appendices

8.1 Appendix 1 – Excess Winter Deaths report

Officer: Julie Tolhurst **Contact:** 01226 774737 **Date:** 30 Sept 2015

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Excess Winter Deaths in Barnsley

Final report Sept 2015

Rebecca Clarke - Public Health Specialist Practitioner

EXCESS WINTER DEATHS

Contents page

1. Introduction

In common with the rest of England and other countries across Europe, more people die in the winter in Barnsley than in the summer.

Excess winter deaths are a statistical measure which attempts to quantify how big the effect of the winter months is in a given population. It can be expressed as the number of extra people who have died, or as an index comparing winter deaths to the number that occur at other times of the year.

These are crude measures. People die unnecessarily all year round, and it is possible for the apparent number of excess winter deaths to go down simply because the number of deaths at other times of the year has gone up. The figures take no account of the age structure of the population, which makes comparison with other areas or the national average impossible. Even comparing the picture in Barnsley over time can be difficult, as the age structure of the population may change year to year, for example with an influx of population due to a new housing development being built.

The indicative number for Barnsley in the three year period for all ages all persons from August 2010 to July 2013 was 401 extra deaths during the three year period, an average of 133 excess winter deaths per year. This was an increase of 18.6% compared to the average throughout the rest of the year during this three year period. Comparing this three year period to the data for the latest single year from August 2012 to July 2013 illustrates that there was 163 extra deaths during the winter, increase of 22.3% compared to the average throughout the rest of the year. This is the most recent data available at 2nd September 2015. The value of measuring excess winter deaths is not so much in the figures themselves, but in the principles underlying them.

It is well known that death rates are higher in the winter months, and these deaths are largely due to predictable causes:

- Long-term conditions: cold temperatures pose a particular risk to people living with long-term cardiovascular and respiratory conditions, because these diseases reduce the body's ability to make the natural physiological responses required to keep warm and well in the cold.
- Thrombosis: cold temperatures increase blood pressure and the blood's tendency to clot, which is exacerbated by physical inactivity and causes heart attacks and strokes
- Influenza and other viral infections: incidence of seasonal flu, respiratory syncytial virus and norovirus all peak in the winter months.
- Injuries: people of all ages are affected by increases in falls and road traffic accidents in winter weather.

Certain groups are most at risk:

- Older people, especially those living alone
- People with long term illnesses
- People with disabilities
- Households with low income, living in poor housing, or in rural areas
- Younger people who live alone
- People who are homeless

The most important point to note is that these risk factors are preventable, using simple measures such as protective behaviours (adequate clothing, eating well, staying active), home insulation and adequate heating, flu vaccination and alertness on the part of people and their caregivers to the increased risk of becoming unwell and the need to seek medical help early. It is also important to consider the impact of living in fuel poverty, the circumstance of a household having high heating bills in proportion to its income, in order to keep the indoor temperature at a health-protecting level alongside these risk factors.

2. Performance Indicators & Measures

A dedicated indicator for excess winter deaths appears on the Public Health Outcomes Framework, along with relevant indicators for the risk factors of fuel poverty, homelessness and flu vaccination (Figure 1). All the data presented were up to date on 02 September 2015[1]

Figure 1: Direct Public Health Outcomes Framework indicators: Barnsley

Indicator	Descriptor	Period	*Count*	Value	Status[a]
4.15i	Excess winter deaths index, all ages, all persons (single year)	Aug 2012 - Jul 2013	*163*	22.3	Similar
	Excess winter deaths index, all ages, males (single year)	Aug 2012 - Jul 2013	*49*	13.9	Similar
	Excess winter deaths index, all ages, females (single year)	Aug 2012 - Jul 2013	*114*	30.2	Similar
4.15ii	Excess winter deaths index, ages 85+ all persons (single year)	Aug 2012 - Jul 2013	*90*	32.7	Similar
	Excess winter deaths index, ages 85+ males (single year)	Aug 2012 – Jul 2013	*37*	45.7	Similar
	Excess winter deaths index, ages 85+ females (single year)	Aug 2012 – Jul 2013	*53*	32.9	Similar
4.15iii	Excess winter deaths index, all ages, all persons (3 years)	Aug 2010 – Jul 2013	*401*	18.6	Similar
	Excess winter deaths index, all ages, males (3 years)	Aug 2010 – Jul 2013	*100*	9.4	Similar
	Excess winter deaths index, all ages, females (3 years)	Aug 2010 – Jul 2013	*301*	27.4	Similar
4.15iv	Excess winter deaths index, age 85+, all persons (3 years)	Aug 2010 – Jul 2013	*213*	30.7	Similar
	Excess winter deaths index, age 85+, males (3 years)	Aug 2010 – Jul 2013	*48*	19.6	Similar
	Excess winter deaths index, age 85+, females (3 years)	Aug 2010 – Jul 2013	*165*	36.7	Similar
1.15i	Statutory homelessness acceptances per 1,000 population	2013/14	*14*	0.1	Lower
1.15ii	Statutory homelessness - households in temporary accommodation per 1,000	2013/14	*3*	0.0	Better
1.17	Fuel poverty	2013	*9,421*	9.2%	Better
3.03xiii	Population vaccination coverage - pneumococcal polysaccharide Vaccine (PPV), aged 65+	2013/14	*29,810*	66.3%	Lower
3.03xiv	Population vaccination coverage - flu, aged 65+	2014/15	*33,313*	72.0%	Lower
3.03xv	Population vaccination coverage - flu, at risk groups	2014/15	*14,889*	50.5%	Similar

[1] Public Health England. Public Health Outcomes Framework. www.phoutcomes.info Accessed 02 September 2015

a Performance is RAG-rated compared to national averages

Excess winter deaths also contribute to a number of other PHOF indicators (Figure 2) and one indicator on the NHS Outcomes Framework (Figure 3):

Figure 2: Indirect Public Health Outcomes Framework indicators: Barnsley

Indicator	Descriptor	Current status[a]
2.24i	Injuries due to falls in people aged 65 and over per 100,000	Worse in males aged 65 and over and over 80s subgroup
		Similar in females aged 65 and over and over 80s subgroup
		Males and females better in 65-79 subgroup
4.03	Mortality rate from causes considered preventable (persons) per 100,000	Worse in males and females
4.04	Under 75 mortality rate from cardiovascular disease considered preventable per 100,000	Worse in males and females
4.07	Under 75 mortality rate from respiratory disease considered preventable per 100,000	Worse in females
		Similar in males
4.08	Mortality from communicable diseases	Worse in females
		Similar in males
4.14	Hip fractures in people aged 65 and over	Similar in all persons and in all subgroups

a Performance is RAG-rated compared to national averages accurate on 02 September 2015

Figure 3: Indirect NHS Outcomes Framework indicator: Barnsley

Indicator	Descriptor	Current status
3.2	Emergency admissions for children with lower respiratory tract infections per 100,000	Worse in all persons aged under 19

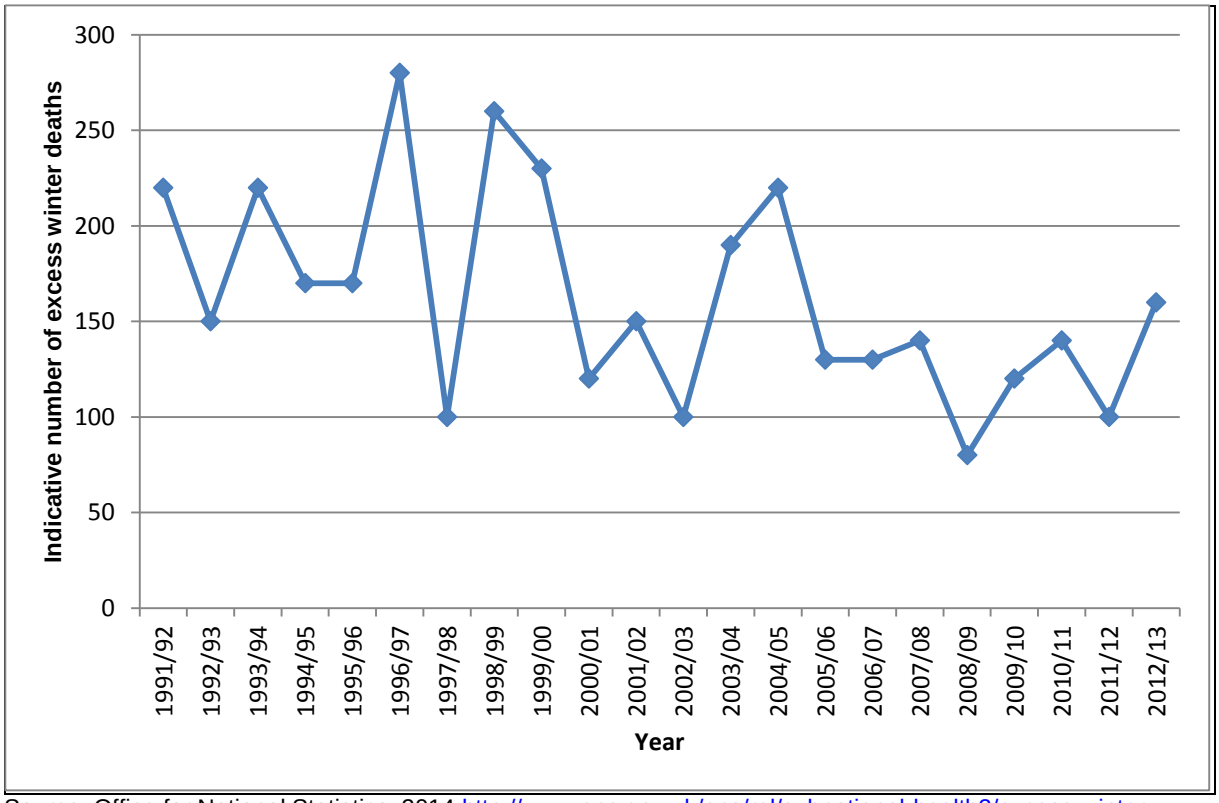
a Performance is RAG-rated compared to national averages accurate on 02 September 2015

What do we know?

3. Facts, Figures, Trends

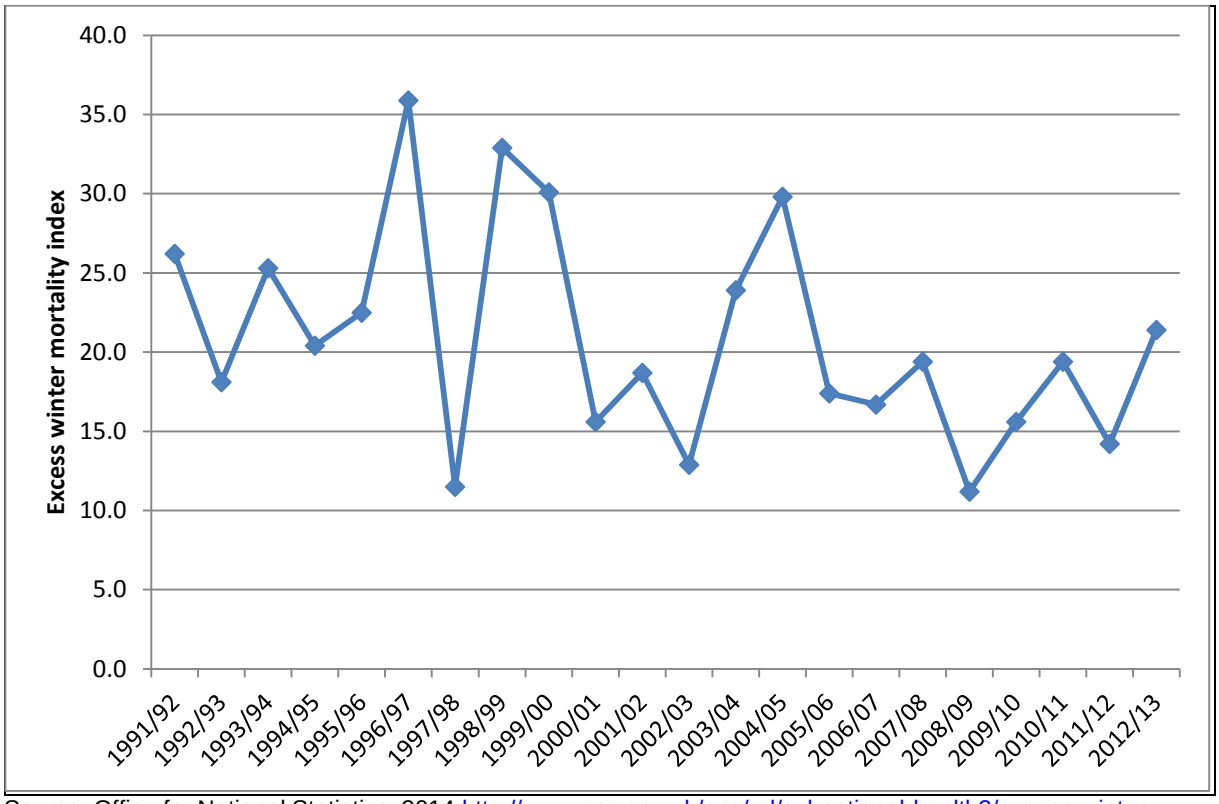
Over the last twenty years, the number of excess winter deaths in Barnsley has varied between 80 and 280 excess deaths each year (figure 4), which corresponds to between 11% and 36% more than the average over the rest of the year (figure 5). The Office of National Statistics, which publishes the figures, acknowledges that because the numbers involved are relatively small (statistically speaking), they are subject to random fluctuation and there is no consistent pattern across local authorities in different areas. The average is approximately 100 extra deaths each winter (around 17% more than the rest of the year) with no evidence of change in the trend over time.

Figure 4: Patterns of excess winter deaths in Barnsley 1991/92 to 2012/13



Source: Office for National Statistics, 2014 http://www.ons.gov.uk/ons/rel/subnational-health2/excess-winter-mortality-in-england-and-wales/2013-14--provisional--and-2012-13--final-/index.html Accessed 2nd September 2015

Figure 5: Patterns of excess winter mortality index in Barnsley 1991/92 to 2012/13



Source: Office for National Statistics, 2014 http://www.ons.gov.uk/ons/rel/subnational-health2/excess-winter-mortality-in-england-and-wales/2013-14--provisional--and-2012-13--final-/index.html Accessed 2nd September 2015

More useful than looking at the total figures is looking at the breakdown by age group and the causative conditions. This helps us identify groups of the local population are being disproportionately affected. The West Midlands Public Health Observatory published an excess winter deaths atlas until 2013. It provides data by age group and cause of death at local authority level combined for 2004 to 2011.

Most excess winter deaths in Barnsley occur in the 65-84 year age group (Figure 6). Given that the over 65 population of Barnsley is expected to increase by 17.2% between 2012 and 2020, it is reasonable to expect that the number of excess winter deaths will also increase substantially if action is not taken to address the root causes.

Figure 6: Excess winter deaths in Barnsley by age group, 2004-2011

Age group	Total number of excess winter deaths	Excess winter mortality index
Aged under 65	145	14.8%
Aged 65-84	450	16.7%
Aged 85 and over	383	24.7%
All ages	976	18.6%

Source: West Midlands Public Health Observatory Excess Winter Deaths atlas http://www.wmpho.org.uk/excesswinterdeathsinenglandatlas/Ageandconditions/atlas.html

Approximately a third of excess winter deaths between 2004 and 2011 were caused by circulatory diseases and another third by respiratory diseases (Figure 7). The excess winter mortality indices clearly show that while circulatory deaths are certainly more common in winter than at other times of year, it is respiratory illnesses in which the seasonal peak is most pronounced. Almost 60% more people die of respiratory infections and over 40% of people die from decompensation of their existing lung disease in the winter months.

Figure 7: Excess winter deaths in Barnsley by underlying cause of death, 2004-2011

Underlying cause of death	Total number of excess winter deaths	Excess winter mortality index
All circulatory deaths	309	17.6%
• Coronary heart disease	196	21.3%
• Stroke	69	15.6%
All respiratory deaths	336	43.2%
• Influenza & pneumonia	189	58.9%
• Chronic lung disease	118	42.2%

Source: West Midlands Public Health Observatory Excess Winter Deaths Atlas
http://www.wmpho.org.uk/excesswinterdeathsinenglandatlas/Ageandconditions/atlas.html

It is also useful to consider where the people live who are most affected. Figure 8 shows the geographical distribution of excess winter mortality and figures 9 and 10 provides deprivation maps for comparison. It is difficult to characterise a pattern by urban/rural split or by deprivation gradient. There is no clear cut explanation for excess winter mortality. It would appear to be due to a variety of factors, such as temperature, socio-economic circumstances, vulnerable groups, housing tenure, housing condition and personal and social behaviours. Consequently, the response needs to be similarly multi-faceted.

Figure 8: Excess winter mortality index, all ages by electoral wards, 2006-2013

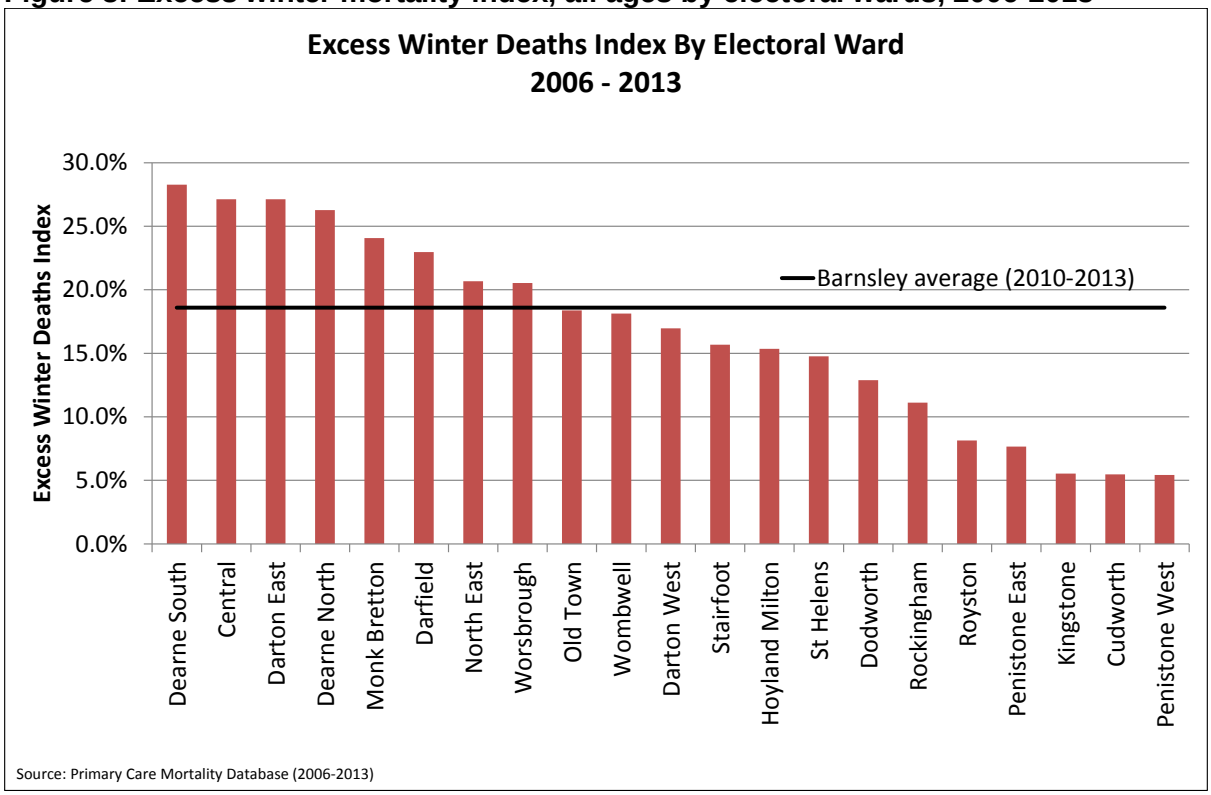


Figure 9: Pattern of deprivation across Barnsley

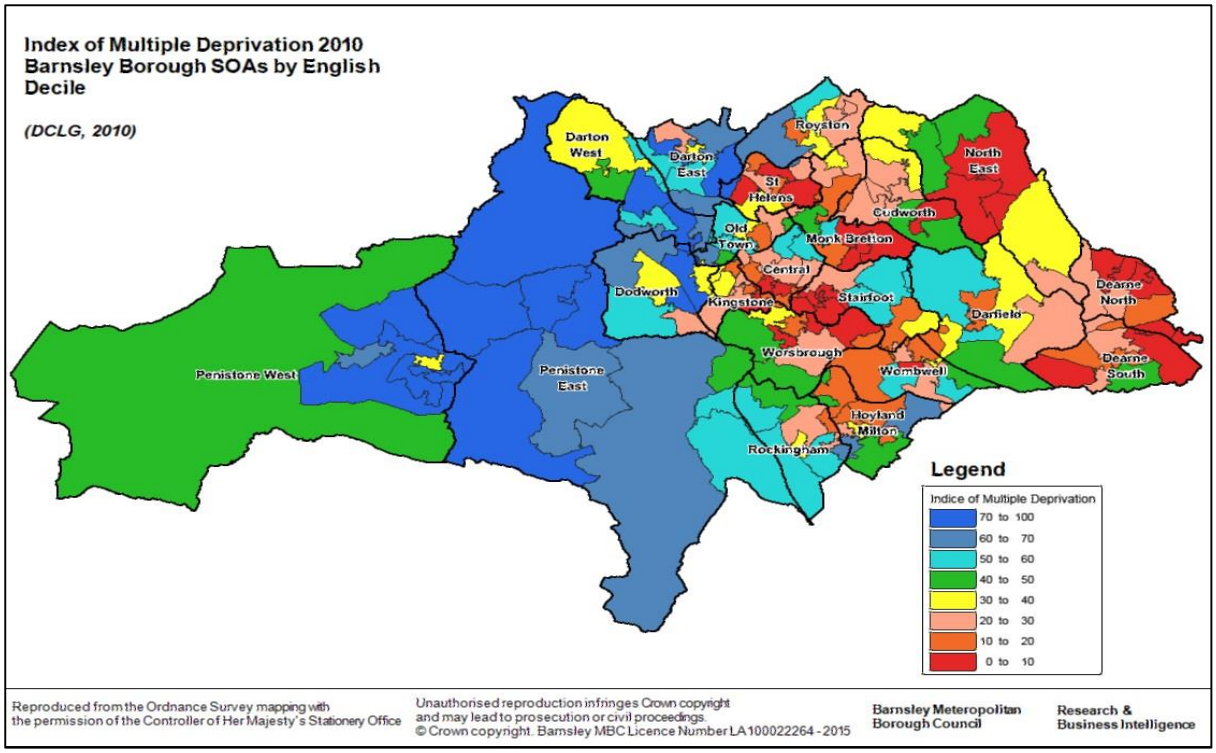
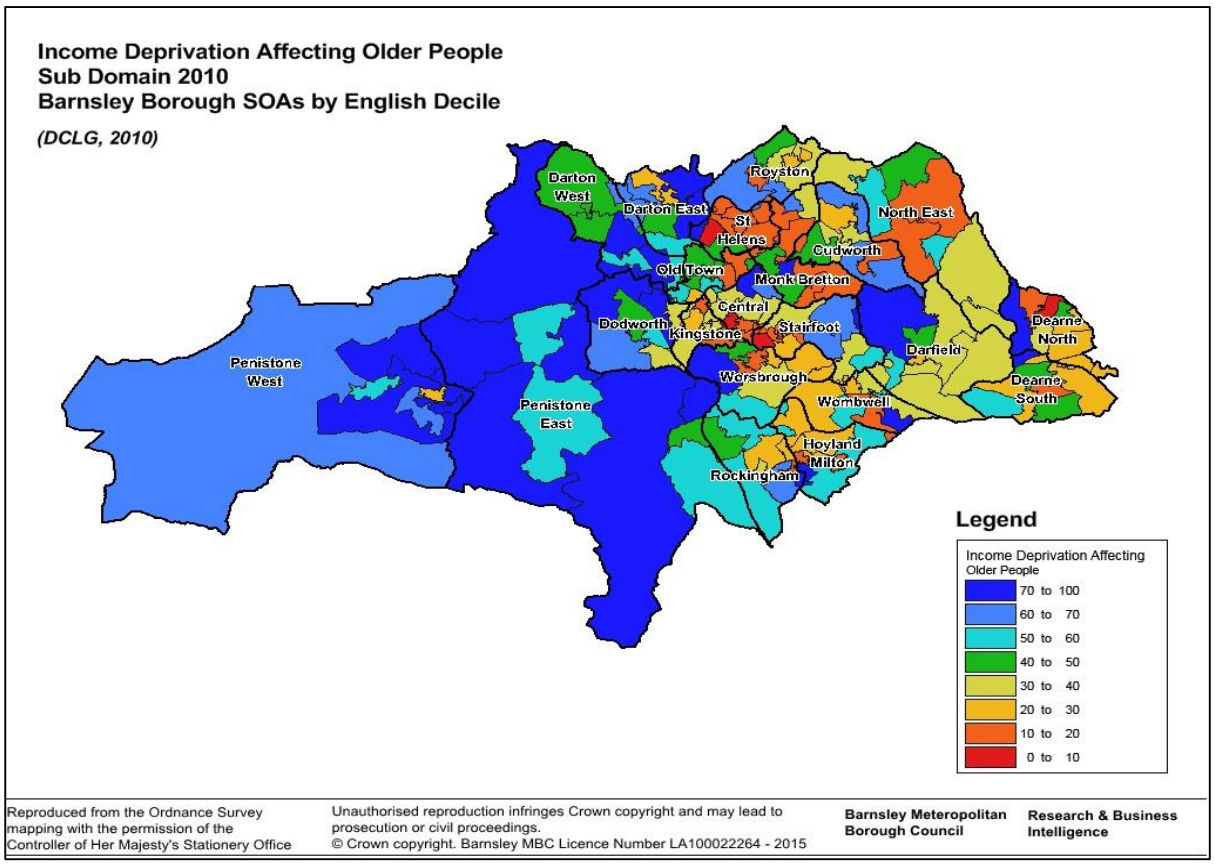


Figure 10: Pattern of deprivation affecting older people



4. The role of fuel poverty

Public Health England has investigated the national pattern of excess winter deaths week-to-week over the winter months[2]. Their analysis demonstrates that weekly peaks in excess deaths coincide with cold snaps and high circulating levels of respiratory viruses, i.e. influenza and respiratory syncytial virus.

The effects of cold temperatures are not felt exclusively by people living in cold homes, but most of the people in the vulnerable groups (over 65s, those living with long-term conditions or disabilities) will spend the majority of their time at home. The Marmot review Fair Society Healthy Lives[3] and the more recent King's Fund report into health inequalities[4] both identify warm homes as crucial to reducing the risk of death from cold temperatures, and specifically to reducing the social inequality in risk of death from the cold.

Fuel poverty describes the circumstance of a household having such high heating bills in proportion to its income, in order to keep the indoor temperature at a health-protecting level, that the household is living in poverty as a result. Statistically it is defined as a household which:

- has required fuel costs that are above average (the national median level)
- were they to spend that amount they would be left with a residual income below the official poverty line

This definition is new, and is felt to be more robust that the previous definition, in which a household was in fuel poverty if more than 10% of income needed to be spent on fuel[5]. Households can find themselves in fuel poverty because of a low income, poor energy efficiency, high unit energy costs or a combination of the three. Households at particularly high risk are those living in private rented accommodation and those who are unemployed.

It is important to note that, like the excess winter deaths measure, fuel poverty is estimated rather than counted accurately. Statistics are published annually and are calculated using a complex model, which is based on survey findings about the size and age structure of households, the type and tenure of their dwellings, average energy prices and self-reported income[6].

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[2] Public Health England (2013). Excess winter mortality report 2013 to 2014 http://www.ons.gov.uk/ons/rel/subnational-health2/excess-winter-mortality-in-england-and-wales/2013-14--provisional--and-2012-13--final-/stb.html.
Accessed 02 September 2015

[3] The Marmot Review Team (2010). Fair Society Healthy Lives. Strategic review of health inequalities post-2010. http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
Accessed 02 September 2015

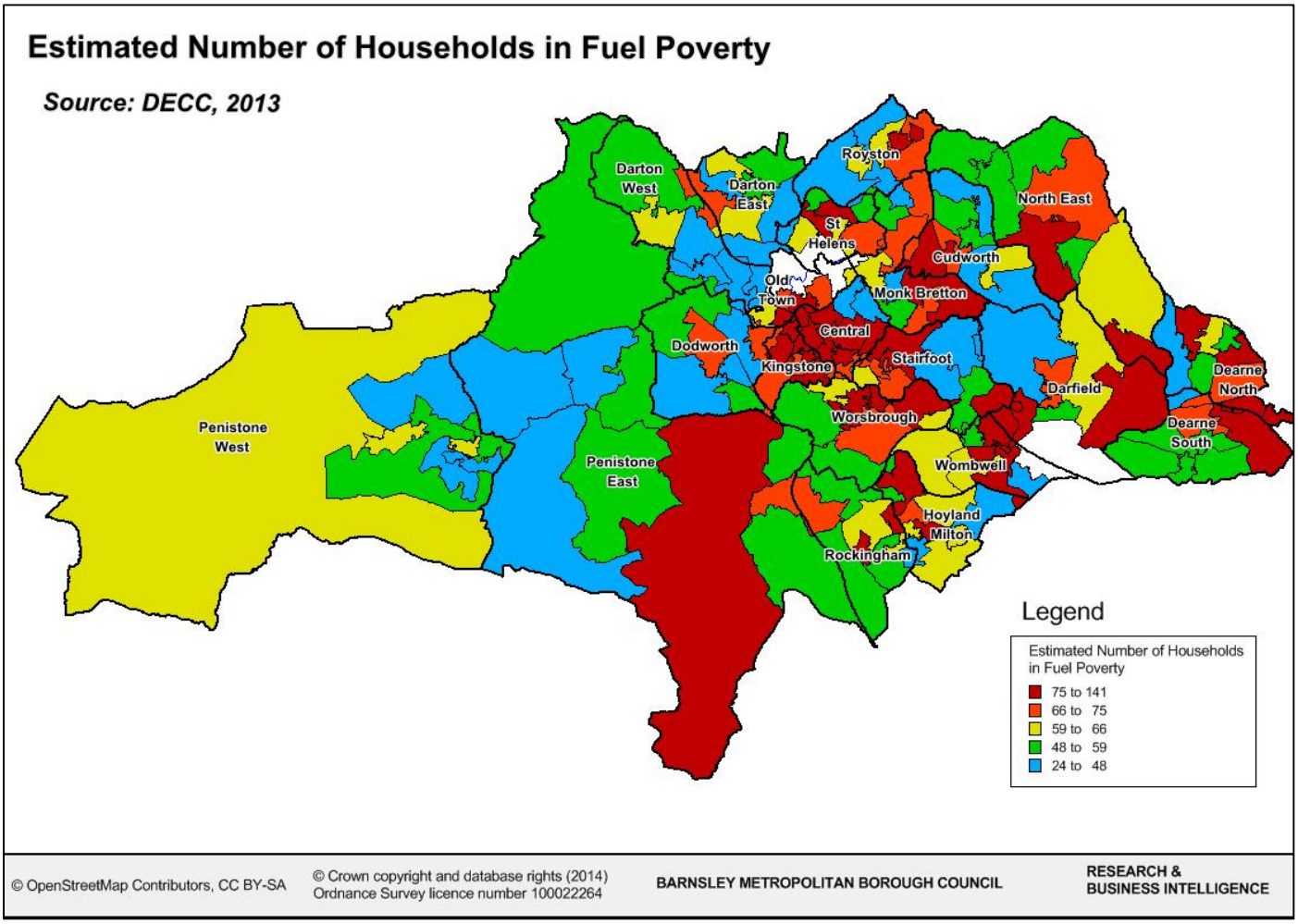
[4] David Buck and Sarah Gregory (2013). Improving the public's health. A resource for local authorities. http://www.kingsfund.org.uk/publications/improving-publics-health Accessed 02 September 2015

[5] Department of Energy and Climate Change (2013). Fuel poverty methodology handbook 2013. https://www.gov.uk/government/publications/fuel-poverty-methodology-handbook-2013 Accessed 02 September 2015

[6] Department of Energy and Climate Change (2013). The fuel poverty statistics methodology and user manual. https://www.gov.uk/government/publications/fuel-poverty-methodology-handbook-2013
Accessed 02 September 2015

The most recent statistics available at ward level are from 2013. Overall, 9,421 households or 9.2% of all households in Barnsley were estimated to be in fuel poverty. This is a lower figure than previous data for 2012 when 10,028 households or 9.7% were estimated to be in fuel poverty. The proportion varies substantially between areas as figure 11 illustrates. The highest number of fuel poor households are coloured in red. Large areas of Central ward, along with Old Town, Worsbrough, Stairfoot, Kingstone, Monk Bretton, Darfield and Dearne North have between 66 and 141 households in fuel poverty.

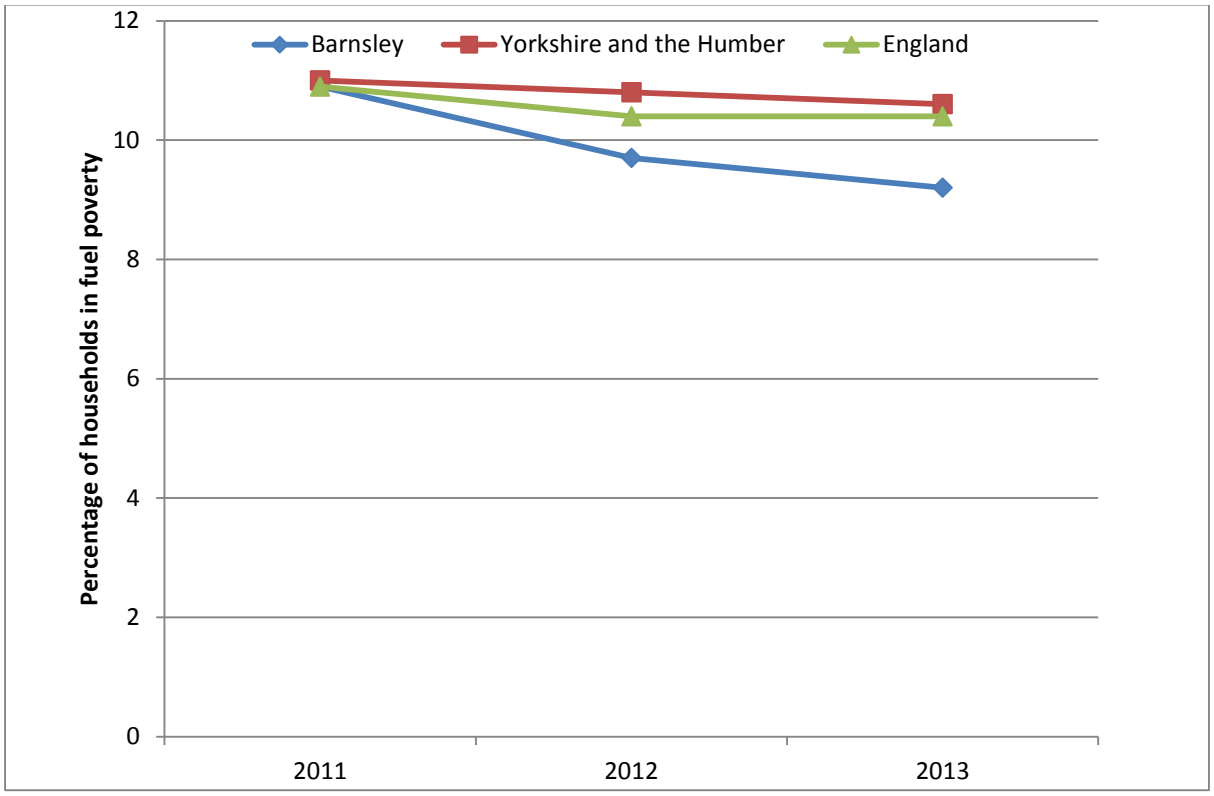
Figure 11: Estimated numbers of households in fuel poverty, Barnsley



Barnsley has a lower prevalence of fuel poverty than the regional and national averages (figure 11). The percentage of households affected has also reduced since 2010, following the national trend; the reduction may be due to improvements to housing stock or home energy efficiency[7].

[7] Department of Energy and Climate Change (2014). Annual fuel poverty statistics report, 2014. https://www.gov.uk/government/uploads/system/uploads/attachmentdata/file/319280/ Fuel Poverty Report Final.pdf Accessed 02 September 2015

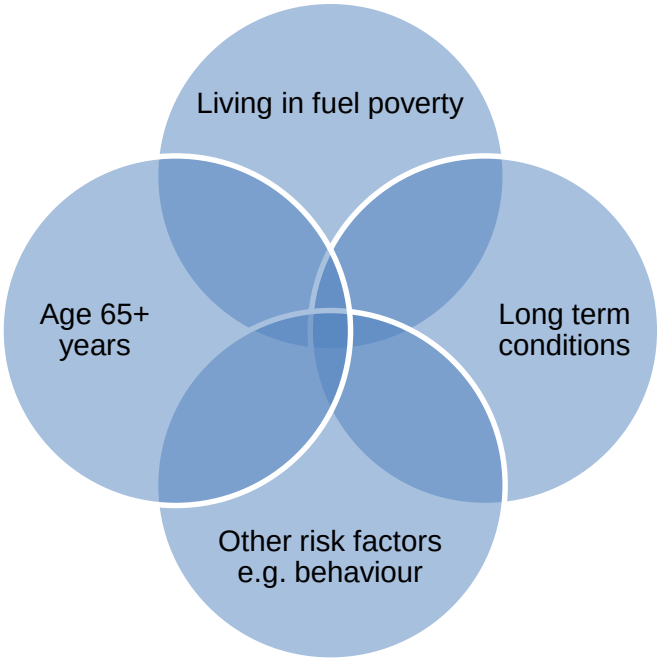
Figure 11: Percentage of households in fuel poverty in Barnsley, 2011 to 2013 with regional and national comparators



Department of Energy and Climate Change. Fuel poverty statistics.
https://www.gov.uk/government/collections/fuel-poverty-statistics Accessed 02 September 2015

Regardless of the measure used for fuel poverty, returning to its relevance as a risk factor for excess winter deaths, comparing the map in figure 11 with the distribution of excess winter deaths in figure 8 demonstrates that fuel poverty is not the whole story. Fuel poverty and other risk factors for excess winter deaths do not necessarily co-exist (figure 12) – the key to preventing excess winter deaths will be to solve fuel poverty first in those households where the risk is greatest.

Figure 12: Risk factors contributing to prevalence of excess winter deaths



The level of risk increases with the number of circles an individual falls into. Other risk factors include being in one of the vulnerable groups and behavioural factors such as wearing inappropriate clothing[8] and keeping windows open in the home[9]

5. The role of flu

The analysis by Public Health England takes account of the fact that circulating rates of respiratory viruses tend to coincide with periods of cold temperature. Using regression analysis to control for the interplay between these factors, the report demonstrates that influenza in and of itself makes a major contribution to the incidence of excess winter deaths.

Flu is a key factor in NHS winter pressures. It impacts on both those who become ill, the NHS service that provides direct care, and on the wider health and social care system that supports people in at-risk groups. Flu occurs every winter in the UK; vaccination is the best way to protect people. In addition, a range of methods aimed at reducing transmission of flu such as good hand and respiratory hygiene are vital elements to reduce the impact of flu each year.

[8] Keatinge, W.R., Donaldson, G.C., Bucher, K., Jendritsky, G. & al, e. 1997, "Cold exposure and winter mortality from ischaemic heart disease, cerebrovascular disease, respiratory disease, and all causes in warm and cold regions of Europe", The Lancet, vol. 349, no. 9062, pp. 1341-6.

[9] Gascoigne, C., Morgan, K., Gross, H. & Goodwin, J. 2010, "Reducing the health risks of severe winter weather among older people in the United Kingdom: an evidence-based intervention", Ageing and Society, vol. 30, no. 2, pp. 275-297.

At best, flu causes a severe fever illness which lasts for several days and necessitates time off work or school. At worst, it can cause hospitalisation and death through the illness itself, by causing deterioration of other long-standing conditions or through developing into pneumonia.

Vaccination against seasonal flu is available each year, free on the NHS, for several eligible groups of people (those who are at highest risk of severe illness and death if they were to contract flu):

In 2015/16, flu vaccinations will be offered at NHS expense to the following groups:

- those aged 65 years and over
- those aged six months to under 65 in clinical risk groups
- pregnant women
- all two-, three- and four-year-olds (but not five years or older) on 31 August 2015
- all children of school years 1 and 2 age
- those in long-stay residential care homes
- carers
- primary school-aged children in areas that previously participated in primary school pilots in 2014/15.

The list above is not exhaustive, and the healthcare practitioner should apply clinical judgement to take into account the risk of flu exacerbating any underlying disease.

Figure x shows the overall vaccination coverage in the 2013/14 and 2014/15. As a result of changes in reporting the uptake of seasonal flu vaccinations data is only available for two reporting periods 2013/14 and 2014/15. From this limited data, the figures for Barnsley Clinical Commissioning Group (CCG) have decreased in line with figures for the South Yorkshire & Bassetlaw Area Team and England.

Figure 13: Seasonal Influenza vaccine uptake (% eligible adults aged 65 years and over)

	2013 – 2014 (%)	**2014 – 2015 (%)**
Barnsley CCG	72.5	72.0
South Yorkshire & Bassetlaw Area Team	74.6	74.3
England	73.2	72.8

Source: Public Health England, Seasonal Flu Vaccine Uptake (GP) 2014/15 – data on GP registered patients (provisional)

Figure 14: Seasonal Influenza vaccine uptake (at risk individuals aged 6 months to under 65 years)

	2013 – 2014 (%)	**2014 – 2015 (%)**
Barnsley CCG	52.2	50.5
South Yorkshire & Bassetlaw Area Team	52.6	51.2
England	52.3	50.3

Source: Public Health England, Seasonal Flu Vaccine Uptake (GP) 2014/15 – data on GP registered patients (provisional)

6. Programmes

Several programmes and activities are in place across Barnsley which will impact on excess winter deaths, fuel poverty and protecting the elderly and vulnerable.

Lead Agency	Programme	Objectives	Overview
Barnsley council	National Energy Action (NEA) Warm & Healthy Homes Partnerships programme	This programme aims to support local health and housing partnerships to better address the needs of households at risk of cold-related illness and excess winter deaths.	Part of a consortium bid, comprised of Leeds city region local authorities and Barnsley CCG for funding from the NEA. Although the bid was unsuccessful but it provides potential for partnership working with Barnsley CCG to agree plans for future work. We aim to build a strong Health and Housing partnership in Barnsley to explore collaborative work to carry out home energy efficiency improvements in some of the most vulnerable households in the borough, whose health is being severely impacted as a result of living in cold and damp housing conditions.
Barnsley council	Energise Barnsley (Solar PV panels) scheme	The scheme due to commence mid December 2015 will install solar panels onto approximately 200 council houses and council-owned buildings. The initiative, is part of a new community energy partnership between Barnsley Council, Berneslai Homes, British Gas Solar and Generation Community. The initiative will see the council work with social enterprises and a blue chip installer to feed the surplus income generated by the scheme back into Barnsley communities.	The implementation of this scheme will contribute to alleviating impact fuel poverty and excess winter deaths.
Barnsley council	Central Heating Fund	Barnsley council has secured funding from	The aim is to incentivise the installation of first time

		the, Department of Energy and Climate Change (DECC) to be used to improve the housing of those in fuel poverty living in their area	central heating systems in fuel poor households who do not use mains gas as their primary heating fuel. Match funding has been obtained from National Grid to fund the gas connections which means the works will be free of charge to the customer. The programme is due to start in September and all work is to be completed by end of April 2016.
Barnsley council	Fuel poverty training.	A fuel poverty training course is available on Barnsley Online Learning and Development (BOLD)	This training for front line staff aims to help them identify people at risk of being in fuel poverty. This currently covers the elderly and an additional course is to be developed covering families
Barnsley council	Senior Health Improvement Officer, Place Directorate	The Place Directorate have recently recruited a Senior Health Improvement Officer to develop and deliver work to address fuel poverty and excess winter deaths.	The Senior Health Improvement Officer will work contribute to the recommendations in this report, such as reviewing the recommendations of the Excess winter deaths NICE guidance and consider how they might be applied locally to improve integrated working and target interventions to those most at risk.
Barnsley council	Energy efficiency initiatives	There are a number of on Barnsley council's website https://www2.barnsley.gov.uk/services/housing/private-housing/energy-efficiency	This aims to provide information about improving the energy efficiency of residents homes, saving money on energy bills by switching suppliers or tariff and renewable energy incentives. 500 "Beat the cold" packs were distributed to residents most in need across Area Councils 2014/15. Each pack included: thermal hat, gloves, fleece blanket and advice leaflets. During 2015/16 South Yorkshire Fire & Rescue service are developing a befriending service which will include energy efficiency advice and links to support agencies.
Barnsley council	Better Homes Barnsley	Better Homes Barnsley is the new council endorsed energy efficiency scheme which will help private homeowners and private	Launched in mid-March 2015 the scheme involves energy efficiency home improvements such as insulation, boilers and renewable energy technologies

		landlords across the borough live in warmer, healthier homes and also reduce the cost of rising fuel bills.	using the latest government funding to get the best offers for homeowners.
Berneslai Homes	Vulnerability Strategy	Something Doesn't Look Right" Vulnerability Strategy	The Vulnerability Strategy recognised the support to vulnerable customers to enable them to be both financially and socially included. There are many opportunities for Berneslai Homes' staff to identify potential cases of vulnerability and ensure appropriate action is taken by Berneslai Homes of referrals to specialist support providers.
Berneslai Homes	Energy Efficiency	Berneslai Homes seek to manage and to reduce fuel poverty amongst their tenants.	This is achieved by continuing to improve the housing stock, reducing heat lost from those homes, continuing to introduce efficient forms of heating and introducing alternative technologies to fossil fuelled energy.
Barnsley council	Adverse Weather Team	Throughout the winter period the Adverse Weather team meets on a four weekly basis or during adverse weather as required. This team is Chaired by the Assistant Director Environmental Services and is made of representatives from across the council.	The Adverse Weather Team has produced a Corporate Winter Resilience Protocol which outlines how the council responds to winter related incidents such as snow, ice or prolonged sub-zero temperatures.
South Yorkshire Housing Association (SYHA)	Boilers on prescription pilot	SYHA are currently piloting boilers on prescription in a neighbouring authority with a view to extend to Barnsley if successful.	The scheme involves GPs prescribing double glazing and loft insulation for patients living in cold, damp homes which can improve the quality of life for residents. The project, started in Sunderland found GP and outpatient visits reduced by a third after patients' homes were made warmer and cheaper to heat, reducing the burden on the NHS.
Barnsley council	Be Well Barnsley	Be Well Barnsley is an innovative service to design and deliver a suite of accessible lifestyle interventions that will support the people of Barnsley to make healthy and sustainable lifestyle change through a range of evidenced-based multi-component interventions across the Borough.	The service will aim to increase community capacity using volunteers, peer-support and community activists. The service will deliver health promotion and advice and not only to support people to make healthy lifestyle choices, but to also refer individuals and families onto additional appropriate services that will deal with the wider determinants of health.

Barnsley council	Falls and bone health multiagency group	The falls and bone health group is established to oversee and coordinate the work to prevent and reduce falls in Barnsley, with a particular focus on people aged over 65 years.	Following the development of the falls prevention and bone health strategy and implementation plan. Work is underway to review the current falls pathway. This agenda clearly links to fractures and falls which are more common in winter months.
Barnsley council	Independent Living at Home (ILAH)	ILAH is a service in Barnsley which provides pathways to independent living through which a range of interchangeable services are delivered, including assistive living technologies and re-ablement.	The services delivered in service user's homes enable people to maximise their potential to live independently, preventing or delaying the need for more costly services, helping to build social capital and capacity in other care services. In excess of 7,000 people across Barnsley and the surrounding area access the services, with 98% over the age of 65.
Barnsley CCG	Intermediate Care (including community health services, rapid response and community at home)	Intermediate Care services help residents avoid going into hospital unnecessarily, to help them be as independent as possible after discharge from hospital and to prevent residents moving into residential or nursing homes until they really need to	There are currently seven different parts to the service in Barnsley and they all work as different teams. Over the next year, the teams will come together to trial working as a single Intermediate Care service to support residents.
Barnsley CCG	Right Care Barnsley	Right Care Barnsley is a model of care coordination enables health care professionals in Barnsley to access the right care at the right time for their patients, in preference to admission of a patient as a default position.	The single 'front-door' aims 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. It is anticipated that this will directly contribute to avoiding emergency hospital admissions in the winter months.
Barnsley CCG	Barnsley System Resilience Group (SRG)	SRG provides strategic system wide leadership in the area of urgent care. It comprises representatives from the Barnsley CCG, the local authority, principal NHS providers (including Yorkshire Ambulance Service) and NHS England. The purpose of the SRG is to develop a resilient, sustainable and integrated 24/7 model for urgent and emergency care in Barnsley and to ensure	Barnsley CCG has received £1.4 million for operational resilience and capacity schemes as part of its allocation in 2015/16. This amount is significantly less than the total invested during 2014/15. This resulted in investment of £1,450,000.00 in schemes aimed at ensuring capacity across the system, particularly over the winter period. The six schemes included additional capacity in the acute and community sector, additional social work capacity (including 7 day working), increased

		rapid and appropriate access to services.	capacity of the Independent Living at Home service, enhanced use of assistive technology, the introduction of Urgent Care Practitioners by Yorkshire Ambulance service, spot purchase beds, general medical services in care homes and additional capacity during the winter period. In addition to this, the CCG has in place routine teleconference meetings of the CCG, SYWPT, BHNFT and social care are held three times a week to implement any required contingency arrangements should system pressures require. This will continue during the winter period with the ability to escalate its meeting frequency to enable the operational management of winter across Barnsley once the winter demands on services become more pressured. The CCG has also agreed that any contract penalties applied to providers will be put into a Resilience Fund for allocation by SRG to allow additional capacity throughout the winter.
Primary care	Quality and Outcomes Framework (QOF)	The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.	The QOF incentivises many aspects of good clinical care which would contribute to reducing the susceptibility of people with long-term conditions to cold temperatures or seasonal viruses. The focus is on optimisation of treatment for secondary prevention, for example the percentage of patients with a history of myocardial infarction currently treated with an ACE inhibitor (or ARB if ACE intolerant), aspirin or an alternative anti-platelet therapy, beta-blocker and statin.
NHSE Barnsley council	Vaccination against seasonal flu 2015/16	Vaccination against seasonal flu is available each year, free on the NHS,	A flu assurance plan has been developed by NHSE and presented to the Barnsley Health Protection Board in July

		for several eligible groups of people (those who are at highest risk of severe illness and death if they were to contract flu): • those aged 65 years and over • those aged six months to under 65 in clinical risk groups • pregnant women • all two-, three- and four-year-olds (but not five years or older) on 31 August 2015 • all children of school years 1 and 2 age • those in long-stay residential care homes • carers • primary school-aged children in areas that previously participated in primary school pilots in 2014/15.	2015. A communications plan for the 2015/16 flu season has been developed by Barnsley council. A key objective of the plan is to sustain communications to maintain public confidence in the programme.

7. Impact and Effectiveness

Information on the clinical and cost effectiveness of programmes to reduce excess winter deaths is limited, partly because it is difficult to evaluate complex interventions and partly because it is difficult to evaluate simple interventions directed at complex problems.

Evidence from the Kings Fund suggests that housing and housing related care and support services can make a significant financial contribution to health and social care economies by offsetting health and social care expenditure. A number of studies have identified the savings that can be realised with early housing interventions but the return on this investment is over a long term and not within an annual budget cycle or spending review period. For example, research by the Chartered Institute of Housing found that every £1 spent adapting 100,000 homes, could save the NHS £69.37 over 10 years and that every £1 spent improving 100,000 cold homes, could save the NHS £34.19 over 10 years.[10]

8. National Strategies

For 2015/16, NHS England, the NHS Trust Development Agency, Monitor, Public Health England (PHE), and the Department of Health are joining up their winter campaigns. This will bring together PHE's successful flu vaccination, 'Catch it, kill it, bin it' and "Keep Warm, Keep Well", with NHS England's effective 'Feeling under the weather' campaign and materials to promote NHS 111, into one combined strategy[11].

This focused behaviour change programme will be developed through a single campaign approach, covering a variety of media including television, radio, outdoor and social media, as well as materials for local teams to use.

To ensure that this campaign is as effective as possible, it is important that all organisations use nationally consistent messaging to guide patients and the public. Local Systems Resilience Groups and CCGs are requested to align their local activity with the national campaign rather than initiating individual campaigns, therefore making best use of resources and avoiding duplication. National materials can be adapted for local use as needed. The national campaigns will begin in September 2015.

The National Institute for Clinical and Healthcare Excellence (NICE) has published guidelines on excess winter deaths[12]. The guideline focusses specifically on health risks associated with living in a cold home (and hence fuel poverty) but takes a broader approach to those health risks by including the effect on winter illnesses as well as deaths. For example, children living in cold homes are more likely to develop asthma; cold weather is also an important cause of depression. Taking a broader perspective enhances the importance of the issue, along with the cost effectiveness of interventions to address it.

The recommendations can be summarised as follows:

- Health and wellbeing boards should consider the effects of cold homes in their JSNA and develop a strategy to address them

[10] Reported in *Good homes in which to grow old? The role of councils in meeting the housing challenge of an ageing population*. LGA (2010)
[11] NHS Winter Campaign 2015/16 https://campaignresources.phe.gov.uk/resources/campaigns/34-nhs-winter-campaign/resources Accessed 02 September 2015

[12] NICE(2015) Excess winter deaths and morbidity and the health risks associated with cold homes http://www.nice.org.uk/guidance/NG6 Accessed 02 September 2015

- The strategy should include providing a local referral service which directs people who are risk towards multidisciplinary help to reduce their risk factors for winter illness or death

- All professionals who see people who may be at risk should be trained and alert to ask about how warm their homes are, to record their answers and to refer accordingly

- New technology should be exploited to reduce the risks from cold homes (such as temperature alert systems)

- When home energy efficiency improvements are made, technicians should ensure that vulnerable people know how to use their new equipment

- Local authorities should use their enforcement powers to require improvements to private rented accommodation which is putting vulnerable tenants at risk.

A "How to" guide for reducing the risk of seasonal excess deaths in vulnerable older people compiled by the Department of Health's Health Inequalities National Support Team in 2010[13] described nine interventions which should be offered as part of a multidisciplinary approach to reducing risk factors:

1. Assessment for affordable warmth interventions, including energy efficiency, household income and fuel cost.
2. Regular review of benefits entitlement and uptake.
3. Annual flu and pneumococcal vaccination.
4. Provision of an annual medication review (every six months if taking four+ medicines).
5. Provision of an annual medicines utilisation review (MUR) and follow-up support for adherence to therapy.
6. Implementation of a personal brief health interventions plan that includes advice and support to stop smoking, sensible drinking, healthy eating, adequate hydration and daily active living.
7. Assessment and support programme to prevent falls.
8. Assessment for appropriate assistive technologies, e.g. alarm pendants to call for help.
9. Help to develop a personal crisis contingency plan (e.g. including a buddy scheme, where no close friends or family, to watch for danger signs and provide someone to call).

Many case studies of good practice around fuel poverty or flu vaccination uptake have also been reported, such as collective energy supplier switching schemes[14]

[13] Department of Health (2010). How to reduce the risk of seasonal excess deaths systematically in vulnerable older people to impact at population level. http://www.institute.nhs.uk/images/documents/wcc/HPHL/HINST%20resources/How%20to%20reduce%20the%20risk%20of%20SEDs%20in%20older%20people.pdf Accessed 02 September 2015

[14] Councils help cut nation's household energy bills by £10 million. Local Government Association, 8th May 2013. http://www.local.gov.uk/web/guest/sector-led-improvement/-/journal content/56/10180/3984217/NEWS Accessed 02 September 2015

What is this telling us?

9. What are the key inequalities?

Older people, people who are already living with a long-term condition and other vulnerable groups are disproportionately at risk from excess winter mortality compared to the general population.

The health inequality in excess winter deaths does not follow traditional geographical or deprivation patterns; the gradient is influenced more heavily by social circumstances, such as living alone, living in an older property etc.

10. What are the unmet needs / service gaps?

Excess winter mortality is not as high in Barnsley as it is in other areas of the country. Nevertheless, dozens of people are dying each year and many more are suffering non-fatal illnesses from eminently preventable causes.

Over 9000 households are living in fuel poverty; this circumstance exacerbates the risk from cold weather for any vulnerable people living within the home.

Over 13,000 aged 65+ people and 14,500 identified at risk who were eligible for flu vaccination last winter did not take up the offer. The eligible groups are, by definition, at risk of severe illness if they contract flu and therefore at increased risk of death in the winter months.

Some of the interventions recommended in the national guidance are already provided in Barnsley, but the work is done by different organisations with further work to be done to join-up efforts and share information between services. There is also an opportunity to focus on reprioritising resources the target the private sector based on identified needs.

11. Recommendations

1. All organisations should:
    - understand the relationship between their work programmes to address excess winter deaths, both directly and through the wider determinants of health
    - appreciate that preparation for the winter months is a year-round exercise and that early planning will increase the success of time-limited interventions such as flu vaccination
    - recognise the coexistence of vulnerable people on several existing client lists.

2. The Senior Health Improvement Officer should review the recommendations of the NICE guidance and the Health Inequalities National Support Team guidance and consider how they might be applied locally to improve integrated working and target interventions to those most at risk. This will include future work to identify the contribution from the voluntary and community sector and other front line services.

3. The Senior Health Improvement Officer should also consider whether an evidence review of case studies of innovative methods for addressing excess winter mortality, with support from Public Health, would be useful. Its usefulness would be guided by the availability of funding for the implementation of any effective interventions identified.

4. Frontline workers in general practices and Barnsley council should apply the principle of Making Every Contact Count to the issues of fuel poverty and flu vaccination with all their vulnerable clients. Moreover, people receiving their flu vaccination should be prompted to consider whether they qualify for the help with fuel poverty and signposted appropriately, and vice versa.

5. The Barnsley Housing and Health task group should initially look at the current housing and health initiatives and identify priorities for work, particularly working with private sector housing. This will include developing a strong housing and health partnership with Barnsley CCG and Barnsley council to explore collaborative work.

6. NHS England and the South Yorkshire area team and the locality teams and general practices of Barnsley CCG should work with Public Health to perform implement best practice recommendations to increase coverage in the 2015/16 season.

7. Public health should provide specialist advice and support to the Senior Health Improvement Officer to evaluate the impact of these activities on proxy indicators of excess winter mortality.

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REPORT TO THE HEALTH AND WELLBEING BOARD

13 October 2015

FEMALE GENITAL MUTILATION

Report Sponsor: Rachel Dickinson
Report Author: Sharon Galvin
Received by SSDG: Date
Date of Report: 13 October 2015

1. Purpose of Report

1.1 This report is to inform the Health and Wellbeing Board about Female Genital Mutilation (FGM) its incidence both nationally and locally, awareness raising in Barnsley and the associated legal implications.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Note the information provided and the implications for Board members as providers/commissioners of services.

3. Introduction/Background

3.1 Female Genital Mutilation (FGM) is "a procedure that involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO, 2013).

There are no health benefits to FGM and it can have serious negative health consequences, both at the time it is carried out and in later life (see Appendix 1).

3.2 FGM pre-dates most religions and has been practised by communities holding a range of religious beliefs. It carries with it immense social meaning and serves as proof of maturity, virginity and membership in the community. It complies with traditional beliefs about the roles and characteristics of women in that community. FGM can be found anywhere, and is illegal in many countries, despite that it remains difficult to eradicate. FGM is a hidden issue not usually discussed, as described in the introduction it is global in scope and the practice is found in at least 28 African countries. However FGM is not just an African practice it has been

reported in the Middle East and South Asia: countries such as Indonesia, Malaysia, Pakistan, Iraq and the Philippines.

3.3 Prevalence of FGM is higher than 90% in women aged 15-49 years in Somalia, Egypt and Djibouti and more than 125 million girls have been cut worldwide. (United Nations Children's Fund, 2014)

3.4 In the UK FGM tends to occur in areas with large populations of FGM practising communities; e.g. Sheffield, however FGM can happen anywhere in the UK.

3.5 On 23 January 2015 Barnsley Safeguarding Children Board (BSCB) received a report from the Head of Midwifery at Barnsley Hospital NHS Foundation Trust to alert the Board to the number of FGM cases identified as a result of mandatory reporting which commenced in September 2014.

3.6 There were 2,603 newly identified cases reported in the UK from September 2014 to January 2015 as a result of the introduction of the mandatory reporting.

3.7 Historically Barnsley has been a predominantly white British community so some members of the Board were surprised that Barnsley had 6 historic cases identified in the 4 months since reporting had commenced, 3 further historic cases have been identified since January 2015. However the number of asylum seekers in Barnsley has doubled in the last 12 months to 469 individuals (not all females) the highest numbers are from Pakistan, Iran and China.

3.8 Since the above report was provided to BSCB the Serious Crime Act 2015 has been passed this has made it a duty for people working in regulated professions to report to the Police an act of FGM on a child under the age of 18, it makes failure to protect a child against FGM illegal and offers anonymity for victims of FGM in court. The Act also requires health professionals such as GP's (from October 2015) and Mental Health Workers to submit information under the Enhanced Dataset when treating patients who have had FGM.

3.9 BSCB Members sought assurance that the multi-agency infrastructure was in place to support the women identified and potentially safeguard any female children born to these women. The Designated Nurse Safeguarding Children offered to chair a Task and Finish group to ascertain what Barnsley agencies already had in place.

4. Key Findings

4.1 The FGM Task and Finish meetings were held on 22 April and 20 May 2015. The following agencies/departments contributed to the meetings or intelligence gathering:

- South Yorkshire Police
- Barnsley Children Young People and Families Social Care

- BMBC Education Welfare Service BMBC Early Years' Service Manager
- BMBC Equality and Inclusion
- BMBC Education representative
- NHS Barnsley CCG
- BHNFT
- Multi-agency trainer BMBC
- SWYPFT Mental Adult Mental Health Services
- SWYPFT CAMHS
- SWYPFT Safeguarding Children
- Spectrum Sexual Health Service
- Barnsley College
- Early years services could not attend but contributed via email

**CAFCASS were invited but could not attend*

4.2 All agencies in Barnsley need to be aware of FGM and that there have been reported cases of women living in our communities.

- All agencies need to ensure that their staff are appropriately trained and that they know how to respond if a service user discloses FGM or risk of FGM.
- Policies and Procedures are in place and up to date.
- Services are available to support victims of FGM both adults and children.
- FGM champions are identified in each agency, FGM is Child abuse but it is a form of abuse that together we can eradicate within a generation.

4.3 The Designated Nurse Safeguarding Children attended the Teacher Network meeting (Safeguarding Leads in Schools) 16 June 2015 and the Together Barnsley and Faith Forum 9 September 2015 to deliver a presentation about FGM The latter presentation was well received and resulted in the following recommendations:

- A FGM leaflet to be added to the G4S welcome pack for Asylum Seekers.
- G4S employees to receive training on FGM.
- FGM to be included in sex education in schools.
- A Social Media link to be developed for survivors and young people at risk to disclose, (it was suggested this could model the system for Hate Crime disclosure).

4.4 Following attendance at Together Barnsley and the Faith Forum the Designated Nurse has been contacted by other organisation requesting information and presentations. A meeting has already taken place with the Red Cross, they run a support group for newly arrived to Barnsley Asylum Seekers and a FGM presentation is planned 12 November 2015.

The Designated Nurse is also a member of the NHS England Regional FGM Forum this ensures that Barnsley is aware of what is being adopted across Yorkshire and Humber with regard to FGM.

5. Conclusion/Next Steps

5.1 Awareness of FGM amongst key groups of professionals and community organisations is a critical protective factor for children at risk, BSCB are aware of what partner organisations already have in place with regard to FGM and where improvement is required. FGM is a regular agenda item for the Workforce Management and Development sub group of BSCB, training was previously delivered as part of the multi-agency training in conjunction with honour based violence and enforced marriage. It was suggested that as a result of the new legislation FGM should also be delivered as a single topic and that a health representative should be a co-trainer, this model of FGM training has now been adopted.

5.2 A FGM pocket guide is being developed by NHS England for front line staff and BMBC Councillors are to receive FGM awareness training. Whilst a large amount of work has been undertaken in a relatively short time we cannot be complacent and it is important that Partner agencies maintain and continue to raise awareness of indicators and:

- Promote the importance of sharing information / intelligence in a timely manner
- Maintain training of frontline practitioners for all partnership agencies
- Work with families regarding the law surrounding FGM and associated health risks
- Utilise all forms of media and technology, public facing initiatives to raise awareness across Barnsley
- Develop strategies to engage and inform adults, children, young people and communities through raising awareness.

Appendix 1

The practice of FGM carries both immediate and long term side effects:

Immediate effects

- Severe pain
- Shock
- Bleeding
- Dislocation of hips and broken bones
- Wound infections, including tetanus and gangrene, as well as blood-borne viruses
- Inability to pass urine
- Injury to vulval tissues surrounding the entrance to the vagina
- Damage to other organs nearby, such as the urethra (where urine passes) and the bowel
- FGM can cause death

Long term effects.

- Chronic vaginal and pelvic infections
- Abnormal periods
- Difficulty passing urine, and persistent urine infections
- Kidney impairment and possible kidney failure
- Damage to the reproductive system, including infertility
- Cysts and the formation of scar tissue
- Complications in pregnancy and new born deaths - obstructed labours

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