

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 6 June 2017
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

AGENDA

- 1 Declarations of Pecuniary and Non-Pecuniary Interests
- 2 Minutes of the Board Meeting held on 4th April, 2017 (HWB.06.06.2017/2)
(Pages 3 - 6)
- 3 Minutes from the Children and Young People's Trust Executive Group held on 3rd March, and 28th April, 2017 (HWB.06.06.2017/3) (Pages 7 - 26)
- 4 Minutes from the Safer Barnsley Partnership held on 27th March, 2017
(HWB.06.06.2017/4) (Pages 27 - 34)
- 5 Minutes of the South Yorkshire and Bassetlaw STP Collaborative Partnership Board held on 17th March, and 7th April, 2017 (HWB.06.06.2017/5)
(Pages 35 - 56)

For Decision/Discussion

- 6 Public Questions at the Health and Wellbeing Board - Procedural Arrangements
(HWB.06.06.2017/6) (Pages 57 - 60)
- 7 Local Plan - Video (HWB.06.06.2017/7)
- 8 Carers Strategy - Presentation (HWB.06.06.2017/8)
- 9 Proposed use of additional Adult Social Care funding (2017-20)
(HWB.06.06.2017/9) (Pages 61 - 70)

For Information

- 10 End Of Life Care letter (HWBB.06.06.2017/10) (Pages 71 - 72)

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

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group (Vice Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson – People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson – Communities
Rachel Dickinson, Executive Director People
Wendy Lowder, Executive Director Communities
Julia Burrows, Director of Public Health
Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group
Scott Green, Chief Superintendent, South Yorkshire Police
Emma Wilson, NHS England Area Team

Adrian England, HealthWatch Barnsley
Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust
Rob Webster, Chief Executive, SWYPFT
Helen Jaggard, Chief Executive Berneslai Homes

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

Friday, 26 May 2017



MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 4 April 2017
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
 Councillor Jim Andrews BEM, Deputy Leader
 Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
 Councillor Jenny Platts, Cabinet Spokesperson - Communities
 Rachel Dickinson, Executive Director People
 Wendy Lowder, Executive Director Communities
 Julia Burrows, Director Public Health
 Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group
 Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group
 Adrian England, HealthWatch Barnsley
 Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust
 Sean Rayner, District Director, South West Yorkshire Partnership NHS Foundation Trust

62 Declarations of Pecuniary and Non-Pecuniary Interests

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

63 Minutes of the Board Meeting held on 31st January, 2017 (HWB.04.04.2017/2)

The meeting considered the minutes of the previous meeting held on 31st January, 2017.

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

64 Minutes from the Children and Young People's Trust Executive Group held on 20th January, 2017 (HWB.04.04.2017/3)

The meeting considered the minutes from the Children and Young People's Trust Executive Group held on 20th January, 2017. The meeting noted in particular the progress being made in respect of placements for looked after children and the work of the Area Councils in relation to foster carers. The meeting had also reviewed progress on the Future in Mind programme and considered those areas of activity where a greater focus would achieve better outcomes.

RESOLVED that the minutes be received.

65 Minutes from the Provider Forum held on 8th March, 2017 (HWB.04.04.2017/4)

The meeting considered the minutes from the Provider Forum meeting held on 8th March 2017.

RESOLVED that the minutes be received.

66 Minutes from the Stronger Communities Partnership held on 14th February, 2017 (HWB.04.04.2017/5)

The meeting considered the minutes from the Stronger Communities Partnership meeting held on 14th February, 2017. The meeting noted in particular the launch of the Alexandra Rose Fruit and Vegetable Voucher Scheme and work to develop a private sector housing policy through the recently established steering group. The meeting also noted the progress in establishing the social prescribing service in Barnsley, with effect from April 2017.

RESOLVED that the minutes be received.

67 South Yorkshire and Bassetlaw Sustainability and Transformation Plan Collaborative Partnership Board held on 13th January, 2017 (HWB.04.04.2017/6)

The meeting considered the minutes from the South Yorkshire and Bassetlaw Sustainability and Transformation Plan Collaborative Partnership Board held on 13th January, 2017. The meeting noted the progress on the next steps to deliver the 5 year forward view of the NHS, focusing in particular on the challenges and priorities over the next 2 years, with on emergency and elective care, cancer and mental health identified as priorities. Work was also continuing to develop the Accountable Care system, with the current focus on developing a Memorandum of Understanding.

RESOLVED that the minutes be received.

68 Questions at future meetings of the Health and Wellbeing Board (HWB.04.04.2017/7)

The meeting noted a request that the Board make arrangements for the public to ask questions at meetings of the Health and Wellbeing Board.

RESOLVED that the Board support in principle that the public should have the opportunity to ask questions at Board meetings and a report be submitted to the next meeting on how these arrangements might be formalised, including any procedural rules that should apply.

69 Director of Public Health Annual Report 2016 (HWB.04.04.2017/8)

The meeting received a report introducing the Director of Public Health's Annual Report for 2016, which was in the form of a video setting out the views and opinions of what being healthy means to those living and working in Barnsley. The video can be viewed [here](#). The meeting noted that the intention was to use the video to promote further conversations with Barnsley people, in particular to consider how they could be encouraged to enjoy healthier lives. The report/video would be launched formally following Cabinet consideration on 5th April.

The meeting welcomed the innovative approach being taken as a more effective way of getting across key public health messages to the public, even if it identified current low expectations of good health. The meeting noted that the CCG planned preparing

its own promotional video and would be interested in using excerpts from the public health report.

RESOLVED:-

- (i) that the Director of Public Health's Annual Report for 2016 be received; and
- (ii) that arrangements be made to share appropriate excerpts with the CCG.

70 Health and Wellbeing Board Action Plan and Progress Update (HWB.04.04.2017/9)

The meeting received a report on progress made against the key objectives and strategic priorities of the Borough's Health and Wellbeing Action Plan during quarter 3 of 2016/17. The report also proposed that the Board should focus on 5 actions where collaborative activity by partners could add value and go further and faster to deliver the Board's health and wellbeing ambitions for the Borough. It was intended to continue to develop the reporting arrangements for future meetings and to incorporate a RAG rating for the Board's consideration.

RESOLVED:-

- (i) that the progress made against the Health and Wellbeing Board Action Plan be noted;
- (ii) that the Board consider a progress report on the Action Plan on a twice yearly basis; and
- (iii) that the Health and Wellbeing Board and SSDG take a focused approach on the 6 priorities identified at section 4.2 of the report.

71 Future In Mind Transformation Plan - Presentation (HWB.04.04.2017/10)

The meeting received a report and presentation on the progress of work on the Future in Mind Barnsley Transformation Plan for the mental health and emotional wellbeing of children and young people. The meeting noted the reduction in waiting times for mental health treatment as a result of the Plan, particularly in accessing lower level help. The Future in Mind had also resulted in the reduction of demand pressure on CAMHS as a result. Although significant progress was being made, it was acknowledged that further work was required particularly to continue engagement with secondary school staff.

RESOLVED that the report and presentation be received and the progress being made in supporting the mental health and emotional wellbeing of children and young people through the Future in Mind Transformation Plan be welcomed.

72 All Age Early Help Strategy (HWB.04.04.2017/11)

The meeting received a report and presentation on the progress of the All Age Early Help Strategy 2017-20 and the key priorities and outcomes identified within it. The meeting noted the strong links with the Health and Wellbeing Strategy within the 6 priorities and the extent to which the Strategy was building on previous work in this

area. The meeting noted the importance of partnership working to deliver the Strategy effectively, and the extent to which community assets would be the key to success.

The meeting noted the further work required to consider current levels of expenditure on preventative initiatives, and to analyse the outcomes being achieved. The availability of data to allow individuals and populations at risk to be identified, and to be targeted more effectively, required collaborative activity and the need to test new approaches was acknowledged.

The meeting discussed the need for behavioural change in Barnsley's communities in relation to this Strategy, but more widely in achieving the objectives of the Health and Wellbeing Strategy. The importance of engaging with schools to promote this message with young people was acknowledged, and the meeting noted that school leaders were engaged more than ever with this initiative.

RESOLVED that the Health and Wellbeing Board adopt the All Age Early Help Strategy and partner agencies consider how its implementation can be sponsored within their organisation.

73 Additional Funding for Adult Social Care (HWB.04.04.2017/12)

The meeting noted the announcement in the Chancellor of the Exchequer's Budget of the provision of additional funding for adult social care in 2017/18, by bringing forward future years' allocations of the Better Care Fund. Arrangements were in hand to consider the rules relating to the use of this funding and how it might be allocated for consideration at SSDG and then the Board meeting in June 2017.

RESOLVED that the position be noted.

74 The Future Of One Barnsley (HWB.04.04.2017/13)

The meeting noted the decision of One Barnsley members to disband the body with effect from 27th March, 2017. The meeting noted that the role of One Barnsley in providing overall coherence and coordination between the Health and Wellbeing Board and Barnsley Economic Partnership had diminished from October 2015. However, the Board considered how this might continue in the absence of One Barnsley.

RESOLVED that the abolition of One Barnsley be noted and further consideration be given to how coherence and coordination between the Health and Wellbeing Board and the Barnsley Economic Partnership might now be provided.

Chair

		<u>Action</u>
	<p>Christine Drabble Manager Voluntary Action Barnsley, Chief Executive Corporate Services</p> <p>Carrienne Stones Healthwatch, Voluntary Action Barnsley</p> <p>Rachel welcomed everyone to the meeting, extending a particular welcome to anyone attending the meeting for the first time.</p>	
2.	<p><u>Feedback from the front line</u></p> <p>2.1 <u>Meeting with the Youth Council</u></p> <p>TEG Champions had attended a Youth Council meeting on 20 February 2017 to consult with young people about the outcomes in the Children and Young People's Plan. Mel stated that the level of curiosity and insightfulness shown by the young people had been very refreshing. Paul added that the young people had been very aware that they were also representing others and recognised their responsibility to ensure that vulnerable young people had a voice as well. Their feedback had included the following challenges:</p> <ul style="list-style-type: none"> • Outcomes need to be written in a way that is easily understood by young people • The school curriculum to include development of skills to prepare young people for life and work; including health related issues; personal, social and emotional education. • They felt strongly that local and school libraries did not meet the needs of teenagers. <p>In light of the feedback it was agreed that:</p> <ul style="list-style-type: none"> • The CYP Plan outcomes would be more clearly worded. • The comments about libraries not meeting the needs of teenagers would be fed back to the Communities Directorate. • An agenda item would be included on the Alliance Board meeting agenda to consider the feedback in terms of the curriculum. <p>Rachel asked that Denise be informed of what actions had been taken so that the young people can be informed of what had been done as a result.</p> <p>2.2 <u>Barnsley Learning and Teaching Festival, 27 February 2017</u></p> <p>Dave stated that about 800 delegates had attended the conference which was very encouraging. The session had been vibrant and useful and was well received by teachers.</p>	TEG Champs.
3.	<p><u>Identification of confidential reports and declarations of any conflict of interest</u></p> <p>The Continuous Service Improvement Plan is to be treated as confidential. There were no conflicts of interest declared.</p>	
4.	<p><u>Minutes of the Trust Executive Group meeting held on 20 January 2017</u></p> <p>The minutes were approved as an accurate record of the meeting.</p>	
4.1	<p><u>Action log / matters arising</u></p> <p>The following updates were received:</p> <p>3.2 Safety measures at Springwell Learning Community. A meeting has been arranged for Dave Whitaker and Chief Inspector Jakkie Hardy to</p>	

		Action
	<p>discuss this further.</p> <p>8.1 Access to therapeutic support and waiting times/ CAMHS Future in Mind. Kathryn to follow up the action for Claire Strachan to send the revised CAMHS referral form to Denise for circulation, and to include it in the Schools Bulletin.</p> <p>10.1 National Child Measurement Programme (NCMP). An agenda item is on the forward plan of the meet with Chief Executives of Academies.</p> <p>13.1 TEG Work Programme Review is ongoing.</p> <p>Mel pointed out that the action relating to managing risk for children in care who are placed outside the borough (action log item 3.1) is part of a bigger piece of work and would tie into the adolescent review that is currently being undertaken.</p>	
For discussion		
5.	<p><u>SEND Local Area Inspection Readiness</u> (Margaret Libreri)</p> <p>The report provided an update on actions taken to improve readiness for a Local Area SEND inspection. The following points were highlighted:</p> <ul style="list-style-type: none"> • There is a programme of activity in place to, firstly, improve processes, provision and outcomes for SEND, and secondly to prepare for the Local Area Inspection. • The SEND Strategy Board had agreed a number of subgroups and work streams, and the membership had been broadened to include strong representation from mainstream schools. • One of the key pieces of work is to 'develop and implement an action plan to build capacity in mainstream schools'. • Another key piece of work is to 'review specialist places and provision currently commissioned'. Work with providers will be taking place over the next few months, starting with out of borough provision. • Significant progress has been made in terms of addressing performance around Education, Health and Care Plans (EHCPs). • There is good governance, leadership and management oversight of the programme for improvement. • The draft Self Evaluation Form (SEF) is due to be completed by March. <p>Since writing the report Margaret stated that a visit had been received from a Department for Education advisor, and that positive feedback had been received in relation to effectiveness. In February, 60% of EHC plans had been issued within statutory timescales and by June it is hoped that this would increase to 90%.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> • Gerry commented that the positive improvements, in terms of rapid response times to questions and concerns, were making a noticeable difference for schools and parents, which was appreciated. • In terms of school placements, Margaret stated that by 15 February every child and parent had been advised which school they had been allocated, and that parents had expressed appreciation for the personal contact that had been made with them. <p>It was agreed that at the next TEG meeting in April a progress report will be prepared on the work of the SEND Strategy Board, and also consideration of the SEF. Any problems to be escalated to the TEG and ECG if necessary.</p>	Margaret

		Action
6.	<p><u>Stronger Communities Partnership</u> (Paul Hussey)</p> <p>The report provided a summary of progress made over the last 12 months.</p> <p>The main business of the Stronger Communities Partnership is being delivered through three groups: Early Help (Adults); Early Help (Children); and Anti-poverty. Key achievements by those groups are listed in the report.</p> <p>A number of themed workshops took place during 2016/17 which has helped to develop a greater understanding of early help issues, particularly in relation to falls prevention. The workshops have brought a greater focus on organisations working together across a shared challenge, and have helped to shape the future programme of change.</p> <p>Rachel stated that at a development session for the Adult Safeguarding Board real case studies for vulnerable adults were considered in relation to early help. It was agreed that a joint meeting would be arranged between Adult Safeguarding Board members and members of the Stronger Communities Partnership to ensure that everything possible is being done for vulnerable people in the borough as a result of this work.</p> <p>Regular updates on progress will continue to be provided to the TEG.</p>	<p>Paul</p> <p>Work prog</p>
7.	<p><u>Inspiring a smoke free generation</u> (Diane Lee)</p> <p>The report provided an overview of a programme of work which aims to inspire a smoke free generation across the borough through the implementation of a number of smoke free zones. The following points were highlighted:</p> <ul style="list-style-type: none"> • Every day in Yorkshire and the Humber, 51 children aged 11-15 start smoking (Cancer Research UK, 2013). Half of them will go on to be adult smokers and half of those will go on to die of a smoking-related illness if they continue to smoke. • The aim of the programme of work is to support the vision of the Barnsley Smoke Free Alliance for the next generation of children in Barnsley to be born and raised in a place free from tobacco, where smoking is unusual. To achieve this it is important to change adult behaviour. • The WAY survey data for Barnsley suggests that 10.7% of 15 year olds are current smokers, which is significantly higher than the England rate of 8.2%. • The Barnsley Smoke Free Tobacco Control Action Plan sets out the local ambition to reduce the prevalence of smoking among 15 year olds to 5% by the end of 2019. This is an ambitious and challenging target to achieve. • It is encouraging to note that in Barnsley there are more ex-smokers than smokers, and that over 90% of Barnsley residents are in favour of introducing smoke free play parks. Local Primary School children have designed five signs for display in play parks. Smoke free parks currently include Locke Park and Elsecar Park, and the remaining 24 parks will become smoke free before Easter. • The plan also includes smoke free school gates and designated town centre zones. It is important that the community are supportive of introducing smoke free zones, and work is taking place with Barnsley College and Barnsley Sixth Form College students to design creative signage and to conduct a survey for users of the town centre. It is hoped that this will be ready to launch in July. Support will be provided for anyone wishing to stop smoking. • A smoking in pregnancy action plan is being developed and delivered by a task and finish group reporting into the Tobacco Control Alliance. 	

		Action
	<p>Communication with pregnant mothers needs to be strengthened.</p> <ul style="list-style-type: none"> The CLear model supports local authorities to review their current tobacco control efforts and there has been significant progress made since the assessment in 2013. <p>The attached slides were shown at the meeting, which includes a link to a short video clip re. the launch of the first smoke free play area.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> It was suggested that the posters be displayed outside school gates. Whilst schools are unable to enforce a smoking ban in front of the school gates, it may be possible to put some pressure on people to respect it as a smoke free area. It is important to get children and families to support the campaign, and there is nothing more powerful than children's media. It was suggested that the campaign for smoke free schools be raised through the Alliance Board and at Headteachers meetings. As the smoking ban is not enforceable it will be difficult to monitor, however, dropping smoking litter is enforceable, particularly in the town centre. The amount of smoking litter in parks is being monitored which will hopefully give some indication of how successful the campaign has been, and it is hoped that peer pressure will persuade people to respect the voluntary ban on smoking in those areas. This is one element of a bigger programme of tobacco control to make smoking invisible, and to make sure that all smokers have access to support and treatment. The aim of the campaign is to make it unacceptable to smoke in front of children. <p>The Trust Executive Group agreed to:</p> <ul style="list-style-type: none"> Support the continued development of the smoke free Barnsley programme, particularly smoke free schools and school gates, so that smoking becomes unusual and not the norm. Take the report to the Barnsley Alliance Board and Headteachers meetings to progress the next stage of the programme. 	Diane
8.	<p><u>All Age Prevention and Early Help Strategy</u> (Paul Hussey)</p> <p>The report seeks TEG approval of the All Age Early Help Strategy (2017-2020) and the identified key priorities and outcomes.</p> <p>The Strategy sets out a clear vision for early help in Barnsley with three high-level priorities:</p> <ul style="list-style-type: none"> Empowering local people and communities to build capacity and resilience to enable people and communities to do more for themselves; The right early help, in the right place at the right time; and, Ensuring a whole system approach to early help with strong partnership working and system leadership. <p>Progress towards achieving the aims in the strategy will be monitored by the Stronger Communities Partnership and reported into the Health and Wellbeing Board.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> Bob felt that it would have been helpful if Safeguarding Children Board Managers had been involved in the development of the strategy before bringing it to this meeting. Paul understood that the principles in the strategy 	

		Action
	<p>had been shared with Safeguarding Board Managers, but accepted the challenge that they had not been involved in the development of the final iteration. However, Paul is happy to engage with managers and heads of service to ensure that they have the opportunity to influence and shape the strategy going forward. Rachel added that there is an expectation that the Barnsley Safeguarding Children Board is able to challenge the effectiveness of early help for children, young people and families.</p> <ul style="list-style-type: none"> • The challenge will be monitoring the strategy's effectiveness. <p>The Trust Executive Group agreed to:</p> <ul style="list-style-type: none"> • Endorse the All Age Early Help Strategy (2017-2020) • The strategy being adopted by the Health and Wellbeing Partnership with an associated ask for sponsorship through constituent organisations. • Receive an annual position statement on the delivery of the All Age Early Help Strategy and priorities for the coming year. • The Strategy being submitted to the managers of both the Barnsley Safeguarding Children Board and the Adult Safeguarding Board. 	<p>Paul</p> <p>Work prog</p>
9.	<p><u>Transport issues raised by young people</u></p> <p>A selection of young people from the Youth Council and Care for Us Council had been asked for their views on the strategic priorities and impacts of the Children and Young People's Plan, and whether there was anything of particular importance to young people in Barnsley. One of the major issues raised was affordable and accessible transport to enable young people to attend school and access services. It was therefore agreed that an invitation would be extended to colleagues and partners to attend a TEG meeting to discuss this further, and to provide a progress update to young people.</p> <p>During the discussion the following points were noted:</p> <ul style="list-style-type: none"> • A Bus Partnership agreement had been signed up to in January 2017 between the Council, South Yorkshire Passenger Transport Executive (SYPTTE), Stagecoach and bus operators with the aim of providing better transport. • In 2015 a Transport Strategy was adopted to improve transport links and to tackle anti-social behaviour and safeguarding issues. • Priorities for Barnsley Council include investing in infrastructure; improving the free flow of traffic, and improving air quality. • A local Barnsley Transport User Group has been established to consult with, and consider the needs of, different customer groups, including the Youth Council. The first Youth User Group will be held over the Easter holidays. • For children and young people aged 11-16 there is a Mega Travel Pass which is available throughout the year, and young people aged 16-18 years who are in full time education can get a Student Pass which is valid for the academic year from September to July. It was noted that currently, young people in apprenticeships don't qualify. The concessionary fare is 80p. • SYPTTE are already working with schools and colleges to consider ways to support and expand young people's access to concessionary travel, including those in apprenticeships. • Young people who are not in education, employment or training (NEET) are more likely to be vulnerable and it is therefore important to support them into work placements. Lancashire County Council's 'Post 16 Transport Policy Statement' describes the transport support available to young people aged 16-19 years of age who are entering or continuing in further education 	

		Action
	<p>and learning, including apprenticeships and traineeships.</p> <ul style="list-style-type: none"> • The SYPTE are looking at how young people are communicated with to make sure that they are aware of the travel passes that are available to them, including value for money ticket options. • There has been a lot of feedback that some children and adults don't feel safe moving through the transport interchange due to anti-social behaviour. It is important to safeguard children and young people and vulnerable adults. SYPTE are working in partnership with South Yorkshire Police and the Council in relation to antisocial behaviour issues, but it was acknowledged that the issues are complex and may be difficult to resolve. Data suggests that Tuesday nights are worse than others. Incidents of antisocial behaviour are recorded and regular patrols are carried out in the interchange. South Yorkshire Police are currently working with the local MP and businesses in the interchange. It was suggested that part of the solution may be policing the area but this would not solve all the issues. • It is important to ensure that the Better Barnsley Scheme includes something for everyone, including places for young people to go other than the transport interchange. • Stagecoach work closely with schools and ensure that their drivers are trained to deal with difficult situations. <p>It was agreed that:</p> <ul style="list-style-type: none"> • Progress in relation to transport issues would be considered by TEG in six months' time to track improvements. • There would be an item on a future TEG agenda to inform members of the Better Barnsley Scheme and what it will offer, particularly for young people aged 16-18 years. The Better Barnsley Scheme is currently being directed by David Shepherd and Jeremy Sykes. • The Youth Council will be informed of the action points from this meeting so that the young people know what has happened as a result of their input. <p>Rachel thanked everyone who had attended for this item and for their contributions.</p>	<p>Work program.</p> <p>Denise</p>
10.	<p><u>Improving Staff Skills to Deliver Quality Services</u> (Amanda Glew)</p> <p>At the TEG meeting in March 2016, it had been agreed to revise the terms of reference of the Workforce Management and Development Group (WMDG) to broaden its remit to include the wider workforce development needs. A delivery plan aligned to the strategic priority was developed which was shared and approved by the WMDG. However, at the WMDG meeting in December 2016, members of the group expressed concern that the remit had been extended beyond safeguarding in which case membership did not reflect the revised remit of the group, and that the expanded remit was taking up time and diluting the focus on safeguarding issues. This is being regarded as an escalated matter, as what had previously been agreed was not working and another solution was needed.</p> <p>It was agreed that 45 minutes would be allocated on the next TEG agenda to consider this further. In preparation for that discussion, Amanda was asked to work with Nina Sleight and Sharon Galvin to prepare a report for TEG which identifies the work that is already being taken forward, so that attention can be paid to closing the gap. The aim is to provide Amanda with the tools in terms of the scope for 2017/18 and the capacity to deliver it.</p>	<p>Amanda</p>

		Action
Updates on progress		
11.	<p><u>0-19 Healthy Child Programme Service Re-design</u> (Alicia Marcroft)</p> <p>Alicia provided a verbal update which is summarised as follows:</p> <ul style="list-style-type: none"> • The challenges to future public health funding mean a level of service delivery remodelling is required to meet the revised financial envelope available for the service. • Consideration has been given to the staffing structure needed to maintain the universal element of early prevention and intervention work. • A paper is being taken to the Executive Commissioning Group for consideration on 13 March. • Formal consultation is expected to start in June 2017. • Service delivery will commence from 1 October 2017. • IT is well engaged to identify and resolve issues still being experienced. • The draft structure would be shared at the next TEG meeting in April. 	Alicia
Standard agenda items		
12.	<p><u>Barnsley Safeguarding Children's Board Meeting held on 27 January 2017</u> (Bob Dyson)</p> <p>The following items from the BSCB meeting were highlighted:</p> <ul style="list-style-type: none"> • Child Sexual Exploitation. There is an additional focus on hard to reach groups and LGB groups. 18th March is CSE awareness day nationally. • BSARCS is commissioned to provide support to young people who are victims of sexual abuse, and a positive paper was presented at the meeting. • A report would go to a future BSCB meeting in relation to screen of contacts. • Safeguarding awareness week is taking place in July. It was agreed that a briefing would be taken into the Barnsley Alliance Board, and that an item would be included in the School Bulletin. 	Bob
13.	<p><u>Continuous Service Improvement (CSI) Plan</u> (Mel John-Ross & Julie Govan)</p> <p>The CSI plan has been refreshed following the joint annual TEG & BSCB meeting held in November 2016.</p> <p>It was noted that the plan is more aspirational to ensure future improvements and is shaped around the child's journey and experience. There will be a new Ofsted Inspection framework from January 2018, which will be considered at the next joint TEG/BSCB meeting in the autumn.</p> <p>Mel suggested that areas of specific interest to TEG be identified for more in-depth discussion.</p> <p>It was suggested that consideration be given to creating a page for issues relevant to the Trust Executive Group, such as SEND and workforce development challenges. Mel undertook to take this suggestion forward to the Officer Group.</p> <p>With reference to page 7 of the plan, and the outcome 'Children have plans which identify and meet needs with clearly set goals in order children are fully supported to meet their full potential', Gerry highlighted a challenge being experienced by schools that are choosing to be inclusive of children who have been permanently excluded, but who have no EHA in place. Without an EHA in</p>	

		Action
	<p>place it is challenging for schools to cope without the appropriate resources, causing other areas of the school to be vulnerable. Rachel referred to page 2 of the plan which shows a green RAG rating against Early Help and Mel confirmed that a self-assessment of Early Help would be carried out to test that.</p> <p>It was agreed that, in future, reports considered by TEG should be looked at alongside the appropriate section in the CSI plan to link the two together.</p>	Members
14.	<p><u>TEG Work Programme Review</u></p> <p>The work programme to be revised to focus on the big issues that need to be progressed.</p> <p>It was agreed that the work programme would be brought to every meeting.</p>	Richard Work prog.
<p>Agenda items for the next meeting on 28 April 2017</p> <p>It was agreed that the agenda for the next meeting would need to be changed to allow more time to discuss the workforce development agenda item as agreed.</p>		

Dates of future meetings in 2017

	Time	Venue
28 April (Friday)	09.30 – 12.30	Westgate Plaza Level 3, Room 3
9 June (Friday)	09.30 – 12.30	Westgate Plaza Level 3, Room 3
21 July (Friday)	09.30 – 12.30	Westgate Plaza Level 3, Room 3
29 September	09.30 – 12.30	Westgate Plaza Level 3, Room 3
13 November	13.30 – 16.30	Westgate Plaza Level 3, Room 3

This page is intentionally left blank



Children and Young People's Trust Executive Group Meeting
28 April 2017, from 09.30 – 12.30
Westgate Plaza Boardroom, Level 3, Room 3

Present

Core Members:

Rachel Dickinson (Chair)	BMBC, Executive Director: People
Bob Dyson	Barnsley Safeguarding Children Board Independent Chair
Dr Jamie MacInnes	Barnsley Local Medical Committee GP representative
Brigid Reid	Barnsley CCG, Chief Nurse
Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)
Margaret Libreri	BMBC, Service Director for Education, Early Start & Prevention
Alicia Marcroft	BMBC Head of Public Health, Children and Young People
Patrick Otway	Barnsley CCG Commissioning Manager
Phil Briscoe	Barnsley College Vice Principal Quality and Student Experience

Deputy Members:

Katherine Clark	Headteacher, Hoyland Springwood Primary School (for Gerry Foster Wilson)
Lisa Phelan	Voluntary Action Barnsley (for Christine Drabble)
Teresa Gibson	Healthwatch Barnsley Manager
Debbie Mercer	Barnsley MBC Head of Service Children's Social Care (for Mel John-Ross)
Carol Harris	South West Yorkshire Partnership Foundation Trust, Director of forensic and specialist services (for Sean Rayner)
Jayne Hellowell	Barnsley MBC Head of Commissioning Healthier Communities (for Wendy Lowder)
Michael Sanderson	Barnsley Governors Association Executive Member (for Margaret Gostelow)
Sandra Newman	Barnsley Hospital NHS Foundation Trust, Matron Women's Services (for Kevin Bowman)

Advisor:

Richard Lynch	BMBC Head of Commissioning, Governance and Partnerships
Anna Turner	BMBC School Models and Governor Development Manager

In Attendance:

Adam Norris	BMBC Senior Health Improvement Officer (for item 12)
Denise Brown	BMBC Partnerships and Projects Officer

		Action
1.	<p><u>Apologies</u> The following apologies were noted:</p> <p>Mel John-Ross BMBC, Service Director of Children's Social Care & Safeguarding</p> <p>Margaret Gostelow Barnsley Governors Association Chair</p> <p>Julia Burrows BMBC Director of Public Health</p> <p>Carrie Abbott BMBC Public Health Service Director</p> <p>Kevin Bowman BHNFT, Head of Nursing and Midwifery</p> <p>Amanda Glew BMBC Organisation Development Manager</p>	

		Action
	<p>Wendy Lowder BMBC Executive Director Communities Scott Green South Yorkshire Police Chief Superintendent Gerry Foster-Wilson Executive Headteacher representing Primary Schools Christine Drabble Voluntary Action Barnsley, Chief Executive Corporate Services Dave Whitaker Executive Headteacher representing Secondary Schools Cllr Tim Cheetham Cabinet Member: People (Achieving Potential) Dave Ramsay South West Yorkshire Partnership Foundation Trust (SWYPFT) Deputy Director of Operations</p>	
2.	<p><u>Feedback from the front line</u> At this point in the meeting colleagues were given an opportunity to share examples of good practice or challenges on the front line.</p> <p><u>Integrated Front Door</u> Brigid stated that she had spent time at the Integrated Front Door at Worsbrough and was heartened by their approach to doing things differently which was proving to be beneficial. It was clear that the system of sharing space and respecting other people's roles was well embedded. Other areas are also looking to see how they are working so that good practice can be replicated. Understanding the system is critical and it was agreed that other professionals, including school pyramid leads, be invited to see the system working in practice. It is also important to ensure that there is no duplication or confusion in terms of what is on offer i.e. Integrated Front Door; Safer Neighbourhood Service and Family Support Offer.</p> <p><u>Future in Mind Workshop</u> Alicia attended a recent Future in Mind workshop and had been very impressed by the commitment and knowledge of the Youth Commissioners whose contribution had been extremely powerful.</p>	Debbie/ Kath
3.	<p><u>Identification of confidential reports and declarations of any conflict of interest</u> It was noted that items 9 and 15 of the minute are to be treated as confidential. There were no conflicts of interest declared.</p>	
4.	<p><u>Minutes of the Trust Executive Group meeting held on 3 March 2017</u> The minutes of the previous meeting were agreed as an accurate record.</p>	
4.1	<p><u>Action log / matters arising</u> The following updates were noted:</p> <p>Item 2.1 – Meeting with Youth Council. It was noted that no further feedback had been received following the meeting with members of the Youth Council regarding the outcomes in the CYP Plan. Having seen a printed version of the CYP Plan, Rachel commented that the white font on a coloured background was difficult to read and it was agreed that this be amended together with the amendments suggested by the Youth Council.</p> <p>Item 7 – Inspiring a smoke free generation. Earlier in the month a report had been through Cabinet to promote smoke free areas around the town centre, using every opportunity to make smoking 'invisible' to children and young people. There were no further updates to be reported.</p> <p>Item 8 - All age Prevention and Early Help Strategy. The strategy had been to the Health and Wellbeing Board, and Barnsley Safeguarding Children Board Managers. No feedback had been received as yet. The Trust Executive Group</p>	Richard

		Action
	<p>will receive an annual position statement on the delivery of the strategy at a future meeting.</p> <p>Item 9 - Transport issues. Rachel stated that this work is ongoing.</p> <p>Item 12 - Safeguarding Awareness week 2017. Bob stated that an active programme has been organised for the event on 3 July 2017, which is being opened by Her Honour, Judge Sarah Wright, and closing with a re-run of the Toxic Trio Conference.</p>	Work prog.
For discussion		
5.	<p><u>Encouraging positive relationships and strengthening emotional health</u> (Brigid Reid)</p> <p>TEG Champion, Brigid Reid, circulated the attached report at the meeting setting out the key ambitions to progress change; how the ambitions will be achieved; how we will know if a difference is being made; desired outcomes/ milestones.</p> <p>The attached quarter 4 report for 2016/17 was circulated to members following the meeting.</p> <p>During the update the following points were noted:</p> <ul style="list-style-type: none"> • It was acknowledged that due to the work done previously under the umbrella of the CYP Trust, Barnsley had been in a good position when the Future in Mind programme was introduced. Good progress has been made, with Barnsley achieving what was intended, particularly in relation to targeting resources; integrated working and supporting schools and young commissioners. • A stakeholder event was held on 18 April 2017 which had been well attended, strengthening partnerships. Young Commissioners who had attended had been particularly inspirational. • The single page summary of 'Future in Mind' will be re-circulated for information. • Workstreams include: Developing a Community Based Eating Disorder Service; Early intervention and prevention in Primary Schools – implementing the THRIVE approach; Enhanced support to Barnsley CAMHS – Single Point of Access (SPA); On-going support for C&YP IAPT – reducing waiting times. • The THRIVE approach is on track with 30 schools involved so far. Kath confirmed that this had definitely had a positive impact. It is important for schools to understand that this approach is to supplement and enhance what is already being done in schools, not to replace it. Evaluation of this work will be available in September. • Case studies to highlight the work of 4Thought are being anonymised for sharing. The service is available for young people aged 11 upwards, and parents are also able to self-refer. The uptake of parents was very encouraging, and young commissioners are working on raising awareness of this service. As at the end of February, 121 young people and 18 adults had been referred to the service. Practitioners had reported that schools had been very welcoming. It was noted that more work was needed to ensure that secondary schools see this as a valuable resource. It is important to ensure that young people know about the service via the Youth Council. A meeting between CAMHS and 4Thought is held weekly 	Brigid

		Action
	<p>to review referrals. 4Through aims to enable people to become more resilient, which may include sign-posting.</p> <ul style="list-style-type: none"> • A consultation regarding the pathway of the Eating Disorder Service will be available soon. CAMHS have started a weekly 'body image and feelings' group at Horizon Community College. • In relation to Tier 3 CAMHS Specialist Service, work is taking place to understand the detail behind the figures, and it was noted that waiting times to treatment in CAMHS is counted from the second face to face contact, but does not indicate how long the treatment continues. Other options for treatment, including group therapy, are being considered where appropriate. • Single point of access goes live in June. <p>It was agreed that it would be helpful for the TEG to receive concrete information in relation to CAMHS performance when available. It is important to see the progress made and also to identify what more could be done to assist the process. It is important to focus on the impact and to improve outcomes for every child.</p> <p>Children who do not attend, or who are not brought to, an appointment is an area which requires further attention. It is important to ensure that there is a point of contact to ensure that there is follow-up.</p> <p>It was agreed that Patrick would liaise with Denise to programme in the next update.</p>	Patrick/ Denise
6.	<p><u>Work of the SEND Strategy Board and Self Evaluation Framework (SEF)</u> (Margaret Libreri)</p> <p><u>Work of the SEND Strategy Group</u> The following progress was highlighted:</p> <ul style="list-style-type: none"> • Building capacity in schools: A sub-group has put an action plan into place to identify existing expertise and capacity in schools as well as the gaps. Existing expertise and capacity is being used to support the CPD programme and school to school support, to improve mainstream support and therefore lessen the need for specialist services. • Out of borough placements: An intensive piece of work has been undertaken to review out of borough provision. This has involved considering the progress of each child individually and assessing every placement in terms of value for money and progress being made by the child. In cases where the quality of provision was not satisfactory local provision is being considered. • Education and Health Care Plans: Work is taking place to ensure that EHCPs are issued within the required timescale. This has improved from 20% to 60%. Work has also taken place to improve the transfer of statements to new plans. All LDAs for post 16 have now been transferred. This is a big achievement. Phil stated that the transfer of Health Care Plans to Barnsley College for post 16 pupils had been well received, although transfer numbers remains a challenge. It was suggested that with increased capacity, Barnsley College could provide value for money for 16-19/25 year old SEND pupils. • The success achieved is partly due to the formation of the SEND Strategy Group and improved partnership working. There is also a piece of work to develop a clear plan of sustainability and permanency of staffing in relation to SEN. 	

		Action
	<ul style="list-style-type: none"> The approach of including the child and family in planning to meet their needs has resulted in a more personalised experience and improved outcomes. <p><u>Self-Evaluation Framework (SEF)</u></p> <p>It was noted that:</p> <ul style="list-style-type: none"> In terms of inspection readiness a SEF was available to send to Ofsted Inspectors, although there was a little more work to be done on it. The SEF is a series of documents matching the areas that the inspection framework covers, and some areas need to be strengthened. <p>It was agreed that:</p> <ul style="list-style-type: none"> Story boards/ summary of the SEF, clearly expressing the outcomes, would be developed for circulation to members. Any barriers to progressing this piece of work should be escalated to the TEG. 	Margaret
7.	<p><u>Public Health Annual Report 2016/17 for Barnsley</u> The 2016/17 Public Health Report had been produced in the form of an eight minute film and was viewed at the meeting. The link to the film is as follows: https://www.barnsley.gov.uk/services/health-advice/director-of-public-health-annual-report-201617/</p> <p>The TEG agreed that this was a fantastic effort. In the film Julia Burrows states that 'every person needs a family, decent home, decent job and a friend!' The work of the CYP Trust is to drive progress to ensure that every child has that opportunity.</p> <p>It was agreed that the link to the film would be circulated to schools; included in the School Bulletin; put onto the Hospital website and possibly shown in GPs Surgeries waiting rooms.</p>	
8.	<p><u>Neglect Strategy</u> Rachel informed the meeting that this item had been withdrawn as it needed to be presented to the Barnsley Safeguarding Children Board in the first instance, after which it would come to the next Trust Executive Group meeting.</p>	Denise
9.	<p><u>Draft BSCB Minutes of 24 March 2017 highlights - confidential</u> (Bob Dyson) The following items in the BSCB minutes were highlighted:</p> <ul style="list-style-type: none"> The Harmful Sexual Behaviour Strategy had been received at the meeting and is available on the BSCB website. This will be a useful resource for schools. An update to the Screening and Assessment Quality Assurance Report was received. There had been concern regarding the number of contacts into Social Care which had led to a change in the process, but following the update report members were reassured regarding the good management and oversight of contacts. There was appreciation for the work that was taking place. A deep dive audit had been conducted at the Performance, Audit and Quality Assurance Sub Committee. It had been a positive audit and it was noted that there were 160 less children on child protection plans now than in June. A summary report is due to be provided for the next BSCB meeting in May. 	

		Action
	<ul style="list-style-type: none"> • A meeting had been held with young people from Horizon Community School, and one of the issues talked about was how bullying was dealt with. Two members of the Board had met with a young person afterwards to make sure that the right support was being provided to them as a victim of bullying. Young people said that they don't feel safe in the Barnsley Interchange and they were reassured that their concerns had been heard and were being addressed. They are also concerned about the number of people drinking alcohol in the town centre, particularly in Peel Square. • It was pleasing that 100% Safeguarding Returns had been achieved and the work of schools was greatly appreciated. <p>Rachel noted that there had been no representation of schools at the BSC Board which was disappointing as the number of school representatives had specifically been increased to ensure school representation. It was agreed that this be escalated to the Barnsley Alliance Board through the TEG minutes.</p>	Margaret
10.	<p><u>Public Health Nursing Services – draft structure</u> (Alicia Marcroft)</p> <p>It was noted that the 0-19 Service is now called 'Public Health Nursing Service'. The report provided an update on the redesign of the Service to deliver the Healthy Child Programme.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> • It is important that the workforce is flexible in relation to changes in needs. • A stakeholder group had been held for an in-depth look at the pathways which includes: antenatal; long term condition support; parenting; emotional health and wellbeing; healthy weight; accident prevention etc. • Oral health is an area identified for further development. • Safeguarding is a key theme. • It is important to offer a variety of ways of communicating and to find out from service users their preferred way of receiving information. <p>The following comments were noted:</p> <ul style="list-style-type: none"> • There had been some challenges around transition. The main focus is to maintain and support staff, and their response has been very positive. Practitioners are passionate about what they do and are doing a great job. • Cllr Bruff had been told that newcomers to Barnsley may be missing out on services as they don't always register their pregnancy via a GP or hospital and queried whether this was the case. Alicia replied that specialist Health Visitors are available for migrant workers, asylum seekers and Gypsy travellers. Sandra also responded that there had not been an increase in late bookings into maternity. • Rachel reminded members that this important piece of work had been a response to David Cameron's call to action. It is a huge opportunity to join up capacity to support children and young people at the right point. It is important to ensure that every child is ready to start school and has had any additional needs identified by then. If this is not the case it would indicate that the system is not working and needs to be improved. Katherine stated that there is a work strand to look at early identification of additional needs. It was felt that there is a training issue around understanding SEND and the code of practice. • It is important for all partners to support the re-design of this service and to use every opportunity to respond to identified areas of need as early as possible. 	

		Action
	<ul style="list-style-type: none"> An ambition of the service is to expand the peer mentoring model in terms of parenting and infant feeding, with links into the Voluntary Sector. Lisa undertook to find information of a scheme that VAB ran a few years ago. Barnsley College had identified unmet needs among 14-15 year olds who had been educated out of school and were now attending College. <p>The Trust Executive Group agreed to:</p> <ul style="list-style-type: none"> Support continuing action to complete and maintain the service redesign. Support partner engagement with the redesign and the implementation of the HCP Pathways. Support engagement of children, young people and families in the redesign process. <p>It is important to ensure that the right people are engaged and that any areas of concern be escalated to members of TEG.</p> <p><i>(Bob Dyson left the meeting at this point)</i></p>	
Updates on progress		
11.	<p><u>Review of vulnerable children with SEN</u> (Margaret Libreri)</p> <p>Margaret's verbal report is summarised as follows:</p> <ul style="list-style-type: none"> Work is taking place in relation to the issue of attendance and exclusions of children with special education needs, and there is a focus on schools with high exclusion rates. Schools performance overall is being considered, including how progress is monitored. There are challenges with schools not being able to meet a child's needs and delays in getting an assessment and provision in place for that young person. Some young people have been identified with additional needs but don't have a statement or education plan in place. It is important for schools to have access to funding to support young people with a high level of additional needs Small changes that can have an impact on outcomes are being identified. 	
12.	<p><u>Parent Carers Forum</u> (Margaret Libreri)</p> <p>There are currently no plans to re-establish the Parent Carers Forum, however, various ways of improving participation and co-production with parents is being considered. Advice has been taken from the DfE and Contact a Family and work has also taken place with SENDIAS. In this phase of building trust and relationships with parents, Margaret had been attending a number of parent groups.</p> <p>The following points were noted:</p> <ul style="list-style-type: none"> A 'Coffee and Cake' event is being organised on 19 May with a group of parents to plan a SEND conference in September to progress issues. Work is taking place to resolve an issue around school transport which has been very challenging. Barnsley College had received positive challenge from parents regarding levels of support and there was an increased awareness of their rights. It is important to move into a position of co-production and quality assurance with parents. It is important to ensure that a range of views are heard, particularly from 	

		Action
	those parents who may be less vocal than others.	
13.	<p><u>Physical Activity – Daily Mile Programme</u> (Adam Norris)</p> <p>During the update the following points were noted:</p> <ul style="list-style-type: none"> • Work is taking place with schools in Barnsley to encourage them to take up the challenge to provide 15 minutes of physical exercise during curriculum time. 30 schools are currently delivering the programme, or are committed to delivering it at some point. • The approach is proven to improve concentration levels and educational outcomes, and has the added advantage of improving mental health and wellbeing. • Schools who are not currently delivering the programme and being encouraged to deliver it for at least a month to assess the benefits. • A lottery campaign is being run for any school who pledges to deliver the programme to be eligible for a prize of money to design their playground to be more interactive and daily mile friendly. The campaign has been extended until 30 June 2017. • It was noted that some schools lack the space to take part in the programme and further work will be done with them to consider possible solutions. • Some schools had chosen not to take part as they already have an existing offer and it was acknowledged that the programme needs to be tailored accordingly. • Jayne pointed out that alongside this programme the school meals offer needs to be considered to ensure that young people are given healthy food options. • Next steps include targeting PE co-ordinators and school governors to establish the scheme in their schools; to establish links between schools who are currently delivering the programme to support schools yet to deliver the programme; support schools to sign up through Team Activ and Yorkshire Sport Foundation who work with schools on a daily basis. 	
14.	<p><u>Healthy Weight Alliance (NCMP)</u> (Alicia Marcroft)</p> <p>An update was provided and the following comments noted:</p> <ul style="list-style-type: none"> • 72% of adults in Barnsley are not within a healthy weight range. • A Public Health Forum was held to develop the work of the Healthy Weight Alliance; to help partners to understand their contribution to the agenda and to gain their support. • Children are being weighed but there is limited provision at the moment in terms of an offer for the children or their wider family. • Katherine pointed out that there is too much of a gap between children being weighed at reception and again in year 6, by which time eating habits have been established. • Maternal weight is also an area of concern and it is important to start education about healthy eating from conception through to the early years. There needs to be a focus on the family, not just the baby. • Sandra pointed out that education about healthy eating is not only for those people who are overweight, as people can be underweight and not have a healthy diet. • School meals need to focus on healthy eating and it was agreed that a representative from School Meals be invited on the Healthy Weight Alliance. 	Alicia

		Action
Standard agenda items		
15.	<p><u>Continuous Service Improvement Plan</u> - confidential</p> <p>Debbie presented the refreshed plan for comment. It was noted that there were no 'red' RAG ratings and that good progress was being made.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> • Engagement in the Officer Group is still strong. It is a very productive group in terms of the level of detail, challenge from each other and working to drive progress. • The absence of clear progress in relation to the Care of Us Council had been raised and is being taken forward by Mel John-Ross and Margaret Libreri. <p>It was agreed that at the next TEG meeting overall progress would be considered, and that there would be a focus on the aspiration 'All children and young people who are at risk of CSE or missing from home, care or education receive coordinated response that reduce the harm', with comprehensive feedback on the work that is taking place around this issue.</p> <p>Rachel requested that at the next meeting members come prepared with comments and challenges.</p>	<p>Mel/ Margaret</p> <p>Members</p>
16.	<p><u>TEG work programme review</u> (Richard Lynch)</p> <p>The TEG work programme records when various pieces of work are expected to come back to the TEG and enables partners to hold each other to account for progress.</p> <p>Three key areas for improvement had been identified:</p> <ul style="list-style-type: none"> • Early Help • Emotional Health and Wellbeing, and access to services • Behaviour and attendance <p>The work programme had been slightly amended in response to a challenge regarding how well it reflects those three areas.</p> <p>Members were asked to comment on whether the work programme was helpful in the way it was presented; whether it clearly demonstrates the work of the CYP Trust; and whether the link to the three key areas was clear.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> • The work programme does what it says. • It was suggested that a column be added which records outcomes so that it is more action focused. • 0-19 to be amended to 'Public Health Nursing Service' • It was suggested that a column be included at the end which is colour coded to the three key areas of focus. This would highlight where there is less of a focus and would also ensure that the work of TEG is focusing on the identified priorities. <p>Members were asked to let Richard and Denise have any further comments and suggestions of improvement.</p>	<p>Denise</p> <p>Members</p>

	Action
Proposed main agenda items for the next meeting on 9 June 2017	
<ul style="list-style-type: none"> • Keeping children and young people safe – an in-depth report on the work of the sub-group supporting this outcome, performance highlights and risks (Bob Dyson/ Mel John-Ross) • Managing risk for children in care placed outside the Borough (Mel John-Ross) • Results of the peer review on children missing education (Margaret Libreri) • Stronger Communities Partnership updates (Wendy Lowder/ Paul Hussey) • Information Sharing baseline position (Sara Hydon/ Wendy Lowder) • Ofsted Common Inspection Framework for CSC (Mel John-Ross) • Better Barnsley Scheme (David Shepherd/ Jeremy Sykes) – to be confirmed • Early Help Self-Assessment (Mel John-Ross) 	

Dates of future meetings in 2017

Dates of future meetings in 2017	Time	Venue
9 June (Friday)	09.30 – 12.30	Westgate Plaza Level 3, Room 3
21 July (Friday)	09.30 – 12.30	Westgate Plaza Level 3, Room 3
29 September	09.30 – 12.30	To be confirmed
10 November	13.30 – 16.30	To be confirmed



**BARNSELY SAFER BARNSELY PARTNERSHIP
EXECUTIVE COMMITTEE MEETING MINUTES**

**Wednesday, 27th March, 2017
1pm to 3pm
Churchfields Police Station, Silver Suite**

Present:
<p>Wendy Lowder, Barnsley Council (Chair) Scott Green, SYP Melanie Fitzpatrick, Barnsley Council Jason Pearson, SYP John Hallows, Barnsley Neighbourhood Watch Liaison Group Paul Hussey, Barnsley Council Amanda Cullen, SY CRC Cheryl Wynn – Police & Crime Commissioners Office Cllr Robert Frost – Barnsley Council Carrie Abbott – Barnsley Council Steve Fletcher – SYFR Lennie Sahota, Barnsley Council Shelley Hemsley, SYP Dave Fullen, Berneslai Homes Diane Lee, BMBC Linda Mayhew, LCJB James Courtney, SYFR Luke Hines, Observer Lorna Naylor, BMBC (Minutes)</p>

Introduction - Chair
The Chair welcomed everyone to the meeting and introductions were made.
1. Apologies
Apologies were received from Mel John-Ross, Jade Rose, Cllr Jenny Platts, Cllr Alice Cave, Ann Powell, Ben Finley and Paul Brannan.
2. Minutes of Previous Meeting
The minutes of the meeting of 23 rd November 2016 were agreed as a true record.
<u>Action Schedule</u>
Item 1.1 – CCTV Information Sharing Agreement (ISA)
Jakki Hardy has confirmed that an Information Sharing Agreement is not required

Safer Barnsley Partnership Executive Committee meeting

for sharing information from traffic cameras – Item discharged.

Item 1.2 – CSE Safeguarding

Ben Finley/Paul Brannan have met and progress has been made with regards to addressing issues with some accommodation providers within Barnsley where other Local Authorities are placing young people and ASB is a concern. Mel-John Ross informed the meeting that Safeguarding have requested to be informed when placements from outside the area are arriving in Barnsley.

Action: Ben Finley to provide a further update at the next meeting regarding progress with accommodation providers and current approaches/agreed protocols.

Item 1.3 – Information Sharing Protocol (ISP)

Mel Fitzpatrick informed the group that the information sharing protocol has been redrafted and will be circulated to board members for sign off over the coming period.

Action: Mel Fitzpatrick to circulate the ISP to all members

Item 5.1 – Forward Plan

All members to forward information they would like to be included in the forward plan to Mel Fitzpatrick.

Action: All members to note

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

3. South Yorkshire Fire & Rescue Integrated Risk Management Plan Presentation – James Courtney

Chief Fire Officer James Courtney gave a presentation on behalf of South Yorkshire Fire & Rescue on the Integrated Risk Management Plan for 2017-2020.

A copy of the draft Integrated Risk Management plan was circulated to members prior to the meeting. JC requested that any further comments be forwarded before 31st March 2017 direct to himself. The finalised version of the Integrated Risk Management will be circulated to all members once the document has been formally signed off through the relevant governance structures.

Wendy Lowder asked members to consider any opportunities where their agency could work closer with SYFR.

Wendy Lowder & Scott Green thanked James for the presentation.

Action : All members to consider how their agency could work with SYFR in future and forward any comments in relation to the Integrated Risk Management Plan direct to James Courtney by the 31st March 2017.

**Safer Barnsley Partnership
Executive Committee meeting**

4. Night Time Self-Assessment Presentation – Diane Lee

Diane Lee, Head of Public Health gave a presentation on the Night Time Self-Assessment.

Diane informed the group that Barnsley is intending to submit a bid for Purple Flag Status for Barnsley Town Centre and that as part of the process a night time self-assessment will be carried out during May 2017. Any board members interested in being involved in the assessment were asked liaise with Diane Lee direct.

A copy of the presentation will be circulated to all members for information.

Wendy Lowder & Scott Green thanked Diane for the presentation.

Action: Board members who wish to be involved in the night time self-assessment, please contact Diane Lee.

5. CSE / Safeguarding Update Report

This item was deferred.

Action: To be re-scheduled for the next Safer Barnsley Partnership Board meeting.

6. CRC Progress Update & Priorities for 2017-18 Presentation– Amanda Cullen

Amanda Cullen, Director of South Yorkshire Community Rehabilitation Company Limited gave a presentation on progress and the priorities for 2017-18.

A copy of the presentation will be circulated to all members for information.

Wendy Lowder asked if it would be possible to have a breakdown of the intelligence information to understand what this means for Barnsley.

Wendy Lowder & Scott Green thanked Amanda for the presentation.

Action: Amanda Cullen to provide a breakdown of the CRC intelligence to the next meeting.

7. Charlie Taylor Review of Youth Justice

A report prepared by Ben Finley of the government response to the recently published Review into Youth Justice by Charlie Taylor was circulated to the Board prior to the meeting for information. Ben Finley was unable to attend the meeting and therefore Wendy Lowder requested that the item be re-scheduled to a future meeting.

Action: Mel Fitzpatrick to re-schedule the report for a future Board meeting.

**8. CSP Governance Update Presentation and Strategy & Performance
Group Highlight Report Q3 – Paul Hussey**

Paul Hussey, BMBC Interim Service Director – Communities, gave a presentation on the CSP Governance arrangements for 2017-2020.

The following progress has been made :-

- The delivery groups have now been established.
- The terms of reference for the delivery groups have been developed and will be circulated for comments/views prior to the next Board meeting.
- The delivery plans have been developed and are currently being finalised for 2017/18.
- The performance framework is being finalised the key indicators will need to be agreed by partners.
- The performance reporting formats at strategic and tactical levels is currently being developed in collaboration with South Yorkshire Police and BMBC Business Intelligence and Performance Teams.
- The Safer Barnsley Partnership Analyst will be supporting the reporting arrangements from April 2017.
- The information sharing protocol has now been completed and Health partners have been consulted and have agreed to sign up to the protocol through the Health and Social Care Information Governance Board.

Shelley Hemsley raised that the performance frameworks need to be outcome focussed so that the partnership can demonstrate impact against the key priorities.

Paul Hussey concluded that an annual review has been built into the governance arrangements, and thanked all agencies/members for their input.

Wendy Lowder & Scott Green thanked Paul for the presentation.

Action : Mel Fitzpatrick to circulate the terms of reference for the delivery groups

9. Safer Neighbourhood Services Update

Paul Hussey gave an update in relation to the Safer Neighbourhood Service. The Safer Neighbourhood Services (SNS) will have 2 key focuses, neighbourhood policing and locality teams and providing support to vulnerable people who present with multiple and complex needs. It will work alongside, and compliment, ways we already support people in our communities, such as the family centres.

There will be a central hub based at Churchfields, with a further 4 hubs based at Royston Police Station, Goldthorpe Police Station, Kendray Police Station (Rae House) and the town centre (Commerce House). The teams are aligned geographically to the footprint of the devolved locality service and community resilience development being rolled out within the councils Area Council model.

From the 1st April, 2017 the hubs will be staffed, partners were thanked for their contribution in helping to develop the Safer Neighbourhood Services arrangements.

A briefing paper on the new Safer Neighbourhood Service will be circulated to all members, following the meeting, for information.

**Safer Barnsley Partnership
Executive Committee meeting**

Amanda Cullen informed the group that she has secured funding for 2 posts to add to the hub arrangements.

Cllr Frost asked how the Berneslai Homes, Housing Management Officers, fit into the new arrangements, Dave Fullen informed that the referral routes into the new service are being discussed and will form part of the Service Level Agreement with Berneslai Homes.

Action: Amanda Cullen to discuss with Paul Brannan the 2 new posts from CRC.

11. Commissioned Services Update – Paul Hussey

Paul Hussey gave an update with regards to commissioned services for Domestic Abuse and Sexual Violence Service, the Multiple Needs Services for both adults and young people and the Substance Misuse Service. The services will commence on 1st April 2017 and will work under 3 year contracts.

The Domestic Abuse and Sexual Violence Service will be delivered by the Independent Domestic Abuse Service (IDAS).

The Multiple Needs Service for young people (16-24) will be delivered by Centrepont.

The Multiple Needs Service for adults (25+) will be delivered by West Yorkshire Community Rehabilitation Company.

The Substance Misuse Service will be delivered by DISC.

A briefing paper will be circulated to all members following the meeting, for information.

Action: Members were asked to note the new providers.

Action: Paul Hussey to circulate a briefing note to all members in relation to the new service commissions.

12. County Wide CSP Forum Update – Wendy Lowder

Wendy Lowder informed the meeting that there were no specific items to feedback from the County Wide CSP Forum.

13. Any Other Business

Steve Fletcher from SYFR requested all partners consider whether a referral needs to be given to SYFR when undertaking visits. He highlighted the referral route is easy and can be done whilst within a customer's home, once consent has been given, via the SYFR contact line (01142 727202).

Action: All partners are requested to support SYFR with communications on the referral route to SYFR. Steve Fletcher to provide all partners with a brief on how professionals can help and the referral procedure.

**Safer Barnsley Partnership
Executive Committee meeting**

Mel Fitzpatrick asked the group to consider whether a health representative should be invited to attend the meetings. It was agreed to invite someone from SWPFT to attend.

Action: Mel Fitzpatrick to invite a representative from SWPFT to attend.

Scott Green suggested that the next meeting (28th June, 2017) be dedicated to reviewing the Key Performance Indicators and Delivery Plans aligned to the three Safer Barnsley Tactical Boards. All members agreed to the June meeting being focussed on performance and delivery

Action: Mel Fitzpatrick to re-draft the June Agenda with a performance & delivery focus and forward to Co-Chairs for sign off.

13. Next Meeting

The next meeting will be held on **Wednesday 28th June 2017, at 1.30pm to 3.30pm in Silver Suite at Barnsley Police Station.**

DRAFT

**Safer Barnsley Partnership
Executive Committee meeting**

Action schedule from minutes (27th March 2017)

1	<u>Action schedule 23rd November 2016</u>
1.1	CSE Safeguarding - Ben Finley to provide a further update at the next meeting regarding progress with accommodation providers and current approaches/agreed protocols.
1.2	Partnership Information Sharing Protocol - Mel Fitzpatrick to circulate the ISP to all members.
2	<u>South Yorkshire Fire & Rescue Integrated Risk Management Plan</u>
2.1	All members to consider how their agency could work with SYFR in future and forward any comments in relation to the Integrated Risk Management Plan direct to James Courtney by the 31 st March 2017.
3	<u>Night Time Self-Assessment</u>
3.1	Members wishing to be involved in the night time self-assessment in May to contact Diane Lee.
4	<u>CSE/Safeguarding Update Report</u>
4.1	CSE/Safeguarding update to be re-scheduled for the next Safer Barnsley Partnership Board meeting.
5	<u>CRC Progress Update</u>
5.1	Amanda Cullen to provide a breakdown of the CRC intelligence for Barnsley to the next meeting.
6	<u>Charlie Taylor Review of Youth Justice</u>
6.1	Mel Fitzpatrick to re-schedule the report for a future Board meeting.
7	<u>CSP Governance Update</u>
7.1	Mel Fitzpatrick to circulate the terms of reference for the Delivery Groups.
8	<u>Safer Neighbourhood Service Update</u>
8.1	Amanda Cullen to discuss with Paul Brannan the potential 2 new posts from CRC.
9	<u>Commissioned Services Update</u>
9.1	Paul Hussey to circulate a briefing note to all members in relation to the new service commissions.
10	<u>Any other Business</u>
10.1	All partners are requested to support SYFR with communications on the referral route to SYFR. Steve Fletcher to provide all partners with a brief

**Safer Barnsley Partnership
Executive Committee meeting**

	on how professionals can help and the referral procedure.
10.2	Mel Fitzpatrick to identify and invite a representative from SWPFT to attend future Safer Barnsley Executive Committee meetings.
10.3	Mel Fitzpatrick to re-draft the June Agenda with a performance & delivery focus and forward to Co-Chairs for sign off.

DRAFT

Paper A

South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

17 March 2017, 722 Prince of Wales Road, Sheffield, S9 4EU

Decision Summary

Ref	Item	Lead
1	Minutes of the meetings held 13 January 2017 – matters arising	
13/17	(a) that AJC would be invited to attend a meeting of the South Yorkshire and Bassetlaw (SYB) Local Authority (LA) Leaders to discuss a further proposal. This action would be followed up outside the meeting	LOCAL AUTHORITY CEOS
2	National update	
14/17	(a) that the summary paper circulated on local and national Sustainability and Transformation Plans (STPs) would be used by the Collaborative Partnership Board (CPB) to support local discussion and share in private Board sessions	ALL
	(b) to continue to support the direction of travel for SYB to become an exemplar and development of a memorandum of understanding	ALL
	(c) that CPB confirmed support for SYB to be named in the National Delivery Plan as an exemplar STP	ALL
3	Finance update	
17/17	(a) that a revised indicative budget for 17/18 would be shared with CPB in April/May	JEREMY COOK
	(b) that the Directors of Finance group would work up a proposal on how transformation funding could be used and whether a collaborative approach could be taken to jointly commission work to leverage cost improvements and whether that could be supported by transformation funding	JEREMY COOK
4	STP communications and engagement approach to public consultation	
19/17	(a) that CPB would receive the full STP engagement analysis when complete.	HELEN STEVENS
5	Public consultation – Hyper Acute Stroke Services and Children’s Services	
20/17	(a) that a discussion would take place around a freedom of information request on the impact of the proposed changes on the Yorkshire Ambulance Service outside the meeting	HELEN STEVENS, MATT SANDFORD

	(b) that the Joint Committee of Clinical Commissioning Groups would discuss the clinical case for change and a full analysis of the public consultation in April and review a decision making business case in May	HELEN STEVENS
	(c) that the analysis would be widely shared with all stakeholders, people who completed the consultations and would be made publicly available via the website	HELEN STEVENS
6	Independent review of Hospital Services	
21/17	(a) that a full update on the Sustainable Hospitals Services Review work on Invitation to Tender, recruitment of a lead director and senior project support would be shared virtually to enable a full update for all private Boards	WILL CLEARY-GRAY
7	Review of Commissioning	
22/17	(a) that guidance anticipated around links between specialised commissioning and place plans would be shared when available	MATTHEW GROOM
8	Healthy Lives work stream update	
23/17	(a) that the possible national support for social prescribing be considered as part of the development of the Memorandum of Understanding	ALL
	(b) that the Chief Executive of the Sheffield City Region (SCR) would be contacted to propose joint infrastructure to share across the SCR/STP patch and clarify how this would be taken forward.	KEVAN TAYLOR
	(c) that the update paper would be discussed at local Health and Wellbeing Boards	GREG FELL
9	Social Kinetic 3D proposal for leadership analysis	
24/17	(a) that a request would be circulated requesting nomination of 3-4 people per organisation to complete the next stage of survey and a date to convene all in may for a second workshop would be established.	HELEN STEVENS
10	Action to get A&E back on track	
26/17	(a) that a discussion would take place around the principles to utilise money made available for social care to, in part, free up acute hospital beds with a LA CEO, MR and LB	MADDY RUFF, LOUISE BARNETT, AN LA CEO

**South Yorkshire and Bassetlaw Sustainability and Transformation
Partnership**

Collaborative Partnership Board

**Minutes of the meeting of 17 March 2017, The Boardroom, 722 Prince of
Wales Road, Sheffield**

Present:

Andrew Cash, South Yorkshire and Bassetlaw STP Lead/Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust (CHAIR)
Adrian Berry, Deputy Chief Executive, South West Yorkshire Partnership NHS Foundation Trust (Deputy for Rob Webster, Chief Executive)
Des Breen, Medical Director, Working Together Partnership Vanguard
Julia Burrows, Director of Public Health, Barnsley Metropolitan Borough Council (Deputy for Diana Terris, Barnsley Metropolitan Borough Council)
Catherine Burn, Director, Voluntary Action Bassetlaw
Tracey Clarke, Associate Director of Strategy and Commercial Development, RotherhamDoncaster and South Humber NHS Foundation Trust (Deputy for Kathryn Singh, Chief Executive)
Will Cleary-Gray, Director of Sustainability and Transformation, South Yorkshire and Bassetlaw STP
Jeremy Cook, Interim Director of Finance, South Yorkshire and Bassetlaw STP
Frances Cuning, Deputy Director of Health and Wellbeing, Public Health England
Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group
Adrian England, Chair, Healthwatch Barnsley
Greg Fell, Director of Public Health, Sheffield City Council (Deputy for John Mothersole, Chief Executive)
Matthew Groom, Assistant Director of Specialised Commissioning, NHS England Specialised Commissioning
Chris Holt, Chief Operating Officer, The Rotherham NHS Foundation Trust (Deputy for Louise Barnett)
Ben Jackson, Senior Clinical Teacher, Academic Unit of Primary Medical Care, Sheffield University
Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust
Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council
Alison Knowles, Locality Director North of England, NHS England
Ainsley Macdonnell, Service Director, North Nottinghamshire and Direct Services, Adult Social Care, Health and Public Protection, Nottinghamshire County Council (Deputy for Anthony May, Chief Executive)
Simon Morritt, Chief Executive, Chesterfield Royal Hospital NHS Foundation Trust
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group
Maddy Ruff, Accountable Officer, NHS Sheffield Clinical Commissioning Group
Mathew Sandford, Associate Director of Planning and Development, Yorkshire Ambulance Service NHS Trust (Deputy for Rod Barnes, Chief Executive)
Sewa Singh, Medical Director, Doncaster and Bassetlaw Teaching Hospitals NHS FoundationTrust (Deputy for Richard Parker, Chief Executive)
Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group
John Somers, Chief Executive, Sheffield Children's Hospital NHS Foundation Trust
Richard Stubbs, Acting Chief Executive, The Yorkshire and Humber Academic Health Science Network
Rupert Suckling, Director of Public Health, Doncaster Metropolitan Borough Council (Deputy for Jo Miller, Chief Executive)
Kevan Taylor, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust
Neil Taylor, Chief Executive, Bassetlaw District Council

Apologies:

Louise Barnett, Chief Executive, The Rotherham NHS Foundation Trust

Mike Curtis, Local Director, Health Education England
 Idris Griffiths, Interim Accountable Officer, NHS Bassetlaw Clinical Commissioning Group
 Ruth Hawkins, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust
 Richard Henderson, Chief Executive, East Midlands Ambulance Service
 Anthony May, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust
 Jo Miller, Chief Executive, Doncaster Metropolitan Borough Council
 Leaf Mobbs, Director of Planning and Development, Yorkshire Ambulance Service NHS Trust
 Tim Moorhead, Clinical Chair, NHS Sheffield Clinical Commissioning Group
 John Mothersole, Chief Executive, Sheffield City Council
 Richard Parker, Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
 Kathryn Singh, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
 Steve Shore, Chair, Healthwatch Doncaster
 Paul Smeeton, Chief Operating Executive, Nottinghamshire Healthcare NHS Foundation Trust
 Diane Wake, Chief Executive, Barnsley Hospital NHS Foundation Trust
 Rob Webster, Chief Executive, South West Yorkshire Partnership NHS Foundation Trust
 Janet Wheatley, Chief Executive, Voluntary Action Rotherham

In Attendance:

Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw STP
 Kate Woods, Programme Office Manager, South Yorkshire and Bassetlaw STP

Minute reference	Item	Action
13/17	<p>Welcome and introductions</p> <p>The Chair welcomed members, outlining the content of the meeting, and noted apologies for absence.</p>	
14/17	<p>Minutes of the previous meeting held 13 January 2017</p> <p>The minutes of the meeting were accepted as a true and accurate record.</p>	
15/17	<p>Matters arising</p> <p>All matters arising would be picked up as part of the agenda. An update was given on the following actions:</p> <p>02/17 – Minutes of the meetings held 11 November and 16 December It was confirmed that AJC would be invited to attend a meeting of the South Yorkshire and Bassetlaw Local Authority Leaders to discuss a further proposal. This action would be followed up outside the meeting.</p> <p>04/17 Summary update to the Collaborative Partnership Board (CPB)/ Transformation funding to support clinical priority areas It was confirmed that the bids had been cross referenced as agreed and awaiting final outcome.</p>	<p>LOCAL AUTHORITY CEOS</p>
16/17	<p>National update</p> <p>A summary paper was circulated on local and national STP developments.</p>	

The Chair gave an update on the STP Executive Time Out of 2/3 March 2017 noting that a national Delivery Plan would be published on 28 March naming SYB as one of the leading STPs of the 44. This had been agreed at the time out by SYB STP Executives. The SYB STP would move from a transactional way of working to a transformational one through integrated pathway redesign.

How business was currently conducted would continue for 17/18, and over the coming months, partners would work together with NHS England to develop a Memorandum of Understanding (MOU).

The SYB STP would move to a managed system of accountable care and the plan would be recast with refreshed additional national priorities with transformational funding around:

- Urgent and emergency care (UEC) (e.g. redesign of 111, single point of access, urgent care centres, social care etc)
- Demand management elective and diagnostic (e.g. referral management services, alternative care outside hospitals etc).
- Primary care (e.g. risk stratification, long term condition management, extended access etc.).
- Discharge management (e.g. enablement, intermediate care social care etc).

Agreement had been reached at the time out that UEC would be a major focus for year one, to resolve local issues and align nationally.

The draft MOU would be considered at a further STP Executive Team time out on 28 April 2017.

The Chair updated the STP CPB on a meeting with the Secretary of State.

It was noted that, as an exemplar STP, SYB would receive a package of funding, still to be determined. It was confirmed that this would be embedded within the MOU as money for transformation funding. This money would also be received in the knowledge that bids had been submitted in some areas.

It was confirmed that guidance from the Department for Communities and Local Government was anticipated.

In response to a query raised around risk stratification in Primary Care, the Chair confirmed that this was in reference to populations that utilise 70% of resource, and within this, addressing the parts of this population that were the most complicated to ensure this tranche were as independent as possible.

In response to a query raised, it was confirmed that Mental Health remained a key STP work stream, and that the reset around UEC included general and mental health.

A comment was made that a specialised Mental Health and Learning Disabilities work stream would be required with representative interest in various other work streams.

The CPB were asked to note that principles would need to be

	<p>developed as part of the MOU around how the system would work with regulators around assurance and accountability. This would be considered as part of the 17/18 work.</p> <p>The CPB agreed to use the local and national STP update paper to support local discussion and share in private Board sessions, to continue to support the direction of travel for SYB to become an exemplar and development of an MOU, and confirmed support for SYB to be named in the National Delivery Plan as an exemplar STP.</p>	ALL
17/17	Finance update	
	<p>JC updated the CPB, noting:</p> <p>Work to compare STP with operational plans for 17/18 and 18/19</p> <p>Work was complete and had been shared with the Directors of Finance (DoFs). All organisations had signed up to the control totals for 17/18 with the exception of The Rotherham NHS Foundation Trust, which had submitted a draft revised plan and would have further discussion with NHS Improvement (NHSI) around agreeing a revised control total.</p> <p>The CPB were asked to note identified risks in 17/18 with delivering Cost Improvement Programmes (CIP) and Quality Innovation Productivity and Prevention (QIPP) plans and the differences between commissioner and provider plans reflecting an assessment by providers on the likely success of QIPP plans</p> <p>It was agreed that the CPB would receive a monthly update financial performance across the STP in the new financial year.</p> <p>Financial modelling</p> <p>An exercise had taken place to understand how the solutions built into the STP were calculated and was nearing completion. This would be shared with finance and other colleagues as appropriate. This would give greater visibility to the assumptions and calculations used in the financial model.</p> <p>Options were being looked at with regards future financial modelling in the short and medium term and a proposal would be taken to the DoFs meeting in April.</p> <p>A meeting with Jon Swift, NHS England (NHSE) had identified that a Band 8c finance post should shortly be available to the STP either as a person or funding as there was currently a vacant post.</p> <p>STP budget</p> <p>The DoFs had agreed the forecast outturn for 16/17 which showed an</p>	

	<p>public for change.</p> <p>The data would be fully analysed on completion and recommendations likely to include a new narrative while continuing to continue to engage staff and the public.</p> <p>CB confirmed positive local discussions with a general acceptance that change within the system was required.</p> <p>AE confirmed strong input from Barnsley Save Our NHS that was useful and comments were welcomed.</p> <p>It was commented that the questionnaire had been received by General Practitioners and that this was a positive step to engage and public and staff.</p> <p>The CPB noted the early report and would receive the full analysis when complete.</p>	<p>HELEN STEVENS</p>
<p>20/17</p>	<p>Public consultation – Hyper Acute Stroke Services and Children’s Surgery and Anaesthesia Services</p> <p>The CPB were updated on the results of the public consultation for the Hyper Acute Stroke Services and Children’s Surgery and Anaesthesia Services reviews.</p> <p>The methodology of the process was outlined to the CPB and the activity undertaken was outlined, noting connections had been made to seldom heard groups, and to those organisations and groups that would be directly affected by change.</p> <p>The numbers of responses received was outlined and broken down by locality and the themes that emerged were highlighted to CPB.</p> <p>HS advised the consistent picture was that there was mixed support for the proposals and the main concerns highlighted were around the impact on families.</p> <p>It was confirmed that themes raised previously by the Joint Overview and Scrutiny Committee (JOSC) were embedded within the analysis. The JOSC had a duty to carry out on behalf of local people and these would be addressed in the presentation delivered to the JOSC on 3 April.</p> <p>It was confirmed that a decision at the Joint Committee of Clinical Commissioning Groups (JCCC) would be taken based on the views of the local people as well as the clinical and financial case for change.</p> <p>A comment was made that an interesting result of the analysis was around access to services and patient safety, and that communications for the STP should make clear that place plans and local treatment for local people were fundamental to the STP and a small proportion of patients would need to move for specialist care.</p> <p>It was highlighted that a freedom of information act request had been received by the Yorkshire Ambulance Service around the impact on the ambulance service as a result of the consultations. This would be</p>	<p>MATT</p>

	<p>discussed further outside the meeting.</p> <p>It was highlighted that this work was a test bed for the whole of the STP and lessons had been learned from the process.</p> <p>Connections would be required from this work to the STP when funding was clarified.</p> <p>The CPB noted that the full analysis would be taken to:</p> <ul style="list-style-type: none"> • Joint Overview and Scrutiny Committee (3 April) • Joint Committee Clinical Commissioning Groups (for discussion in April and decision in May) • Widely share with all stakeholders, people who completed the consultations and made publicly available via the website 	<p>SANDFORD, HELEN STEVENS</p> <p>HELEN STEVENS</p>
21/17	<p>Independent review of hospital services</p> <p>The CPB were informed that the second Sustainable Hospitals Services Review (SHSR) Steering Group had taken place and was well supported by all partners.</p> <p>Final sign off for the Invitation to Tender (ITT) had been received and would be used to tender for secretariat support to this extensive programme of work. This was out to tender. The first moderation including partners from the steering group would be taking place on 5 April. A robust process was taking place to ensure the right engagement was in place on the core steering group.</p> <p>Discussion took place at the SHSR Steering Group around the independent review director and it had been agreed to progress the recruitment of a review director. This would not result in a delay in process.</p> <p>How the review would move forward was being discussed. Key roles and approaches to take forward had been previously outlined. Senior project support was required to steer and support the group. Detail of this was being worked through. This would all be in place by the beginning of May.</p> <p>A full update would be written and shared virtually to enable a full update for all private Boards and Governing Bodies within the next two weeks.</p>	<p>WILL CLEARY- GRAY</p>
22/17	<p>Review of commissioning</p> <p>An outline of the process to date was given to CPB, noting the review of commissioning had reflected the need for a collective transformation plan, and likely to move to the collective delivery of this plan. This process had highlighted that commissioning needed to happen at system and at place level. It was noted that it was likely to continue as currently established during 17/18 with the Joint Committee of Clinical Commissioning Groups making decisions for the system. Within the last two weeks, it had become clear that removing the commissioner and provider split would be the direction of travel</p>	

	<p>with a view to moving to system reform by 18/19 rather than commissioning reform.</p> <p>A typo was noted and corrected on page 4 of the document.</p> <p>The next steps were highlighted; that a programme director would be recruited, to work on the immediate asks and to shape the future direction of travel, at system and at place level.</p> <p>It was highlighted that local authorities should be part of this work early on. It was noted that work was taking place in Sheffield to create a platform for a partnership approach with different models being explored around this. The shift in thinking was a positive development.</p> <p>It was noted that guidance was anticipated around links between specialised commissioning and place plans and this would be shared when available with LS.</p> <p>CPB was reminded that the paper had been produced by Chief Officers with a focus on system as the direction of travel. The messages and challenges were the same for system as for place; integration of provision and commissioning.</p> <p>CPB noted the next phases of development for the commissioning reform.</p>	<p>MATTHEW GROOM</p>
<p>23/17</p>	<p>Healthy Lives work stream update</p> <p>A paper was circulated to CPB following an update given in January and the subsequent request for further detail on the Healthy Lives work stream. An update was given on the three components of the work stream, cardiovascular disease and lifestyle risk, social prescribing and work and health.</p> <p>CPB were asked to note the ongoing work, the ambition of the programme and the recommendation that implementation of the Healthy Lives work was principally local within place based plans, with an undertaking of some activity consistently in each area and that there were elements that should be embedded in each of the work streams.</p> <p>CPB were asked to note the current infrastructure gap across the patch for work and health and employment support. It was agreed that the Chief Executive of Sheffield Health and Social Care would write to the Chief Executive of the Sheffield City Region (SCR) to propose joint infrastructure to share across the SCR/STP patch and clarify how this would be taken forward.</p> <p>It was noted that the national team for social prescribing was working with Rotherham. It was anticipated that three STPs would be selected for national roll out of social prescribing and that SYB could be one and therefore might be funding available. This would be considered as part of the MOU.</p> <p>CPB noted an overlap around a care navigation role that was developing, noting that CCGs had funded online training for primary care staff within Wakefield. As part of this, some evaluation from social</p>	<p>KEVAN TAYLOR</p> <p>ALL</p>

	<p>prescribing was being done should be fed into the development of care navigation.</p> <p>A comment was made that social prescribing was currently dependent upon an effective voluntary service system and the risks around the lack of guarantee that these services would exist in the future were noted.</p> <p>A discussion took place around the risks noted around implementation and delivery. Further work would be done on future iterations of the detail and more clearly linking to resource need that had been identified in the original submission. It was commented that the ambition of the work stream would be tailored to the resources available. Detail outlined with financial calculations were a work in progress in terms of linking back to overall STP funding.</p> <p>This paper would be discussed at local Health and Wellbeing Boards.</p>	GREG FELL
24/17	<p>Social Kinetic 3De proposal for leadership analysis</p> <p>CPB noted the next steps from the workshop held on 3 February to develop a narrative with public conversations. A request would be circulated requesting nominations of 3-4 people per organisation to complete the next stage of the survey and a date to convene all in may for a second workshop would be established.</p>	
25/17	<p>Working Together Partnership Vanguard 17-18</p> <p>Correspondence was circulated to confirm funding for the Vanguard programme and this was likely to be part of the total funding package SYB. As part of the plan refresh, funding for the Vanguard would be considered to ensure alignment to the Delivery Plan including exploring possibilities around managed clinical networks.</p>	
26/17	<p>Action to get A&E back on track</p> <p>An update was given on the regional A&E Delivery Board, noting that A&E performance was top of list of priorities. Richard Barker (NHSI) would be overseeing the SYB STP A&E Delivery and would be meeting with the UEC team. Current A&E delivery plans had been reviewed against the national 10 point plan to ensure all requirements were being met and work was taking place to understand what could be done at SYB level and what was an issue at place level. A strong support team was required to undertake this work.</p> <p>A discussion took place around the principles to utilise money made available for social care to in part free up acute hospital beds. A meeting would be established to discuss further with an LA CEO, MR and LB.</p>	MADDY RUFF, LOUISE BARNETT
27/17	<p>Minutes of the STP Finance Oversight Committee on 7 February 2017</p> <p>The minutes were ratified by the CPB.</p>	

28/18	<p>Any other business</p> <p><u>Local elections</u> The CPB noted that the SYB MOU would be published in May 2017 and the group discussed the potential impact of this, noting that county council elections would be taking place however would be campaigning on election matter. CPB members agreed that governance and engaging leaders was crucial as part of this work.</p> <p><u>Public Health Workshop</u> CPB noted a workshop taking place on health inequalities on 5 April with 10 places available for each STP for Y&H. 3 filled for SYB however representatives were welcomed.</p>	
-------	--	--

**South Yorkshire and Bassetlaw Sustainability and Transformation
Partnership**

Collaborative Partnership Board

7 April 2017, The Birch/Elm Room, Oak House, Rotherham

Decision Summary

Ref	Item	Lead
1	Minutes of the meetings held 17 March 2017	
31/17	Matters arising: (a) that each Mental Health trust would advise KT on contact details for the provider lead for Improving Access to Psychological Therapies (IAPT) and an update on this and the proposed joint infrastructure and Department for Work and Pensions (DWP) initiative would be given at the May meeting	MH LEADS KEVAN TAYLOR
2	National update	
32/17	(a) that in principle the Local Authority (LA) Chief Executives would be asked to support the direction of travel of the Memorandum of Understanding (MOU) as partners	LA CHIEF EXECUTIVES
	(b) that all statutory bodies would be engaged and consulted with on the MOU and members of the South Yorkshire and Bassetlaw (SYB) Collaborative Partnership Board (CPB) would assist with this, to facilitate discussions and develop an MOU and principles	ALL
	(b) that the CPB noted the proposed timelines and that the draft MOU would be circulated to all on 2 May to take through governing bodies, board and key meetings for consideration and comment.	WILL CLEARY-GRAY
	(c) that the Manchester MOU and the Sheffield City Region (SCR) agreement would be shared with all as an example of the detail expected	WILL CLEARY-GRAY
	(d) that any concerns or queries around the outlined process and timeline be brought to the attention of the Chair	ALL
3	Finance update	
33/17	(a) that links were required between workforce development and finance processes and it was agreed that MC would discuss with JC	MIKE CURTIS, JEREMY COOK
	(b) that we would need to develop and agree criteria for how future transformation funding and capital were aligned to priorities and this commitment would be in the MoU	JEREMY COOK
4	STP communications and engagement approach	

34/17	(a) that a report on the STP communications and engagement approach would be given at the next meeting	HELEN STEVENS
	(b) that a short template be produced making the purpose of a document clear, what was required, and who it could be shared with.	HELEN STEVENS
	(c) that a lessons learnt exercise from the two major consultations would be helpful for future consultation work and proposals for how this was undertaken would be discussed with the steering group	HELEN STEVENS
5	Independent review of hospital services	
37/17	(a) that all partners were asked to use the circulated the update paper for discussion at key private meetings	ALL
6	Any other business – Work stream update	
39/17	(a) that updates from work stream leads would be delivered at future CPB meetings	ALL

South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

Minutes of the meeting of 7 April 2017, The Birch and Elm Room, Rotherham

Present:

Andrew Cash, South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) Lead/Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust (CHAIR)
Adrian Berry, Deputy Chief Executive, South West Yorkshire Partnership NHS Foundation Trust (Deputy for Rob Webster, Chief Executive)
Dr Des Breen, Medical Director, Working Together Partnership Vanguard
Dominic Blaydon, Associate Director of Transformation, The Rotherham NHS Foundation Trust
Will Cleary-Gray, Director of Sustainability and Transformation, South Yorkshire and Bassetlaw STP
Jeremy Cook, Interim Director of Finance, South Yorkshire and Bassetlaw STP
Sandra Crawford – Associate Director of Transformation – Nottinghamshire Healthcare NHS Foundation Trust (Deputy for Ruth Hawkins, Chief Executive)
Mike Curtis, Local Director, Health Education England
Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group
Adrian England, Chair, Healthwatch Barnsley
Idris Griffiths, Interim Accountable Officer, NHS Bassetlaw Clinical Commissioning Group
Susan Hird, Consultant in Public Health, Sheffield City Council (Deputy for Greg Fell, Director of Public Health)
Ben Jackson, Senior Clinical Teacher, Academic Unit of Primary Medical Care, Sheffield University
Bob Kirton, Director of Strategy and Business Development, Barnsley Hospital NHS Foundation Trust
Alison Knowles, Locality Director North of England, NHS England
Wendy Lowder, Executive Director Communities, Barnsley Metropolitan Borough Council (Deputy for Diana Terris, Chief Executive)
Anne Marie Lubanski, Director of housing, Rotherham Metropolitan Borough Council (Deputy for Sharon Kemp)
Ainsley Macdonnell, Service Director – North Nottinghamshire and Direct Services, Adult Social Care, Health and Public Protection, Nottinghamshire County Council (Deputy for Anthony May, Chief Executive)
Richard Parker, Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group
Brigid Reid, Chief Nurse, NHS Barnsley Clinical Commissioning Group (Deputy for Lesley Smith, Chief Executive)
Maddy Ruff, Accountable Officer, NHS Sheffield Clinical Commissioning Group
Kathryn Singh, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
John Somers, Chief Executive, Sheffield Children's Hospital NHS Foundation Trust
Richard Stubbs, Acting Chief Executive, The Yorkshire and Humber Academic Health Science Network
Patrick Birch, Programme Manager, Commissioning and Contracts Adults and Communities, Doncaster Metropolitan Borough Council (Deputy for Jo Miller, Chief Executive)
Kevan Taylor, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust
Janet Wheatley, Chief Executive, Voluntary Action Rotherham

Apologies:

Louise Barnett, Chief Executive, The Rotherham NHS Foundation Trust
Greg Fell, Director of Public Health, Sheffield City Council (Deputy for John Mothersole, Chief Executive)
Matthew Groom, Assistant Director of Specialised Commissioning, NHS England Specialised

Commissioning

Ruth Hawkins, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust
 Richard Henderson, Chief Executive, East Midlands Ambulance Service
 Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust
 Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council
 Anthony May, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust
 Jo Miller, Chief Executive, Doncaster Metropolitan Borough Council
 Leaf Mobbs, Director of Planning and Development, Yorkshire Ambulance Service NHS Trust
 Dr Tim Moorhead, Clinical Chair, NHS Sheffield Clinical Commissioning Group
 Simon Morritt, Chief Executive, Chesterfield Royal Hospital NHS Foundation Trust
 John Mothersole, Chief Executive, Sheffield City Council
 Matthew Sandford, Associate Director of Planning and Development, Yorkshire Ambulance Service NHS Trust
 Steve Shore, Chair, Healthwatch Doncaster
 Paul Smeeton, Chief Operating Executive, Nottinghamshire Healthcare NHS Foundation Trust
 Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group
 Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw STP
 Neil Taylor, Chief Executive, Bassetlaw District Council
 Rob Webster, Chief Executive, South West Yorkshire Partnership NHS Foundation Trust

In Attendance:

Janette Watkins, Programme Director, Providers Working Together
 Kate Woods, Programme Office Manager, South Yorkshire and Bassetlaw STP

Minute reference	Item	Action
29/17	<p>Welcome and introductions</p> <p>The Chair welcomed members, outlining the content of the meeting, and noted apologies for absence.</p> <p>The meeting would cover:</p> <ul style="list-style-type: none"> - The next steps for the NHS Five Year Forward View Delivery Plan - Being clear on developing the Memorandum of Understanding (MOU) and the process for this and that NHS England and NHS Improvement were partners to this work as the area moved towards a managed system. - An update on each area would be requested under AOB <p>AJC advised that a common definition would be developed for Accountable Care Systems (ACS) and Accountable Care Organisations (ACO) during the course of 2017/18 A working definition was agreed as ACS referring to the overall STP system and ACPs referring to local places until this was worked through formally.</p>	
30/17	<p>Minutes of the previous meeting held 17 March 2017</p> <p>The minutes of the meeting were accepted as a true and accurate record and would be published.</p>	
31/17	<p>Matters arising</p> <p>All matters arising would be picked up as part of the agenda. An</p>	

	<p>update was given on the following actions:</p> <p>13/17 LA CEO meetings AJC would attend a South Yorkshire and Bassetlaw (SYB) LA Leaders meeting to further discuss proposals around funding and would update the Board at the next meeting in May.</p> <p>17/17 finance update A revised indicative budget would be brought to May Sustainability and Transformation Partnership (STP) Collaborative Partnership Board (CPB) subject to clarification of transformation funding.</p> <p>23/17 Healthy lives work stream update It was noted that the SCR had funding from the Department of Work and Pensions (DWP) to support an employment service across the SCR. Work was being done around aligning this with the STP footprint. A request was made for each area to provide KT with a provider lead for IAPT. It was noted that the DWP would commission an IAPT employment support service. An update would be given at the May meeting.</p>	<p>ALL MH LEADS</p> <p>KEVAN TAYLOR</p>
<p>32/17</p>	<p>National Update</p> <p>Delivery plan key messages</p> <p>The next steps on the NHS Five Year Forward View was published on Friday 31 March. AK presented a summary of this, highlighting the key themes and considering how SYB would take it forward.</p> <p>It was noted that SYB must retain focus on delivery and on the financial position, delivery of the priorities, and to take maximum advantage of the space for co-creation, local innovation and integration.</p> <p>The CPB were invited to comment.</p> <p>It was confirmed in response to a query around 9 accountable care organisations being referred to within the presentation, that other systems could come forward over coming months to form part of this group.</p> <p>The CPB were asked to recognise that Healthwatches were funded by LAs and might require investment.</p> <p>The CPB discussed major regional universities. It was confirmed that the MOU would be developed and as part of the delivery of the programme, a wider coalition would be considered. This would also include local colleges within the workforce discussions as well as greater collaboration with the SCR leads and police and crime commissioners.</p> <p>In response to a query around the development of the MOU enabling transformation funding, a parallel process was taking place around bidding for national funding, it was confirmed that the transformation funding would include the current bids whether successful or not. Due to parallel running and potentially short timescales for the development of bids, coherence around the bidding process and what</p>	

	<p>SYB needed to do was required as soon as possible.</p> <p>It was noted that the process for allocation of transformation funding would be worked through as a partnership board. An implementation plan would be produced by the end of June 2017. A time out on 28 April was taking place to develop the MOU and it was anticipated that urgent and emergency care, Cancer, Primary care Metal Health and Learning Disabilities would feature as a key programme in 17/18. Concurrently, work was continuing the sustainable hospital services review and the commissioning review. Workforce was discussed as a key issue for all the work and an update would be brought to the May meeting.</p> <p>SYB would need to consider different models and ways of working moving forward.</p> <p>It was agreed that engaging politicians as part of this process was crucial and this would be a discussion agenda when AJC met with LA CEOs.</p> <p>Local elections would take place and thereafter an engagement exercise. In principle the LA CEOS would be asked to support the direction of travel of the MOU which was viewed by LA colleagues in attendance as the right approach in principle. The exercise would be to ensure politicians were well informed and where they wished, to participate and contribute. It was not to seek commitment for the direction of travel.</p> <p>It was agreed that there was learning to take from other STPs and collaborations nationally for the SYB.</p> <p>SYB Memorandum of Understanding development</p> <p>SYB had been invited, as one of the 9 emerging accountable care systems, to develop and MoU which would secure funding, additional support and devolved responsibilities from health to better deliver plans.</p> <p>A paper was circulated to set out a framework for an SYB MOU. The focus would be on securing the support SYB needed to delivery its plans and enabling confidence in devolved responsibilities. It was highlighted that the MOU should be have the right balance of commitment and flexibility.</p> <p>All partners would be part of the development of the MOU, which would enable the delivery of key priorities and recognised the legal framework that all were currently working within.</p> <p>All statutory bodies would be engaged and consulted with on the MOU. Members of the CPB would be required to assist with this, to facilitate discussions and develop an MOU and its principles.</p> <p>It was expected that 17/18 would be shadow year recognising that the STP was not a statutory organisation and the region would continue to work together to deliver what was required.</p> <p>The Next Steps on the Five Year Forward View ambitions would be</p>	<p>LA CEOS</p> <p>ALL</p>
--	--	---

	<p>reflected in MOU. The SYB STP would aim to be the best delivery system in the country and a system commitment was required.</p> <p>NHS England and NHS Improvement as assurers would be part of drafting the MOU.</p> <p>The CPB noted that the 9 areas highlighted in the Next Steps on the Five Year Forward View had been asked to come forward as ACSs and the SYB must define what this meant. The CPB discussed this. Work was taking place around the definitions of Accountable Care Organisations and Accountable Care Partnerships.</p> <p>How the SYB system linked into other systems must also be considered.</p> <p>A comment was made around the challenging timescales to enable all organisations to contribute to developing the MOU.</p> <p>AK highlighted that nationally work was taking place around Accountable Care Partnerships. The work around new assurance systems involved with Accountable Care Organisations was noted. Organisations could collaborate and work with partnerships without changing organisational form.</p> <p>The CPB noted the proposed timelines and that a jointly developed MOU would be circulated to all on 2 May to take through governing bodies, board and key meetings for sign off. The Manchester MOU and the SCR agreement would be shared with all as an example of the detail expected.</p> <p>CPB was asked to raise any concerns or queries around the outlined process and timeline.</p>	<p>WILL CLEARY-GRAY WILL CLEARY-GRAY</p> <p>ALL</p>
<p>33/17</p>	<p>Finance update</p> <p>The CPB were updated on the finances, noting:</p> <ul style="list-style-type: none"> • A review of the financial model had been completed and a pack of data had been produced; this identified errors within the model and a refresh would take place. • A meeting took place with the Health Economy and Intelligence Unit within NHS Improvement. There would be no national request to submit an update on plans at this point and would develop guidance consistent with operational plans. JC was asked to join the national group to help develop the next plans to be completed. • Work was taking place with STP Director of Finance (DOFs) around the processes and governance around bidding for additional capital and transformation funds. • Plans for how to report monthly to CPB were being developed. The DOFs would work up proposals through the STP DOF Steering Group for discussion at Finance Oversight Committee and would be approved by the CPB. • Work was taking place on the Stroke business case to agree 	

	<p>financial principles and to aid development of final draft business case being considered by Joint Committee of Clinical Commissioning Groups (JCCC) on 24 May.</p> <p>A comment was raised around linking workforce development to finance and it was agreed that MC would discuss with JC.</p> <p>A discussion took place around the need for organisations to work together, developing local commissioning models for the population to develop a sustainable workforce. It was commented that work to consider workforce to deliver against local place plans was required and to test the thinking for broader workforces. Communications around this would be also important. It was highlighted that there was work to be done around urgent and emergency care.</p> <p>The CPB noted that discussions had taken place at the Finance Oversight Committee around the current structures and processes for the STP and clear governance around how funding would be distributed was required. A revised structure for this would be contained within the MOU.</p>	<p>MIKE CURTIS, JEREMY COOK</p> <p>JEREMY COOK</p>
<p>34/17</p>	<p>STP communications and engagement approach</p> <p>A report and presentation would be given at the May meeting.</p> <p>The CPB had previously supported the commissioning of work with Healthwatch and Voluntary Action groups to engage early with the public and staff on the ambitions of the STP. This was taking place in all local areas.</p> <p>Feedback would be captured and form part of the next steps on developing and defining the plans and building a network for engagement.</p>	<p>HELEN STEVENS</p>
<p>35/17</p>	<p>Hyper Acute Stroke Services and Children's Services</p> <p>A full analysis was circulated from the public consultation. The themes had previously been shared from this from the various stakeholders. The summation of this consultation was also shared noting varied responses to the proposals and demonstrated a full and considered process for the consultation.</p> <p>It was noted that the report had been shared with the Joint Health Overview and Scrutiny Committee (JHOSC). There were no major questions on the consultation and therefore considered to be a full and appropriate consultation on the proposals. Feedback on the report was welcomed from CPB to form a key element of the decision business case being considered by the JCCC in May.</p> <p>It was requested that a short template be produced which was clear on the purpose of a document, what was required, and who it could be shared with.</p> <p>A discussion took place around lessons learned from these work streams and next steps. A lessons learnt exercise from the two major consultations would be helpful for future consultation work. It was noted that there would be a number of caveats around the business</p>	<p>HELEN STEVENS</p> <p>HELEN STEVENS</p>

	<p>cases presented to the JCCC in May, for example around potential impact on the acute element of the pathways and rehabilitation for Stroke, and the decisions would be taken considering the impact on other elements of the pathway.</p> <p>A discussion took place around the proposals and the original ambitions. It was noted that if there was a scaling back on the work it was because this was the right thing to do for patients. In relation to Children's Services, the size of the change was still to be defined and the work could still be transformational.</p> <p>The CPB noted that the consultation analysis had helped to inform the proposals and was a crucial part of the process to support change. While commissioning services consideration of the issues flagged by the public was very important. It was commented that the quality and safety issues were clearly stated at the public consultation sessions.</p> <p>The CPB noted that final decisions would be taken on the business cases by the Joint Committee in May.</p>	
36/17	<p>Independent Review of Hospital Services</p> <p>The CPB were updated on developments with the hospital review.</p> <p>An update paper was circulated for use at private governing body, trust board and council meetings.</p> <p>Further developments were outlined by WCG, noting that the advert for an Independent Review Director Lead had gone out and the closing date was 7 April. The recruitment process would be supported by NHS England and the Sustainable Hospital Services Review Steering Group.</p> <p>The infrastructure for the work was being put into place including recruitment of a secretariat and appropriate project support.</p> <p>All partners were asked to use the circulated paper for discussion at private key meetings.</p>	ALL
37/17	<p>Review of commissioning</p> <p>The CPB were updated on developments, noting discussions with NHS England. The functions of Clinical Commissioning Groups and where they may align in the future was being addressed. Work was progressing around agreeing definitions of tier 1 and tier 2 and making the connections to the hospital services review.</p> <p>Commissioner input into the MOU was taking place and discussions taking place with NHS England on this.</p> <p>A positive contribution from LAs around commissioning collectively had previously been highlighted, and this would be taken forward.</p>	
38/17	<p>Unadopted minutes of Finance Oversight Committee</p> <p>The minutes were ratified by the CPB.</p>	

<p>39/17</p>	<p>Any Other Business The ACOs were asked to update on their area:</p> <p>Bassetlaw An accountable care partnership board was in place, and discussions had taken place to ensure that the Bassetlaw 'Place' Plan was fully inclusive. Excellent partnership involvement was noted. Overarching outcome measures and agreeing key priorities to take the Place Plan forward would be agreed at the next meeting. Integrated neighbourhood teams were established. Work was taking place with partners and providers around integrated physical and mental health and the contracts had been restructured to facilitate this. Work was taking place to develop social prescribing with the community and voluntary sector, looking at the wider determinants of health and working with partners to build healthier communities. Work was taking place around public engagement to align this with GP practice involvement groups, the council and other neighbourhood groups.</p> <p>Sheffield An accountable care partnership was in place. Work was taking place to agree the priority work streams with UEC being one of these. A strong relationship was in place with primary care in Sheffield and the LA. Work was taking place around the commissioning functions of an ACP. Organisational Development (OD) work would be required for Boards and director teams. Three successful engagement events around the Sheffield Place Based Plan had taken place.</p> <p>Rotherham Working to an accountable care partnership approach. A Place Plan was agreed and work was now taking place to develop a delivery plan. Work was also taking place on governance moving from shadow form to formal from 2018. Work on OD was required for this.</p> <p>Barnsley Work on an accountable care partnership board was progressing. Barnsley would be going live on intermediate care services shortly. This was challenging however there was enthusiasm to work together. Barnsley has an active Save Our NHS Group and work is ongoing to ensure the group is informed.</p> <p>Doncaster The Place Plan was agreed and was agreed that there would be an integrated commissioning function and accountable care partnership approach.</p> <p><u>Workstream updates</u> Updates from each work stream would be given at future meetings.</p>	<p>STP PMO</p>
---------------------	---	-----------------------

REPORT TO THE HEALTH AND WELLBEING BOARD

6 JUNE 2017

**PUBLIC QUESTIONS AT THE HEALTH AND WELLBEING BOARD –
PROCEDURAL ARRANGEMENTS**

Report Sponsor: Cllr Sir Stephen Houghton
Report Author: Ian Turner
Received by SSDG: 18 April 2017
Date of Report: 6 June 2017

1. Purpose of Report

- 1.1 To propose procedural arrangements for the public to ask questions at the Health and Wellbeing Board meetings, following the Board’s agreement to this in principle at the Board meeting on 4 April 2017.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- agree the proposed arrangements for the public to ask questions at the Health and Wellbeing Board, as set out in the Appendix, for implementation from the next meeting;
- review the arrangements after six months operation and annually thereafter; and
- request the Council’s Cabinet to amend the Board’s Terms of Reference accordingly.

3. Introduction/Background

3.1 At its meeting on 4 April 2017, the Board discussed the principle of allowing the public to ask questions at meetings of the Health and Wellbeing Board in order to increase transparency in respect of the issues under discussion. The Board asked that a further report be submitted to this meeting, setting out proposed procedural arrangements to put this into effect, bearing in mind that public questions are outside the current legal framework for meetings.

4. Key Principles and Proposed Procedure

4.1 The proposed procedural arrangements are set out in the Appendix to this report. The main principles considered in drafting this process are:-

- Providing clarity about the question being asked and arrangements for its submission;

- Identifying how the question will be considered at Board meetings;
- Establishing boundaries in relation to the questions that might be asked.

4.2 If approved by the Board, the procedure will need to be incorporated into the Board's Terms of Reference. This in turn will require approval by the Council's Cabinet. The intention is to review the operation of the arrangements after six months, and then annually thereafter. The opportunity to ask questions will be publicised on the Health and Wellbeing Board meeting page on the Barnsley MBC website.

5. Financial Implications

5.1 There are no financial implications arising from this matter. The staff time required to operate the arrangements will be contained within the Council Governance Unit's existing resources.

6. Consultation with stakeholders

6.1 The Health and Wellbeing Board considered the principle of this at its meeting on 4 April.

7. Appendices

Appendix 1 – Proposed Procedure/Arrangements for Public Questions.

8. Background Papers

8.1 Published Works – Barnsley MBC Constitution and associated Local Government legislation.

Officer: Ian Turner **Contact:** ianturner@barnsley.gov.uk **Date:** 10 April 2017

PROPOSED PROCEDURE/ARRANGEMENTS FOR PUBLIC QUESTIONS

1. A member of the public may ask a question at a meeting of the Health and Wellbeing Board that, in the opinion of the Council's Executive Director, Core Services, is relevant to the business of the Board and has been notified to the Council Governance Unit in writing by email no less than 10 clear days in advance of the meeting in question.
2. No question shall exceed 100 words in length.
3. An item shall be included as the first substantive item on the agenda for each Board meeting for the purpose of reporting public questions received. Details of questions received will be made available to the Board by inclusion with the agenda papers, if necessary as a supplementary document. Questions will not generally be read out at the meeting, but the person who has submitted the question may attend for the item in question.
4. All questions shall be answered by the relevant Board member, who may reserve the right to indicate that the answer is given within a specific paper on the Board's agenda or reply in writing after the meeting.
5. The Executive Director, Core Services reserves the right to reject questions that are libellous or vexatious, or simply repeat questions answered at previous meetings.

This page is intentionally left blank

REPORT TO THE HEALTH AND WELLBEING BOARD

6th June 2017

PROPOSED USE OF ADDITIONAL ADULT SOCIAL CARE FUNDING (2017-20)

Report Sponsor: Rachel Dickinson (Executive Director (People): Barnsley MBC)
Report Author: Lennie Sahota (Interim Service Director: Adult Social Care and Health, Barnsley MBC)
Received by SSDG: 16th May 2017
Date of Report: 18th May 2017

1.0 Purpose of Report

1.1 To seek the Board’s approval for the proposed use of additional Adult Social Care funding allocated to the Borough for the period 2017-20.

2.0 Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Approve the proposed use of additional, non recurrent adult social care funding during this period, as summarised in Paragraph 4.2 and detailed in Appendices 1 and 2, of this report.
- Note that progress made as a result of this funding will form part of the Board’s periodic consideration of the Better Care Fund Performance Report.

3.0 Introduction

3.1 Members of the Board will recall that one of the outcomes of the Spring Budget (2017) was the provision of additional funding, amounting to £2 billion, nationally, which would be made available, during 2017/18, in order to meet the following cost pressures in adult social care:

- Meeting adult social care needs.
- Reducing pressures on the NHS through enabling more people to be discharged from hospital when they are ready.
- Stabilising the social care provider market.

3.2 The additional funding allocated to Barnsley amounts to £11million over 3 years. Of this, £5.7 million will be available during 2017/18 (Year 1) with funding then tapering until £1.8 million is available in 2019/20 (Year 3).

- 3.3 The additional funding is non recurrent as it's purpose is to act as an interim measure to support local authorities in addressing significant cost pressures in adult social care which currently exist in the system. A Green Paper on adult social care was announced as part of the Spring Budget whose purpose would include options for the future funding of provision.
- 3.4 This one-off funding will be paid as a specific grant from the Department for Communities and Local Government, directly to Barnsley MBC with the following conditions:
- Funding must be spent on adult social care services and should support improved performance at the health and social care interface.
 - Funding must be pooled into the Better Care Fund and expenditure must be discussed and agreed with the Health and Wellbeing Board.
 - Spending plans for using this additional funding must be over and above anything that has already been agreed for adult social care as part of the 2017/18 Budget.
- 3.5 In requiring local authorities to pool the additional funding into the Better Care Fund, the Fund's policy framework stipulates that NHS England's powers to direct the use of the Better Care Fund will not apply to this element.

4.0 Funding Proposals

- 4.1 Further detail on the proposed use of this additional funding, in Barnsley, is set out in the attached report and accompanying spreadsheet, which was submitted for the consideration of the Board's Senior Strategic Development Group at its meeting, held on 16th May.
- 4.2 In summary, the additional funding will be prioritised to address the following, in the Borough:
1. Meet existing adult social care needs and cost pressures over and above budgeted expenditure, during 2017/18.
 2. Meet anticipated adult social care needs during 2018/19 and 2019/20.
 3. Demographic growth pressures, arising through a growing number of people aged over 65 and those with multiple or complex needs.
 4. Care provider fee pressures, including the introduction of the National Living Wage.
 5. Rising number of assessments, following the *P. vs. Cheshire West and Chester Council* judgement, concerning the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards Scheme.
 6. Learning disabilities and/or those with autism – 'Transforming Care' agenda cost pressures.
 7. Investment in the following:
 - Sustainability of the local care market.
 - Increasing service capacity in adult assessment and care management.

- Increased support offer to carers.
- Reablement and assistive living technology.
- Community resilience and prevention
- Seven day working in the NHS (Barnsley Hospital)

5.0 Financial Implications

5.1 The beneficial impact of this additional funding is outlined in Page 4, Paragraphs 15-18 of Appendix 1.

6.0 Consultation With Stakeholders

6.1 The proposed use of additional, non recurrent adult social care funding during 2017-20 has been considered and approved by the Board's Senior Strategic Leadership Group.

7.0 Conclusion And Next Steps

7.1 In considering this report, the Board is recommended to approve the proposals, summarised in Paragraph 4.2 and detailed in Appendices 1 and 2.

7.2 Details of the progress made as a result of the additional funding will be reported to the Board as part of its periodic consideration of the Barnsley Better Care Fund Performance Report.

8.0 Appendices

8.1 Appendix 1: Proposed Use Of The Additional Adult Social Care Funding (2017-20) – Report to the Senior Strategic Development Group (16th May 2017)

Appendix 2: Proposals For The Use Of Additional £4.3 Million Adult Social Care Funding

Officer: Lennie Sahota

Contact: Tel: (01226) 775650 or e-mail lenniesahota@barnsley.gov.uk

This page is intentionally left blank

Report to SSDG

Proposed use of the additional ASC funding (2017–20)

Purpose

1. The purpose of this paper is to consult with the SSDG and to agree the proposed use of the additional adult social care funding as detailed in the attached appendix.

Recommendations

2. The following recommendations are proposed:
 - **SSDG note the approach taken by the Council to inform the use of the additional ASC funding; and**
 - **SSDG agree the use of the funding as outlined in this paper and detailed in the attached appendix.**

Background

3. The Government's spring budget 2017 announced on 8 March confirmed an additional £2bn over the next three years for adult social care, with £1bn to be made available in 2017/18 for the purpose of:
 - meeting adult social care needs;
 - reducing pressures on the NHS (supporting more people to be able to be discharged from hospital when they are ready); and
 - stabilising the social care provider market.
4. The additional funding allocated to Barnsley amounts to £11m over the three years and tapers off from £5.7m in 2017/18 to £1.8m in 2019/20. There is no certainty of funding beyond 2019/20.
5. The additional grant funding is **one-off / non-recurrent** and has been made available in recognition of the significant adult social care cost pressures that exist in the system now. This is in contrast to the allocation of the improved BCF monies, which was skewed towards 2019/20 (i.e. in 3 years' time).
6. This funding is effectively a bridging strategy, as it front-loads the previously announced improved Better Care Fund monies thereby enabling councils to meet anticipated ASC pressures in 2017/18 and 2018/19. As a result of this any use of the funding in terms of specific investments would have to be on a one-off and non-recurrent basis.

7. The funding will be paid as a specific grant from the DCLG directly to Councils, with the following conditions:
 - Funding must be spent on adult social care services and support improved performance at the health and social care interface;
 - Funding must be pooled into the Better Care Fund (BCF) and the spending plans must be discussed / agreed with the Health & Wellbeing Board;
 - The spending plans for using the additional grant must be over and above anything that has already been agreed for adult social care as part of the 2017/18 budget. This would be certified by the Council's Chief Finance Officer.
8. The DCLG conditions require local authorities to pool the additional ASC funding into the BCF. However, the BCF policy framework stipulates that NHSE's powers to direct the use of the BCF funding (in respect of meeting the BCF conditions) does not apply to the additional ASC funding paid to LAs.

Approach to the use of the funding

9. The Government is quite clear that this money should be used to fund adult social care needs and to help stabilise the care market as well as support hospital discharge.
10. The funding is intended to support councils to continue to focus on core adult social care services, including helping cover the costs of the national living wage, which would benefit care workers. This includes maintaining ASC services, which could not otherwise be maintained, as well as investing in new services to manage demand and reduce delayed discharges from care. This point is emphasised in the 2017-19 BCF policy guidance & framework.
11. In view of the above, the first call on the additional funding would be to:
 1. Meet existing adult social care needs / cost pressures over and above budgeted spend in the 2017/18. Whilst the Council's 2017/18 budgeted spend for ASC included provision for demographic growth and inflationary pressures, additional cost pressures have been identified since the budget was formally approved and would need to be funded from this additional ASC funding;
 2. Meet the anticipated adult social care costs / needs in 2018/19 and 2019/20, particularly covering the costs / impact of the national living wage. This would ensure continuity of care provision currently carried out by independent sector care providers (e.g. domiciliary care), which would otherwise not be maintained. The following are some of the main unfunded pressures facing adult social care in Barnsley:

Demographic growth pressures: - the number of older people (aged +65) and those with learning disabilities and mental health issues requiring

social care and support is projected to rise annually beyond 2017/18. In addition, the proportion of people with multiple and complex needs and the cost of support is anticipated to rise year on year. This is particularly evident in the older people cohort where the number of high cost placements requiring 1:1 supervision to manage challenging needs is on the rise. The number of young adults with learning disabilities transitioning annually from children services as well as adults with complex needs living longer has resulted in spend on care / support increasing significantly in recent years. Current demographic projections indicate annual growth in numbers / cost of supporting people with learning disabilities of between 3% and 5% over the next 3 years.

Care provider fee pressures: - the introduction of the national living wage, which has resulted in the minimum wage increasing to £7.20 per hour from 2016, and rising to £9.15 by 2020, has led to increased pressure from care providers for an annual uplift in the fee paid by the Council for residential and domiciliary care. The responsibility of the Council under the Care Act to ensure sustainability of the care market has exacerbated the pressure on the Council to maintain fees at a reasonable level.

Deprivation of Liberty Safeguards (DoLS): - The Cheshire West court judgment widened the scope and definition of 'deprivation of liberties' and meant that councils are applying the safeguards to a much larger group of adult residents than previously. This has resulted in a huge strain on existing resources / capacity since the court ruling due to a ten-fold increase in assessment caseloads, rising numbers of applications, more demand for paid representatives (instead of using family members) and more Court of Protection challenges to DoLS authorisations. There is a significant administrative burden and statutory timescales associated with processing DoLS cases.

Transforming Care: - additional cost pressures are anticipated as people with a learning disability and/or autism in specialist LD hospitals are discharged and supported by local authorities in the community. The transforming care programme also focuses on preventing inappropriate admissions into hospitals with support provided within the community. The cost of providing community care packages (net of continuing health care and s117 contributions) for these cohorts in addition to the capacity to undertake Care & Treatment Reviews would exert pressures on adult social care.

12. It is proposed that the additional ASC funding is applied to meet the above future cost pressures, which has been estimated at £2.3M in 2018/19 and £4.4M in 2019/20 (£6.7M in total over the 2 years). Setting aside this amount from the available ASC funding of £11M allows the council to cover off the above anticipated pressures whilst also considering other strategic priorities.
13. The above proposals would leave £4.3M of the additional ASC funding of £11M for specific new one-off investments to be put forward for agreement by the Health & Wellbeing Board. Plans put forward must be one-off and meet the conditions for the use of the funding i.e. meet adult social care needs, help stabilise the local care market and support hospital discharge.

14. The attached appendix 1 detailed the investment proposals put forward against the available £4.3M funding as well as outline the expected outcome and impact. The main investment areas include:
- a) Sustainability of the care market;
 - b) Increased service (assessment & care) capacity;
 - c) Increased support / offer to carers;
 - d) Reablement / Assistive Living Technology;
 - e) Community resilience / bridge building
 - f) 7 Day Working (Hospital).

Impact of funding

15. The following broadly summarises the impact of the proposals on the health & care system as well as compliance with the conditions.

Stabilising the care market

16. Without a sustainable social care market, particularly in home care and residential care, it would not be possible to ensure care and support was available to facilitate timely discharges from hospital.

Reducing delayed discharges / pressures in the NHS

17. It should be noted that Barnsley's ASC performance in respect of delayed transfer of care (DTC) is amongst the best in the country; however this has been at the expense of carrying out other statutory duties such as timely assessments and reviews. Management capacity, quality assurance and contract monitoring are also presenting significant challenges, as is the funding for reablement and the care alarm response services. In order to continue to maintain the excellent performance in DTC and improve the care and support within the community to help avoid unnecessary hospital admissions, there is a need to prioritise investment in key areas of the ASC service.

Meeting adult social care needs

18. It is widely acknowledged that the modern day NHS system cannot function properly without an effective and adequately resourced social care system. Access to good quality information and advice, low level support within communities, support for carers, investment in and use of new technologies are all essential to managing the rising demands for both social care and health. Without appropriate social care support people's needs are likely to escalate placing even greater strain on health services.

Proposals for the use of the additional £4.3M ASC funding

Ref	Proposal	Brief Description of Proposal	Expected outcomes / benefits / Impact	2017/18 £	2018/19 £	2019/20 £	TOTAL £	Recurrent Funding £
PEOPLE								
PE1	Quality and sustainability of care market	To address continued and ongoing pressures from the care providers for a sustainable fee payment that addresses quality of care issues (including recruitment / retention of skilled staff) and allows for a sustainable local market. Pressures are particularly evident in the long term nursing care market, where there is a shortage of beds / skilled nurses. Also there is a requirement to revise the current weekly Nursing care fee (at the moment it is aligned to the standard residential rate rather than the EMI rate)	Paying a sustainable fee for care would help incentivise improvement in quality of care, address recruitment issues faced in the residential care market and ensure sustainability of some care providers. It would also address current inconsistency in the residential EMI and Nursing rates. Improvement in quality and availability of care will also help avoid unnecessary hospital admissions from care homes and facilitate more timely discharges.	£100,000	£300,000	£300,000	£700,000	700,000
PE2	Service / Management Capacity	Expand the management capacity within ASC by creating additional x1 head of service; x1 team manager and enhanced quality assurance and monitoring capacity by creating additional officers posts (x5)	Existing management structure is insufficient for the size and complexity of the service. Also service teams sizes and managers' span of control are unrealistic (e.g. Access TM oversees 3 distinct areas of activity with over 35 staff). The service also has no dedicated capacity for quality assurance nor to address the demand / workload relating to coordinating and managing health funded packages / provision (including ensuring appropriate reimbursement from health). The capacity for monitoring of direct payments is also insufficient and has resulted in insufficient oversight of direct payments spend and a failure to ensure clawback of unspent monies.	£167,000	£330,500	£330,500	£828,000	TBD
PE3	Mainstreaming of the reviewing team	To mainstream the reviewing team established using the invest to grow funding, within assessment & care.	This will ensure improvement in performance by ensuring timely review of care and support plans (the Care Act species reviews should be carried out no later than every 12 mths) and the delivery of efficiencies if people's needs have reduced or can be met more cost effectively (the current review team has identified significant level of savings). Regular review of care and support needs can also help prevent situations deteriorating to levels requiring possible hospital admission.	£145,000	£217,500	£217,500	£580,000	TBD
PE4	Strengthening the contracts monitoring arrangements	Expansion of the contract monitoring function to ensure more effective monitoring and management of care contracts (residential, homecare, supported living etc) and enable greater partnership working with providers to improve quality of provision and outcomes for service users.	This would help support effective independent sector care services and a more sustainable market by maintaining effective relationships with providers. It would also help improve quality and drive value for money by holding providers to account for the delivery of outcomes. A high quality, effective and sustainable independent sector care market is essential to the meeting of peoples care and support needs and ensuring timely discharges from hospital.	£65,000	£65,000	£65,000	£195,000	TBD
PE5	Service / personal budgets for Carers	Under the Care Act authorities are required to carry out assessments of carers (distinct from the service user or client) and make adequate provision to meet their eligible support needs (through personal budgets). Currently there is no identified funding for the provision of personal budgets for carers.	Improved support for carers.	£125,000	£125,000	£125,000	£375,000	TBD
PE6	Unfunded non-care provision pressures	Cost pressures currently exist in the Emergency duty team (increased cost of out of hours cover arrangements) and the use of an independent chair for the Adult safeguarding board	Addressing of recurrent budget pressures	£100,000	£100,000	£100,000	£300,000	100,000
PE7	7 Day Working (Hospital)	The CCG currently provides funding for the provision of a 7 day social work service within Barnsley Hospital to ensure timely discharges of people requiring care and support. The arrangements work well but the funding is only temporary.	Establishment of permanent 7 day working arrangements for the hospital social work team to help maintain the current excellent performance on delayed transfers of care attributable to adult social care.	£120,000	£120,000	£120,000	£360,000	TBD
				822,000	1,258,000	1,258,000	3,338,000	800,000
COMMUNITIES								
COM4	Carers Centre	Implementation of Care Centre Model	The aspiration is that the Care Centre model should streamline activity. When functioning well it will help carers to care for longer which may help manage care demand. The wider benefits that an effective Carers offer bring is to reduce ASC costs.	£100,000	£100,000	£100,000	£300,000	TBD
COM5	Dedicated resource to embed Assistive Living Technology into Adult Social Care so that it is a primary consideration at the first stage of assessment rather than more costly support packages.	Funding of additional capacity to increase usage of Assistive Living Technology within Adult Social Care	Use of technology to support or replace other packages of support, to improve customer experience and reduce costs in social care and health.	£50,000	£0	£0	£50,000	£0
COM7	Reforming first point of contact	Linked into the transition of the first point of contact for adult social care, the aim is to further reform the front end of the ASC system, changing the conversation that they have with potential customers at that first point of contact and initial assessment to ensure we build on personal, family and community resources – working hard to reduce / delay / prevent the need for formal care services. These conversations with people are assumed to take place in local communities	Under the proposed model the aim is to enable people contacting adult social care to be directed or signposted (at the point of contact) to already existing community / universal services.	£200,000	£0	£0	£200,000	£0
COM8	Providing Universal Information and Advice under Care Act obligations	Funding of an external contract with Affinity Works to administer the Live Well Barnsley site. Live Well is our directory of community groups and services for adults, designed to help customers find the information they need all in one place.	This will improve the range of information available in one place for customers, so that they can find the services they need.	£30,000	£30,000	£30,000	£90,000	£30,000
COM10	Reablement Support	Harmonisation of contract funding with service delivery costs. Reablement services remains significantly underfunded despite offering a "lean" operating model.	Enhancement of the wider benefits that an effective Reablement service can bring to reducing ASC costs.	£250,000	£0	£0	£250,000	TBD
COM 11	Funding of Response Service - additional costs incurred to retain existing supplier	One year funding to continue with the current contract while a new approach to providing the service is designed and procured.	The current contract covers the response needed if a customer activates their Assistive Living Technology alarm. The funding will assure the service is delivered for the next financial year.	£72,000	£0	£0	£72,000	£0
				£702,000	£130,000	£130,000	£962,000	£30,000
				£1,524,000	£1,388,000	£1,388,000	4,300,000	830,000

This page is intentionally left blank



Department
of Health

From David Mowat MP
Parliamentary Under Secretary of State for Community Health and Care

Richmond House
79 Whitehall
London
SW1A 2NS

POC 1077045

Ian Turner
Barnsley
Metropolitan Borough Council
Director of Legal and Governance
PO Box 609,
Barnsley, South Yorkshire
S70 9FH
DX 12266
Barnsley 1
Email: ianturner@barnsley.gov.uk

20 APR 2017

Thank you for your kind response to my December 2016 letter, and for taking the time to share your position paper on palliative and end of life care with me.

I am truly impressed by the excellent work you are doing locally to improve end of life care through your focus on individual needs, wishes and preferences, and personalised care planning. I was delighted to read about the wide choice of services in Barnsley and the work you do to keep your End of Life Care Strategy relevant and up to date. I was also impressed to read approximately 1000 staff across Barnsley accessed formal end of life care training in 2015-16.

Since I last wrote, the National End of Life Care Programme Board has made excellent progress delivering the national end of life care commitment, as set out in the Government response to the independent Choice Review. The programme papers are now available online on the Ambitions Partnership Knowledge Hub <http://endoflifecareambitions.org.uk>.

The National End of Life Care Programme Board is offering organisations support to influence local Sustainability and Transformation Plans and enable local areas to commission and deliver care that fulfils the national commitment. For more information and support please get in touch with NHS England at ENGLAND.endoflifecare@nhs.net.

DAVID MOWAT

This page is intentionally left blank