

Overview and Scrutiny Committee	
DATE:	Tuesday, 19 July 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Administrative and Governance Issues for the Committee

1 **Apologies for Absence - Parent Governor Representatives**

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 **Declarations of Pecuniary and Non-Pecuniary Interest**

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 **Minutes of the Previous Meeting** *(Pages 3 - 12)*

To approve the minutes of the previous meeting of the Committee held on 7th June 2016 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 **Corporate Parenting Panel Annual Report 2015-16** *(Pages 13 - 30)*

To consider a cover report of the Director of Human Resources, Performance and Communications (Item 4a attached) regarding Barnsley Council's Corporate Parenting Panel Annual Report 2015-16 (Item 4b attached).

5 **Barnsley Town Centre Public Spaces Protection Order (PSPO)** *(Pages 31 - 38)*

To consider a report of the Director of Human Resources, Performance and Communications, and the Interim Director of Communities (Item 5 attached) regarding Barnsley Town Centre PSPO.

6 **Draft Safer Barnsley Partnership Plan 2016-2020** *(Pages 39 - 56)*

To consider a cover report of the Director of Human Resources, Performance and Communications (Item 6a attached) regarding the Draft Safer Barnsley Partnership Plan 2016-2020 (Item 6b attached).

Enquiries to Anna Morley, Scrutiny Officer

Phone 01226 775794 or email annamorley@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Clements, Franklin, Frost, Gollick, Daniel Griffin, Hampson, Hand-Davis, Hayward, W. Johnson, Lofts, Makinson, Mathers, Mitchell, Philips, Pourali, Sheard, Sixsmith MBE, Spence, Tattersall, Unsworth and Wilson together with co-opted Members Ms P. Gould, Mr M. Hooton, Ms J. Whitaker and Mr J. Winter and Statutory Co-opted Member Ms K. Morritt (Parent Governor Representative)

Electronic Copies Circulated for Information

- Diana Terris, Chief Executive
- Julia Bell, Director of Human Resources, Performance and Communications
- Michael Potter, Service Director, Organisation and Workforce Improvement
- Ian Turner, Service Director, Council Governance
- Andrew Frosdick, Director of Legal and Governance
- Rob Winter, Head of Internal Audit and Risk Management
- Press

Paper Copies Circulated for Information

- Majority Members Room
- Opposition Members Rooms, Town Hall – 2 copies

Witnesses

Item 4 (2:00pm)

- Mel John-Ross, Service Director, Children's Social Care & Safeguarding, BMBC
- Sharon Galvin, Designated Nurse-Safeguarding Children, Barnsley CCG
- Councillor Joe Unsworth, Corporate Parenting Panel Member
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
- Andrea Wake, Children's Participation Officer
- Care4Us Council Representatives
- Barnsley Foster Carers

Item 5 (2:30pm approx.)

- Wendy Lowder, Interim Executive Director, Communities Directorate
- Paul Hussey, Interim Service Director, Stronger, Safer Healthier Communities
- Paul Brannan, Head of Safer Barnsley, Communities Directorate
- Melanie Fitzpatrick, Strategy & Operations Manager, Communities Directorate
- Councillor Jenny Platts, Cabinet Spokesperson, Communities Directorate
- Mark Lynam, Head of Economic Development, Place Directorate
- Councillor Roy Miller, Cabinet Spokesperson, Place Directorate
- Chief Inspector Jakkie Hardy, South Yorkshire Police
- Inspector Julie Mitchell, South Yorkshire Police

Item 6 (3:15pm approx.)

- Wendy Lowder, Interim Executive Director, Communities Directorate
- Paul Hussey, Interim Service Director, Stronger, Safer Healthier Communities
- Paul Brannan, Head of Safer Barnsley, Communities Directorate
- Melanie Fitzpatrick, Strategy & Operations Manager, Communities Directorate
- Councillor Jenny Platts, Cabinet Spokesperson-Communities Directorate
- Chief Inspector Jakkie Hardy, South Yorkshire Police
- Inspector Julie Mitchell, South Yorkshire Police

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 7 June 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Frost, Gollick, Hampson, Hayward, W. Johnson, Makinson, Mathers, Philips, Pourali, Sixsmith MBE, Spence, Tattersall, Unsworth and Wilson together with co-opted members Ms P. Gould, Ms J. Whitaker and Mr J. Winter

1 Apologies for Absence - Parent Governor Representatives

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

2 Declarations of Pecuniary and Non-Pecuniary Interest

There were declarations of interest from Councillor Ennis, as a Lay Member Director for Public and Patients, Barnsley Healthcare Federation Community Interest Company (CIC) and Councillor Unsworth as a Governor at Barnsley Hospital NHS Foundation Trust.

3 Minutes of the Previous Meeting

The minutes of the meeting held on 5th April 2016 were approved as a true and accurate record.

4 GP (General Practice) Services in Barnsley

Due to Councillor Ennis being a witness for this item on the agenda, the committee selected a Chair from the floor. It was proposed and agreed for Councillor W. Johnson to Chair; therefore he introduced the item and welcomed the following witnesses:

- Lesley Smith, Chief Officer, Barnsley Clinical Commissioning Group (CCG)
- Vicky Peverelle, Chief of Corporate Affairs, Barnsley CCG
- Jim Logan, Chief Executive, Barnsley Healthcare Federation CIC (Community Interest Company)
- James Barker, Director of Business Development and Strategy, Barnsley Healthcare Federation CIC (Community Interest Company)
- Paul Bibby, Chief Nurse and Director of Learning and Development, Barnsley Healthcare Federation CIC (Community Interest Company)
- Councillor Jeff Ennis, Lay Member Director for Public and Patients, Barnsley Healthcare Federation CIC (Community Interest Company)
- Carrienne Stones, Healthwatch Barnsley Manager

Lesley Smith explained that 90% of all patient contact in the NHS is through GP services, with the demand continuing to rise. This can be explained by an increase in life expectancy, as people live longer, however healthy life expectancy in Barnsley is reducing hence patients' needs becoming more complex. 24% of the Barnsley population are living with 1 or more long term condition; however the national average is below 17%. The healthy life-expectancy for men and women in Barnsley has fallen to 56 years. Additionally, 1 in 4 children in the borough are living in poverty and nationally there is an 11% vacancy rate for GPs. The CCG are working in partnership with the Council, voluntary sector and other agencies to respond to the social and economic factors which contribute to poor health, such as unemployment, smoking and lack of exercise.

Members proceeded to ask the following questions:

- i) The GP Patient Survey Data in the cover report shows that most of the Barnsley results are similar to what was found nationally apart from there were poorer results in relation to phone access to GP surgeries, why is this?

Members were advised as every household does not have internet access this reduces the number of people who are able to book their appointment on line. This then leads to an increase in the number of patients using the telephone service however the CCG is investigating this to see how it can be addressed.

- ii) What is the uptake in relation to patients registering for appointments with their GP online?

The committee were advised there is currently a national initiative for 10% of access to GP appointments to be made online, with work being done towards this process to be paperless by 2020.

- iii) How do you see the future of the healthcare economy; are there enough GPs to provide Primary Care?

The group were advised nationally there is an 11% vacancy rate in relation to GPs; therefore there are not enough GPs in the country to fill the vacancies we have. The CCG are working with other clinicians to meet the demand for services such as Advanced Nurse Practitioners and Healthcare Practitioners. We have recently recruited 17 Healthcare Specialists and 40 Healthcare Assistants.

- iv) Please can you provide some context around the workforce figures provided on page 19 of the attached report?

Members were advised that as referred to previously, there is a shortage of GPs both locally and nationally and we have to consider how GPs manage the increase in complex demand for services. We find that a lot of Barnsley patients are visiting GPs for social rather than medical reasons, such as loneliness and isolation. Medicines aren't the solution to this therefore we are working with partners to look at 'social prescribing' such as befriending services and attendance at social clubs.

- v) In the Central Area Council we commissioned the Royal Voluntary Service (RVS) to offer assistance with care in relation to non-medical conditions however the response from medical practitioners has been disappointing with limited engagement?

The service advised the committee they welcomed this feedback. They acknowledged this work had been slow to progress however hoped this would become available across the Borough and that Link Workers would pick this up with practices. The CCG advised this information will be fed back at the next meeting of the Barnsley CCG Membership Council.

- vi) The 'I Heart' service was supposed to help to reduce the pressure on the Accident and Emergency (A & E) department; are there any solid plans to make sure that this service is benefitting the community?

The group were advised there has been a general misconception over the role of the 'I Heart' service; its purpose is to offer additional primary care services, rather than replacing existing services. 'I Heart' offers extended appointment times including evenings and Saturday mornings. We are also looking to extend the services to Sunday opening and we're due to launch video consultations before June. In future we are looking to extend the service to be open 365 days per year. 'I Heart' has been collecting data around where people would have gone if they had not accessed this service; during May they found 30% of patients would have attended A & E. This is however a secondary benefit to the service and not its primary purpose. Additional funding to support the 'I Heart' service has been approved up until 2019 which allows for further development of the service.

- vii) Not many people in our communities are aware of the 'I Heart' service; how is it being promoted?

Members were advised a lot of promotion work was done in November 2015; also the service is the number one search item in Google when people are looking for health advice in Barnsley. There will be a stall in the Alhambra Centre in Barnsley next week that will be promoting the 'I Heart' service, which has the potential audience of a weekly footfall of 170,000. We are also looking to develop Facebook and Twitter accounts and market the service further through GP practices.

- viii) Whilst people are aware of 'I Heart', they are not always knowledgeable as to what it represents?

The group were advised the CCG has undertaken promotional work to highlight the benefits of the 'I Heart' service, which can provide additional primary care for the Barnsley residents. This has included working with community services as well as the hospital, to ensure all partner agencies are aware in addition to next week's planned event at the Alhambra. The CCG welcomed ideas from members of the committee as to how the 'I Heart' service can be further promoted. A member of the committee commented on the figures in the report about the GP Patient Survey, specifically the percentage of people able to get a convenient appointment; which did not seem to reflect their own anecdotal feedback.

- ix) With reference to paragraph 2.2 in report 4b, what are the perceived and actual conflicts of interest?

When CCGs first formed, commissioning of Primary Medical Care was the responsibility of NHS England. As a CCG, we were offered to take on delegated responsibility. We have very clear processes and systems in place to manage conflicts of interest and

guidance in relation to delegated commissioning is very clear. We also undertake internal audits in relation to this. GPs are the gatekeepers to the whole NHS with 90% of NHS contact coming through primary Care. The advantage of the CCG being responsible for commissioning is that the people who know the population best are making informed decisions over what services need to be provided.

- x) A member of the committee suggested to engage with patients further, an information file containing the details of community groups, as well as services such as 'I Heart' and information on Ward Alliances could be displayed in GP practices. Also, a volunteer from a local group could be present to provide additional assistance?

The members of the committee were given an excellent response to this suggestion, with the CCG acknowledging this idea would enhance social prescribing. It was agreed that the Member and CCG would liaise outside this meeting to progress the idea further.

- xi) There is no mention in the report of patients with mental health issues; also often isolation can be due to a lack of public transport in a local area; what is being done regarding these issues?

The committee were advised that GPs would say 50% of their patients suffer with mental health issues. This can be low level mental health as a result of loneliness and isolation; therefore we need to focus efforts on social prescribing before issues become more complex. People with complex mental health problems also tend to have poorer physical health; therefore the CCG is working with South West Yorkshire NHS Foundation Trust (SWYPFT) to ensure parity of esteem. The NHS constitution also has pledges regarding mental health services and recognises that access to these is not as good as it could be.

In relation to transport the services acknowledged this was a very important issue and that problems tend to occur in communities where patient numbers are low. Members of the committee were encouraged to engage with the Barnsley Bus Partnership in their Network Consultation over planned changes to bus routes in the borough which were taking place the following week. The committee was also advised of Berneslai Homes' concern over low level mental health issues on our estates and are looking to employ a specific officer in relation to this.

- xii) The report provides information comparing the ratio of clinical to non-clinical posts which identifies that 'Barnsley is only second to Sheffield in the South Yorkshire and Bassetlaw area'; please can you clarify this?

Members were advised this referred to Barnsley being second from the bottom to Sheffield in this comparison.

- xiii) What is being done to attract GPs to Barnsley as well as ensuring they are retained?

The committee were advised we are trying to be as innovative as possible in relation to GP posts and offering fellowships to make posts more exciting and varied. A key role in this is Barnsley GP Federation which is looking at how we can encourage GPs into the Barnsley area by providing competitive packages including integrated posts which work in different areas of the health service. We are also working with young people to encourage them to consider a career within the health service.

- xiv) Smoking, alcohol and a lack of exercise have all been identified as causes that can result in long term health issues; what is being done to educate people to adopt a healthier, more active lifestyle?

The group were advised the service works in partnership with the Council's Public Health department and has recently employed a joint position to help drive and promote healthier lifestyles and targeting those most at risk.

- xv) An example of a conflict of interest was given in relation to a recent meeting; following this the committee member stated that conflicts of interest and perceptions of conflicts of interest should be managed and asked how effective are Barnsley CCG's governance arrangements in relation to this?

Members were advised a 360 Audit review was undertaken of governance arrangements which showed there were no high or medium risks, the report of which the service will circulate to the committee. NHS England also have concerns in relation to conflicts of interest and have created statutory guidance in relation to this, therefore we have to be confident that the decisions made are appropriate.

In relation to the meeting example given, this was a judgement call, the meeting was being held in public for transparency which meant those with a conflict of interest could have attended as Members of the public anyway. Those individuals were not involved in the meeting discussion which was purely sharing the outcome of a decision which could not be altered. Conflicts of interest are an area for concern; we did have two lay members, however as our accountabilities have increased we are looking to amend our procedures and have an additional lay member who is also a 'Champion' in relation to conflicts of interest.

- xvi) The report identifies following Care Quality Commission (CQC) inspections, of the 27 GP practices that have been inspected, 22 were rated as 'Good' and 3 'Requires Improvement' with 1 in 'Special Measures'. Do these ratings reflect any inherent trends and what measures are in place to address these?

One common theme was in relation to monitoring of fridge temperatures in relation to vaccines. It wasn't that the practices weren't monitoring them but they weren't recording it. The other theme was to make sure that every member of a practice understands how the practice functions; therefore our Head of Quality is working with practices to learn how to prepare for CQC inspections and to share best practice. It is important to note that inspections are a snapshot of a single day in a practice. 22 rated as 'Good' is a very good result for Barnsley and a common theme was that they all provided good, caring services.

- xvii) What was the reason for the one practice being placed under 'Special Measures'?

The group were advised this was due to subdomain ratings in relation to patient safety and quality due to record keeping and safeguarding. A lot of work has been done at the practice and the issues have been rectified rapidly, therefore the practice is now rated overall as 'Requires Improvement' not 'Special Measures'.

- xviii) Why was the contract for Highgate Practice in Shafton awarded to a new provider rather than the established one?

Members were advised the contract for the provision of healthcare at the practice had come to an end, therefore under European Union (EU) Regulation we were forced to take the contract out to tender; this was subsequently awarded to the preferred bidder.

- xix) Is the service proactively in contact with local schools to encourage young people to live a healthy lifestyle; if not, are there any plans to do this? Also, do the practices inspected by the CQC have their ratings displayed for patients to see?

The committee were advised the service works with colleagues in Public Health to improve the wellbeing of children in the borough, for example the CCG will work with the Council on the 0-19 Service Pathway. It is really important that we undertake this work as 1 in 4 children in Barnsley are currently living in poverty; therefore we need to manage this to manage demand on services.

In relation to displaying CQC ratings of GP practices in their surgeries, the ratings and reports are available in the public domain. The service is also working with their communications department to ensure these displays are both prominent and highly visible.

- xx) How are the decisions made as to the level of access to mental health services across the borough?

The committee were advised this item is on the agenda of the Health and Wellbeing Board meeting this afternoon to consider the Mental Health Strategy, Action Plan and 'You Said We Listened Report'. We look at figures in relation to the incidence of mental health and where we need to invest resources including seeking feedback from service users. Papers from the meeting can be circulated to the committee.

- xxi) When do you review the commissioning of community services?

Members were advised these are reviewed on an ongoing basis. We have an annual cycle and contract review in relation to community services and consider where we can make changes to and develop services.

- xxii) How many GPs are members of the Barnsley Healthcare Federation; what challenges do they face; and how are these being addressed?

The group were advised the Barnsley Healthcare Federation is a not-for-profit Community Interest Company. It currently has 28 local member practices which are able to share best practice amongst each other. The Federation also has a core clinical management team to look at the contracts it delivers. The challenge in Barnsley is the recruitment of GPs; therefore the Healthcare Federation has one salaried GP as well as a number of GPs contracted on a long term basis. Due to life expectancy rates and complex conditions within the borough we're working with the hospital, community services and primary care to ensure a holistic approach to services.

- xxiii) As 28 out of 36 GP practices in Barnsley are part of the Federation could this be seen to be a monopoly situation?

The committee were advised the CCG is very positive with the large number of practices in the Federation as it's about independent business coming together. If we had multiple federations this would become very complex and having a federation provides strength in the recruitment of GPs. The Barnsley Federation secured funding of £2.3m for the 'I Heart' service in Barnsley on behalf of the whole population; therefore this is available to all GP's patients regardless of whether they are part of the federation.

The contract at the Highgate practice at Shafton had reached the end of its term, therefore the procurement process ensued. Through this process we maintained GP services for 2500 people, whereas in other areas with numbers as small as this, practices no longer exist therefore it's positive that we have managed to maintain the service. We could do more in terms of communication in relation to this; however we followed a process where a contract was bid for, we evaluated them against set criteria and the contract was awarded to the winning bid.

A member of the committee commented that this had not been handled in an appropriate way as we should be celebrating and publicising those achievements. The CCG responded that they would take this on board. The committee was advised that since the contract was taken over there were now more appointments available for patients and the service has been open and running every day.

- xxiv) The report identifies there is a financial challenge of £500 million over the next five years across the South Yorkshire and Bassetlaw area; what affect will this have on the services that can be provided?

Members were advised the funding applies to the whole of the South Yorkshire and Bassetlaw region including NHS and social care budgets. There has also been a change to the funding formula, previously Barnsley benefited from how this was calculated which was based on per head of population including deprivation and age. The formula is now more focused on age, therefore Barnsley will loose out and more money will go to the South of the country where there are higher elderly populations. By 2020 there will be a deficit of £20 billion pounds nationally; therefore we need to make sure our hospitals work more effectively together. We also need to ensure we transform out of hospital care and work with the voluntary sector, self-care schemes and help people to live healthier lives at home.

Carriane Stones, Healthwatch Barnsley Manager advised the group of the work being done by Healthwatch. They gather feedback from people's experience of health and social care services and have recently launched an online Feedback Centre where people can put their views and services can respond directly to them. They have recently worked with Councillor Gollick who approached them as the local area had a number of concerns about access to GP services. Through this Healthwatch spoke to over 80 members of the public and held events at GP practices to understand the barriers to services. Following this Healthwatch is due to produce a report and feed this back to the local services. In addition to online contact, Healthwatch can be contacted by phone. Through the process, Healthwatch also identified people were unaware of both the Pharmacy First scheme which provides an alternative resource to obtain advice / medicines for less serious illnesses from your local pharmacy, without having to visit your GP, as well as the 'I Heart' service; therefore they gave people further information about both of these services.

- xxv) A member of the committee began by complimenting Healthwatch on the excellent work they are doing, followed by enquiring whether they have a direct influence on improvement action plans?

The committee were advised Healthwatch have a number of systems where they can feed into, to improve performance, including meetings with the Chief Nurse of the CCG and other colleagues. They speak directly to providers and also attend the GP co-commissioning group so can influence work undertaken.

The Chair brought this item to a close and thanked the witnesses for their attendance and contribution.

5 Overview and Scrutiny Committee (OSC) Work Programme 2016-17

Cllr Ennis resumed the role of Chair for the meeting and began by explaining to the committee the new arrangements for Scrutiny meetings, which will combine the roles of both the OSC and the Safeguarding Scrutiny Committee (SSC). Alternate OSC meetings will examine a safeguarding issue; this format will be trialled for 9 months to evaluate how successful it is. Members of the committee were advised at meetings where there is a safeguarding topic focus, following this a Private Member Briefing will be held on Social Care performance information. To provide members with knowledge of how to scrutinise the safeguarding data, there will be a training session as part of the meeting on 12th July 2016, which Cllr Ennis recommended every member to attend.

Members were advised, item 3.4 on the report details the proposed OSC meetings for the 2016/17 Municipal Year, this includes the annual topics that are due to be looked at: Cllr Ennis explained some of the meetings had spare capacity to include other topics to be agreed nearer the time and advised that 'The Local Sustainability and Transformation Plan (STP) would be considered on 4th October 2016 meeting as this was an important piece of work in relation to the delivery of Health and Social Care services. Additionally, there will be 3 Task and Finish Groups (TFGs) which are due to investigate Higher Level Skills and Jobs, Fly Tipping and Flooding Resilience.

Cllr Ennis advised members to either notify himself or Anna Morley of any additional issues which they felt ought to be considered for the Work Programme and asked the members of the committee to put themselves forward for one of the TFGs.

- i) Following discussions within the Central Area Council, should Neighbourhood Services be an area that could be looked at?

Members were advised that as the issues raised were specific to the Central Area Council, we would need to contact the Area Chairs to establish if there were Borough-wide issues, then this could be considered by the OSC.

The Chair thanked all for their attendance and declared the meeting closed.

Action Points

- 1) Barnsley CCG to feed back comments to the next Membership Council meeting regarding poor engagement from medical practitioners in relation to social prescribing services provided by the Royal Voluntary Service (RVS) which had been commissioned.

- 2) Members to advise the Barnsley Healthcare Federation/CCG of any further ideas how the 'I Heart' service can be promoted further.
- 3) Elected Member and CCG to liaise regarding the development and implementation of a file within GP practices, containing information on local community groups/services.
- 4) Members to engage with the Barnsley Bus Partnership in their Network Consultation.
- 5) CCG 360 Assurance internal audit report on the CCG co-commissioning governance process to be circulated to the committee.
- 6) Mental Health Strategy, Action Plan and 'You Said, We Listened' Report to be distributed to Members.
- 7) Members to advise Cllr Ennis or Anna Morley of any additional issues to be considered for the Scrutiny Work Programme 2016-17.
- 8) All members of the committee to put themselves forward for one of the TFGs.

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Item 4a

**Report of the Director of Human Resources,
Performance & Communications,
to the Overview and Scrutiny Committee (OSC)
on Tuesday 19th July 2016**

**Barnsley Metropolitan Borough Council's (BMBC) Corporate Parenting Panel
Annual Report 2015-16 – Cover Report**

1.0 Introduction and Background

- 1.1 The attached report 'Item 4b' is an annual update of the work of the Council's Corporate Parenting Panel (CPP). The role of the CPP is to ensure that BMBC, through its elected members, officers, carers and partner agencies fulfils its corporate parenting role. This means providing commitment and leadership to 'being there' for children in care and care leavers as well as monitoring performance in terms of improving outcomes.
- 1.2 ALL Elected Members have a responsibility as Corporate Parents to ensure that all children at the edge of care, in care or who have left care are given opportunity to reach the best possible outcome they can. They should act as 'pushy parents', with the litmus test being "Would this be good enough for my child or me if I was a child?"
- 1.3 As a result of Corporate Parenting responsibilities, it was agreed at the OSC meeting on 10th February 2015 that the CPP Annual Report should be brought to the OSC on an annual basis, enabling challenge to be provided by Members who are not directly involved with the CPP.
- 1.4 National data shows that children who are in care are one of the lowest performing groups in terms of educational outcomes. They also have poorer employment prospects and health outcomes than the general population. Research indicates that there are a number of factors which need to be considered to maximise positive outcomes for children in care, some of which include placement stability, interventions being tailored to the characteristics and experiences of the individual and the need for professionals to have a good understanding of children's social, emotional, mental health and educational needs.
- 1.5 It is therefore essential that the quality of services for our children and young people at the edge of care, in care or who have left care, are monitored and challenged. The attached Annual Report outlines the work of the CPP during 2015-16 (Item 4b) including:
- The responsibilities and statutory duties of the Council to protect children
 - The role and responsibilities of Councillors as Corporate Parents

- Corporate Parenting in Barnsley including Progress and areas covered by the CPP during 2015-16
- Governance arrangements
- Children in Care Council
- Priorities for the CPP during 2016-17
- Performance information

2.0 Invited witnesses

2.1 The following witnesses have been invited to today's meeting:

- Mel John-Ross, Service Director, Children's Social Care and Safeguarding, BMBC
- Sharon Galvin, Designated Nurse-Safeguarding Children, Barnsley Clinical Commissioning Group (CCG)
- Councillor Joe Unsworth, Corporate Parenting Panel Member
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
- Andrea Wake, Children's Participation Officer
- Care4Us Council Representatives
- Barnsley Foster Carers

3.0 Possible areas for discussion

3.1 Members may wish to ask questions around the following areas:

- What impact has the CPP had on the outcomes for our children in care? How is this evidenced?
- To what extent is the voice of our children in care reflected in the design and improvement of services? What do they think to the services they receive?
- Are all key stakeholders represented on the board and engaged in its work?
- What is done to ensure that Barnsley children in care placed out of the area receive high quality services?
- How are the views of carers incorporated into the work of the CPP to help improve services?
- How confident are you that the right decisions are being made to safeguard children at the right time?
- What are the key challenges for the services and the CPP for 2016/17?

- How can Members not involved directly in the meetings support the work of the CPP and our children in care?

4.0 Background Papers and Links

- Copy 4b (attached) – Corporate Parenting Panel Annual Report 2015-16
- Child Protection in England: Legislation, Policy and Guidance:
<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/legislation-policy-guidance/>
- Children in Care in England Statistics, House of Commons Library (5th October 2015):
<http://researchbriefings.files.parliament.uk/documents/SN04470/SN04470.pdf>

5.0 Glossary

CPP – Corporate Parenting Panel

DfE – Department for Education

Ofsted – Office for Standards in Education, Children's Services and Skills

OSC – Overview and Scrutiny Committee

6.0 Officer Contact

Anna Morley, Scrutiny Officer (Tel: 01226 775794)

Email: annamorley@barnsley.gov.uk

11th July 2016

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Barnsley Corporate Parenting Panel Annual Report 2015-2016

1. Context

- 1.1 This report sets out an annual update on the corporate parenting arrangements in Barnsley, with progress and outcomes of the panel for the period 1st April 2015 to 31st March 2016. It reminds members of key legislation and guidance, advising on local performance and service improvement, as well as progress made by the corporate parenting panel. The report aims to strengthen the role and responsibilities of corporate parents in improving outcomes for children and young people.

2. Proposals and Reasons: Corporate Parenting – Our Responsibilities Legal Framework

- 2.1 The Children Act 1989 and the Leaving Care Act 2000 place clear statutory duties upon the Council to protect children from suffering significant harm and to provide continued financial and transition support to care leavers aged up to 21 (or 25 if in full time education). Underpinning corporate parenting is a wide range of national policies, guidance, regulations and legislation, which are subject to change by High Court rulings, such as the Southwark ruling in 2009.
- 2.2 The Munro review has significantly impacted on the work we do with children and young people looked after. The Final Report of the Munro Review of Child Protection Services published in May 2011 includes Professor Munro's 15 recommendations which have significant implications for the way that child protection services will be run at a local level. In relation to children looked after, key reforms to be taken forward include building the capacity of social workers and strengthening their professional practice; a reduction in the amount of central prescription; increased evaluation of the effectiveness of the help provided to children and families; and greater recognition that safeguarding is a multi-agency responsibility.
- 2.3 The revised care planning regulations and guidance, including The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review Volume 3: Planning Transition to Adulthood for Care Leavers and the Statutory Guidance on Securing Sufficient Accommodation for Looked After Children March 2010, place increased emphasis on effective care planning with a focus on the child, and are designed to improve the quality and consistency of care planning, placement and case review for looked after children. They also aim to improve the care and support provided to care leavers.
- 2.4 The UK Government made significant reforms to the youth remand framework with the implementation of the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act in December 2012. The Act implicitly attributes further responsibility to Local Authorities by means of children and young people being remanded to youth detention accommodation, being treated as children looked after and being eligible for leaving care services if they are looked after beyond 13 weeks.

3. Corporate Parenting – The Role and Responsibility of Councillors

3.1 Effective corporate parenting requires knowledge and awareness of the needs of children and young people looked after and the services they receive. This is a shared responsibility by the Council as a whole. The role of the corporate parent is therefore:

- a) To receive and consider accurate and timely management information reports on the numbers, characteristics and needs of looked after children and care leavers.
- b) To receive and consider reports demonstrating how effectively Barnsley is serving it's looked after population through the provision of services and targeted initiatives.
- c) To receive briefings on new national and local initiatives designed to improve children and young people's life chances.
- d) To gain knowledge of services based on direct involvement and opportunities to meet and gain the views of stakeholders, especially listening to the views of children and young people looked after and members of the Care 4 Us Council.
- e) To monitor and review progress on the delivery of Corporate Parenting 'Promise' to children looked after and care leavers.
- f) To ensure that decisive action is taken to address any shortcomings in the services provided to children and young people.

4. The Barnsley Pledge to Children and Young People in Care

4.1 What all children and young people in our care can expect from us:

- We'll look after children in care in a safe and caring home.
- We'll promote, support and respect their identity.
- We'll ensure all children in care receive a good education.
- We'll support children in care to be healthy.
- We'll prepare children in care for the future.
- We'll involve children in care in decision making and making it happen.

5. Corporate Parenting in Barnsley

5.1 Children in Care are those children and young people aged 0 -18 years who cannot safely remain with their family and are cared for by the local authority. The local authority has continuing legal and financial responsibilities to many of these children until they are 21 (or 25 if in full time education). This includes all unaccompanied asylum seeking children (UASC) and children with multiple disabilities. Children in Care and Care Leavers are one of the most vulnerable and disadvantaged groups in our community.

5.2 The Corporate Parenting Panel is responsible for children in care, children at the edge of care and children and young people who have left care.

6. Corporate Parenting Panel Overview and Membership

6.1 The Corporate Parenting Panel is chaired by the Cabinet Spokesperson for People (Safeguarding).

6.2 The Panel meet every 2 months and there continues to be good attendance at meetings by the full range of members, which include:

- Elected Members, BMBC
- Executive Director, People Directorate, BMBC
- Service Director, Children's Social Care & Safeguarding, BMBC
- Virtual Head Teacher for Children in Care, BMBC
- Representatives for the Care4Us – Children in Care Council
- Head of Safeguarding and Quality Assurance, BMBC
- Foster Carer/s from the Barnsley Foster Carers Association
- Named Nurse for Children in Care, SWYPFT
- Designated Nurse Safeguarding Children/LAC, NHS Barnsley Clinical Commissioning Group
- Designated Doctor, BHNFT
- Head of Service, Children in Care Services, BMBC
- Managers for Children in Care and Care Leavers Teams, BMBC
- Scrutiny Officer, BMBC

7. Corporate Parenting Progress throughout the year 2015-16

7.1 At each of its meetings the Corporate Parenting Panel receives the following standard reports:

- Looked after Children Performance Report; a bespoke performance report which captures data, provides a commentary and performance rating against all key performance indicators of relevance to children in care. Panel members receive a cover report which highlights the areas of concern and invites and encourages member challenge.
- A Children in Care Status Report; a report which sets out numbers, locations and types of placements of Barnsley's children to support members in asking questions about trends and the implications for children's wellbeing.

7.2 Other standard agenda Items:

- Minutes of the Education of Children in Care Steering Group
- Minutes of the Health of Children in Care Steering Group
- Minutes of the Care 4 Us Council

7.3 Over the past year the Panel has requested and considered the following thematic reports for discussion and challenge:

- Report on the Foster Carers Ball Celebration Event; April 2015
- Update Report on the Adoption Reform Grant; April 2015

- Breakdown of Children Missing from Care Presentation; June 2015
- Adoption Tracking, Performance and Post-Adoption Support Fund Presentation; June 2015
- Report on a small audit of the implementation and utilisation of Strengths and Difficulties Questionnaires (SDQ's); September 2015
- Data report on Children in Care who have been in Custody; September 2015
- The Independent Reviewing Officers (IRO) Annual Report; September 2015
- The Looked After Children Missing Protocol; October 2015
- Outline Programme for National Takeover Day; October 2015
- Outline Programme Presentation for the Children in Care Awards Event; October 2015
- Ofsted Annual Children's Social Care Data Report; December 2015
- The IRO Action Work Plan; December 2015
- Draft Corporate Parenting Report 2014/15; February 2016

7.4 Promoting young people's increased involvement and participation has been a key focus for the corporate parenting panel during 2015 – 2016. This has been evidenced by:

- Takeover Challenge is a national event led by the Children's Commissioner for England which puts children and young people into decision-making roles. In 2015 we had one young person involved. This year we had 17 children in care and care leavers shadowing Officers and Councillors from across the council to allow them to gain an insight into the world of work and how decisions are made. The event was well supported from every Directorate. The young people had a range of experiences including spending time with Public, Health, the Better Barnsley Major Project Team, the Family Information Service, regulatory Services and Communities. They also shadowed lead members, Cllr Bruff and Cllr Cheetham along with the Chief Executive. Feedback from the service providers was that it was a privilege to spend time with such fantastic Barnsley young people. Young people reported that besides it being a fun day it increased their confidence and enabled them to open up possibilities as to their future options.
- Following wide-ranging consultation, including input from Barnsley Care4Us Council, the Pledge to children in care and care leavers which informs young people about the level of care and services they can expect from the council as their corporate parent, has been updated and is published in a new format more suited to its audience. The Pledge was signed by members at a Cabinet meeting, which young people in care attended.

- Two Children in Care sat alongside decision-makers at Barnsley Council as Cabinet members considered two reports relating to the wellbeing and aspirations of young people in care and care leavers. The young people introduced two reports to the meeting - Review of the Barnsley Pledge to Children and Young People in Care and Update Briefing regarding The Provision of 16+ Accommodation. They successfully asked senior councillors to approve the recommendations in each report. The young people were invited to 'take over' the meeting for these two reports as a further demonstration of the council's commitment to the Children's Commissioner's national Takeover Challenge initiative.

7.5 The Corporate Parenting Panel has links with the following groups:

- Children in Care Health Improvement Group – the Chair sits on the Corporate Parenting Panel and formally reports back each meeting. It was agreed to further strengthen this by having one of the Corporate Parenting Panel Councillors also sitting on the group. Minutes of meetings of this group are considered by the Corporate Parenting Panel.
- Care 4 Us Children's Council - the Cabinet Spokesperson for People (Safeguarding) and chair of the Corporate Parenting Panel sits on this group, in addition to the Cabinet Spokesperson for People (Achieving Potential). This is to ensure that links between the two bodies remain strong and to get direct customer feedback on whether children and young people feel cared for and safe, as well as to be able to deal with any other issues raised by Care 4 Us.

7.6 Any areas of concern may be referred to Cabinet which may refer for Scrutiny Committee consideration.

7.7 Corporate parenting panel members have been encouraged to attend and receive training in understanding and making use of performance reports to support member challenge.

7.8 Member training is provided on the role, responsibilities and expectations of corporate parents. Members of the corporate parenting panel have agreed that their role is to act as 'pushy parents' for children in care on the edge of care and care leavers. The litmus test being "Would this be good enough for my child or me if I was a child?"

7.9 As part of the Continuous Service Improvement Plan the structure of Corporate Parenting Panel meetings has been changed, from day time to early evening meetings, specifically to enable children and young people in care to attend, as well as foster carer representatives.

7.10 One of the key outcomes arising from the performance reports and from the Ofsted report is that the Panel will challenge the quality of Personal Education Plans (PEPs). An Education Improvement Steering Group and a Virtual School Governance Group have been set up, attended by Officers, members of Corporate Parenting Panel and partners. The groups are chaired by Cabinet Spokesperson for People (Achieving Potential).

- 7.11 The Corporate Parenting Panel attend key participation events such as the annual celebration event.

8. Governance Arrangements

- 8.1 The Corporate Parenting Panel is established within the Council's Constitution and has specific Terms of Reference which emphasise the above responsibilities and its overarching responsibility to ensure that the Council, through elected members, officers and partner agencies, fulfils its corporate parenting role. Although the Corporate Parenting Panel does not possess Executive powers, the Panel is able to refer matters to the Council's Cabinet to consider any actions which the Panel recommends. The Council's Scrutiny Committees may, in turn, receive any of those issues which are referred to Cabinet and which the Cabinet feels would benefit from an in depth investigation in open session. It is proposed that the Corporate Parenting Panel annual report is considered by both the Cabinet and the Full Council meeting.

9. Children in Care Council

- 9.1 The Children in Care Council directly supports the Corporate Parenting Panel to measure and monitor the effectiveness and quality of 'Corporate Parenting' to children and young people; according to the views and experiences of the children who are in care. The panel remains fully committed to listening to the voice of service users and the active involvement of children and young people within the decision-making processes.
- 9.2 A key recommendation of the 2014 Ofsted inspection report is to widen the council to include the voice of younger children and more children in care as well as the existing care leavers.
- 9.3 A service review was undertaken in 2015 aimed at better aligning resources to areas of demand and need. Consequently a full time dedicated post has been developed, for implementation from the 1st April 2016. The aim of the post is to improve young people's participation, ensuring that their voices and experiences are heard and influence all aspects of service delivery, as well as strengthening the Care4Us Council.

10. Continuous Service Improvement Framework

- 10.1 A Continuous Service Improvement Plan continues to be in place following the Ofsted inspection in June 2014 which judged Barnsley as 'requires improvement'. The plan consists of the work which is being monitored as part of the continuous service improvement journey and is mapped against the OFSTED recommendations and local improvements. The plan is overseen by the multi-agency Officer Group. Barnsley Safeguarding Children's Board (BSCB) monitors the actions which indicate whether sufficient progress is being made, i.e. the right amount of progress in the right direction at the right pace.

10.2 All of the areas for improvement from the Ofsted inspection have been addressed within the Continuous Service Improvement Plan.

11. Priorities for the Corporate Parenting Panel for 2016- 2017

11.1 Driving forward improved educational progress and attainment for all children in care.

11.2 Challenging school absence, exclusion or lack of full time and suitable provision for all children in care.

11.3 Improving young people's participation with the evidence that shows the difference that has been made and the outcomes.

11.4 Improving Care Leavers engagement in education, employment and training.

11.5 Improving the emotional health and wellbeing of children in care and the access to timely help and intervention.

11.6 Learning from return to care interviews to help avoid children going missing.

12. Conclusion

12.1 Corporate Parenting Panel is where the responsibility and accountability for the wellbeing and future prospects for Barnsley children in care ultimately rest.

12.2 A good corporate parent must offer everything that a good parent would, including stability. It must address both the difficulties which children who are looked after experience and the challenges of parenting within a complex system of different services.

12.3 The 2014 Ofsted report outlined a number of different areas where the Corporate Parenting Panel needs to challenge and support the development of services to ensure that Barnsley's children in care have good outcomes.

12.4 Significant improvements for children in care and care leavers have been achieved, as evidenced within the Service Improvement Plan and as measured against key performance indicators; **See Section 13.**

12.5 The challenge remains for everyone to raise their aspirations for the children of Barnsley and to remain a 'PUSHY PARENT' to ensure that all children at the edge of care, in care or who have left care are given opportunity to reach the best possible outcomes they can.

13. Performance Information - Looked after Children (LAC) data for the period 1 April 2014-31 March 2016

	2014	2015	2016	Commentary
Numbers of LAC	228	244	285	<p>The number of LAC at the end of March 2016 had increased significantly to 285. Slightly more children were admitted to care in the second half of the year (92), compared with the first half (85). This increase was not unexpected due to the corresponding rise in CP Plans; however the number leaving care has reduced. Barnsley's rate of looked after children is below the average for its statistical neighbours but is in line with the national average. Barnsley has stable communities and family units who are willing to care for children within the extended family network. We have established an Intensive Adolescent Team to help prevent young homelessness. Legacy children have been adopted and we continue to successfully promote SGOs. There is an ongoing action to ensure that the right decisions are made to safeguard children at the right time. Plans are in place to closely monitor CP Plans and CP Plans for the 2nd time to ensure that there is no drift in timely decisions making. Public law case tracking and LAC figures are monitored at weekly performance meetings.</p> <p>At the end of March 2016, 171 looked after children were placed in Barnsley by other local authorities; this number is increasing over time which causes added pressures on Barnsley services in line with our own increasing looked after population.</p>
LAC Health Assessments	93.8%	96.8%	99.4%	Our performance on LAC health assessments has continued to improve on the previous year. Health Assessments are being held and recorded in accordance with statutory guidance. There is an ongoing action to maintain progress to health assessments, with any decline escalated to the Service Improvement Plan Officers Group and subject to interrogation by key managers.
LAC Dental Checks	84.4%	97.8%	100%	Considerable effort has been made to address data inputting problems at child level that resulted in previous reporting inaccuracies in dental checks. Performance shows significant improvement from the previous year, clearly evidencing that real progress has been made.
LAC Education	2014	2015	2016	
Completed PEPs	96.0%	99.3%	95.1%	The percentage of PEPs completed has deteriorated in the last year and stood at 95% in March 2016, although there is a time-lag with recording information on more recent Care Plans. A new Virtual Head Teacher took place in February 2016, and with the LAC

				team has reviewed all PEPs for year 10 and 11 children. Performance is monitored monthly. The Education Steering Group was established, chaired by a lead member, to drive forward the improvements required in relation to educational progress of our children and young people. This group tracks and challenges PEP progress, quality and performance. This is included in the Service Improvement Plan and overseen by the BSCB.
Exam results (LAC)	2013	2014	2015	
KS2 Reading, Writing, Maths – Level 4+	-	30%	30%	As at 31 March 2015 there were 10 children that had been in care continuously for 12 months or more in this age group and therefore eligible to take KS2 in reading, writing and maths. This means that each pupil in this cohort is worth 10%. Due to low prior attainment of the children in this cohort outcomes in all three areas for this group are below the 2014 LAC national averages and the performance of all pupils both nationally and in Barnsley. However outcomes for Barnsley LAC are above the projections returned by schools to the Virtual Head earlier in the year.
KS4 GCSE 5 A*-Cs including English and Maths	0%	11.1%	11.1%	For 2015 there were 9 eligible children in the cohort. The corporate target was for 11.1% (relating to one child) to achieve GCSE 5 A*-C including English and Maths. Given the small cohort, attainment is in line the 2014 national average for LAC and outcomes remain the same as last year. The proportion achieving 5 A*-G has dropped from previous years, standing at 66.7%, but remains above the last reported figure for LAC nationally in 2010.
	2013	2014	2015	
Emotional and behavioural health of looked after children	14.4	14.3	13.7	This measures the rate of emotional and behavioural health of children aged 4 to 16 who are looked after continuously for 12 months. The lower the rate the better the emotional and behavioural health of the cohort of children measured. A score of under 14 is considered normal; 14-16 is borderline with cause for concern; 17+ is a cause for concern. An improvement in the emotional and behavioural health of looked after children in Barnsley can be seen over the last few years, with the average rate now being classified as normal. Barnsley performs better than all benchmarks, with the national rate at 13.9, statistical neighbours at 14.1 and regional at 14.4.
	2014	2015	2016	

Foster Carers	77	96	104	There are currently 104 active in-house foster carer households, an increase on previous years. Although 22 new households were recruited in 2015/16, unfortunately 9 households left the service during the same period. A more proactive recruitment strategy has been undertaken during 2015/16 and will continue during 2016/17. The updated sufficiency strategy has set a target of 35 new placements to be recruited by April 2017.
Commissioned Placements	69	65	81	As at 31 March 2016 we had 81 children in IFA placements (65 at last report) and 144 children placed in house. The increase in IFA placements reflects the rapid increase in numbers of LAC, despite the increase of in-house placements, which we will continue to try to recruit more of. The time-lag in recruiting and training new carers will undoubtedly mean continued need to use emergency IFA placements in the near to medium term.
Adoption (% adopted during the year ending 31 March)	18%	32%	22.5%	Barnsley's adoption rate has reduced since the previous year, however this is in line with published figures for regional (23%), statistical neighbours (23%) and above national (17%) performance. Our performance has been above the national average for several years. 2014 excluded, we have exceeded all our comparators in recent years and performed in the upper quartile (rank 3) nationally. In the last 12 months, 29 children have been adopted. In comparison, a further 53 children were placed with family members subject to Special Guardianship Orders. We have approved 26 adopters in the last year and of these, which compares well to previous years, despite resourcing issues within the adoption team. Placements which cannot be provided in house can be purchased from other authorities or voluntary adoption agencies at a cost of £27,000 per child, however in 2015/16 we made fewer out of authority placements and provided a number of placements ourselves for other authorities. Of the out of authority placements we have made, we have been reimbursed for a number by the national inter-agency adoption grant for children categorised as hard to place.
	2014	2015	2016	
Percentage of looked after children who are placed less than 20 miles from their home address	New Measure	New Measure	92%	Generally speaking we consider that the closer to home we can keep looked after children the better it is for them. This is so that they can keep in contact with birth family where appropriate and maintain links with their home communities. Sometimes children are placed further away for adoption placements where it is not in their interests to keep in contact with birth families and where more specialised placements

				are needed e.g. for sibling groups. In 2015/16 the corporate target for looked after children being placed less than 20 miles from their home was 91%, meaning the target was achieved. At the end of March, 99 young people were in placements outside of the Barnsley borough.
Placement stability - children with three or more placement moves	7%	4.7%	3.5%	Performance on track, with good and improved performance for both indicators of placement stability, as well as good performance compared to statistical neighbours and national benchmarks. At the end of March 2016 there were 9 looked after young people who had three or more placement moves since entering care.
Placement stability - children who have been in the same placement for 2+ years or placed for adoption	79%	71%	79.1%	Good performance has been achieved by carefully matching children with the right carers and providing support to both children and their carers.
Looked after children cases reviewed within timescales	85.1%	95.9%	96.9%	All cases of looked after children should have a review within 4 weeks of either becoming looked after or their last review. The same standard applies to visits. Performance shows an increasing trend, with 97% of reviews being within time, while 93% of visits are within timescales. Managers have really driven the timeliness of visits to children with the service and significant progress has been made since July 2015, however the proportion of visits in time remains below the target of 100%. Where visits are out of time this is often by only one day, and there is some time-lag in recording visits, however increasing scrutiny is being placed to ensure all looked after children receive timely visits.
Looked after children visits in timescales	75%	90.2%	92.7%	
Care leavers in suitable accommodation	19-87.5% 20-100% 21-100%	19-100% 20-87% 21-100%	19-96% 20-100% 21-96%	We always aim to place 100% of care leavers in suitable accommodation. However, due to the nature of the client group we work with, this is not always achievable. Unfortunately this year, we have two care leavers in custody, the 19 year old is in on a short term basis and the 21 year old is likely to remain there post 21.
Care leavers in employment, education and training (EET)	19-48% 20-70.6% 21-60%	19-59.0% 20-20% 21-56.5%	19-79% 20-20% 21-54%	Overall, there was steady progress throughout the year, with care leavers accessing and maintaining positive EET provision. Corporate targets were only met for the 19 year olds in 2015/16. The 20 and 21 year old groups did not meet the targets, however, as some individuals in these groups were not available for work due to pregnancy,

		21-76.5%	21-56.5%	<p>illness or disability. We are continuing to improve our work within the Future Directions team, which offers support to children leaving care. We have improved communications between our Targeted Information Advice and Guidance team, social care, and EET providers by holding monthly panel meetings. This is delivering positive outcomes and we are seeking to improve and develop this further during 2016/17. This should lead to a continued increase in the number of care leavers actively engaged in EET.</p> <p>The small numbers involved in each age group make it difficult to set targets and performance can see large fluctuations. To improve benchmarking opportunities and reliability of measurement we are moving corporately to a target that covers all three age groups combined.</p>
Children Missing From Care or Home Incidents	73	165	212	<p>Figures for 2015/16 show a significant increase compared to previous years, although numbers of missing LAC and the number of episodes this relates to has reduced throughout the last 12 months. Q1 saw 60 episodes of missing LAC compared to just 46 in Q4. The 46 episodes in Q4 related to just 11 children. Work is being undertaken with the police and partners to ensure that children are correctly classified as missing or absent, as the majority of cases where children are in our care and reported as missing, their whereabouts are actually known and we are often in frequent contact with them. The service director is alerted immediately about any missing Barnsley LAC and informed when they return. Ofsted commented positively about this in their report. Improvement work is currently being undertaken around understanding the impact of and issues relating to LAC children placed within the Barnsley borough.</p>
	2012	2013	2014	
Youth Offending (Looked after Children)	9 <5%	6 <5%	N/A <5%	<p>Overall offending by Looked After Children in 2015/16 shows a positive trend. We have seen improvements in the use of custody with less young people being convicted of offences or breaching their orders, resulting in the court sending them to prison. Re-offending figures by looked after children cared for by Barnsley Council show a positive trajectory and better performance than for our non-looked after children. We also see a relatively low number of Looked After Children entering the criminal justice system for the first time. We are also sure that they enter for offences that take place, predominantly, within the community and that being dealt with for offending behaviour is not as a result of living within a children's home.</p>

			<p>Staff from the YOT work closely with the Children in Care Team and with the leaving care team, Future Directions. Staff from both teams attend case planning meetings and YOT staff attend and contribute to reviews for Looked After Children as well providing work and support to enable them to fully achieve their potential. Within the YOT we retain high expectations for our young people and this is reflected in the effort and support we provide to enable young people to attend school and attain as well as they are able.</p>
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OFSTED Ratings for Children’s Residential Establishments (no commentary available)

	2013/14	2014/15	2015/16
Spring Lane	Outstanding	Good with outstanding features	Good
Newsome Avenue	Adequate	Good	Good

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Item 5

**Report of the Director of Human Resources,
Performance & Communications
and the Interim Director of Communities
to the Overview & Scrutiny Committee (OSC)
on Tuesday 19th July 2016**

Barnsley Town Centre Public Spaces Protection Order (PSPO)

1. Introduction

- 1.1 This report provides an overview of the Public Spaces Protection Order (PSPO) and key work taking place to manage anti-social behaviour in Barnsley Town Centre and the surrounding residential area.

2. Background – National Context

- 2.1 Public Spaces Protection Orders (PSPOs) were introduced as part of the Anti-Social Behaviour Crime and Policing Act 2014. The aim of PSPOs is to stop individuals or groups committing anti-social behaviour, that is, displaying behaviours that have a “detrimental effect upon the quality of life of those in the locality” and are “persistent or continuing” in nature and that such behaviour is “unreasonable”.
- 2.2 Restrictions are set and implemented by the local authority in designated locations, allowing councils to tailor prohibitions and requirements to deal with a specific behaviour causing negative effects on the community.
- 2.3 Once introduced, a PSPO can be enforced by both the local authority (authorised personnel) and the police and any breach of the order is a criminal offence which can be discharged via fixed penalty notice (£100) or up to £1,000 fine upon prosecution.
- 2.4 The desired impact of a PSPO is to “ensure the law-abiding majority can use and enjoy public spaces safe from anti-social behaviour”.

3. Background - Local Context

- 3.1 In recent years there has been a significant increase in recorded incidents of anti-social behaviour in Barnsley town centre and the central electoral ward. This increase is not replicated across the borough, suggesting that this area has its own specific challenges. Addressing the rise in anti-social has become a key priority for the council and its partners.
- 3.2 Examples of anti-social behaviour which had been reported in the Town Centre area included: urinating and defecating in the street; intimidating and verbally abusing shop and business staff when opening and closing premises; open drug dealing and usage; and aggressive behaviour including shouting, swearing and fighting.
- 3.3 After a positive response to a period of statutory consultation with residents and town centre businesses, a Town Centre PSPO went live on 1st March 2016, with a view to improving the quality of life and experience for all residents, businesses and visitors to the town centre and surrounding residential areas (see Appendix A for geographical coverage of the Order).

3.4 The following is prohibited under the order:-

- (i) Behaving in a way that causes or is likely to cause harassment alarm or distress to any other person.
- (ii) Using, possessing or supplying to another person any intoxicating substance, defined for the purposes of this order as any substance with the capacity to stimulate or depress the central nervous system.
- (iii) Continuing to consume alcohol when required to stop doing so by an authorised officer.

Upon which those identified would be required to:-

- (i) Leave the restricted area and not return within 48 hours of the request to leave.
- (ii) Immediately surrender any alcohol in his or her possession upon request.

4. Current Position

4.1 Since the introduction of the PSPO, South Yorkshire Police and the council have significantly increased their presence in the town centre with an additional 5 police officers and 4 council security officers working alongside resources already active in the town centre.

4.2 Part of the initial work focussed on information gathering to fully understand the problem, including identifying key locations and times, those involved, and to provide reassurance to town centre users and businesses. Key findings show that:-

- Peel Square and the bottom of Market Hill are the main locations.
- The highest numbers of incidents occur on Mondays, closely followed by an even spread throughout the majority of other week days. Since the PSPO was introduced, there have only been a handful of days where no formal interventions have been recorded.
- Interventions have been spread across the hours of 0800 to 2300; however there is a clear pattern emerging that shows more than 61% being between 1100 and 1500, with the highest numbers occurring around 1300 and 1400.
- Profiling alleged offenders shows that the majority are indigenous Barnsley residents aged between 20 and 50 with known histories of offending and substance dependencies, including alcohol, drugs and legal highs.
- Most have other associated complex lifestyle issues such as non-secure housing, health issues (including mental health) and the majority are not in employment.

4.3 In the first 12 weeks of the Order, there have been:-

- 127 formal interventions.

- Of these 127 interventions, 72 have been recorded as relating to alcohol consumption and 13 have been recorded as “drugs” or suspected “drugs use” including the use of Nuevo Psychoactive Substances (NPS or so called legal highs).
- 87 individuals have been subject to some form of sanction or warning from either police or council officers regarding behaviour which could be deemed to be in breach of the terms of the PSPO.
- Of these 87 individuals, 51 have been challenged on more than one occasion and 29 have been identified as a continuous risk where they have been subject to 3 or more formal interventions.
- 7 individual cases are currently being considered for escalated intervention, with the possible use of injunctions or criminal behaviour orders.

4.4 The police and council have formally intervened to enforce the PSPO by:-

- Issuing 76 Dispersal Notices with directions to leave the location and not return within 48 hours and 35 formal first warnings.
- Issuing 2 Fixed Penalty Notices and a further 7 individuals reported on summons for later disposal at court.
- Removing and pouring alcohol away on 18 occasions.

4.5 Tactics being adopted to better manage anti-social behaviour include the “risk” rating of people found to be in breach of the PSPO and/or a direction to leave, with a view to a more focussed approach to those who have breached on two or more occasions.

4.6 Full case conferences are being held for all individuals identified as being a “red risk” to agree tailored intervention plans. These plans could include more specific intervention methods, including using Community Protection Notices and Civil Injunctions to prevent usage of the town centre and association with other known perpetrators. Full consideration will need to be given as to how to best address any underlying issues such as substance misuse and housing.

5. Key Issues & Challenges

5.1 The numbers of people regularly involved is much greater than originally anticipated. Whether this is as a result of the problem getting worse or an initial underestimation is not clear, however this will make it more difficult to address quickly and a longer term ongoing plan will be necessary.

5.2 Sustaining the current level of police and council enforcement activity is proving increasingly challenging as there is a need to balance resource allocation to the town centre with the needs of residential communities and neighbourhoods.

5.3 Although issues around the Interchange and Sheffield Road have shown significant improvement, there remain concerns that the problems may re-emerge as a result of resources being redirected to Peel Square.

- 5.4 As a consequence of a local business ceasing to trade in “Legal Highs”, the selling of these substances (dealing) has been pushed onto the street and into the town centre. This has undoubtedly contributed to more visible instances of individuals being under the influence of NPS, however as the retail and supply of these substances was made a criminal offence on 26 May 2016, this should assist in disrupting the open use and sale of such substances.
- 5.5 Due to the nature of anti-social behaviour, there can be flare-ups from time to time often involving individuals fighting with each other, which can serve to undo the positive improvements in perceptions of safety in the town centre.
- 5.6 Perceptions of safety and security in Barnsley have been damaged by the very visible nature of anti-social behaviour in some of the busiest locations in the town centre and there is no doubt that if this continues and worsens the plans to rejuvenate the town centre may be jeopardised.
- 5.7 There are limitations to powers the PSPO affords the council and police and it is important to recognise that the PSPO is not a ‘cure-all’ solution.

6. Future Plans & Improvements

- 6.1 As the PSPO is only one measure to combat antisocial behaviour and safety in Barnsley, other measures and interventions are planned to create a more connected approach to issues. These will include:-
 - Connecting our professional assets across the council and partners to include the Town Centre Team (Place Directorate) the Safer Communities Team (Communities Directorate), research, intelligence and behaviour strategies (Public Health Directorate) the business community, South Yorkshire Police and the community and voluntary sector.
 - Increased enforcement capacity.
 - Designing a “code of conduct” for the town centre and appropriate signage to provide a clear statement of behaviour standards expected.
 - Town Centre Marshalls (volunteers) building on the successful approach of the Street Pastors for the night time economy and looking to develop and extend this type of approach into the day and evening to provide support to town centre users through a visible reassuring presence and non-confrontational support to people who may be putting their own or other peoples’ safety at risk due to intoxication.
 - Consideration of implementing a compulsory citizenship course for those found to be in breach of the PSPO as an alternative to being fined or prosecuted.
 - Proactive licencing intervention with retailers selling high-strength, low-cost alcohol to known individuals. This will complement a longer term initiative to “reduce the strength” of cheap alcohol openly on sale in the town centre.
 - The provision of alcohol strips to allow officers to easily test liquids concealed in “non-alcoholic containers”.

- Broader use of town link radios to include more retailers.
- Better connections to be made with the ambulance service, Job Centre Plus and local voluntary groups providing services to more clearly understand the key client group from a range of perspectives.
- Organisation of high profile combined days of action bringing all resources and partners together, not just the council and police.
- “Designing out” factors within the physical landscape of the town centre which may be a contributory factor to clustering of individuals in certain locations such as the bench at the bottom of Market Hill, Peel Square toilets.
- Wider distribution of methadone and other drug replacement treatments and therapies across the borough to ensure this activity is not restricted to an individual outlet in the town centre. A full list of prescribing chemists has been produced which belies the notion that only one outlet in the town centre can prescribe and monitor usage. This will be utilised when managing the needs of individuals with a view to a more equitable distribution.
- Review of the PSPO after 12 months.

7. Invited witnesses

7.1 At today’s meeting, a number of representatives have been invited to answer questions from the OSC regarding the Town Centre PSPO:

- Wendy Lowder, Interim Executive Director, Communities Directorate
- Paul Hussey, Interim Service Director, Stronger, Safer Healthier Communities Directorate
- Paul Brannan, Head of Safer Barnsley, Communities Directorate
- Melanie Fitzpatrick, Strategy & Operations Manager, Communities Directorate
- Councillor Jenny Platts, Cabinet Spokesperson, Communities Directorate
- Mark Lynam, Head of Economic Development, Place Directorate
- Councillor Roy Miller, Cabinet Spokesperson, Place Directorate
- Chief Inspector Jakkie Hardy, South Yorkshire Police
- Inspector Julie Mitchell, South Yorkshire Police

8. Possible Areas for Investigation

8.1 Members may wish to ask questions around the following areas:

- What other work is being done alongside the PSPO to address underlying causes of such behaviour?
- How effective is the integrated working and sharing of intelligence between different teams and agencies? Are all key stakeholders on board to support future plans and developments?

- What training is available to officers to ensure that they deal with people appropriately, such as referring those with underlying issues including poor health and homelessness to other agencies?
- What is being done to make sure the PSPO doesn't just move problems to other areas?
- What performance indicators are in place to measure the effectiveness of the PSPO including the recording of incidents as well as public perceptions? What are the current findings?
- What has been the economic impact on the Borough as a result of the increase in anti-social behaviour in Barnsley Town Centre?
- What has been learnt from having the Town Centre PSPO and could this be applied to other areas in the borough?
- What has been done to learn from best practice in other areas of the country?
- What are the key future challenges in relation to the PSPO and ensuring its effectiveness and sustainable improvements?
- How can Members support this area of work to improve outcomes for our residents and visitors to Barnsley?

9. Background Papers & Useful links

- Appendix A (attached) – Map of PSPO
- Anti-Social Behaviour Crime & Policing Act 2014:
[Anti-social Behaviour, Crime and Policing Act 2014](#)
- BMBC PSPO Draft Enforcement Plan:
<http://barnsleymbc.moderngov.co.uk/documents/s7437/Appendix%203.pdf>
- Community Protection Notices:
<https://www.askthe.police.uk/content/Q835.htm>
- Anti-Social Behaviour Injunctions
<https://www.askthe.police.uk/content/Q838.htm>
- BMBC Corporate Plan Performance Report Quarter 4 2015-16:
<https://www2.barnsley.gov.uk/media/id/45722>

10. Glossary

CSP – Community Safety Partnership
 NPS – Nuevo Psychoactive Substances
 PSPO – Public Spaces Protection Order
 OSC – Overview and Scrutiny Committee
 SYP – South Yorkshire Police

11. Officer Contact

Anna Morley, Scrutiny Officer (Tel: 01226 775794)
 Email: annamorley@barnsley.gov.uk Date: 11th July 2016



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Item 6a

**Report of the Director of Human Resources,
Performance & Communications,
to the Overview and Scrutiny Committee (OSC)
on Tuesday 19th July 2016**

Draft Safer Barnsley Partnership Plan 2016-2020 – Cover Report

1.0 Introduction and Background

- 1.1 Community Safety Partnerships (CSPs) were introduced in the Crime and Disorder Act 1998. They are made up of representatives from a number of 'responsible authorities' including the police, local authorities, fire and rescue authorities, the probation services and health service, alongside representatives from other key local agencies.
- 1.2 This partnership works together to protect local communities from crime and disorder and to help people feel safer. They work out how to deal with local issues like crime, antisocial behaviour, drug or alcohol misuse and reoffending. They have a statutory duty to annually assess local crime and disorder priorities, undertaking a Joint Strategic Intelligence Assessment (JSIA) and pull together an action plan. To do this, they consult partners and the local community about how to deal with them and what priorities should be the focus for the local area.
- 1.3 The attached report (Item 6b) is a copy of the Draft Community Safety Partnership Plan 2016-2020 which has been pulled together following consultation with key partners and outlines the shared priorities for the next few years which are:
- Protecting vulnerable people;
 - Tackling crime and anti-social behavior; and
 - Promoting community tolerance and respect.
- 1.4 The Draft Safer Barnsley Partnership Plan 2016-2020 is now out for public consultation from Monday 11th July 2016 until Friday 2nd September 2016 and is available on the following link:
<https://www.barnsley.gov.uk/services/community-safety-and-crime/safer-barnsley-partnership/>
- 1.5 The purpose of today's meeting is to consult the Overview and Scrutiny Committee on the Plan; inviting questions, comments and recommendations from the committee in relation to this work.

2.0 Invited witnesses

- 2.1 The following witnesses have been invited to today's meeting:
- Wendy Lowder, Interim Executive Director, Communities Directorate
 - Paul Hussey, Interim Service Director, Stronger, Safer Healthier Communities Directorate
 - Paul Brannan, Head of Safer Barnsley, Communities Directorate
 - Melanie Fitzpatrick, Strategy & Operations Manager, Communities Directorate
 - Councillor Jenny Platts, Cabinet Spokesperson-Communities Directorate

- Chief Inspector Jakkie Hardy, South Yorkshire Police
- Inspector Julie Mitchell, South Yorkshire Police

3.0 Possible areas for discussion

3.1 Members may wish to ask questions around the following areas:

- What are the key challenges for Community Safety Partnership and what plans are in place to address these?
- How will you ensure the effective operational delivery of the strategy and how will you provide timely evidence of this?
- To what extent is there effective partnership working and sharing of intelligence amongst agencies; are all key stakeholders on board and engaged in this work?
- What is done to learn from best practice in other areas and how is this implemented within Barnsley?
- What is in place to ensure the prevention of crime and enable people to access early help services?
- How confident are you in the availability and quality of performance information and how is this used to influence service design and delivery?
- How do you ensure services are accessible to all and protect our most vulnerable?
- How can Members support the work of the CSP to ensure positive outcomes for our local residents?

4.0 Background Papers and Links

- Item 6b (attached) – Draft Safer Barnsley Partnership Plan 2016-2020
- Appendix 1 – Community Safety Partnership Structure
- Government Policy: Crime Prevention:
<https://www.gov.uk/government/publications/2010-to-2015-government-policy-crime-prevention/2010-to-2015-government-policy-crime-prevention>

5.0 Glossary

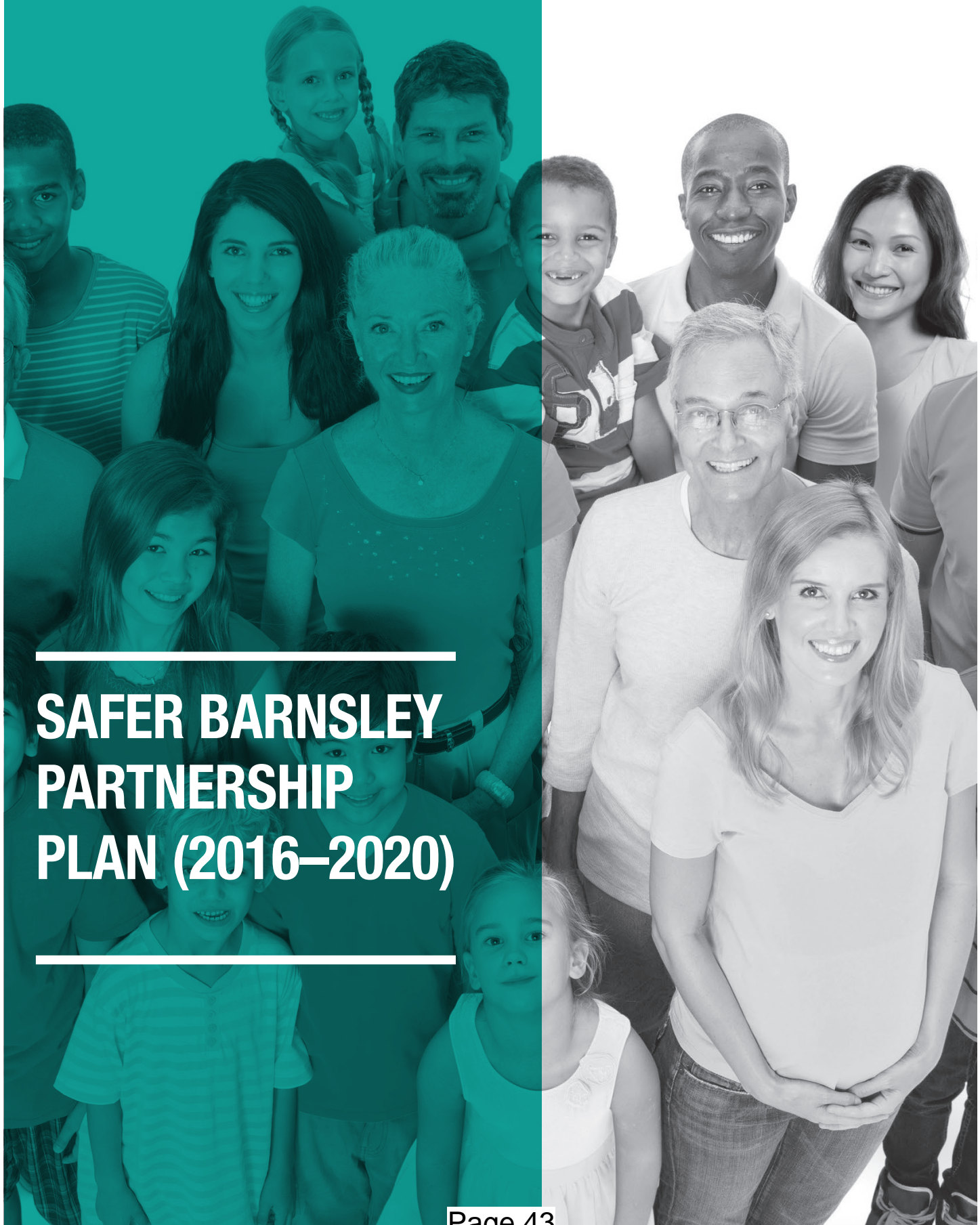
CSP - Community Safety Partnership
 JSIA - Joint Strategic Intelligence Assessment
 SYP - South Yorkshire Police

6.0 Officer Contact

Anna Morley, Scrutiny Officer (Tel: 01226 775794)

Date: 11th July 2016

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**SAFER BARNESLEY
PARTNERSHIP
PLAN (2016–2020)**



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FOREWORD

Community safety is a key priority for Barnsley. We have made a significant amount of progress in a number of key areas around crime and community safety over recent years, working closely for and in partnership with our local residents and communities.

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The Safer Barnsley Partnership Plan (2016–2020) identifies a series of priorities where we feel collectively, that we can make the most difference to achieve the best outcomes for individuals, families and communities. It is important that in such times where resources are reducing we are able to share and pool all our resources to address the key community safety priorities facing the borough.

Working collaboratively with our communities to build on our previous successes, will be an essential ingredient to help us to continue to evolve and make further improvements to ensure people are safe and feel safe in their homes, neighbourhoods and communities.

We will review the plan on an annual basis to ensure it is consistent with local needs and circumstances and able to influence how community safety resources are used within the Borough.

The Partnership Plan will remain a live document and will be used as a means to track and where required challenge our performance and delivery.

We look forward to working with you to continue to make Barnsley a safe place to live, work and socialise for all members of our communities.



wj lowder

Wendy Lowder, Barnsley Council,
Acting Executive Director, Communities
Co-Chair of Safer Barnsley Partnership



T Innes

Tim Innes, South Yorkshire Police
District Commander, Co-Chair
of Safer Barnsley Partnership

BACKGROUND AND CONTEXT

The Safer Barnsley Partnership is the statutory partnership responsible for tackling crime and disorder, combating substance misuse and reducing reoffending.

The Crime and Disorder Act 1998 and subsequent legislation places statutory duties on community safety partnerships to:

- Produce an annual Joint Strategic Intelligence Assessment;
- Prepare and implement a community safety plan;
- Establish information sharing agreements;
- Establish domestic homicide reviews.

Our partnership is known as the Safer Barnsley Partnership and comprises of representatives from the following agencies:

- Barnsley Council;
- South Yorkshire Police;
- South Yorkshire Fire and Rescue;
- National Probation Trust;
- Community Rehabilitation Company;
- Barnsley Clinical Commissioning Group;
- Neighbourhood Watch;
- Berneslai Homes;
- South Yorkshire Criminal Justice Board; and
- Office of the Police and Crime Commissioner.

The Safer Barnsley Partnership reports to the Health and Wellbeing Board, representing the links between crime, community safety and overall health and wellbeing.

We work closely with other strategic groups such as the Children's Trust, the Youth Offending Board and both Adult and Children Safeguarding Boards. This ensures that where joint priorities are identified, work is undertaken collaboratively to ensure the best possible outcomes for and with local people and communities.

This plan aligns with the priorities outlined in the South Yorkshire Police and Crime Plan (2013–2017) which ensures a collective approach to achieving the best possible outcomes for and in partnership with our communities.



1 THE PARTNERSHIP AND OUR COMMITMENT

Partnership approaches to tackling crime and disorder are largely built on the principle that no single agency can deal with, or be responsible for dealing with, complex community safety and crime problems.

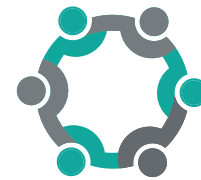
We have developed the following principles to guide us all, as partners, to achieve our collective vision.

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A new relationship with residents

We will provide better connected services, putting residents at the heart of what we do. In return, we expect that residents will do what they can, for themselves, their families and their communities, helping us all to be safer.



One public sector – one borough

Residents want efficient and effective services no matter who provides them. We will work with partners to create joined up approaches that make sense to us all.



A relentless drive for efficiencies and outcomes

We will make sure every pound is spent effectively, delivering the outcome we all want to see – a safer Barnsley.

Our vision for community safety in Barnsley is...

“Barnsley people and communities are safe and feel safe, able to contribute to community life and take responsibility for their actions and how they affect others.”

2 PROGRESS SINCE THE LAST PLAN

PRIORITY 1 – PROTECTING VULNERABLE PEOPLE

OUTCOME – VULNERABLE PEOPLE ARE PROTECTED AND HAVE ACCESS TO QUALITY, SPECIALIST SUPPORT SERVICES WHICH MEET THEIR INDIVIDUAL NEEDS, IMPROVE THEIR SAFETY, REDUCE RISK OF REPEAT VICTIMISATION AND ENABLE THEM TO IMPROVE THEIR HEALTH AND WELLBEING.

CASE STUDY 1

During a routine visit to her GP, L was identified as a victim of domestic abuse from her husband and a referral was made to the right agencies for support. L was immediately appointed an Independent Domestic Violence Advisor (IDVA) and due to her husband's coercive and controlling behaviour, she was quickly identified as high risk of further abuse.

L decided she wanted to escape from the abuse and flee her marriage. Therefore, she was supported throughout the process allowing her to leave the family home and relocate elsewhere with her children, without the knowledge of her husband. She continued to receive support and counselling at her new location. Here is what L said 11 weeks after the initial referral; "I would never have left my abusive marriage without the support from my GP and Pathways, I didn't think there were any options available to me."

A PICTURE OF OUR ACHIEVEMENTS...



Domestic abuse

- The number of Independent Domestic Violence Advisors (IDVA) has doubled to make sure we provide effective support for high-risk victims.
- 366 frontline professionals have received training in how to identify and support victims of domestic violence.



Hate and harassment

- We now have a new hate and harassment strategic plan, which has helped to improve community and stakeholder involvement.
- 550 people across the public, private, voluntary and community sector have received hate and harassment awareness training. This has led to an increase in reports of incidents of hate and harassment in the central areas of Barnsley.



Safeguarding

- The Safeguarding Children's Board have established a multi-agency safeguarding hub to tackle safeguarding issues within the borough.
- Additional funding of £100,000 has been secured to support the delivery of therapeutic support for victims.



Fire prevention

- South Yorkshire Fire and Rescue (SYFR) carried out 3,863 home fire safety checks in Barnsley in 2015.
- SYFR have launched the Safe and Well scheme, which focuses on working together to improve identification and access to those most at risk in our communities.

PRIORITY 2 – REDUCING DRUG AND ALCOHOL RELATED HARM

OUTCOME: THE HARM CAUSED BY DRUGS AND ALCOHOL MISUSE IS REDUCED FOR INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGH THE DELIVERY OF INTEGRATED CARE PATHWAYS.

A PICTURE OF OUR ACHIEVEMENTS...

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61.9%

Of people in Barnsley who are dependent on opiates and/or crack cocaine are accessing treatment services which is well above the national average of 52 per cent.

Increased opportunities

The rate of successful completions from the treatment system means that those in treatment are accessing increased opportunities for education, employment and training skills.

Within the top 25%

of the best performing areas in the country.

Successful completion rates for those in treatment remain above national averages for all substance categories. Barnsley is currently ranked in the top two within Yorkshire and the Humber for all categories of treatment and remains within the top 25 per cent of the best performing areas in the country.



CASE STUDY 2

NB was arrested in the summer of 2015 and he tested positive for cocaine at the police station. Although NB reported only using cocaine occasionally, he identified that he required further support to ensure that this did not escalate and he continued to engage with the treatment offered to him. For several months, NB engaged in regular sessions with his recovery navigator and these focused heavily on identifying high risk situations, justifying substance use and relapse prevention techniques.

During the sessions, NB was also identified as a victim of domestic violence and therefore, his recovery navigator referred him to pathways for support. The interventions resulted in a sustained abstinence from illicit substances and no further arrests. NB was later discharged successfully from treatment.

PRIORITY 3 – PREVENTING AND REDUCING RE-OFFENDING

OUTCOME: THE PUBLIC IS PROTECTED AND OUR COMMUNITIES ARE SAFER THROUGH THE REDUCTION OF RE-OFFENDING IN BARNSELY.

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A PICTURE OF OUR ACHIEVEMENTS...



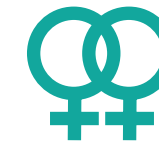
A significant reduction in Youth Justice Re-offending, which is, along with the overall offences committed by repeat offenders better than the national, regional and comparative areas.



A higher percentage of adult offenders leaving prison with suitable accommodation.



Ex-offenders are supporting others to achieve their goals through a newly established mentoring scheme.



A women offender strategy has been developed and championed by local staff, providing women only services for women offenders.

CASE STUDY 3

JD is currently on licence and voluntarily attends the Women's Programme weekly. She feels the group has given her purpose and increased her confidence greatly. She has attended a meeting and spoke about her experiences of being a female in the Criminal Justice and Prison System.

In company with GROW and her offender manager, JD has recently attended Northern College for an insight on what they offer. She now plans to sign up for a Volunteer Mentoring Course with a view to working as a volunteer with Women in the Criminal Justice System.

PRIORITY 4 – REDUCING ANTISOCIAL BEHAVIOUR

OUTCOME: BARNSELY IS A SAFE AND PLEASANT PLACE FOR PEOPLE TO LIVE, WORK AND VISIT. VICTIMS AND WITNESSES ARE EFFECTIVELY SUPPORTED TO MINIMISE THE DETRIMENTAL IMPACT ON ANTISOCIAL BEHAVIOUR.

A PICTURE OF OUR ACHIEVEMENTS...

Page 51

40%

reduction in intensive intervention



The community intervention team conducts intensive intervention with Barnsley’s highest risk antisocial behaviour families, resulting in an overall reduction of over 40 per cent in demand from these families.

The integration of South Yorkshire Police and the Barnsley Council antisocial behaviour teams now provide resilience, shared accountability and reduced duplication.

80 DIRECT INTERVENTIONS

The introduction of a Public Spaces Protection Order to address antisocial behaviour in the town centre has resulted in more than 80 direct interventions since March 2016.

60% reduction in repeat demand cases

The neighbourhood resolutions team received a national citation for good practice, increased the number of volunteers, and is now an accredited trainer for the Restorative Justice Council. There is an ongoing reduction of repeat demand of around 60 per cent for cases that have been through neighbourhood resolutions.



CASE STUDY 4

Levels of antisocial behaviour and hate related incidents on a particular street in the borough were escalating with one house being the focus of attention. The antisocial behaviour team conducted a three-day long operation in partnership with a number of agencies where both police and civil powers were used. The operation was a success with acceptable behaviour contracts, community protection notices and a harassment warning being issued. In addition, 30 tonnes of waste was removed from the communal areas and residents’ gardens.

Following the operation, the number of reported incidents on the street dropped by 65 per cent which helped achieve a better life for the residents.

3 SETTING OUR PRIORITIES FOR 2016 – 2020

UNDERSTANDING HOW SAFE BARNSELY IS – RESULTS OF THE JSIA.

SHARED PRIORITIES FOR 2016 – 2020

THE SAFER BARNSELY PARTNERSHIP HAS AGREED A NUMBER OF PRIORITIES TO DELIVER THE VISION FOR 2020.

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These priorities are based on information from the JSIA coupled with consultation with representatives from agencies across the partnership and the public in order to focus activity on what safety issues matter most to communities in the borough. Therefore, the shared priorities for the coming period will be:

To achieve our priorities we need to be ambitious, innovative and continue to work together so that we produce better outcomes for our community. The issues within these priorities are interlinked and therefore it is expected that work to tackle the priorities will not occur in isolation, but will support a holistic strategy to improve community safety within Barnsley.



Protecting vulnerable people;



Tackling crime and anti-social behaviour; and,



Promoting community tolerance and respect.

EMERGING ISSUES

The Joint Strategic Intelligence Assessment (JSIA) is a statutory requirement which is carried out annually with a view to providing an evidence base on which to inform the CSP's strategic plan and priorities.

The emerging issues from the JSIA 2015 are:

ANTI-SOCIAL BEHAVIOUR

Increase in anti-social behaviour specifically in the town centre. Begging vagrancy and street drinking incidents have also seen an increase.



The number of domestic abuse repeat victims has increased, along with the number of domestic crimes reported.



Recorded sexual offences have increased, including child sexual exploitation offences.



Levels of Arson and Deliberate Fires are low, however could be linked to other areas of ASB such as fly-tipping.



There are known links between Accidental Fires and vulnerability. This is a priority area for the Fire Service.



Barnsley has seen the highest increase in hate crime when compared to other areas in South Yorkshire but still has the lowest levels in the county.



Cyber crime is recognised as a national and emerging threat.



Both adult and youth re-offending rates have remained fairly stable within the borough.



Drug and alcohol treatment has seen an increase in successful completions.



International migration has increased locally, leading to the potential for underreporting of issues or tensions amongst new arrivals and vulnerable communities.



The use of Novel Psychoactive Substances (NPS), known as legal highs is a growing threat.



Increases in line with the national trend have been seen in violence offences.



Serious acquisitive crime has continued to reduce since 2012, however, this crime type still represents 25% of all crimes reported.



There is a clear link between mental health and strands of vulnerability. There has been an increase in child admissions for mental health issues.



Hospital admissions for alcohol related conditions has increased, however, alcohol mortality rates have decreased to lower than the national average.



Modern Slavery is naturally 'hidden' due to its nature, resulting in limited data. The Modern Slavery Act 2015 which recently came into force allows for better identification of modern slavery crimes.

SHARED PRIORITY – PROTECTING VULNERABLE PEOPLE

OUTCOME – THE THREAT, HARM AND RISK TO VULNERABLE PEOPLE, FAMILIES AND COMMUNITIES IS MINIMISED.

OUR FOCUS

We will:

- Work collaboratively to ensure that domestic abuse becomes socially unacceptable and that the harm caused to victims and their families is reduced.
- Take effective preventative and enforcement action to protect children from sexual exploitation.
- Acknowledge that vulnerable people are at an increased risk of the occurrence of accidental dwelling fires and ensure they are prioritised for home safety and health and wellbeing checks via the Safe and Well scheme.
- Re-commission holistic drug and alcohol services to encourage, support and empower individuals to take control of their lives and minimise the harm caused by drug and alcohol misuse.
- Provide a multi-agency approach to support and reduce the vulnerability of people with multiple and complex needs by coordinating and tailoring interventions across agencies to ensure individual, family and community needs are effectively addressed.

SHARED PRIORITY – PROMOTING COMMUNITY TOLERANCE AND RESPECT

OUTCOME – COMMUNITIES ARE SAFER, COHESIVE AND MORE RESILIENT.

OUR FOCUS

We will:

- Help to reduce ignorance and prejudice by helping people to get to know each other and challenging myths and racism.
- Defuse community tensions when they arise by recognising the signs early and having the right tools and skills available to reduce them.
- Work proactively to prevent people from being drawn into terrorism and reduce the likelihood of extremism.
- Ensure engagement processes are effective with our local communities.
- Utilise Area Councils and Ward Alliances to work in partnership with local communities to understand problems and create shared solutions.

SHARED PRIORITY – TACKLING CRIME AND ANTISOCIAL BEHAVIOUR

OUTCOME – PEOPLE AND COMMUNITIES ARE PROTECTED THROUGH THE TARGETING OF CRIME AND RE-OFFENDING.

OUR FOCUS

We will:

- Prevent antisocial behaviour and reduce the impact that it has on people's lives and the community through using our collective resources to support victims, target offenders and address issues in high demand areas based on threat, harm and risk.
- Prevent people becoming engaged in criminal activity and break cycles of re-offending through the continued focus on pathways out of crime including support, education, diversion, housing and employment.
- Work with the Town Centre Board and the business community to address issues of conduct in the town centre.
- Continue to develop and enhance our partnership working practices to reduce the level of violent crime including alcohol-related violence, domestic abuse and sexual offences ensuring root causes are effectively tackled – not just the symptoms.
- Protect and reduce the risk to individuals, communities and businesses from becoming victims of cybercrime through increased awareness and making the best use of all multi-agency resources to bring offenders to justice.



4 MONITORING THE DELIVERY OF OUR PLAN

Delivering our priorities

The Safer Barnsley Partnership has overall responsibility for the delivery of the plan. To ensure delivery of the partnership priorities, a series of task and finish sub-groups will be established. These will translate the strategic intentions of the partnership into operational delivery and will report on an exception basis into the strategy and performance group and Safer Barnsley Partnership Board.

All actions will have lead officers and be time bound to ensure impact can be monitored and measured. This will be accompanied by a performance and delivery dashboard, where performance against outcomes and key metrics will be assessed; in line with key actions from the delivery plans, to provide a holistic assessment of impact and drive continuous improvement. The focus of performance assessments will be against the delivery of high-level outcomes to demonstrate the impact on local people and communities and their quality of life.

Resources

Public services are going through an unprecedented time of austerity measures coupled with rising expectations of local residents and communities which means that now more so than ever, the partnership will hold individual agencies to account for the collective delivery of the shared vision, outcomes and priorities. At a time when resources are and will continue to shrink, it is essential that all resources are applied in the most efficient and effective manner to achieve the best outcomes for and with local people and

communities. This challenge cannot be underestimated due to the organisational pressures the public sector faces over the coming period and the need to continue to further embed a culture of stronger and more resilient communities.

Communications and engagement

Communication and engagement are essential components of a successful partnership. A visioning conference was held with representatives from across the partnership, including the voluntary and community sector, to inform the development of the partnership plan.

As a product of this work, a communication and engagement plan will be produced to describe how stakeholders from across the partnership and wider general public will be engaged in the delivery of the community safety vision and priorities over the period to 2020. The intention is that a series of stakeholders from the visioning conference held in January 2016 will become part of a reference group and will be consulted regarding specific elements of work as the plan progresses over 2016-2020.

Review

The partnership plan covers the 2016-2020 period and it will be reviewed annually to ensure any emerging trends from the JSIA are factored into future years' delivery.



CONTACT US

If you need help understanding this document:

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