Public Document Pack

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 6 December 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 4th October 2016 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 Barnsley Place Based Plan and the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) *(Pages 13 - 62)*

To consider a report of the Director of HR, Performance and Communications (Item 4a attached) in respect of the Barnsley Place Based Plan (Item 4b attached) as well as the South Yorkshire and Bassetlaw STP-summary (Item 4c attached).

5 Barnsley Provisional Education Outcomes 2016 *(Pages 63 - 90)*

To consider a report of the Director of HR, Performance and Communications (Item 5a attached) in respect of a report regarding Barnsley Provisional Education Outcomes for 2016 (Item 5b attached) as well as a report outlining the regional comparison data (Item 5c attached) as well as a specific report on Barnsley Children in Care (CiC) Provisional Education Outcomes for 2016 (Item 5d 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 (2:00)

- Lesley Smith, Chief Officer, Barnsley CCG
- Jade Rose, Head of Strategy and Organisational Development, Barnsley CCG
- Will Cleary-Gray, Programme Director, NHS Commissioners Working Together
- Julia Burrows, Director of Public Health, BMBC
- Wendy Lowder, Executive Director, Communities, BMBC
- Andrea Wilson, Deputy District Director, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
- Diane Wake, Chief Executive, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Bob Kirton, Director of Strategy and Business Development, BHNFT

Item 5 (2:50pm approx.)

- Nick Bowen, Principal of Horizon Community College and Joint Chair of Barnsley Schools' Alliance Board
- Margaret Libreri, Service Director, Education, Early Start and Prevention, People Directorate
- Gary Kelly, Head of Service-Barnsley Schools' Alliance, People Directorate
- Liz Gibson, Virtual Headteacher for Looked After Children, People Directorate
- Councillor Tim Cheetham, Cabinet Member, People (Achieving Potential)

BARNSLEY Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 4 October 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Clements, Gollick, Daniel Griffin, Hand-Davis, Hayward, W. Johnson, Makinson, Mathers, Philips, Pourali, Sheard, Sixsmith MBE and Tattersall together with co-opted members Ms J. Whitaker and Mr J. Winter and

24 Apologies for Absence - Parent Governor Representatives

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

25 Declarations of Pecuniary and Non-Pecuniary Interest

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

26 Minutes of the Previous Meeting

A Member commented in relation to Item 14 that further information had been received regarding the Royal Voluntary Service (RVS) contract in the Central Area Council with the aim of progress being made on this before the contract comes to an end in March 2017.

In relation to Item 17, a Member commented that further clarification was needed over the timescales for resolving issues with the South Yorkshire Police (SYP) 101 non-emergency telephone number. The committee were advised that a report has been published the previous week advising of the investigation into this undertaken by SYP and the corrective actions which have been planned. The Member was advised further information could be given outside the meeting if required.

The minutes of the meeting held on 19 July 2016 were then approved as a true and accurate record.

27 South West Yorkshire NHS Foundation Trust (SWYPFT) Care Quality Commission (CQC) Inspection Outcome

The Chair welcomed the following witnesses to the meeting:

- Sean Rayner, District Service Director, Barnsley and Wakefield, SWYPFT
- Tim Breedon, Director of Nursing, Clinical Governance and Safety, SWYPFT
- Kate Gorse-Brightmore, Inspection Manager, CQC

- Brigid Reid, Chief Nurse, Barnsley Clinical Commissioning Group (CCG)
- Rachel Dickinson, Executive Director, People, BMBC
- Carrie Abbott, Service Director, Public Health, BMBC
- Cllr Jim Andrews, Deputy Leader & Cabinet Spokesperson for Public Health, BMBC
- Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding), BMBC

Sean Rayner gave a brief presentation to the committee advising the service welcomed the CQC inspection with the requirements leading to an improvement in services for local people. The CQC inspection was thorough and involved seeking comments from service users, of which they received 676, as well as speaking with them directly. The inspection team consisted of 76 inspectors, lasting 5 days with100% of inpatient services and 32% of services in the community being inspected. The overall rating consists of 14 separate reports, collected from over 230 individual services, which have nearly 1 million contacts a year over 4 geographical areas. The CQC report was presented on the 14th July 2016 to partner organisations. The inspection found without exception, all services were caring and the report highlights how the staff treat patients with kindness, care and compassion. The first 4 lines of Item 4c relate to services provided in Barnsley only, whereas the other ratings are Trust-wide. The inspection found there to be 'outstanding' areas of care, as well as no scores of 'inadequate' or any return visits from the CQC being required.

Members proceeded to ask the following questions:

i. What improvements are being implemented to address the waiting times for specialist community mental health services and psychological therapy services for children and young people?

The committee were advised the concerns over the length of waiting times are in relation to Trust-wide provision of Child and Adolescent Mental Health Services (CAMHS) and are not specific to Barnsley. There is an improvement plan in conjunction with Barnsley Council and Barnsley Clinical Commissioning Group (CCG) which is monitored by the Children's Trust Executive Group (TEG). The service is acutely aware this is an area where it needs to improve and is due to be considered separately by this Overview and Scrutiny Committee in May 2017.

ii. What are the future challenges to improve the overall rating from 'requires improvement' to 'outstanding'?

Members were advised the service is always striving for a rating of 'outstanding' and is always looking for areas of improvement. Prior to the inspection, the service had already recognised areas where they needed to improve; the same areas were subsequently identified in the CQC report, which demonstrates the organisation's own self-awareness. Whilst aspiring to a rating of 'outstanding' the service appreciates the challenge to achieve this.

iii. The opening introduction referred to a figure of 32% for community services, what is being done to improve this?

The group were advised this figure refers to the percentage of community services which were inspected by the CQC, against 100% of inpatient services.

iv. Can you outline the scope of the inspection?

The committee were advised the CQC inspected 14 core services across the SWYPFT geographical footprint, which included 10 mental health services, 4 community health core services, 70 wards, spoke to 590 employees, and 225 patients, 49 carers and relatives, facilitated 45 focus groups, reviewed 326 patient records and collected feedback from 676 patients, carers and staff using comment cards. The CQC also attended and observed 24 hand-over meetings and 34 home visits. All of this was done over 3 core inspection days. Consistency is ensured as the inspections employ the same methodology across the whole of the country.

The Chair of the committee commented that nationally there are only two Trusts which are rated as 'outstanding'.

v. What is being done to improve existing staff standards and increase the recruitment of new staff?

Members were advised the service has learnt a lot from the inspection and to ensure this is communicated across the Trust, teams were brought together to share and understand their individual ratings and contribute to action plans. The resulting overall improvement plan was then submitted to the CQC.

In relation to staffing levels, the Trust took a decision to make sure staff levels are set to appropriate need and not just basic safety levels; therefore it is hard to keep up the recruitment of nurses as there are shortages. However, they emphasised that they have made sure they have appropriate recruitment and retention strategies in place. Within the last 4 months there have been 55 new starters in terms of the Registered Care Workforce and the Trust has proactively contacted universities in anticipation of their newly qualified students to make sure they are aware of vacancies.

The Trust advised they have looked at re-organising the skill mix in the workforce as there have been difficulties in recruiting middle grade doctors and consequently consultants are now being recruited to fill these roles. The required staffing levels are being achieved, although in some wards on certain days this has not been possible due to employee sickness. They also stated that they have a peripatetic workforce who can be drafted in to cover vacant shifts.

vi. The report identifies technical issues with the Trust's electronic recording system, which may lead to the good work being done not being adequately documented; what is in place to improve this infrastructure and the training of staff in using it?

The group were advised the Trust's electronic information system was in the process of being upgraded at the time of the inspection. There have been some unforeseen technicalities with its implementation, which the Trust made the Lead Inspector aware of. During and since the inspection we have renewed our work in relation to IT and have been dealing with issues on a daily basis. We have kept an action log and there are now only 2-3 issues left in the system which are still causing problems.

Throughout the report there is evidence of information being recorded; however the service appreciates it is better in some areas than others. Prior to the CQC

inspection the Trust were emphasising the importance of recording information, for example we are making sure employee supervision is recorded. The Trust are now around 98/99% in terms of data recording completeness.

An item not included in the report is the complaint from patients that different NHS services don't have access to the same information. In Barnsley we have System 1 which enables read only versions of information from GPs to be available. The service also now has agile working which means staff can record information on visits straight into the system.

vii. A member of the committee commented on the 'grey on white' text which has been used in the CQC report as being difficult to read for those who are visually impaired; suggesting for future reports, colours where there is a greater contrast should be used to enable the text to be read more easily.

The committee were advised the CQC would take this feedback to all their directorates.

viii. Whilst the report highlights the positive work which has been undertaken, the overall rating is 'requires improvement'; are there to be any changes with either the senior management or board members in view of this?

Members were advised following the results of the inspection, a formal process ensues, which has resulted in a prescribed action plan having been implemented. However continual improvement goes beyond the action plan. A new Chief Executive, has been appointed, Rob Webster, who has a wealth of experience in organisational change and leading continuous improvement. The evidence of our continuous improvement is in the action plan and we're also looking for this in patient feedback and outcomes.

The term 'requires improvement' is clearly defined by the CQC and means an organisation has the capacity to improve; therefore it's not the capacity that needs to change but the actions. Prior to the inspection, the Trust already had some of its improvement plans in place and when these were presented to the CQC, these corresponded to their recommendations. The progress that has been made against the action plan is reviewed at the monthly board meetings.

ix. In relation to mental health services, SWYPFT used to have staff available to contact in the community however these links are now missing; please can you comment on this and advise how you ensure patient involvement in the design and delivery of services?

The Trust advised that they have a specific officer, Zahida Mallard, who is responsible for community engagement and they would provide the appropriate contact details to the committee. Also, they have held a number of engagement events to involve the public such as at the Salvation Army in the Dearne.

x. The report identified one of the Trust's buildings in Barnsley had a leaking roof which had no impact on patients, but impacted on staff, therefore must have affected morale; has this now been repaired?

The group were advised this had now been dealt with.

xi. How frequent should the medication of Mental Health patients within the community be reviewed?

The committee were advised this is monitored on an individual basis; for many patients this is reviewed on a fortnightly or monthly basis, but as a minimum it should be no longer than six months.

xii. Are there plans in place to reduce the waiting times for children needing to access mental health services?

Members were advised waiting times for CAMHS have reduced, but there are still issues that need resolving; however an improvement plan is in place for this service.

xiii. In 4 months' time, what do you expect the waiting time to be for children wanting to access these services?

The group were advised the improvement plan target is 18 weeks however our plan is to reduce this further. There has been national 'Future in Mind' investment which is now gathering pace and in October the '4Thought' service will be available for secondary school aged children which is focused around preventing the need for CAMHS and to help those who are on the waiting list for services. Similarly, in relation to primary school children the 'Thrive' approach is being rolled out. The CCG advised they could provide additional information to the committee on both of these schemes.

xiv. How effective is the leadership and management within the organisation? To what extent are staff confident in this and engaged in improvement work, as often front line staff have the best ideas?

The group were advised the Trust has excellent employee engagement processes. These include having a Health and Wellbeing survey which is over and above standard NHS processes and 55/60% of staff responded. The survey includes questions around training and the working environment being one in which to thrive. We also have a family and friends test so employees can say whether they would refer their family and friends to services and the scoring on this is high. Information on our processes and the results are available to everyone.

xv. How up to date is the Trust in relation to completion of staff Personal Development Plans (PDPs)?

The committee were advised this information is routinely presented to the board. For employees on Band 6 and above, by the next quarter 90% will have had their appraisal. Our overall current performance is 80%. Our new Chief Executive has reviewed the data and has said that we score well in terms of staff appraisals. We assign priority to this as our service users are reliant on our staff.

xvi. The report highlights that risk assessments were not done in line with procedures, has this been resolved and can you provide reassurance that services are safe?

Members were advised the problems regarding risk assessments were as a result of issues with the recording system and there were some that had not been completed. The Trust indicated that they are confident that they are taking place, which is being checked, and that patients are receiving a safe service. Also, just because the CQC has rated the service as 'requires improvement' does not mean that it is not safe.

xvii. What are the contact details in relation to complaints, also what procedures are in place to ensure the Trust is held to account on an ongoing basis?

The Trust advised that they would forward contact details in relation to complaints to the committee. Also, they advised that ongoing scrutiny of their services would take place through the Council's Cabinet, Overview and Scrutiny Committee, as well as by the Health and Wellbeing Board. It was also highlighted that the Chair and Officer for the Council's Overview and Scrutiny committee attended the CQC Quality Summit and provide challenge to the Trust on an ongoing basis. The CQC advised that the Trust's action plan has been submitted to them and is reviewed on a monthly basis as well as quarterly meetings held to discuss improvements. The action plan goes above and beyond the CQC requirements and it is anticipated that most of the actions will be completed by December 2016, however the work in relation to CAMHS will take longer as this service is undergoing system changes.

xviii. The report identifies the lowest number of comment cards (0.5%) which were received were from the 'crisis and health based place of safety'; why was this number so few?

The committee were advised the reason for this is the nature of the situation the service users are in. In these instances, the patient will be in crisis and will not be in a suitable state to be able to send a comment card in therefore comments have to come from family and friends.

The Chair gave a summary of the discussion and thanked the witnesses for their attendance and valuable contribution.

28 BMBC's Customer Service Strategy 2015-18 - Implementation Update

The Chair welcomed the following witnesses to the meeting:

- Ann O'Flynn, Service Director, Customer Services, BMBC
- Hazel Shaw, Head of Customer Support & Development, BMBC
- Wendy Lowder, Acting Executive Director Communities, BMBC
- Cllr Jenny Platts, Cabinet Spokesperson - Communities, BMBC

Ann O' Flynn explained this report is an update on the Council's Customer Service Strategy 2015-18 implementation following the investigation undertaken by the Scrutiny Task and Finish Group (TFG). Good progress has been made and a lot of the new processes have now been introduced, however there is significant work to be done over the next 6 to 9 months.

Members proceeded to ask the following questions:

i. A member of the committee explained they had contacted customer services over an enquiry about a change in procedures for the collection of household

waste and the person they spoke with was unable to fully answer their enquiry.

The group were advised the service will take away this valuable feedback, explaining staff in the contact centre need to be informed of any changes to practices or procedures to ensure they are able to respond to all enquiries.

ii. A member complimented the service on the improvements to the Council's website including ease of viewing Member attendance at meetings and asked what the customer feedback had been in relation to the changes made?

The committee were advised the service seeks feedback from customers and listens to what is said. On every page of the website a feedback box is available and when we launch any online process we end that with a questionnaire. The ambition of the service is to get more people using online services, therefore need to ensure they are good. We also need to monitor the feedback in relation to telephone and face to face contact.

iii. Searching for a particular service on the website can prove difficult at times particularly when the public may not necessarily know which word or phrase to use e.g. Governance; is anything done to address this?

Members were advised the search engine is powered by Google and for enquiries made through the 'search box', the service input additional key words that have the same meaning and would bring up the correct page for the customer. For example for a Household Waste Recycling Centre (HWRC), searches for 'dump it site' or 'tip' would take customers to the same page.

iv. The report identifies a target set for 2020, whereby 70% of all customer contact is completed online. Currently the figure is 37%; does the target refer to just Customer Services or is it online contact across all departments?

The group were advised this is a general target across all contact channels. We have a complex range of contact channels but we need to get many more people online and our ambition is to achieve that across the board. There has been a gradual transition from face to face contact to telephone enquiries, but this needs to continue and we need to move customers to online access.

v. When we see people who are digitally challenged we refer them to our library service for online access; a report has recently been through Cabinet in relation to this service, therefore is it important that we maintain an extensive library service in order to meet our targets?

The committee was advised that it is important for us to have a library service however we need to make sure our offer is modern and responsive as people are currently coming and queuing to use PCs. We also have free WiFi in our libraries so it's important that when we do the new design it has to be a modern offer. We used to have a lot of face to face contact in libraries but this demand has now reduced, therefore we need to think differently. There are also lots of clever systems available to manage buildings, for example we can extend opening hours with a technology system, so could open on Saturday afternoons and Sundays without needing staff.

vi. How successful have the Digital Champions been since their introduction?

Members were advised there are 2 Digital Champions who work in the community and travel to where their skills are required. They have worked with a number of community groups; however it is difficult to assign a direct correlation between Digital Champions being brought in and a specific increase in the use of online services. At the end of the Quarter 1 performance reporting period, the percentage of online users was 37%, by comparison this was less than 10% eighteen months ago. The target of 70% is steep and the closer we get to it, the harder it will be to achieve; therefore we need Members to contribute to achieving this by advising the service of where the difficulties/challenges are in their individual Wards.

vii. A Member asked how our telephone services work as they have tried to contact officers and have just ended up on a loop system bouncing from phone to phone which would not be a good experience for our customers. Also, asked are the changes we have implemented fully integrated as they had recently contacted a neighbouring Council and found they completed an online form but then received a paper form from the service asking the same questions?

The group were advised there is still further work to be done; on the website there are 1200 telephone numbers including those for Councillor Surgeries and partner agencies, specific ones of which won't be changed. There are 500 Council numbers on the website which we plan to streamline down to just four, for Adults, Children, Finance and Customer Services. Processes have been set-up to redesign services from end to end in collaboration with the service providers. The service has been working with the Council's IT department as they are central to the changes; however there are still underlying issues that need resolving.

viii. To ensure residents are able to access Council Services online, it is essential the WiFi facilities provided in our libraries are working, however this has not been the case at Dodworth and Royston libraries, therefore please can something be done about this?

The committee were advised the service would follow these queries up with the libraries.

ix. Can the WiFi password be displayed in a prominent position in the libraries to avoid having to ask for it?

Members were advised there are complex reasons why WiFi password can't be displayed and we need customers to have individual log-ins so that we have an audit trail of what they have viewed should we be challenged to provide this by other agencies such as the Police.

Members of the committee complimented the service on both the instructional video that is now on the Council's website, which provides advice on waste and recycling which was one of the TFG recommendations. Also, they complimented staff at the libraries who have been on hand to help customers get online.

x. Will there be a single telephone number for Members similar to the Highways department pilot scheme to make enquiries, also there have been recent issues in accessing this service?

The committee were advised Members have an emergency contact card for key numbers. Also, the Member pilot has since been transferred back to the Highways department, where there is a dedicated office rota to deal with the telephone enquiries; however the service will follow this up with Highways if there are issues. The service advised they are currently working with services to look at Member demand so they can review how their enquiries are dealt with on a service by service basis.

The Chair thanked the witnesses for their attendance and valuable contribution to the meeting and the work they have been doing.

Action Points

1) Further information to be passed to the Member who enquired regarding progress with improvements to South Yorkshire Police 101 number.
2) CQC to inform all their directorates to review the colour contrast used in reports for ease of use for those who are visually impaired.
3) SWYPFT to provide contact details to the committee of Zahida Mallard who is responsible for community engagement.
4) Barnsley CCG to provide additional information to the committee on the 4Thought service and Thrive approach being used in schools in relation mental health.
5) SWYPFT to provide contact information in relation to complaints to the committee.
6) Members to advise the service of any key areas within their wards where there are challenges in terms of getting our customers online and where our Digital Champions will be able to offer support.
7) Service to follow up WiFi issues at Dodworth and Royston libraries and ensure it is working.
8) Service to follow up issues with Members being able to access the Highways department to make enquiries.

This page is intentionally left blank

**Report of the Director of Human Resources,
Performance & Communications,
to the Overview and Scrutiny Committee (OSC)
on Tuesday 6th December 2016**

Barnsley Place Based Plan and the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) – Cover Report

1.0 Introduction and Background

1.1 In October 2014 the NHS published the 'Five Year Forward View (FYFV)' which provided a collective view from patient groups, clinicians and independent experts on how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

1.2 In December 2015, the 'NHS Shared Planning Guidance' outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the FYFV.

1.3 Across England, 44 STP footprints have been established, with Barnsley being part of the South Yorkshire and Bassetlaw STP which was published on 11th November 2016 and sets out the vision and priorities of the local 25 NHS and local authority partners. Prevention is at the heart of the plan with a focus on people staying well in their own neighbourhoods whilst introducing new services, improving co-ordination between those that exist and have staff working in the best way to meet people's needs. It also focuses on other factors affecting health including education, employment and housing.

1.4 The foundations to the regional STPs are local 'Place Based Plans'; Barnsley's of which is attached as 'Item 4b'. Barnsley's Place Based Plan reflects the ambitions of the recently refreshed Health and Wellbeing Board (HWB) Strategy and has been informed by the local Joint Strategic Needs Assessment (JSNA). It outlines the case for change in Barnsley, including: the health and wellbeing gap; care and quality gap; and financial gap. It also outlines the regional STP priorities followed by the specific Barnsley priorities which are:

- Improving healthy life expectancy
- Strengthening relationships with communities and individuals
- Improving mental health and wellbeing
- Improving support for older people
- Changing the way we work together.

1.5 Across South Yorkshire and Bassetlaw £3.9 billion is currently invested on health and social care for the 1.5 million population. It is estimated that over the next 4 years there will be a financial short fall of £571 million across this region. Locally, this equates to a need to save approximately £90 million

across Barnsley health and social care, which is expected to be delivered by working differently.

1.6 In terms of regional governance, for the South Yorkshire and Bassetlaw STP, a Collaborative Partnership Board has been developed to oversee its implementation. It is made up of representative executives from all partner organisations and the papers and minutes from these meetings will be published online. In Barnsley, the implementation of the local Place Based Plan will be overseen by the HWB.

1.7 Between December 2016 and March 2017, staff, patients and the public are invited to share their views on the South Yorkshire and Bassetlaw STP to help shape further work.

2.0 Invited witnesses

2.1 At today's meeting, a number of representatives have been invited to answer questions from the OSC regarding the local Barnsley Place Based Plan and South Yorkshire and Bassetlaw STP:

- Lesley Smith, Chief Officer, Barnsley CCG
- Jade Rose, Head of Strategy and Organisational Development, Barnsley CCG
- Will Cleary-Gray, Programme Director, NHS Commissioners Working Together
- Julia Burrows, Director of Public Health, BMBC
- Wendy Lowder, Executive Director, Communities, BMBC
- Andrea Wilson, Deputy District Director, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
- Diane Wake, Chief Executive, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Bob Kirton, Director of Strategy and Business Development, BHNFT

3.0 Possible areas for discussion

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

- What are the biggest challenges in relation to the STP and local Barnsley Place Based Plan and what is in place to address these?

- How confident are you that the plans can be delivered within the timescales, including making the necessary financial savings?

- What performance management arrangements will be in place in relation to the plans?

- How effective are working relationships amongst the partner agencies involved?

- To what extent will neighbouring STPs impact on the South Yorkshire and Bassetlaw Plan, for example the West Yorkshire STP and Derbyshire STP?

- What is in place to ensure the ongoing engagement of the public and patients in the design and delivery of these plans?

- What changes will Barnsley residents see as a result of the plans and over what timescales?

- How can Members be involved in and support the work of the regional STP and local Barnsley Place Based Plan to improve outcomes for our local residents?

4.0 Background Papers and Links

- Item 4b (attached) – Barnsley Place Based Plan
- Item 4c (attached) – South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) Summary
- South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) (Full version): http://www.smybndccgs.nhs.uk/application/files/6914/7887/3868/South_Yorkshire_and_Bassetlaw_Sustainability_and_Transformation_Plan.pdf
- NHS Five Year Forward View: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
- NHS Shared Planning Guidance: https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf

5.0 Glossary

BHNFT – Barnsley Hospital NHS Foundation Trust
BMBC – Barnsley Metropolitan Borough Council
CCG – Clinical Commissioning Group
FYFV – NHS Five Year Forward View
HWB – Health and Wellbeing Board
JSNA – Joint Strategic Needs Assessment
NHS – National Health Service
STP – Sustainability and Transformation Plan
SWYPFT - South West Yorkshire Partnership NHS Foundation Trust

6.0 Officer Contact

Anna Morley, Scrutiny Officer (Tel: 01226 775794)
Email: annamorley@barnsley.gov.uk Date: 28th November 2016

This page is intentionally left blank

Barnsley Plan

#BetterBarnsley

PLACE BASED LEADS: LESLEY SMITH (BARNSLEY CCG) | RACHEL DICKINSON (BMBC)

November 2016

Barnsley Plan

Version and distribution:

Version	Date	Board	Comments
V5	6/12/16	Barnsley Health and Wellbeing Board	
V5	6/12/16	Overview and Scrutiny Committee	
V5	8/12/16	Barnsley CCG Governing Body	

#BetterBarnsley

PLACE BASED LEADS: LESLEY SMITH (BARNSLEY CCG) | RACHEL DICKINSON (BMBC)

November 2016

Contents

Foreword	2
Our vision and principles	3
Our system	4
Barnsley strengths	5
Our three gaps: case for change	6
Scale of challenge	7
Health and wellbeing gap	8
Care and quality gap	9
Finance Gap	10
Our approach	11
What we need to achieve	12
What will this mean for individuals	13
South Yorkshire & Bassetlaw priorities	14-19
Barnsley priorities	20-27
Digital road map	28-29
Communications and engagement	30
Governance delivery and implementation	31
What will be different for Barnsley people?	32-33

Foreword

WHAT IS THE BARNSLEY PLAN?

The Barnsley Plan has been developed through partnership across the public sector and voluntary community sector organisations.

It draws on inputs through the engagement and design of our health and care services as well the priorities set out in key documents including the Barnsley Health and Wellbeing Strategy, the Five Year Forward View, GP Forward View, Mental Health Forward View, Facing the Future and National Cancer Strategy.

The development of the plan has been overseen and driven via the Barnsley Senior Strategic Development Group and is one part of the delivery model for the Health and Wellbeing Strategy for Barnsley.

Vision and Principles

OUR VISION FOR BARNSLEY:

That people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, whoever they are and wherever they live.

The principles that will guide us:

Focus on inefficiencies and outcomes
We know that we need to do things differently and we need to be more radical in favour of prevention.

Inspire and empower
We know that we cannot do this alone or in isolation. We must engage as many people as possible to make the greatest difference.

Connect, collaborate & co-produce
We know that the solutions will involve working together with the public, patients, carers and our partners and communities. We will broaden our reach to those who we have not connected to in the past.

Go further, faster
We know that time and resources are precious and therefore we must target our resources and prioritise those actions that will take us further, faster.

Our System

Barnsley is a metropolitan borough in South Yorkshire. We have a strong track record for working in partnership across well established networks.

Collectively we spend approximately £480 million on health and care across a population of approximately 239,000.

Barnsley has consistently lagged behind the England average for health and social care outcomes. We know that Barnsley has not delivered its potential to reduce the substantial gap in healthy life expectancy. There is a marked variation in life expectancy across the borough and average life expectancy in Barnsley is lower than the national average. The percentage of adults diagnosed with depression is higher in Barnsley at 15.8% than the tional average of 11.7%. The proportion of Barnsley residents living with a limiting long term ıess is 24.4%. This is significantly higher than the national average of 16.9%.

We know that a high proportion of current illness in the borough is either preventable or 'delay-able' and the financial benefit of reducing this matches the moral imperative to do so. We also know why; because no one organisation has it in its power to deliver this, it requires whole system solutions where every member understands their role. We also know that to fully address this challenge we need behaviour change in our local population as well as different responses from organisations.

This plan, under the umbrella of a multi agency Senior Strategic Development Group, sets out to address these challenges. By developing our partnerships at the most advanced level and by working with national partners and regulators, as well as communities, patients and carers, we will ensure we deliver real change and close the gaps that we have previously been unable to fully address.

Barnsley Strengths

Co-terminus borough-wide council and clinical commissioning group meaning that services can be more easily commissioned

Track record of strong partnership approach across the system and with our communities

…e combined mental health and community trust

Successfully bid for Prime Minister's Challenge Fund to improve access to GP services

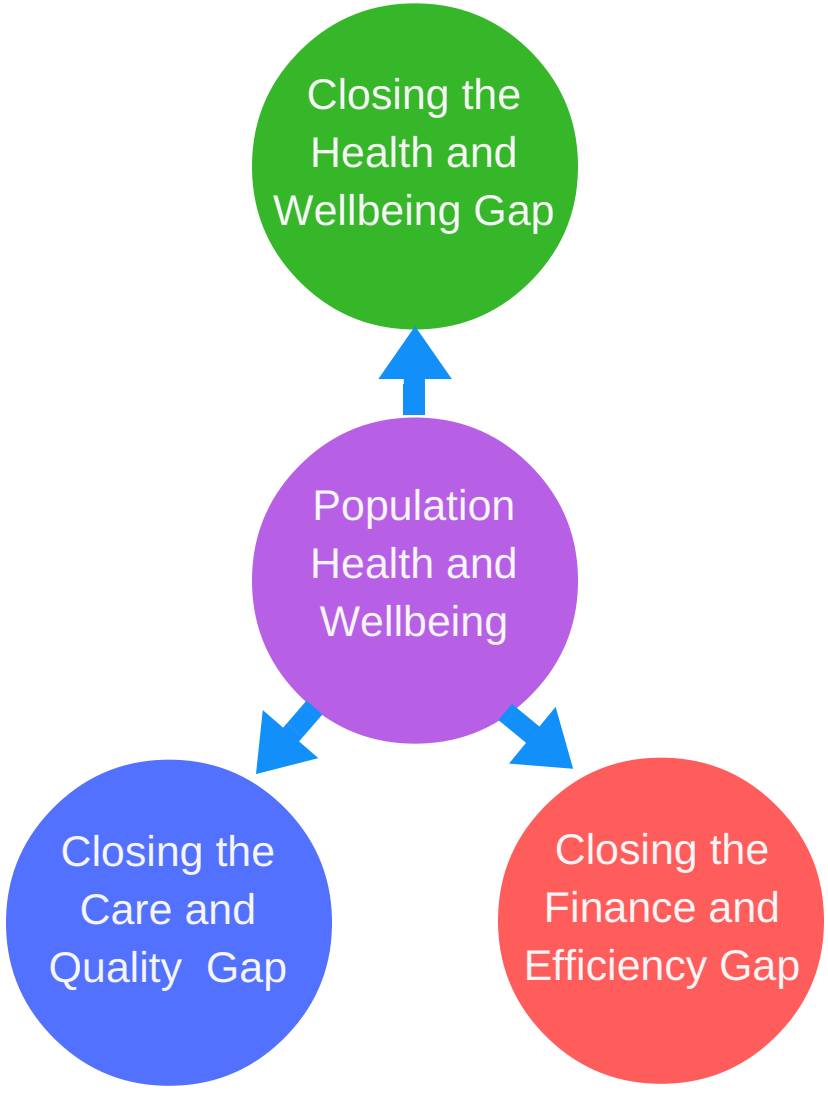
GP federation working on behalf of the majority of GP practices as providers to facilitate changes in approach at practice

One acute hospital trust

Joint commissioning for adult & children's services

Integrated Care Pioneer Site and Integrated Personalised Commissioning Demonstrator Site

The Case for Change



HEALTH AND WELLBEING SYSTEM CHALLENGE

In Barnsley there are three key challenges to improving population health and wellbeing and to providing high quality sustainable services to our population. This plan needs to address each of these three areas. We will specifically set out what each of these challenges mean.

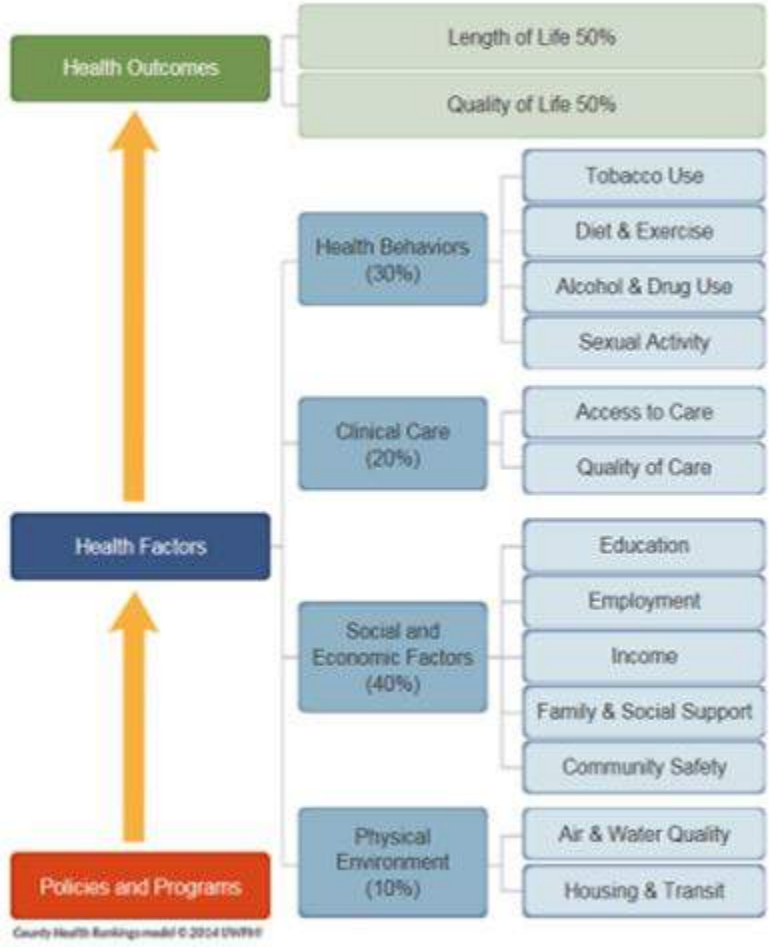
Scale of the challenge

The scale of the challenge health and care services currently face mean tha we need a significant step change in the scale and pace that we transform our services and importantly the way we work in order that we are able to provide affordable and sustainable services.

s means planning for the future through a radical upgrade in prevention streamlining and aligning services that work independently of organisationa boundaries and tackling the broader determinants of health and wellbeing.

Securing behaviour change across the population is also key if we are to succeed in our aims to improve health outcomes for the residents of Barnsley.

This is a significant task and carries a large agenda. The NHS Five Year Forward View reinforces this approach and provides us with an opportunity to genuinely transform the way we work.



Health and Wellbeing Gap

We have high levels of deprivation, poor lifestyles, too many people dying prematurely and from preventable diseases. We also have:

- Lower levels of life expectancy than the national average
- A reduction in healthy life expectancy for both men and women
- Marked inequalities between Barnsley and England and also across Barnsley
- High than expected incidence of long term conditions and resultant admission rates
- High levels of smoking prevalence, obesity and alcohol related hospital admissions
- In 2015, Barnsley ranked the 39th most deprived Borough out of 326 local authorities

Barnsley has significantly worse levels with regard to a range of childhood factors that affect health including:

- Children living in poverty
- School readiness and pupil absence
- Under 16 and under 18 conception

Female life expectancy changes across Barnsley (as at 2013)

Care and Quality Gap

The ageing population, increasing complexity of need and increasing patient expectations are combining to put the health and social care system under unprecedented pressure. Technical advances in treatment have also added to the demand.

Care needs to be more integrated. There are currently too many barriers in how care is provided – between primary care, community health services and hospitals, between physical and mental health and between health and social care, between professional, patient and carer.

In social care there are increasing demands but significantly decreasing resources. Increased demand as a result of a growing and ageing population, increasing prevalence of dementia and frailty, more people with complex physical and learning disabilities living longer and high level of adult mental illness. There have been several years of funding restrictions to social care budgets. Social care spending is protected where possible at the cost of other services but the ability to do this is running out.

After a long period of sustained delivery there is now an increasing pressure to meet referral to treatment targets. We also have:

- High volumes of some procedures of limited clinical priority
- High rates of emergency readmissions within 14 days
- High rates of emergency admissions related to ambulatory care sensitive conditions
- High volumes of out of area mental health placements

Finance Gap

Across South Yorkshire and Bassetlaw we currently invest £3.9 billion on health and social care for the 1.5 million population.

After taking into account the resources that are likely to be available and the likely demand for health and social care services over the next four years, we estimate that there will be a financial shortfall of £571 million by 2020/21. The health service gap is £474 million while £107 million relates to social care and public health.

On a pro rata basis, current modelling indicates the equivalent finance and efficiency gap across Barnsley health and social care is approximately £90 million by 2020/21. It is expected that by working differently we l deliver this through:

ransforming secondary care through productivity improvements of 2%
• Managing activity related demand by a 2% reduction

Our Approach

THE BARNSLEY WAY

The plan supports the delivery of the Barnsley Health and Wellbeing Strategy. Whilst there is a history of partnership working in Barnsley, often programmes, projects and initiatives have been planned and delivered in silos. In order to realise the full benefit and see real improvement in population health and wellbeing outcomes as well as services that give our public the best value for every pound they spend on health and care, we must align our priorities and work together.

We also need to work more effectively in partnership with local people and communities so that people can play their part in taking responsibility for health and well-being. Improving our Barnsley's health and wellbeing must be done in partnership. The Barnsley Plan work will bring together partners to listen and take action in order to achieve our ambitious priorities. The Barnsley Plan describes our shared vision, objectives and future models of care.

What we need to achieve:

Improved health & wellbeing:

Health and wellbeing is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment.

These 'broader determinants of health' are more important than health care services in ensuring a healthy population, and therefore this is where the Board will focus its efforts.

Reduced health inequalities:

There are marked inequalities in health which exist between Barnsley and England as a whole and within Barnsley itself, which is not acceptable.

A gap also exists between people with severe mental illness, learning disabilities and autism, and the general population. Our approach will therefore be to target our resources to achieve equality of outcomes for all.

What this will mean for individuals:

- Children start life healthy and stay healthy
- People live happy, healthier and longer lives
- People have improved mental health and wellbeing
- People live in strong and resilient families and communities
- People contribute to a strong and prosperous economy

HOW WILL THE SYSTEM NEED TO CHANGE?

- By strengthening and broadening partnership working to make the health & care system stronger and more responsive
- By creating joined up approaches that make sense to us all by putting public, patients and carers at the heart of what we do

South Yorkshire & Bassetlaw (SYB) Sustainability & Transformation Plan Priority Areas (STP)

Across SYB, a number of transformational and cross cutting work streams have been identified as shown in the table below. These are all work streams where there is a clear benefit in working across a larger foot print but where there are also local plans being implemented.

Transformational Work Streams

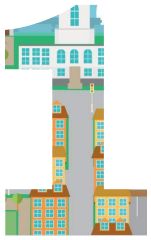
Maternity & Children's	Mental Health & Learning Disabilities	Urgent & Emergency Care	Elective Care & Diagnosis	Cancer

SYB Cross Cutting Work Streams

- Workforce
- Digital/IT
- Carter*, procurement and shared services
- Finance
- Economic Development, Public sector Reform and the City Region

Across Barnsley there is a significant amount of transformation work taking place which will support these South Yorkshire and Bassetlaw transformation work streams. This is detailed in the following slides.

*Refers to the Lord Carter review of 'Productivity in Hospitals' 2016.



Maternity & Children's Services (SYB)

What is the challenge?

- Meeting new standards for maternity care
- Not all children have the best start in life, with high rates of preventable health problems arising
- I[illegible]ng demand and high use of acute s[illegible]vices

What are we going to do?

- Improve personalisation and choice in maternity services
- Reduce the rate of smoking in pregnancy
- Increase the rate of breast feeding
- Connect primary and community services more closely and support families to manage common childhood conditions in the community
- Support an increase in levels of physical activity, working with families and schools
- Improve oral health in children
- Implement a perinatal and maternal mental health strategy
- Support all children, young people and families to make healthy lifestyle choices
- Tackle child poverty and improve family life

What are the benefits?

- Women will have maternity services that are safer, more personalised, kinder, professional and more family friendly; every woman will have access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.
- A reduction in preventable health problems
- Improved access to care close to home
- Reduced infant mortality and morbidity rates
- Improved pre-, peri- and post-natal mental health provision
- Reduction in childhood hospital admissions for dental extractions

Mental health & learning disabilities (SYB)

What is the challenge?

- Approximately 25% of the population experiences some kind of mental health problem in any one year
- People with severe mental illness can lose 20 years of life
- Co-morbid mental health problems raise t… health care costs by at least 45% for e… person with an additional long term c… ditions
- These challenges are compounded by a stigma that exists around mental health and learning disabilities and the lack of parity of esteem with physical health services
- Transforming Care Challenge for people with a learning disability

What are we going to do?

- Focus on early intervention and crisis care
- Review of day opportunities for people with a learning disability
- Implement of the all age Mental Health & Wellbeing Strategy, incl. enhanced crisis care, early interventions for people with psychosis, development of hospital liaison services, focus on improving the physical health of people with a serious mental illness
- Implementation of suicide action plan
- Implement integrated personalised commissioning to join up health & social care needs and give people greater say in how they are supported
- Implement Local Transformation Plan for Children and Young People's Mental Health & Emotional Well Being
- Implement a multi-agency public sector hub with South Yorkshire Police & partners
- Deliver large scale mental health awareness work force development across all agencies

What are the benefits?

- Barnsley residents wellbeing and mental health is improved
- Residents with mental illness will receive high quality, response care with a focus on early intervention and recovery and will be better supported to look after their physical health.
- Reduction in mental health related A&E attendances and hospital admissions
- Parity of esteem is delivered
- Equity of access to services for mental health that is similar to those for physical health
- Years lost to life for people with severe mental illness are reduced
- People with learning disabilities are supported to live in the community reducing the need for hospital admissions and long stay placements
- Reduced length of stay for people with learning disabilities

Urgent & emergency care (SYB)

What is the challenge?

- Increasing complexity and acuity of patients and a high volume of A&E Adult Attendances and non-elective adult inpatient admissions
- Data analysis suggests that up to 30% of attendances could be managed in an ernative setting
- orkforce challenges and capacity ues resulting in quality issues, failure to meet NHS Constitutional standards
- Financial sustainability – difficulty in meeting current demand with the current resources

What are we going to do?

- Support the development of RightCare Barnsley
- Increase access to primary care through I HEART Barnsley
- Intermediate Care Review
- Community Nursing Review
- Implementation of integrated clinical pathways for respiratory services

What are the benefits?

- Lower demand enabling improved quality
- Greater cost effectiveness
- Improved patient access and reduced variation in delivery
- Increased support for self care which will enable long term management, improved health and wellbeing and reduce the burden on healthcare services
- Reduction in unnecessary hospital admission and readmission
- Reduction in A&E attendances
- Increased early supported discharge

Elective care (SYB)

What is the challenge?

- Across the system there is increased demand in both elective and diagnostic care across clinical pathways
- There is a need to align elective and urgent care work to ensure that quality is not impeded due to inter dependencies

What are we going to do?

- Develop integrated clinical pathways for Diabetes, Respiratory disease, and Musculoskeletal diseases.
- Implement Map of Medicine
- Develop consultant advice and guidance to GPs
- Continue to enhance direct access to diagnostics and the clinical interpretation and management advice on reports
- Implement Social Prescribing
- Improve oral health in children

What are the benefits?

- Reduce the growth in demand on elective services
- Decrease number of admissions for dental extractions
- Decrease number of new outpatient appointments
- Higher proportion of outpatient clinics held closer to home
- More sustainable delivery of referral to treatment performance
- Improved patient experience and outcomes
- Improved support for self care and within pathways freeing capacity and reduce avoidable spend

Cancer (SYB)

What is the challenge?

- An ageing population and a rise in lifestyle related risk factors mean that cancer incidence is increasing Improvements in cancer survival rates mean that more people are living with and beyond cancer

What are we going to do?

- Radical upgrade in prevention though delivery of the tobacco control strategy
- Work with primary care to increase early diagnosis of cancer
- Increase screening uptake
- Develop shared care pathways across primary and secondary care
- Develop a primary care training programme
- Revitalise the Cancer Care Review Process
- Maximise opportunity to further develop the Survivorship Programme (Living with and Beyond Cancer)
- Implement the End of Life Strategy

What are the benefits?

- Greater ability to address the primary and secondary causes of cancer
- Earlier diagnosis and intervention to achieve a shift in the stage at which a cancer is diagnosed
- Ensure care is delivered in the most appropriate setting
- Improved quality of care and patient experience
- Improved personalisation and choice
- Reduce duplication and drive integration of services
- Greater uptake of choice at the end of someone's life

Barnsley Priority Areas

In addition to the SYB work stream, we recognise that there are a number of priority areas where we can come together as a local system to deliver a greater collective benefit for Barnsley people. These are:

- **Healthy life expectancy**
- **Building stronger communities and being in control of my wellbeing**
- **Improving mental health and wellbeing**
- **Improving support for older people**
- **Changing the way we work together (new models of care)**

Improving healthy life expectancy (Barnsley)

What are we going to do?

- Through Smoke Free Barnsley, work collaboratively to reduce adult smoking prevalence by at least 1% year on year from 24.4% to at least 18% by 2019
- Establish an Alcohol Alliance and a comprehensive programme which creates a culture where sensible drinking is the norm
- Heart of Barnsley – CVD & Diabetes - Decrease the prevalence, morbidly and mortality from Cardiovascular Disease & Diabetes, through a programme of healthy public policies and lifestyle services/interventions, along with enhancement clinical management of CVD risk factors and secondary prevention in primary care and secondary care; implementation of the National Diabetes Prevention Programme.
- Strengthen the relationship between housing and health to enable people to have better living conditions

What are the benefits?

- Healthier population
- Reduction in long term conditions associated with smoking
- Reduction in long term conditions associated with alcohol consumption
- Reduction in alcohol related admissions to hospital
  Improved quality of care
- Greater ability to address the primary and secondary causes of cancer
- Increase in healthy life expectancy
- Reduction in alcohol related harm e.g.. domestic violence, criminal assault, antisocial behaviour
- Reduction in alcohol and smoking related: primary care attendances, A&E attendances, admissions to hospital
- Improved quality of care for patients with CVD and diabetes, leading to increased quality of life, decrease in primary care, A&E and hospital admissions

2 Strengthening relationships with communities and individuals (Barnsley)

What are we going to do?

- Harness the renewable energy represented by patients and communities, maximising the potential health gains from social action and volunteering and maximise the potential of community assets and social capital to support residents to maintain their independence and social participation
- Develop a system wide volunteering strategy
- Develop new impact volunteering to support demand management eg in reach work to hospitals
- Support individuals and communities to improve their health literacy
- Improve access to universal information and advice
- Implement social prescribing
- Map peer support networks, identify gaps and build new networks where required
- Drawing on the strength of local communities, pilot a place based health and wellbeing (including community safety and employment) approach in one locality
- Develop and implement a systematic approach to personalised self management and self care across Barnsley
- Strengthen local voice by securing and responding to feedback about service design and delivery

What are the benefits?

- Strong communities are essential to good health and wellbeing and building individual resilience and independence
- Improved quality of care
- Improved physical, emotional and mental wellbeing
- Improved access to the right service or support
- People will feel enabled to take control of their health
- More residents will get the information and advice that they need to resolve or self-manage a wide range of problems early before they escalate
- Social prescribing will help to link patients with non-medical sources of support within the community
- Patients and carers to be more active participants in their care, supported to understand their choices, truly share decision making, reach self-identified goals and adopt more healthy behaviours. enabling them to live the life they want to their best ability.
- People will understand the system and know what to do and where to go if things change or go wrong. They will be better able to plan ahead and stay in control in emergencies. Patients will have systems in place to get help at an early stage to avoid a crisis
- Decrease demand for primary care, specialist mental health services and social care services

Improving mental health & wellbeing (Barnsley)

What are we going to do?

- Establish a Mental Health Alliance
- Focus on the early recognition of mental ill health and the prevention of escalation of need.
- Implement the Local Transformation Plan for Children and Young People's Mental Health & Emotional Well Being
- Deliver the Mental Health Crisis Care Concordat
- Expand IAPT services and enhanced psychological support for people with LTCs
- Develop shared care pathways across primary and secondary care
- Deliver large scale mental health awareness work force development across all agencies
- Implement a work place health charter across the public sector and other local businesses.
- Enhanced support for people with mental illness to stay in and get into work
- Develop personal health budgets for people with mental health problems
- Implement a multi-agency public sector hub with South Yorkshire Police and partners

What are the benefits?

- Barnsley residents wellbeing and mental health is improved
- Reduction in the gap in life expectancy between people with severe mental illness, learning disabilities and autism and the general population
- Children and adults will receive earlier help, diagnosis and treatment of mental health problems in the most appropriate setting and at the earliest possible time to prevent escalation.
- Increased support available to prevent a crisis occurring and also when a crisis occurs
- Improved co-ordination of interventions for physical and mental health for people with multiple vulnerabilities
- People with long term illnesses and disabilities will have improved psychological health and be better able to cope with their physical health problems

Improving support for older people (Barnsley)

What are we going to do?

- Develop more cohesive ways of working across older people's services to enable an improvement in the coordination of service developments to improve the quality of care for older people.
- Develop integrated care pathways for the prevention and management of falls and osteoporosis that is clinically and cost efficient and has sufficient capacity to have a population impact
- Further develop services for people with dementia in order to deliver an integrated pathway for dementia ensuring high quality care throughout the pathway that reflects the priorities within the Prime Minister's Challenge on Dementia 2020.
- Consider the options for further integration of equipment and adaptation provision across Barnsley
- Early help - strengthen low level supports such as services that support people who are socially isolated
- Integrate our approach to telehealth and telecare
- Redesign homecare support
- Key worker role for Police Community Support Officers

What are the benefits?

- Holistic services for older people and quality of life for older people
- Increased independent living
- Reduction in unnecessary emergency admissions and readmissions
- Increased support for carers and reduction in carer breakdown
- Reduction in avoidable:
- A&E attendances
- Emergency hospital admissions
- Hospital readmissions
- Prevention or delay in need for domiciliary care packages
- Prevention of avoidable Care Home admissions
- Ensure care is delivered in the most appropriate setting
- Reduce duplication and drive integration of services
- Equipment availability is appropriately delaying or reducing the need for support
- More cost efficient equipment provision
- Mobilise faster timely discharge

Changing the way we work together (New Models of Care)

What are we going to do?

- Explore the development of an Accountable Care Organisation in Barnsley
- Develop integrated locality based health and wellbeing teams
- Implement the GP Forward View to strengthen primary care
- Create a single Barnsley health and care digital record

What are the benefits?

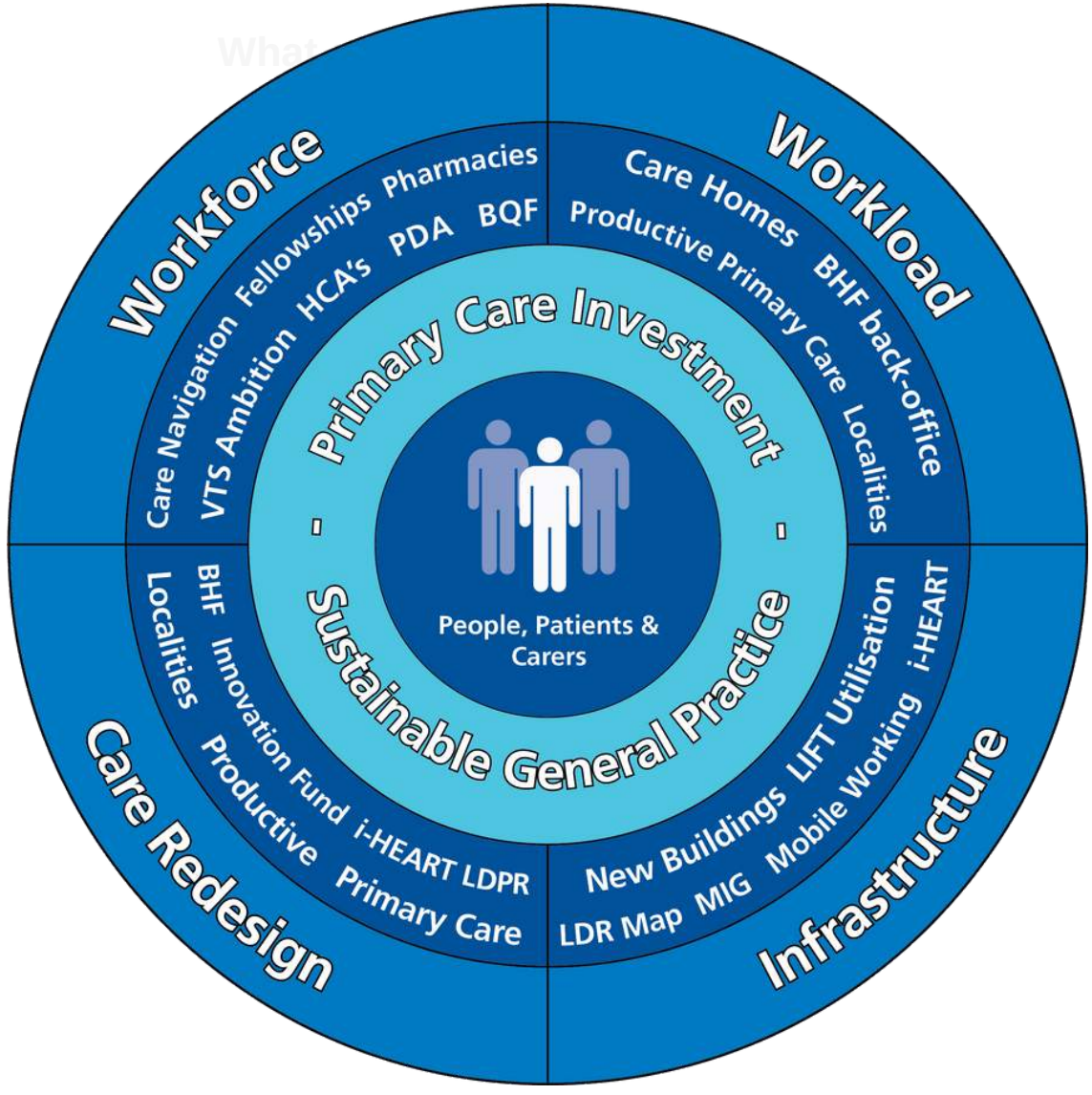
- Holistic services for all
- Joined up, integrated care
- Increased access to primary care
- Improvements brought about through increased digitisation of information that can be accessed by different parts of the health and care service
- Reduction in unnecessary emergency admissions and readmissions
- Ensure care is delivered in the most appropriate setting
- Reduce duplication and drive integration of services

Changing the way we work together - Strengthening Primary Care

Strengthening Primary Care across Barnsley is fundamental in delivery of the Barnsley priority areas.

C vision is a future in which the c ent model of primary care is a wed to deliver its full potential. It is for an integrated wider primary and community care offer, which is comprehensive and serving the full range of needs found in the community.

This diagram identifies the work streams that will be delivered to support this in Barnsley.



Changing the way we work together - Accountable Care Organisation Development

- Barnsley CCG has an ambitious strategy to integrate the delivery of health and care for the people of Barnsley. This ambition is supported by our commissioning partners in Barnsley Metropolitan Borough Council and our provider partners in BHNFT and SWYPFT and by the Barnsley Healthcare Federation.

- Our vision for the future of health and care in Barnsley is to create a simpler, more joined up health and care system; one where the people of Barnsley don't see organisational boundaries. Instead, they experience continuity of care; they see familiar faces that are clearly connected to each other regardless of where patients are seen; be that in hospital, in the community or at home. They won't experience gaps in care; they are not isolated but supported and empowered by what feels like "one team", each delivering their part without duplication.

- Our goal is to dismantle boundaries at the point of delivery of care, to create a Barnsley where patient interests come first and resources are focused on improving health outcomes in areas of the borough where inequalities are greatest.

Digital Road Map

Deliver our 'Digital Road Map' to improve services

We recognise that our IT systems are a barrier to people working together, communication between health and care teams needs to improve and we need to take a holistic view of the patient and see them as a whole.

We have therefore developed a 'Digital Road Map' to transform our approaches, develop systems that 'talk' to each other and deliver a better experience for patients and service users.

Digital Road Map

Our vision in Barnsley is to:

- Increase technology enabled care to support people to stay in their homes for longer and help them maintain their
- dependence and wellbeing.
- ransform the way in which we engage with citizens;
- mpowering them to maintain their own health and wellbeing
- rough digital solutions
- Transform the way in which health and care providers, our voluntary and charitable sector organisations engage with patients and their communities
- Accelerate mechanisms that promote record sharing and support access to data for those working within health and care services
- Enable clinicians to provide the best care in all settings by the use of mobile technology.

We will:

- Implement our Local Digital Roadmap
- Work collaboratively to support the development of interoperable IT solutions to enable appropriate record sharing
- Fully roll out the Medical Interoperability Gateway (MIG) to allow appropriate access to primary care records
- Support the development of mobile working for clinical staff across Barnsley
- Deliver the national ambition to be 'Paper Free at the Point of Care' by 2020

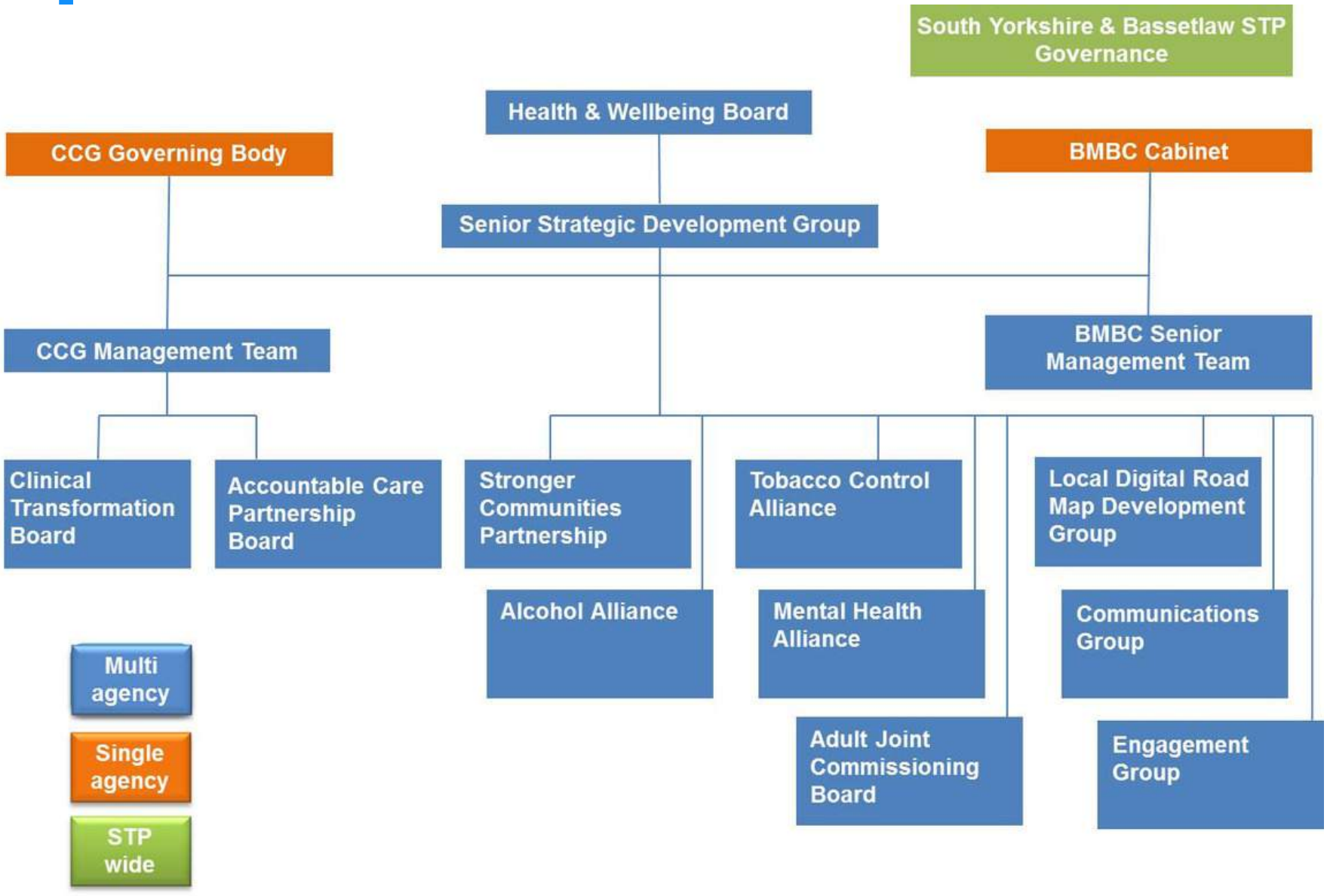
Engagement

Having a strategic framework for communication will allow partners to make greater use of networks, target specific issues and share information through a mixture of channels. This approach will also enable us to pull resource and networks across organisations to allow better joined up working and less duplication.

Partners are committed to putting the voice of Barnsley people at the heart of decisions. In Barnsley we have a strong tradition of service user, carer, patient and community involvement though groups such as Carers and Friends Group, Learning Disabilities Forum, Older Peoples Forum, Patient Forums, Equality Forums, Healthwatch Barnsley and our Ward Alliances . These and other forums play a key role in bringing together people's experience of health and social care in Barnsley to influence and shape local services:

- We intend to develop and build upon the mechanisms to hear the voice of our communities use the community voice to assess our progress against our priorities.
- We are proud to have such an extensive reach in to our communities, where we can have ongoing conversations about what is and what isn't working, and how together we can improve outcomes for our people. Openness and transparency will help bring about continuous improvement.
- We need to engage with communities about behaviour change and personal responsibility effectively.
- This information can then be used by the Area Councils, individuals and voluntary and community groups to achieve creative solutions to improve and shape the health and wellbeing of their communities.
- We intend to develop the mechanisms to hear the voice of our communities and use the community voice to assess our progress against our priorities and co-produce service change with communities, patients and carers.

Governance delivery & implementation



What will be different for Barnsley people?

It's 2015

Mrs Brown is 75 and lives alone at home in Barnsley. She doesn't know many people. She has had high blood pressure and early onset dementia for some time. She is losing her eyesight and is becoming increasingly unsteady on her feet.

Mrs Brown receives some care from the council, and a few services from the local NHS which help to give her some independence. These include some home care and telecare from the council. She also sees the specialist nurses at the memory assessment service, the outpatients department for her vision and the district nurse is currently visiting daily to treat an injury from a fall. She has been to hospital three times in the past two months because of a fall or her conditions meaning an ambulance had to be called.

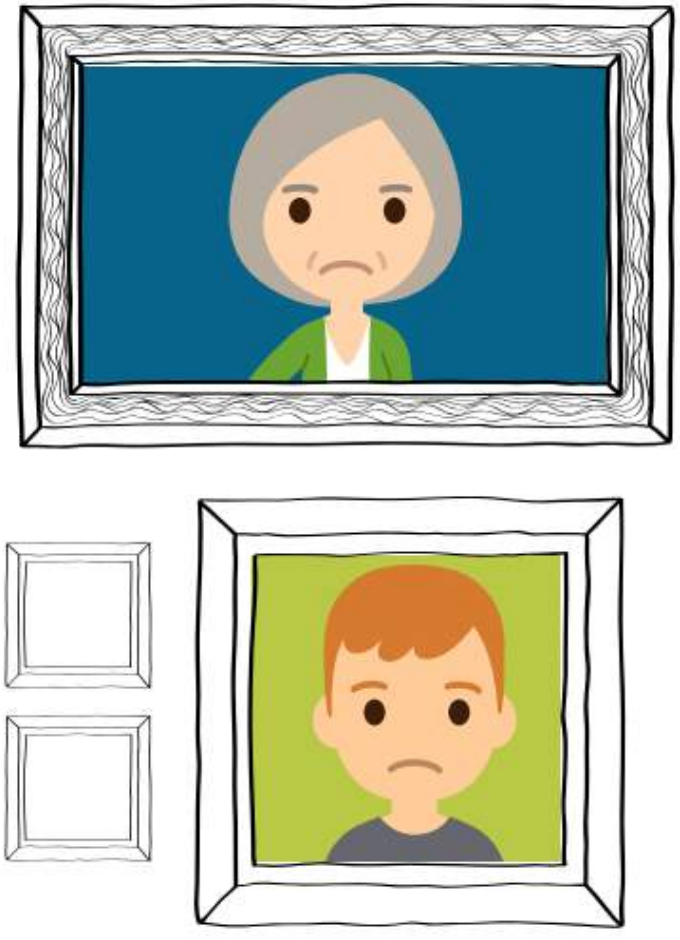
She has had to have a number of assessments, is often referred on from the people she has told her story to, has to do a lot of travelling to different services which are changed at the last minute.

Jack, Mrs Brown's son, who lives on the next street cares for Mrs Brown for about 20 hours per week. He is struggling to pay his bills as he is unable to work and the carers' benefit does not cover these outgoings. He may have to give up caring and try to go back to work. Consequently Jack is suffering with anxiety and mild depression.

Mrs Brown is worried that she will have to go into a home if Jack is unable to continue caring and her health and wellbeing deteriorates further.

This is an expensive situation for two reasons:

- Duplication of resources
- The likelihood that Mrs Brown's situation will escalate and lead to more intensive, more expensive care.



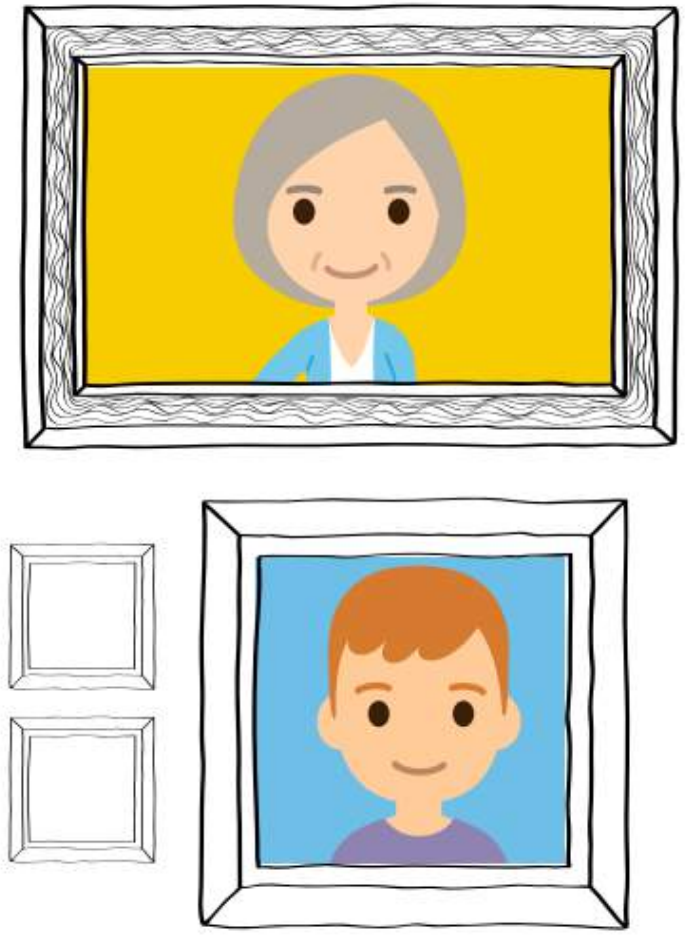
It's 2020

Mrs Brown is now 80. She is still at home despite her fears. Following a discussion with Mrs Brown and Jack, Mrs Brown was given an integrated personal budget to help her manage her health and care needs. As part of this, a single integrated care plan was developed jointly with Mrs Brown and her son Jack. Her care plan involves planned integrated health and care services, the use of assistive technology and the support from local neighbours and the local VCS. For the services Mrs Brown has chosen to buy with h)ersonal budget, there is consistent i mation about quality that has been p ided from regulator's report that helps t n make informed choices about who p ides the care.

Having a single integrated care plan is a much more cost effective approach as resources are planned more effectively across the system, leading to less emergency visits, and avoiding the need for Mrs Brown to go into a care home.

This has taken some pressure off Jack who is now able to find time to do some training to help him when he is ready to go back to work. Because the system has been integrated and devolved, it is now much clearer how the system works and patients and carers are partners in making decisions. As a result Jack wants to be a part of helping design future services. He has agreed to join a sub group of the Health and Wellbeing Board to help design e-health services for the future so individuals can remain in control of their own health and wellbeing.

Staff in the local health and care economy work together in local multi-disciplinary teams. This helps them to respond more readily to Mrs Brown's needs without having to have multiple appointments and assessments every time something happens. Staff focus on working proactively with Mrs Brown to help her manage her conditions better and therefore avoid a hospital visit due to escalation. Staff have also had training in the use of mobile technology. They can now share and access information to provide the best care for their patients.



This page is intentionally left blank

Health and care in South Yorkshire and Bassetlaw

Sustainability and Transformation Plan – a summary

Introduction

This is the summary version of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP).

It sets out our vision, ambitions and priorities for the future of health and care in the region and is the result of many months of discussions across the partnership, including with patient representative groups and the voluntary sector.

It is being shared widely, with views sought from staff, patients and the public on the high level thinking about the future of health and care services in the region. All feedback will be taken into account before any further work takes place.

The South Yorkshire and Bassetlaw STP is the local approach to delivering the national plan called the Five Year Forward View. Published in 2014, it sets out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together.

25 health and care partners from across the region are involved in the STP, along with Healthwatch and voluntary sector organisations.

The ambition

The goal of the STP is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer.

The thinking starts with where people live, in their neighbourhoods, focusing on people staying well. Introducing new services, improving co-ordination between those that exist, supporting people who are most at risk and adapting the workforce so that people's needs are better met are also key elements.

Prevention is at the heart – from in the home to hospital care, supported by plans to invest in, reshape and strengthen primary and community services. At the same time, we agree that everyone should have improved access to high quality care in hospitals and specialist centres and that, no matter where people live, they get the same standards, experience and outcomes for their care and treatment.

In line with the GP Five Year Forward View priorities, we plan to invest in, reshape and strengthen primary and community services so that we can provide the support people in our communities need to be as mentally and physically well as possible. Mental health will be integral to our ambitions around improving population wellbeing.

We want to work together more closely to provide the care in the right place, at the right time and by the most appropriate staff. To do this we will develop innovative, integrated and accountable models of care and build on the work of the current partnership between NHS providers (Working Together Partnership Acute Care Vanguard) who have already come together to work collaboratively on common issues and goals.

The plan is also about developing a networked approach to services across South Yorkshire and Bassetlaw to improve the quality and efficiency of services, in areas such as maternity services. It is also about simplifying the urgent and emergency care system so that it is more accessible.

We also focus on other factors affecting health, including education, employment and housing, to not only improve the health, wellbeing and life choices, chances and opportunities of every person in the region but also to deliver a more financially sustainable health and care system for the future.

People's health is also shaped by a whole range of factors – from lifestyle and family backgrounds to the physical, social and economic environment. At the same time, NHS services tend to focus on treating people who are unwell. We need to look at the connections between the £11 billion of public money that is spent in South Yorkshire and Bassetlaw and the £3.9 billion that is focused on health and social care.

We will work better together to get the best value and services for everyone. If we don't work differently now, in five years' time, there would be increasing demand on our services and we would have an estimated financial shortfall of £571 million. Therefore, doing nothing is not an option. The way we are organised is out of date compared to people's needs – we therefore need to rethink and improve how health and care services are delivered.

By working more closely and in new ways, we will also contribute to the region's economic growth. Helping people to get and stay in work, as well as supporting their health and wellbeing, will help to keep South Yorkshire and Bassetlaw economically vibrant and successful.

The case for change

There have been some big improvements in health and social care in South Yorkshire and Bassetlaw in the last 15 years. People with cancer and heart conditions are experiencing better care and living longer. There has also been improvement in mental health and primary care services. On the whole, people are more satisfied with their health and care services.

However, people's needs have changed, new treatments are emerging, the quality of care is variable, and preventable illness is widespread.

Quality, experience and outcomes vary and care is often disjointed from one service to another because our hospitals, care homes, general practices, community and other services don't always work as closely as they should. STP organisations have had some good Care Quality Commission feedback but there are areas for improvement.

In addition, there are some people admitted to hospital beds who could be cared for in the community if the right support was in place. There are growing waiting times for many services and access to primary care needs to be improved.

In some areas, there is a national shortage of clinical staff. Indeed, we are already consulting on proposed changes to hyper acute stroke services, where people are treated for up to the first 72 hours after having a stroke, and some children's surgery services in the region because such shortages are already having an impact.

Furthermore, there are high levels of deprivation, unhealthy lifestyles and too many people dying prematurely from preventable diseases and there are significant inequalities across the region.

There are also significant financial pressures on health and care services – with an estimated gap of £571 million in the next four years.

Working together

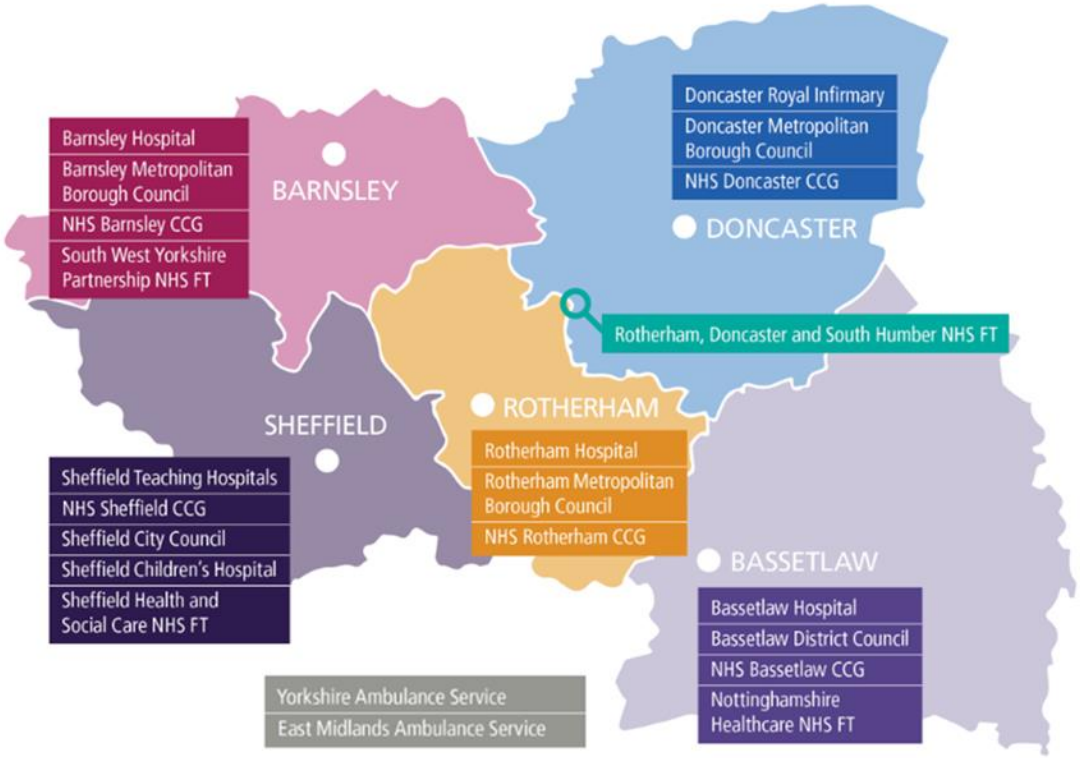
Our plan is built on a history of strong relationships between our local organisations and being able to quickly develop a strong partnership, where we can all see the opportunities and are motivated to deliver significant improvements for our 1.5 million population. It is about working together even better, and in new ways.

It is based on the five 'places' within South Yorkshire and Bassetlaw – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

Our 'place' plans are the foundation of what will be delivered in each area and they set out how the improvements from the new ways of working and prevention will be made. These five 'place' plans focus on investing in primary and community care, putting the greatest emphasis on helping people in their neighbourhoods and managing demand on services. They also hone in on improving health and wellbeing and the other factors that affect health, such as employment, housing, education and access to green spaces.

Work on 'place' plans alone won't address the challenges, and so there are also eight priority areas of focus for the whole STP area:

- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective and diagnostic services
- Children's and maternity services
- Cancer
- Spreading best practice and collaborating on support services



Taking decisions together

To deliver the change that we need in South Yorkshire and Bassetlaw, the statutory organisations involved in health and social care have formally agreed to work together under new arrangements to help them to start to work and take decisions together.

An Oversight and Assurance Group will provide oversight governance, a Collaborative Partnership Board (CPB) will set the vision, direction and strategy and an Executive Partnership Board will support the CPB and develop policy and make recommendations to the Board. Already in place are a Joint Committee of NHS Clinical Commissioning Groups (JCCCGS) and an NHS Provider Trust Federation Board.

All these will run in parallel with how partners are structured and help make decisions. This interim arrangement will remain in place until April 2017 during which time a review will take place to establish the right governance.

The members of these groups come from all statutory South Yorkshire and Bassetlaw health and social care organisations plus national bodies as appropriate (NHS England, NHS Improvement, Health Education England and others), as well as other providers and representatives from primary care, the voluntary sector and patients, including Healthwatch.

A key principle of the arrangements is that local commissioning will remain a local responsibility. The JCCCG will only take precedent over local decisions where it agrees that it would be more efficient and effective for decisions to be made at a South Yorkshire and Bassetlaw level.

Rethinking and reshaping health and care

In rethinking and shaping how we currently work, we want to focus on:

- Putting prevention at the heart of what we do
- Reshaping primary and community based care
- Standardising hospital services

We want to radically upgrade prevention and self-care, to help people to manage their health and look after themselves and each other. This will require improvements in how health and care services connect with people to help them stay well and also in how illness is detected and diagnosed.

Investment in health at community levels will be transformed. Focusing more on helping people where they live will also have an impact on people's employment and employability. Primary care services will be improved through the transformation of community based care and support and with GPs coming together at the forefront of new ways of working. Through wider GP collaborations, it will be possible to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt the workforce to better meet people's health and care needs.

At the same time, everyone should have better access to high quality care in specialist centres and units and, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. We will do this by standardising hospital care and developing a networked approach to services.

We also think that exploring how we can spread best practice and collaboration across our support services, such as our estates, procurement and pharmacy management, will enable us to meet the challenges. Technology and digital integration will also play a major role in helping shape the future of health and care services.

Developing and supporting our staff is the only way we will achieve these ambitions. We need the right people, with the right skills in the right place and the right time – whether this is in general practice, the community and neighbourhoods or in hospitals.

We will need to support our workforce, developing ways of working that help people live healthy lives in their homes and communities and supporting GPs to be as effective as possible.

We envisage a flexible workforce that comes together to offer people the best and most appropriate care.

Finance

We currently invest £3.9 billion on health and social care for the 1.5 million population of South Yorkshire and Bassetlaw. This includes hospital services, mental health, GP services, specialist services and prescribed drugs, as well as public health and social care services.

After taking into account the resources that are likely to be available and the likely demand for health and social care services over the next four years, we estimate that there will be a financial shortfall of £571 million by 2020/21.

If we do nothing to address this, £464 million will be the health service gap, while £107 million will be the social care and public health gap. If we are to achieve our ambitions, we need the £3.9 billion investment to work differently.

Our high level planning assumes a significant reduction in demand for hospital services and potential changes to services which, if fully developed into cases for change, would require public consultation.

Early implementation

We are already progressing a number of priorities, led by NHS Commissioners Working Together and the NHS Providers' Working Together Partnership Vanguard. We agree we want to take these forward using the governance we have put in place.

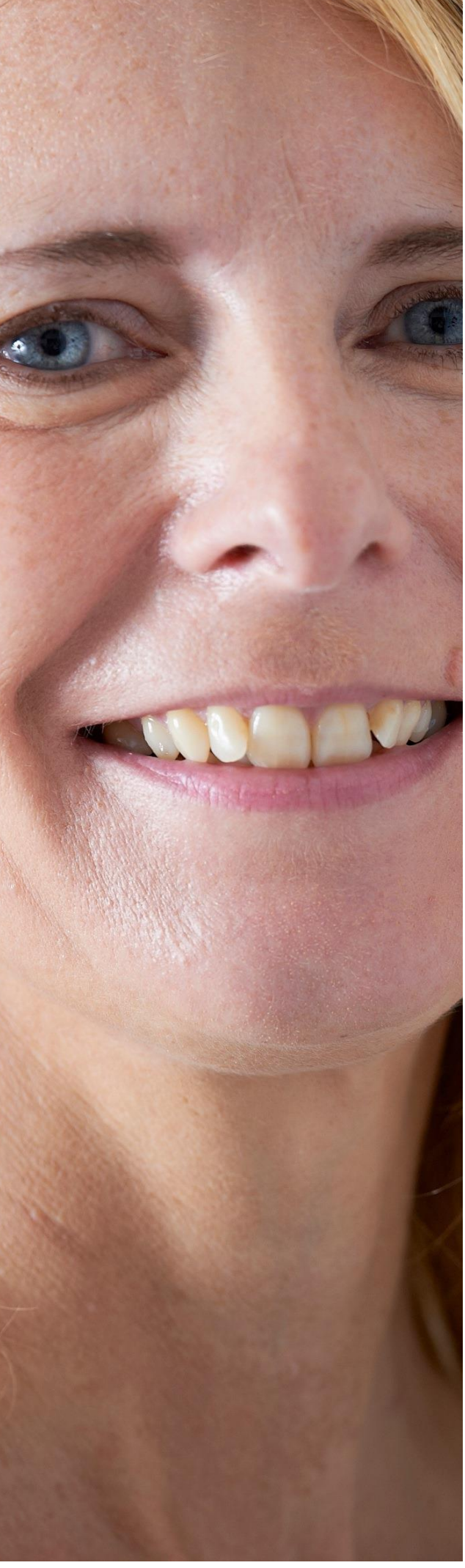
The areas are:

- Spreading best practice and collaborating on support services
- Children's surgery and anaesthesia
- Hyper acute stroke services
- Acute gastrointestinal bleeds
- Radiology
- Smaller medical and surgical specialties

Priorities in 2017/18

At the same time, we will focus on the following in the coming year from our priority list:

- Take the thinking further in our priority areas, involving staff and the public in discussions
- Develop primary care, with more care in the community and closer to home
- Improve cancer care, including chemotherapy and pancreatic cancer services and working as part of an alliance across our region and North Derbyshire
- Develop specialised services, such as vascular, children's, orthopaedics, neonatal and mental health services
- Finance, such as how we can be more flexible and accountable with our budget and getting the most out of our spend
- Governance, moving from the interim to longer term arrangements



Listening to our staff and communities

Between December 2016 and March 2017, we will connect and talk with the staff in each of our partner organisations and local communities about the plan. We will also be working with Healthwatch and our voluntary sector partners to ensure we have input and views from a wide range of communities.

We will take account of all views and feed these back into our plans.

For more information, and to download the full plan, go to: www.smybndccgs.nhs.uk or email: helloworkingtogether@nhs.net

Who is involved?

There are 25 partners involved in the STP; 18 NHS organisations, six local authorities and one children's services trust involved in the STP. The plan has been developed in consultation with them. They are:

NHS Barnsley Clinical Commissioning Group

Barnsley Hospital NHS Foundation Trust

Barnsley Metropolitan Borough Council

NHS Bassetlaw Clinical Commissioning Group

Bassetlaw District Council

Chesterfield Royal Hospital NHS Foundation Trust

Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Doncaster Children's Services Trust

NHS Doncaster Clinical Commissioning Group

Doncaster Metropolitan Borough Council

East Midlands Ambulance Service NHS Trust

NHS England

Nottinghamshire County Council

Nottinghamshire Healthcare NHS Foundation Trust

NHS Rotherham Clinical Commissioning Group

Rotherham, Doncaster and South Humber NHS Foundation Trust

The Rotherham NHS Foundation Trust

Rotherham Metropolitan Borough Council

Sheffield Children's Hospital NHS Foundation Trust

Sheffield City Council

Sheffield Health and Social Care NHS Foundation Trust

NHS Sheffield Clinical Commissioning Group

Sheffield Teaching Hospitals NHS Foundation Trust

South West Yorkshire Partnership NHS Foundation Trist

Yorkshire Ambulance Service NHS Trust

It has also been developed in partnership with:

Healthwatch Barnsley

Healthwatch Doncaster

Healthwatch Nottinghamshire

Healthwatch Rotherham

Healthwatch Sheffield

Voluntary Action Barnsley

Bassetlaw Community and Voluntary Service

Doncaster Community and Voluntary Service

Voluntary Action Rotherham

Voluntary Action Sheffield

**Report of the Executive Director of People &
the Director of Human Resources,
Performance & Communications,
to the Overview and Scrutiny Committee
on 6th December 2016**

Provisional Education Outcomes for Children and Young People in Barnsley 2016 – Cover Report

1.0 Introduction and Summary

1.1 The attached report 'Item 5b' outlines the education outcomes for children and young people in Barnsley, broken down by pupil group, from assessments taken in 2016. The report provides an overview from the Early Years Foundation Stage (EYFS) (age 4/5) to Key Stage (KS) 4 (General Certificate in Education) (age 15/16), including comparisons where possible, and highlights some of the actions required to improve outcomes.

1.2 'Item 5c' shows comparator information for the South Yorkshire region. (Please note that the data provided in the reports is provisional until it is validated in January 2017, therefore could be subject to change. In addition, there is currently no original KS5 (A-level) data in the attached documents as it is not yet available by pupil group).

1.3 'Item 5d' (attached Virtual Headteacher's Report) provides a specific analysis of the attainment of Barnsley Children in Care (CiC), including attendance and exclusion data.

Early Years Foundation Stage (EYFS) (age 4/5)

1.4 In the EYFS, children achieving a Good Level of Development (GLD) has improved by 3% from 63% in 2015 to 66% in 2016. However, this is the same rate of improvement nationally (69%). Consequently, the 3% gap between the local and national figures remains.

Key Stage 1 (KS1) (age 6/7)

1.5 The gap in standards locally and nationally for Year 1 phonics knowledge has been reduced from 4% to 2% this year with 79% of Barnsley children achieving the expected standard.

1.6 Assessments in Year 2 (7 year olds) for reading, writing & mathematics combined show that 58.7% of children achieved the expected standard or higher compared with 60.3% nationally. Performance cannot be compared to previous years due to a change in the way assessments are scored. Almost two-thirds (62%) of Barnsley schools were broadly in line with, or above, the national average for the 3 subject scores combined.

Key Stage 2 (KS2) (age 10/11)

1.7 Results at Key Stage 2 show that 52% of Barnsley pupils achieved the expected standard or higher in reading, writing and mathematics combined, just 1% lower than the national average.

1.8 Results for both writing and mathematics were 1.3% above the national average and pupils achieved in line with pupils nationally on the Grammar, Punctuation & Spelling test. However, achievements in reading continue to be an issue from Key Stage 1, with Barnsley results 3.6% below the national average. As the assessment process for the primary curriculum has changed since 2015, performance cannot be compared to last year's outcomes.

Key Stage 4 (KS4) (age 15/16)

1.9 There has been a 5% increase in the percentage of students achieving 5 A*-C grades, including English and Mathematics (55%), resulting in above national results (53%) for the first time. In addition, 5 out of 10 schools are now at or above the national average compared with only 2 schools last year.

1.10 There has been a 3.9% improvement in the number of students achieving both English and Maths GCSEs (using old methodology for comparison), which is an important foundation for success in post 16 studies, future employment and careers. 56% of Barnsley students achieved this in 2016, in comparison with 55% of students nationally in 2016. From 2016, a C or above in English Literature can also be counted in this measure with 58% of Barnsley students achieving this in comparison with 59% nationally.

1.11 Achievements and expected progress scores in English and achievements in Maths have increased compared to 2015 and either match or are close to the national figures for 2015. Although it has improved by 7%, Maths expected progress (60%) needs to improve further to reach last year's national progress result of 67% (please note that national figures are not available for 2016 due to changes in how scores are calculated).

Looked After Children (LAC)

1.12 The number of LAC attending a good or outstanding school continues to improve year-on-year from 55.3% in 2014-15 to 76.2% in 2015-16. In EYFS, 40% achieved a GLD, significantly below all Barnsley children, below all children nationally and showing no change from 2015. Outcomes for attainment in KS 1–4 fall below the scores for all Barnsley children and for all children nationally, significantly so in KS1, but this score may have been affected by new assessment systems. However, progress outcomes for KS2 are positive, with writing being the strongest performing curriculum area. It should be noted that the small number in cohorts means that 1 individual represents a large percentage and that a number of these cohorts also have complicated needs.

1.13 Although progress scores have not been published, it is possible to evaluate individuals' progress towards their personal targets and the figures show that children who have been in care for 12 months are more likely to achieve their personal targets than those in care for a short time, demonstrating the positive impact of stability.

1.14 For the 2015-16 academic year, the absence rate has increased slightly by 0.2% to 3.7%, but still remains just below the 2015 LAC national average and almost 1% lower than all children nationally. Analysis shows that there are valid reasons for the slight increase. 6.7% of CiC have attendance below 90% which is considered to be persistent absence. Figures show that problems start at year 8 and continue to increase until the end of year 11. The number of children achieving 100%

attendance is increasing year-on-year from 2013–2016. No Barnsley CiC have been permanently excluded in 2014-16.

Future Challenges

1.15 The ambition remains to exceed national levels of performance. Closing the gap for boys and pupils with special education needs and disability (SEND) are highlighted as priorities, as well as the gap for pupil premium pupils which increases to just over 30% by the time they leave secondary education.

1.16 Results have been shared with the Barnsley Alliance Board which is a strategic partnership between schools, academy trusts and sponsors and the Council. It is responsible for agreeing the Barnsley education strategy for improvement, including monitoring education quality and performance, and ensuring schools receive appropriate support and challenge in proportion to their success and effectiveness. The Alliance sub-groups will be undertaking further analysis and developing improvement plans for priority areas. Support plans will be brokered and commissioned by the Alliance sub-groups for those schools performing below national averages, particularly schools where this level of performance has been a trend over recent years.

1.17 Specific work will be undertaken, particularly with carers to contribute towards positive educational outcomes of the children in their care for EYFS. A Barnsley LAC literacy initiative is due to be launched in January 2017 and research is to be conducted to build a better understanding of the contributing factors when a child actively disengages with an education setting. Challenge and support will be offered to support schools to improve attendance for Key Stage 4 pupils.

2.0 Invited Witnesses

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

- Nick Bowen, Principal of Horizon Community College and Joint Chair of Barnsley Schools' Alliance Board
- Margaret Libreri, Service Director, Education, Early Start and Prevention, People Directorate
- Gary Kelly, Head of Service-Barnsley Schools' Alliance, People Directorate
- Liz Gibson, Virtual Headteacher for Looked After Children, People Directorate
- Councillor Tim Cheetham, Cabinet Member, People (Achieving Potential)

3.0 Possible Areas for Investigation

Members may wish to ask questions around the following areas:

- What are the plans to reduce the gaps and improve poor performance in specific areas?

- What is being done to support Pupil Premium (disadvantaged) children, particularly as the gap widens between them and non-Pupil Premium children by the time they finish secondary school?

- Are there sufficient resources within schools to support pupils within the vulnerable groups (special education needs (SEN), Pupil Premium) in order for them to achieve their full potential?

- What are the key future challenges for our primary and secondary schools to improve educational attainment?

- How will schools be challenged and supported to improve educational attainment, particularly at schools that are constantly underperforming?

- What impact have the changes to the national curriculum and reporting mechanisms had on 2016 results?

- What is in place to ensure that pupils' standards do not fall when moving from primary to secondary schools?

- What are the main barriers which prevent LAC from making progress and what is being put in place to address this?

- What can be done to tackle the issues around LAC persistent absence?

- Can lessons be learnt from schools that are constantly performing above national averages?

- Are there any actions which could be taken by Members to address some of these issues, particularly in terms of LAC?

4.0 Background Papers and Links

- Item 5b - 2015-16 Education Outcomes in Barnsley (Provisional)
- Item 5c - Education Outcomes – Regional Comparisons (Provisional)
- Item 5d - Virtual Headteacher's Report on LAC Results 2015-16 (Provisional)
- The National Curriculum: https://www.gov.uk/national-curriculum/overview

5.0 Glossary

BMBC - Barnsley Metropolitan Borough Council
CiC - Children in Care
EYFS - Early Years Foundation Stage
GCSE - General Certificate in Education
GLD - Good Level of Development
KS - Key Stage
LAC - Looked After Children

6.0 Officer Contact

Anna Morley, Scrutiny Officer (01226 775794), 28th November 2016

PROVISIONAL OUTCOMES IN EDUCATION IN BARNSLEY 2015-16 BY KEY STAGE

Early Years Foundation Stage (EYFS) Outcomes

The key measure for Early Years children (5 year olds) is the percentage of children achieving a Good Level of Development (GLD). The gap between the median achievement score for all children and those achieving in the bottom 20% is also measured.

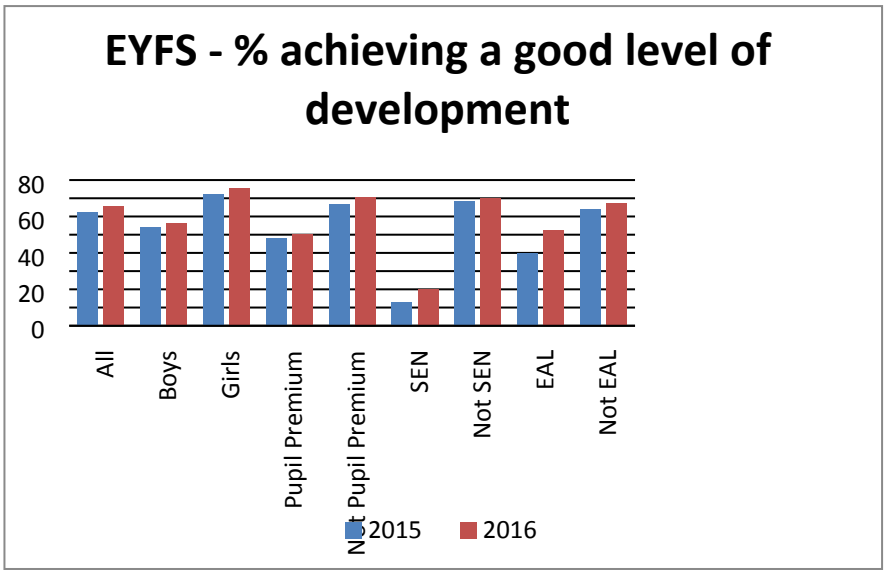
The percentage of children reaching a Good Level of Development (GLD) in Barnsley has increased from 63% in 2015 to 66% in 2016. National results have improved from 66% to 69% so the Barnsley/National gap remains at 3% points.

62% of Barnsley schools achieved a GLD score broadly in line with or above the national average, compared with just 53% in 2015.

The performance of different groups:

- Girls continue to do better than boys, with boys GLD improving at a slower rate than girls in 2016.
- The rate of improvement for disadvantaged pupils (Pupil Premium) is lower than that for their non-disadvantaged peers.
- The gap between English as an Additional Language (EAL and non EAL pupils has narrowed significantly.
- The performance of Special Educational Needs (SEN) pupils has improved but remains significantly behind their non SEN peers.

EYFS	Good Level of Development %		
	2015	2016	
All	62.5	65.6	
Boys	54.1	56.2	
Girls	72.0	75.5	
Pupil Premium	48.3	50.3	
Not Pupil Premium	66.9	70.7	
SEN	13.1	19.8	
Not SEN	68.1	70.1	
EAL	39.7	52.3	
Not EAL	63.7	67.3	



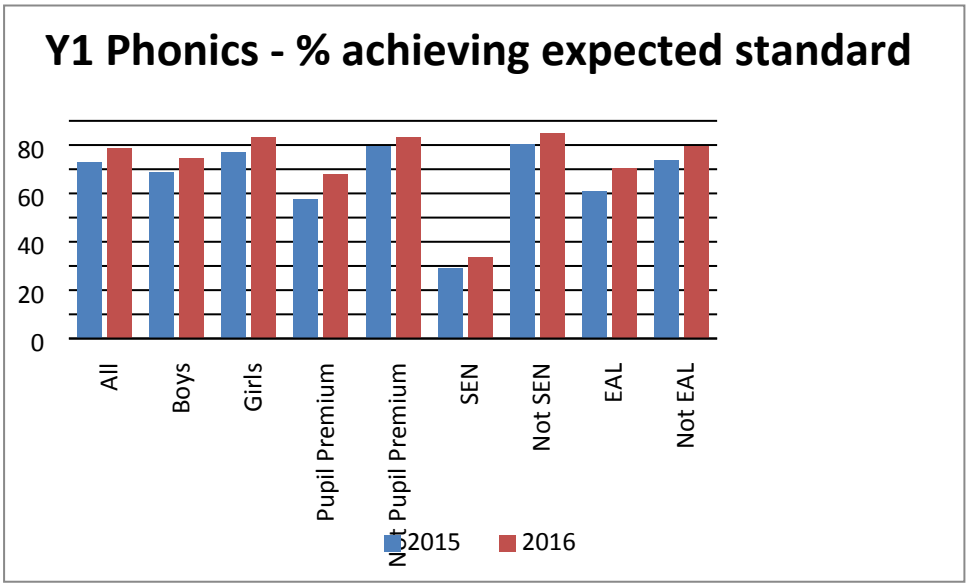
The gap between the median for all children in Barnsley and those in the lowest 20% has only reduced marginally, from 37.7% in 2015 to 36.7% in 2016. This is wider than the 31.4% gap nationally in 2016.

Key Stage 1 Outcomes (6-7 year olds)

At the end of year 1 in Key Stage 1, children are assessed on their phonic knowledge. In 2016, 79% of Barnsley children achieved the expected level, compared with 73% last year. Nationally 81% achieved the expected standard. The gap between Barnsley and National has narrowed from 4% points in 2015 to 2% points this year.

- More girls achieve the standard than boys and girls have improved at a slightly faster rate than boys.
- Disadvantaged pupils (Pupil Premium) achievement is significantly below their non-disadvantaged peers.
- Just over a third of SEN pupils achieve the expected standard.
- The gap between EAL and non-EAL pupils has narrowed from 12.6% points to just over 9% points.

Y1 Phonics	% achieving the expected standard	
	2015	2016
All	73.0	78.9
Boys	69.0	74.8
Girls	77.2	83.4
Pupil Premium	57.5	68.0
Not Pupil Premium	79.6	83.4
SEN	29.0	33.7
Not SEN	80.5	85.0
EAL	61.1	70.3
Not EAL	73.7	79.6



Reading, writing and mathematics assessments

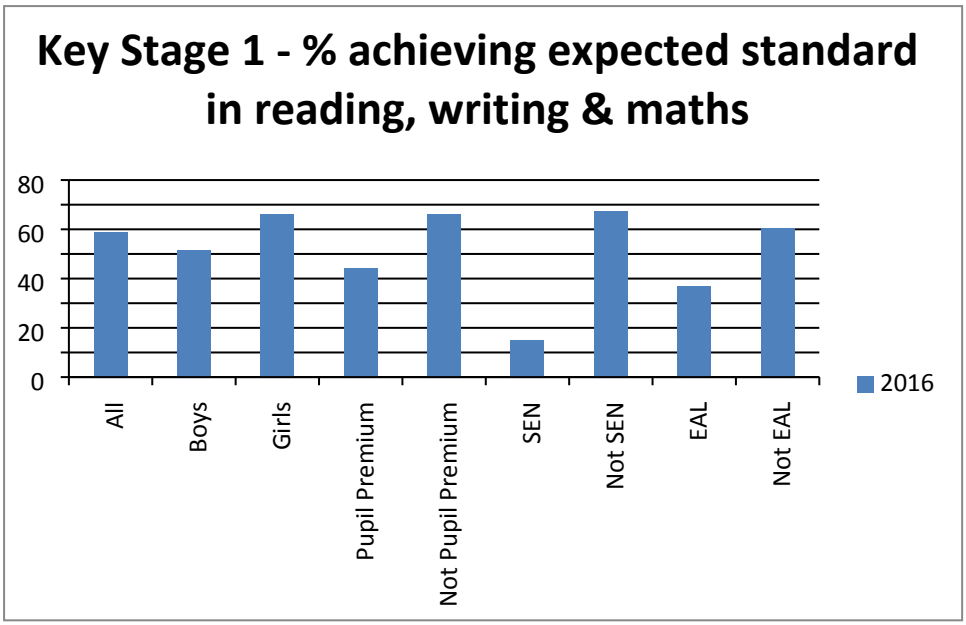
At the end of year 2, 7 year olds are assessed in reading, writing and mathematics. The primary curriculum and assessment system has changed since 2015 and performance is now measured according to how many children have achieved or exceeded the expected standard in the revised curriculum. 2016 results cannot therefore be compared with 2015 outcomes.

58.7% of Barnsley children achieved the expected standard in reading, writing and mathematics combined (i.e. expected standard in all three subjects) compared with 60.3 % nationally.

62% of Barnsley schools were broadly in line with or above the national average for reading, writing and mathematics scores combined.

In writing and mathematics the gap between Barnsley and national results is between 1-2 % points. For reading the gap is wider, the Barnsley outcome being 3.6% points below the national average.

- 66% of girls achieved the expected standard, compared with only 52% of boys.
- Only 44% of disadvantaged children achieve the expected standard, in comparison with 66% of non-disadvantaged children.
- Only 15% of SEN children achieved the expected level across the three subjects.
- The gap between the achievement of Non EAL children, of whom 60% achieved the standard, and EAL children where only 37% achieved it, is particularly marked at this key stage.



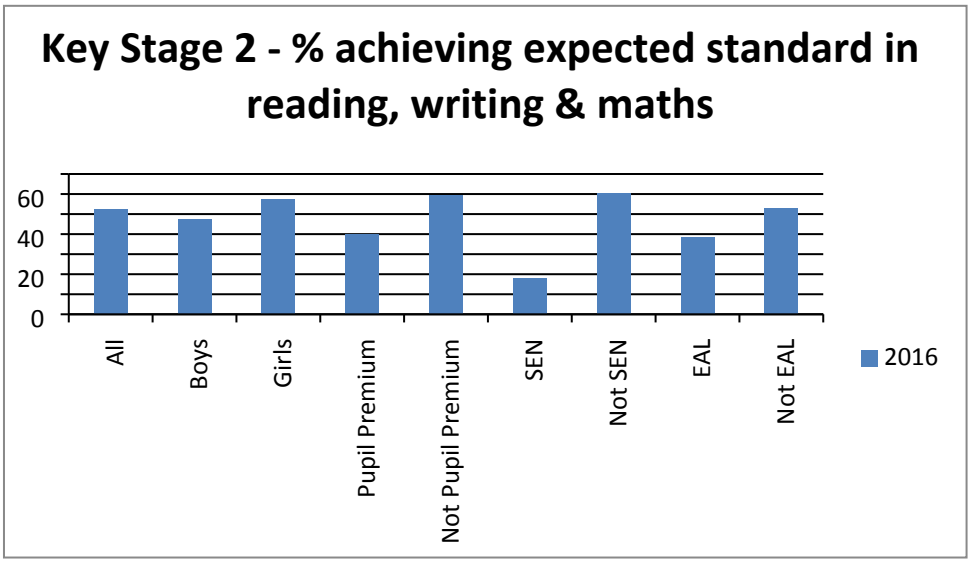
Key Stage 2 (11 year olds) Outcomes

52% of Barnsley pupils achieved the expected standard or higher in reading, writing and mathematics combined, compared with 53% nationally.

In writing Barnsley results are 1.3% points above the national score. Barnsley results are also higher in mathematics, 1.3% points above national.

Barnsley pupils achieved in line with pupils nationally on the Grammar, Punctuation and Spelling test. However the biggest gap between Barnsley and national results is in reading, where Barnsley results are 4.4% points below national. This mirrors the position at Key Stage 1 where the gap is also widest in reading.

Key Stage 2	% achieving expected standard in reading, writing and mathematics				
	2016				
All	52.2				
Boys	47.3				
Girls	57.3				
Pupil Premium	39.9				
Not Pupil Premium	59.6				
SEN	17.9				
Not SEN	60.4				
EAL	38.7				
Not EAL	52.9				



Key Stage 4 (GCSE) Outcomes

Assessment measures have changed at Key Stage 4, as they have for Key Stage 1 and 2. However as schools continue to report on GCSE outcomes, it is possible to compare performance with previous years on some measure.

There has been a significant improvement in the percentage of students achieving 5A*-C grades including English and mathematics. Results have increase by 5% points, from 50% to 55%. This is above national results for 2016 (53%) for the first time indicating that the local/national gap has narrowed.

5 (out of 10) schools are at or above the national average compared with only 2 schools last year.

56% of students achieved A* - C in both English and maths, compared with 52% last year for Barnsley, and 56% nationally last year. This outcome is important for students because GCSE English and maths are a foundation for success post 16. From 2016 a C or above in English Literature can count in this indicator. 58% of Barnsley students achieved the new measure compared to 59% nationally.

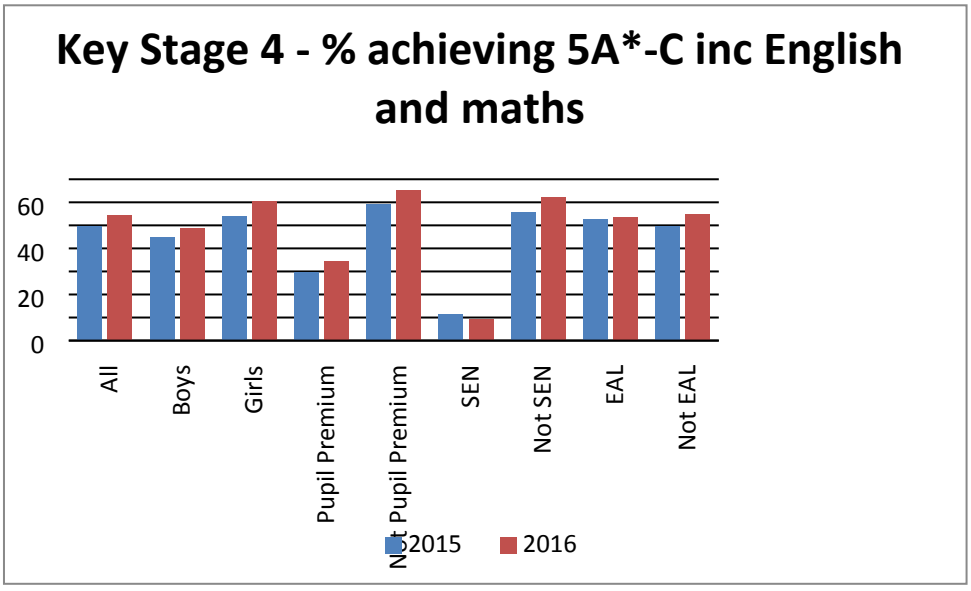
67% of students achieved a C+ grade in English, up 1.5% from last year, and above the 2015 national figure of 65%. - You can't compare 2016 with 2015 due to methodology changes and we don't have the 2016 national results based on the old methodology.

70% of students made expected progress (from their primary baseline) in English compared with just 65% last year. The national result last year was 71%.

65% of students achieved GCSE mathematics, up from 60% last year and in line with the national figure for 2015.

Maths progress has also improved with 60% making expected progress compared with just 53% last year. This is still behind last year's national progress result which was 67%.

Key Stage 4	% achieving 5ACEM	
	2015	2016
All	49.6	54.6
Boys	44.9	48.9
Girls	54.2	60.4
Pupil Premium	29.6	34.4
Not Pupil Premium	59.3	65.1
SEN	11.6	9.2
Not SEN	55.6	62.1
EAL	52.6	53.5
Not EAL	49.5	54.7



- Girls continue to perform better than boys and, for 5A* to C including English and mathematics, the gap has increased from 9.3% points in 2015, to 11.5% points in 2016.
- The gap for pupils with SEN has widened since 2015.
- Although the performance of disadvantaged pupils has improved, the rate of improvement does not equal that for non-disadvantaged, therefore widening the gap.

EDUCATION OUTCOMES - REGIONAL COMPARISONS

Note: Regional Comparisons not available for end of Key Stage 2.

Early Years Foundation Stage Regional Comparisons

- In comparison to all Local Authorities in England, Barnsley ranks 119th in terms of end of the percentage of pupils achieving a good level of development in the Early Years Foundation Stage Profile (EYFSP). This is a slight improvement on 2014 and 2015 where we were ranked 120th and 121st respectively but not the highest ranking the Authority has achieved in the past four years.
- Barnsley improved at a greater rate than national between 2015 and 2016.
- The gap between Barnsley and national closed between 2015 and 2016, going from -3.8 to -3.6 percentage points.
- The highest performing Local Authority was Greenwich, with 78.7% of pupils achieving a good level of development. The gap between Greenwich and Barnsley is 13 percentage points.

South Yorkshire LAs	% Achieving a Good Level of Development					Rank Position in comparison to All LAs England			
	2013	2014	2015	2016	15/16 Diff	2013	2014	2015	2016
England (State Funded)	**51.7**	**60.4**	**66.3**	**69.3**	**+3.0**				
Rotherham	55.7	62.3	67.4	70.4	+3.0	36	46	62	57
Doncaster	43.3	53.2	65.3	69.7	+4.4	133	137	83	66
Sheffield	51.0	59.5	64.9	68.6	+3.7	72	83	89	93
Barnsley	50.2	55.9	62.5	65.7	+3.2	80	120	121	119

- In comparison to other Local Authorities in South Yorkshire, Barnsley ranks below Rotherham, Doncaster and Sheffield.
- However, Barnsley improved at a greater rate than Rotherham.
- There is a 4.7 percentage point gap between Barnsley and Rotherham (the highest performing South Yorkshire Local Authority).

End of Key Stage 1 Regional Comparisons:

South Yorkshire LAs	Reading				Writing				Mathematics				Science	
	Expected		Higher		Expected		Higher		Expected		Higher		Expected	
	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank	%	Rank
England (State Funded)	**74**		**24**		**65**		**13**		**73**		**18**		**82**	
Barnsley	70	126	21	109	64	93	12	96	71	93	15	111	80	106
Rotherham	71	116	22	96	65	79	12	96	71	93	17	83	79	115
Doncaster	70	126	20	119	64	93	12	96	70	114	17	83	78	124
Sheffield	71	116	23	82	65	79	14	57	71	93	19	54	79	115

Reading

- Barnsley Local Authority is ranked 126th in comparison to all other Local Authorities in England in terms of the percentage of Key Stage 1 pupils achieving the expected standard in 2016, as is Doncaster.
- Rotherham and Sheffield are jointly ranked at 116th.
- There is a 4 percentage point gap between Barnsley and National for pupils achieving the expected standard.
- Barnsley Local Authority is ranked 109th in comparison to all other Local Authorities in England in terms of the percentage of Key Stage 1 pupils achieving a higher standard in 2016
- We are below Rotherham and Sheffield Local Authorities but above Doncaster in terms of the percentage achieving a higher standard.
- There is a 3 percentage point gap between Barnsley and National for pupils achieving a higher standard.

Writing

- Barnsley Local Authority is ranked 93rd in comparison to all other Local Authorities in England in terms of the percentage of Key Stage 1 pupils achieving the expected standard in 2016, as is Doncaster.
- Rotherham and Sheffield are jointly ranked at 79th.
- There is only a 1 percentage point gap between Barnsley and National.
- Barnsley Local Authority is ranked 96th in comparison to all other Local Authorities in England in terms of the percentage of Key Stage 1 pupils achieving a higher standard in 2016. Rotherham and Doncaster are also jointly ranked 96th, Sheffield are ranked highest at 57th.
- Again, there is a 1 percentage point gap between Barnsley and National.

Maths

- Barnsley Local Authority is ranked 93rd in comparison to all other Local Authorities in England in terms of the percentage of Key Stage 1 pupils achieving the expected standard in 2016, as is Sheffield and Rotherham.
- Doncaster is ranked 114th.
- There is a 2 percentage point gap between Barnsley and National.
- Barnsley Local Authority is ranked 111th in comparison to all other Local Authorities in England in terms of the percentage of Key Stage 1 pupils achieving a higher standard in 2016. This is below all other South Yorkshire Local Authorities.
- There is a 3 percentage point gap between Barnsley and National.

Phonics Regional Comparisons:

- In comparison to all Local Authorities in England, Barnsley ranks 102nd in terms of end of the Y1 Phonics outcomes. This is an improvement on 2015 where we were ranked 130th and is the highest ranking the Authority has achieved since the introduction of the Phonics Screening Check.
- Barnsley improved at a greater rate than national between 2015 and 2016.
- The gap between Barnsley and National closed between 2015 and 2016, going from 4 percentage points to just 2 percentage points.
- The highest performing Local Authority was Richmond on Thames, with 89% of pupils achieving the expected standard in Phonics at the end of Year 1. The gap between Richmond on Thames and Barnsley LA is 10 percentage points.

South Yorkshire LAs	% Achieving Expected Standard						Rank Position in comparison to All LAs England				
	2012	2013	2014	2015	2016	15/16 Diff	2012	2013	2014	2015	2016
England (State Funded)	**58**	**69**	**74**	**77**	**81**	**+4**					
Barnsley	54	66	70	73	79	+6	117	115	126	130	102
Rotherham	55	62	69	74	79	+5	102	143	134	118	102
Doncaster	55	64	71	70	78	+8	102	132	117	146	119
Sheffield	54	65	70	73	77	+4	117	126	126	130	133

- In comparison to other Local Authorities in South Yorkshire, Barnsley ranks jointly with Rotherham but above Doncaster and Sheffield.
- Barnsley was the second most improved South Yorkshire authority in 2016. We saw a 6 percentage point increase between 2015 and 2016 in comparison to 8 percentage points in Doncaster, 5 percentage points in Rotherham and 4 percentage points in Sheffield.
- Barnsley saw the greatest movement in ranking between 2015 and 2016 in comparison to Rotherham, Doncaster and Sheffield.

GCSE Regional Comparisons:

5A*-C Including English and Maths											
South Yorkshire LAs	% Achieving Expected Standard						Rank Position in comparison to All LAs England				
	2012	2013	2014	2015	2016	15/16 Diff	2012	2013	2014	2015	2016
All England	**59.4**	**59.2**	**53.4**	**53.8**	**52.8**	**-1.0**					
Rotherham	60.0	63.6	57.3	55.2	57.5	+2.3	61	40	69	99	65
Barnsley	45.3	50.3	47.1	49.5	54.7	+5.2	149	143	144	136	97
Doncaster	54.7	56.6	49.4	50.1	54.5	+4.4	125	122	139	135	101
Sheffield	55.6	57.3	53.9	54.0	52.8	-1.2	117	115	109	110	118

5A*-C including English and Maths

- Barnsley Local Authority is ranked 97th in comparison to all other Local Authorities in England in terms of the percentage of pupils achieving 5A*-C including English and Maths.
- Rotherham outperformed Barnsley in this indicator but Barnsley performed above both Doncaster and Sheffield.
- Barnsley is 1.9 percentage points above the National figure and was the most improved local authority in South Yorkshire in 2016, seeing a 5.2 percentage point increase in comparison to the fall in the National figure.

Item 5d

BARNSLEY
Metropolitan Borough Council

Virtual Headteacher's Report

October 2016

PURPOSE:

The purpose of this report is to evaluate the achievement, attendance and exclusion rates of children placed in Barnsley's Corporate Care for the academic year Sept 2015 to July 2016. Due to significant changes in the national assessment procedures, including the removal of levels and changes to progress measures, direct comparisons against previous years' outcomes cannot be made. Achievement within this report will compare the performance of Barnsley's children in care (CiC) against all children nationally. A second report, against the 2016 outcomes for Looked After Children (LAC) will be provided once the Statistical First Release (SFR) data for this group has been release nationally.

Key definitions:

Whole cohort: Refers to the cohort of all pupils looked after by Barnsley at the end of the 2015/16 academic year in each year group.

SFR cohort: Refers to the cohort of all pupils looked after by Barnsley on 31st March 2016 having been in care continuously for the previous 12 months in each group. This cohort is used in the national statistics published in documents entitled Statistical First Releases (SFR). **This cohort is the one that should be used when comparing with the performance of looked after children nationally.**

In line: In small cohorts, local authority performance is deemed to be in line with the national figure when it is around the national average as it falls within (plus or minus) the percentage value of one pupil of the local authority cohort.

CONTEXT

There is an upward trend in the number of children looked after by Barnsley. However the rate of looked after children per 10,000 children under 18 remains lower than those for England and the Yorkshire and Humber region and significantly below statistical neighbours.

Table LAA1: Children looked after at 31 March, by local authority[1,2]
**Years ending 31 March 2012 to 2016*

	numbers[3]				
	2012	2013	2014	2015	2016
England	**67,070**	**68,060**	**68,810**	**69,480**	**70,440**
Yorkshire and The Humber	**7,530**	**7,420**	**7,380**	**7,260**	**7,240**
Barnsley	230	235	225	240	280

	rates per 10,000 children aged under 18 years				
	2012	2013	2014	2015	2016
England	***59***	***60***	***60***	***60***	***60***
Yorkshire and The Humber	***67***	***66***	***65***	***64***	***63***
Barnsley	*47*	*48*	*46*	*48*	*56*
Statistical Neighbours	*67.5*	*73.6*	*78.5*	*77.6*	*82.2*

Children in Care on 31st August 2016

	LAC Count	Population*	% LAC
Female	144	24306	0.59%
Male	159	25378	0.63%
Total	**303**	**49684**	**0.61%**

**Barnsley 2015 Mid Year Population Estimates (0-17 yrs)*

Children in Care Continuously for 12 months or more on 31st March 2016

	LAC Count
Female	72
Male	90
Total	**162**

At the 31st August 2016 there were 303 children ages 0-17 in the care of BMBC which made up 0.61% of the total 0-17 population. There were more boys than girls in the care of the local authority.

KEY PERFORMANCE INDICATORS

1. Number of CiC in schools/settings judged to be at least good

As corporate parent BMBC undertakes to ensure that every CiC has access to quality education within a school or setting deemed to be at least good. In placing children in educational settings both in and out of authority the latest Ofsted rating for the school is taken into consideration. However a child, on entry to care, who is already attending a school which is less than good would not necessarily be moved as BMBC recognises the negative impact on outcomes too many school moves can have. Instead once a child remains in care and permanency of residence is agreed the CiC school place would be reviewed. Furthermore, where a setting's Ofsted rating changes negatively, the Virtual Headteacher will continue to monitor closely the provision for the CiC within that setting, offering the necessary challenge and support to ensure the difficulties of the setting do not impact unduly on the outcomes for the CiC. Where this is the case, a planned school move would be considered in partnership with the IRO for that child.

School Aged children (Foundation 2 to Y11)

Quality of school	Number of CiC attending	% of children in care attending	Overall percentage attending a school Good or better
Outstanding	44	22.6%	76.2%
Good	104	53.6%	
Requires improvement	28	14.4%	
Inadequate	6	3%	
No rating (academy converter)	8	4.1%	
Other	4	2%	

This data represents a year on year increase in the percentages of Barnsley CiC attending a good or outstanding school. In 2014-2015 55.3% of CiC attended a school that was good or better. By 2014-2015 65.8% attended a school that was good or better. In 2015-16 this figure has risen to 76.2%.

In addition 4.1% of CiC attend an academy converter school with no current Ofsted grade. Taking this into account in 2015-2016, 79.5% of children in the care of Barnsley Local Authority are on roll at schools with an Ofsted grading of good or better.

2. Statutory Outcomes

EYFS Cohort Statistics

The profile of the EYFS cohort for 2015-2016 is as follows:

Whole Cohort						
19 children	Gender		Setting		SEN	
Group	Boys	Girls	BMBC	OOA	SEN	SEN with statement or EHCP
Number	10	9	14	5	8	1
Percentage	53%	47%	74%	26%	42%	5%
SFR cohort						
5 children	Boys	Girls	BMBC	OOA	SEN	SEN with statement or EHCP
Number	3	2	2	3	3	0
Percentage	60%	40%	40%	60%	60%	0%

EYFS Outcomes

Outcome measure	Prime Communication	Prime PSE	Prime Physical	Specific Literacy	Specific mathematical	GLD
Whole Cohort						
Number achieving expected standard (1 result from OOA missing)	11/19	11/19	12/19	10/19	10/19	10/19
% achieving expected standard	58%	58%	63%	52%	52%	52%
SFR Cohort						
SFR Cohort: Number achieving expected standard	3/5	3/5	3/5	2/5	3/5	3/5
% achieving expected standard	60%	60%	60%	40%	40%	40%
% ALL Barnsley Children achieving expected standard	79.5%	81.4%	85.2%	66.6%	72.7%	66%
% National	81.6%	84.8%	87.5%	72.1%	77.4%	69%

Analysis

40% of the SFR cohort achieved the good level of development standard. This is in line with the percentage of children looked after by Barnsley who achieved the GLD in 2015. This percentage is below all Barnsley children and below all children nationally. Historically, the overwhelming majority of the children looked after by Barnsley end EYFS below expected levels of development. Specific work will be undertaken particularly in supporting carers to contribute to the positive educational outcomes of the children in their care targeting developing resilience and readiness for learning. A Barnsley LAC Literacy project will be launched in Jan 2017.

Year One Cohort Statistics

Whole Cohort						
18 children (+ I child placed in Wales where phonic test is not undertaken.)	Gender		Setting		SEN	
	Boys	Girls	BMBC	OOA	SEN	SEN with Statement or EHCP
Number	**10**	**9**	**12**	**7**	**7**	**4**
Percentage	53%	47%	63%	37%	36%	21%
SFR cohort						
10 children	Boys	Girls	BMBC	OOA	SEN	SEN with Statement or EHCP
Number	5	5	3	7	3	2
Percentage	50%	50%	36%	64%	33%	20%

Year One Phonic Outcomes

Cohort	Number working at expected standard	% working at expected standard
Whole cohort	8/18	44%
SFR cohort	4/9	44%
All Barnsley Children		79%
All children nationally		81%

Analysis

44% of BMBC children in care in the SFR cohort achieved the national standard for phonics. A further child is placed in Wales and as a result did not take the national phonic assessment. The outcome is below all Barnsley children and below all children nationally. As stated above the Barnsley LAC literacy initiative due to be launched in January 2017 will seek to increase outcomes for CiC and enable carers to better engage in supporting the development of reading and phonic understanding.

Key Stage One Cohort Statistics

All Y2 children in care July 2016	Gender		Setting		SEN	
11	Boys	Girls	BMBC	OOA	SEN	SEN with statement or EHCP
Number	6	5	6	5	7	4
Percentage	55%	45%	55%	45%	63%	36%
Statistical first release cohort						
5	Boys	Girls	BMBC	OOA	SEN	SEN with statement or EHCP
Number	2	3	1	4	2	2
Percentage	40%	56%	20%	80%	40%	40%

Key Stage One Outcomes

	Reading	Writing	Maths	R W and M
Whole cohort				
Number of children achieving expected standard	5/11	4/11	5/11	4/11
Percentage of children achieving expected standard	45%	36%	45%	36%
SFR cohort				
Number of children achieving expected standard	2/5	1/5	1/5	1/5
Percentage of children achieving expected standard	40%	20%	20%	20%
ALL Barnsley children	71%	63.9%	71%	59%
All children nationally	74%	65.5	71%	60%

Analysis

Outcomes for Key Stage One children were significant below that of all Barnsley children and all children nationally. Final outcomes for Key Stage One CiC were below school predictions. This may be in part as a result of the new assessment systems and schools still developing their understanding of Age Related Expectations. Furthermore the very small cohort means individual results have a significant impact on outcome data, with each SFR child statistical worth being 20%. Two out of the five children in the SFR had an Education, Health and Care Plan (EHCP).

Key Stage Two Cohort Statistics

The profile of the Key Stage Two Cohort for 2015-2016 is as follows:

All Y6 children in care July 2016	Gender		Setting		SEN	
13	Boys	Girls	BMBC	OOA	SEN	SEN with S/EHCP
Number	8	5	13	0	5	3
Percentage	61%	39%	100%	0%	38%	23%
Statistical first release cohort						
6	Boys	Girls	BMBC	OOA	SEN	SEN with S/EHCP
Number	4	2	6	0	2	1
Percentage	66.5%	33.5%	100%	0%	33%	16.6%

Key Stage Two Outcomes:

Whole cohort				
	Reading	Writing	Maths	R W and M
Number of children achieving expected standard	6/13	9/13	8/13	6/13
Percentage of children achieving expected standard	46%	69%	61%	46%
SFR cohort				
	Reading	Writing	Maths	R W and M
Number of children achieving expected standard	4/6	4/6	4/6	4/6
Percentage of children achieving expected standard	66%	66%	66%	66%
ALL Barnsley Children	61.3%	75%	71.3%	52%
All Children Nationally	66%	74%	70%	53%

Analysis

Outcomes for Key Stage Two in 2016 indicate that attainment for all children in care was below national and below outcomes for all Barnsley children. This was also the case in 2015. **However for those children in the SFR cohort attainment was in line with all children nationally when small cohort methodology is applied.** This is the case for all key measures.

The way progress is measured has changed in 2016 and is no longer reported in levels.

The system of national curriculum levels is no longer used by the government to report on end of key stage outcomes. The DFE Primary School Accountability document 2016 states:

The previous 'expected progress' measure, based on pupils making at least two levels of progress between key stage 1 and key stage 2, is no longer produced and will not appear in the performance tables or RAISEonline in 2016.

This measure has been replaced by a value-added measure. There is no 'target' for the amount of progress an individual pupil is expected to make. Any amount of progress a pupil makes contributes towards the school's progress score.

An individual progress score of above 0 would contribute positively to a school's overall performance measure and could be considered a positive progress score.

Key Stage Two Progress			
Whole Cohort			
	Reading	Writing	Maths
number achieving positive progress score	6/12 (1 child in SEN provision)	9/12	8/12
% achieving positive progress score	50%	75%	66.6%
Average progress score	-0.38	2.7	1.3
SFR cohort			
	Reading	Writing	Maths
number achieving positive progress score	2/5 (1 child in SEN provision)	5/5	3/5
% achieving positive progress score	40%	100%	60%
Average progress score	1.3	2.9	0.98
Average Progress score for all Barnsley children	-0.57	1.05	0.62
National average progress core	-0.1	-0.1	-0.1

Progress Outcomes for the Key Stage Two SFR are positive, with writing being the strongest performing curriculum area. Progress scores indicate that the rate of progress for the Barnsley SFR Key Stage Two cohort was above the national average progress score both for all Barnsley children and for all children nationally in all three subjects.

Year Eleven Cohort Statistics

Whole Cohort						
	Gender		Setting		SEN Status	
25	Boys	Girls	BMBC	OOA	SEN (all)	SEN (EHCP/statement)
Number	11	14	18	7	14	10
Percentage	44%	56%	72%	28%	56%	40%
Statistical First Release Cohort						
18	Boys	Girls	BMBC	OOA	SEN	SEN (EHCP/statement)
Number	9	9	11	9	11	8
Percentage	50%	50%	61%	39%	61%	44%

Year Eleven Outcomes

Full cohort												
	5 or more GCSE A* - G		5 or more GCSE A* -C		5 or more GCSE A*- C plus Eng and maths		C or above in English		C or above in maths		C and above in ENG and maths	
All CiC	13	52%	4	16%	3	12%	3	12%	5	20%	3	12%
CiC Boys	4	36%	1	9%	1	9%	1%	9%	2	14%	1	9%
CiC Girls	9	64%	3	21%	2	14%	2	18%	3	21%	2	14%
SFR Cohort												
	5 or more GCSE A* - G		5 or more GCSE A* -C		5 or more GCSE A*- C plus Eng and maths		C or above in English		C or above in maths		C and above in ENG and maths	
SRF CiC	10	55.5%	3	16.6%	2	11.1%	2	11.1%	4	22.2%	2	11.1%
SFR BOYS	4	44.4%	1	11.1%	1	11.1%	1	11.1%	2	22.2%	1	11.1%
SFR GIRLS	6	66.6%	2	22.2%	1	11.1%	1	11.1%	2	22.2%	1	11.1%
2015 LAC national				18%		14%						16%

Analysis

The level of CiC achieving five A*-C including English and Maths remained at 11.1% for the second year running. This is below all children in Barnsley and below all children nationally. It should be noted that 61% of the Year 11 SFR had identified special educational needs

(SEN) with 44% having an EHCP or Statement. A re-mark has been requested for one child's GCSE English paper. If this is successful it would increase the percentage of children achieving this measure to 16.6%. While remaining below all Barnsley children and all children nationally this would increase the attainment to above the figure for LAC children in 2015.

Achievement of Personal Targets set as part of PEP process:

While Key Stage Four progress scores have not yet been published, it is possible to evaluate individual children/young people's progress towards their personal targets as identified in their Termly Personal Education Plans (TPEPs).

Full Cohort	Number achieving Personal Targets	Percentage achieving Personal Targets
All CiC	13/25 (includes two with no prior data)	52%
CiC Boys	7/11 (includes one with no prior data)	64%
CiC Girls	6/14 (includes one with no prior data)	43%
SFR Cohort	Number achieving Personal Targets	Percentage achieving Personal Targets
SFR Cohort	11/18	61%
SFR Boys	6/9 (includes one with no prior data)	66.6%
SFR Girls	5/9	55.5%

These figures demonstrate the positive impact of stability once a vulnerable child is placed in care with the outcomes for both boys and girls who have been in care for 12 months higher than those more recently admitted to care.

Analysis of factors affecting children achieving personal targets

There were 12 children of the full cohort who did not achieve their personal targets.

Child	**Factors Affecting Progress**					
	Came into care after exam period	Instability (less than 12months in care)	Instability (4 or more placements)	School refusal /poor attendance	No prior data	Other
CiC 6 (male)	✓	✓		✓		
CiC 7 (female)		✓	✓ (4)	✓		

CiC 9 (male)						✓ Struggled with exam setting so missed aspirational target however Progress 8 score anticipated to be around expected
CiC 10 (female)		✓			✓	✓ Went into respite care during exam period exams rescheduled
CiC 11 (male)			✓ (12)			
CiC 13 (male)			✓ (4)		✓	
CiC 15 (female)	✓	✓				
CiC 16 (female)			✓ (5)	✓		
CiC 17 (female)			✓ (4)			✓ Refused to attend exams
CiC 20 (female)						✓ Accident resulting in major injury prior to coming into care impacted on progress
CiC 21 (female)						✓ ASD
CiC 22 (female)	✓	✓				✓

In the majority of cases the impact of instability either as a result of placement moves or recent entry in to care can be seen to have a negative impact on outcomes. Poor attendance as a result of school refusal is also identified as a contributory factor in three cases. As a result of analysis of this data a proportion the LAC Pupil Premium has been used to commission a piece of Action Research led by the Education Psychology Service into school refusal. This will build a better understanding of the contributing factors when a child actively disengages with an education setting. The findings contribute towards the development of an evidence-based Borough approach to tackling school refusal particularly in vulnerable adolescences.

3. Attendance

Attendance Data for SFR cohort for 2015 -2016

	BMBC % attendance (Sept '15– Jul '16)	Percentage of children with 95% attendance or more	**Percentage of children with less than 90% attendance**	No 100%
All CiC	96.3%	77%	6.7%	25
Y1	98.3.%	83%	0%	1
Y2	97.1%	80%	0%	1
Y3	96.9	83%	0%	1
Y4	98.8%	100%	0%	2
Y5	99.1%	100%	0%	3
Y6	99.6%	100%	0%	4
Y7	99.2%	100%	0%	5
Y8	96.6%	87.5%	12.5%	3
Y9	84.25%	84.6%	15.4%	4
Y10	82%	63%	27.2%	1
Y 11	86.6%	45%	36.3%	0

Attendance Analysis

1. Absence rates for Barnsley CiC have reduced over recent years with the overall absence rate for the SFR cohort for academic year 2014-15 being 3.5% which was 0.4% lower than the 2014 LAC national average and 1.8% lower than national average for all pupils in that year.
2. For the SFR cohort for 2015-2016 the absence rate is 3.7%, an increase of 0.2% however this remains lower than the 2015 LAC national average by 0.2% and 0.9% lower than all children nationally.
3. On closer analysis this slight increase in absence is as a result of study leave for some young people in year 11 (which will not be included in the final published data) and the impact of six very troubled CiC. Extensive work has been undertaken

with these young people to reengage them with their education including the identification of specialist provision and tailored alternative learning.

4. 6.7% of CiC have attendance below 90% and would be considered to have persistent absence. This is above the national rate of 4.9% in 2015 however this was calculated on attendance below 85% and is not therefore a direct comparison.
5. The number of children achieving 100% attendance is increasing year on year from 15 CiC in 2013 -2014 to 25 in 2015-2016
6. Continuing to improve attendance particularly at KS4 remains a priority.

4. Exclusion Data

1. No Barnsley CiC was permanently excluded in 2014-2015. This remains the case for 2015-2016.

2. In 2013-2014 Barnsley fixed term exclusions were in line with LAC National this increased in 2014-15 to 12.79% 2.5% above national.

3. In 2015-2016 this has dropped significantly to 4.5%, 5.75% below the 2015 national LAC figure and 4.8% below the 2015 figure for the Yorkshire and Humber region. This demonstrates that the slight increase in absence rates is not linked to exclusion but rather how settings engage vulnerable adolescences in care.

5. Next Steps:

The priorities for the coming year include:

- Improving the outcomes for CiC in the EYFS and Key Stage One through the development of the Barnsley CiC Literacy Initiative.
- Improve outcomes for CiC by increasing foster carers confidence and skills in supporting children's education outcomes.
- Build on the improving picture for outcomes at Key Stage Two.
- Offer the necessary challenge and support to schools to improved attendance for Key Stage Four pupils so it is in line with attendance for younger CiC.
- Challenge and support schools to reduce the use of partial timetables.
- Develop a borough wide strategy for understanding and supporting CiC who are actively refusing to engage in education through an evidence-based action research project.
- Ensure the 2016 reduction in fixed term exclusions continue through supporting school to deepen their understanding of the ESMH needs of CiC and develop whole school strategies to support the behavioural need of CiC.
- Continue the drive to improve outcomes for CiC at Key Stage Four.
- Develop a menu of alternative provision to signpost for schools re-engage children in their education.

This page is intentionally left blank