

MEETING:	Overview and Scrutiny Committee
DATE:	Wednesday, 12 July 2017
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors W. Johnson (Chair), G. Carr, Charlesworth, Clements, Ennis, Gollick, Daniel Griffin, Hampson, Hand-Davis, Hayward, Lofts, Pourali, Tattersall, Williams and Wilson together with co-opted member Mr J. Winter

In attendance Councillors Bruff, Platt and Saunders

13 Apologies for Absence - Parent Governor Representatives

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

14 Declarations of Pecuniary and Non-Pecuniary Interest

Cllr Jeff Ennis declared a pecuniary interest in minute 16 as Director for Public and Patients of Barnsley Healthcare Federation CIC.

Cllrs Gill Carr, Gail Charlesworth, Sarah Tattersall and John Wilson declared non-pecuniary interests in minutes 17 and 19 due to their positions on the Corporate Parenting Panel.

Cllr Phillip Lofts declared a non-pecuniary interest in minutes 17 and 19 due to his position on the Adoption Panel.

15 Minutes of the Previous Meeting

The minutes of the meeting held on 21st June, 2017 were approved as a true and accurate record.

The meeting was informed that the additional information which had been requested regarding 4:Thought had not yet been received, but would be circulated to Members at the earliest opportunity.

16 Intermediate Care Services

The following witnesses were welcomed to the meeting:

- Brigid Reid, Chief Nurse Barnsley Clinical Commissioning Group (CCG), Chair of the Alliance Management Team
- Jayne Sivakumar, Head of Commissioning and Transformation, Barnsley CCG
- Sean Rayner, District Director-Barnsley & Wakefield, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
- James Barker, Director of Business Development and Strategy, Barnsley Healthcare Federation

- Diane Edwards, Associate Director of Nursing, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Jacqui Howarth, Service Manager-Right Care Barnsley, BHNFT
- Rachel Dickinson, Executive Director-People, Barnsley MBC
- Lennie Sahota, Service Director-Adult Assessment and Care Management, Barnsley MBC
- Cllr Margaret Bruff, Cabinet Spokesperson, People (Safeguarding)

In introducing the item, the meeting was informed that the definition of intermediate care used in Barnsley was “active rehabilitation following an acute illness or early therapeutic intervention to prevent hospitalisation”.

The Committee received a presentation which provided information of the work which was undertaken through an Alliance Contract between SWYPFT, BHNFT, Barnsley Healthcare Federation, Barnsley MBC and Barnsley CCG to provide intermediate care. The main principles of the specification was to provide:

- Patient-centred care (ensuring that treatment meets the needs of the patient, rather than patients being treated in line with the needs of the service);
- effective clinical leadership;
- strong system knowledge (ensuring that the right service is provided at the right time);
- a partnership focus; and
- an increased role for early therapeutic intervention (as intermediate care was currently focused on rehabilitation following hospitalisation, rather than preventing hospitalisation).

The meeting was informed that RightCare Barnsley (the core and origin of the Alliance Contract set up between SWYPFT, BHNFT and Barnsley CCG) served as the single point of entry and exit to the intermediate care service. This approach sought to reduce the amount of communication required between different organisations, ensuring that patients were progressed through care appropriately.

The meeting was also informed that performance measurements regarding quality of life were being established, to ensure that rehabilitation and therapeutic intervention was enabling patients to be as independent as possible. This approach was being embedded in the service through the therapeutic staff being requested to upskill colleagues in therapeutic approaches, with the aim of staff being able to enable patients to be more independent.

It was explained to the meeting that hospitalisation could often lead to “deconditioning” of patients, where patients lost muscle mass and mobility, reducing their ability to rehabilitate and act independently.

Questions were asked in response to the presentation and report submitted, and the following matters were highlighted:-

- In relation to the history of RightCare Barnsley, it was explained that there had previously been an unplanned care board, led by the CCG. At that time, the default option for GPs had been to refer patients to hospital for unplanned care, which typically created pressure in the system. Therefore, a care co-ordination centre approach was sought, to provide a brokerage service by

phone to GPs. This allowed GPs to ensure that patients were directed to the most appropriate place.

- Mount Vernon Hospital was expected to close, with some of the capacity being provided through care homes. These would be procured in line with a strict service agreement, to ensure that the required standards were met. This would ensure that patients were cared for closer to home and would allow patients to be directed to homes which best met their treatment needs. It was explained that, in relation to the planned Transition Unit NHS inpatient beds there were currently vacant wards at Barnsley Hospital where this would be established (with an aim of a capacity of 24 beds).
- The staff currently employed on the wards at Mount Vernon Hospital would be at risk of redundancy, but it was expected that it was likely that these staff would be able to redeployed within the Alliance. Staff had been kept informed of the proposals for the future of Mount Vernon Hospital over the last 12 months, but formal consultation had not yet started. SWYPFT was the owner of the Mount Vernon Hospital site, which was expected to be sold following the closure. Proceeds from the sale would be handled in accordance with Department of Health guidance.
- Prevention of falls at care homes, while ensuring that patients retained mobility to prevent deconditioning, was an area of work which RightCare Barnsley would be undertaking in the coming year.
- Patient information systems were shared by all partners to the Alliance Contract (with due regard for patient confidentiality) to ensure that information was shared effectively, ensuring the best care for patients. There did remain some issues in ensuring compatibility of IT systems, but this would not put any patients at risk.
- If Members wished to support the intermediate care service in Barnsley, they were recommended to contact the Alliance Contract Management Team, through the Scrutiny Officer, as there was a range of public representative roles which Members could fill. In addition, Members were advised that the Alliance Contract team could provide them with the most up to date information regarding any proposals for the service, so that this information could be accurately transmitted to the public.

The Chair thanked the witnesses for their contribution to the discussion.

RESOLVED:

- i. That Members who wish to support and contribute to the development of the intermediate care service should express their interest via the Scrutiny Officer.
- ii. That the witnesses be thanked for their attendance and contribution.

17 Corporate Parenting Panel Annual Report 2016-17

The following witnesses were welcomed to the meeting:

- Rachel Dickinson, Executive Director - People, Barnsley MBC

- Mel John-Ross, Service Director - Children's Social Care and Safeguarding, Barnsley MBC
- Liz Gibson, Virtual Headteacher for Looked After Children, Barnsley MBC
- Angela Fawcett, Designated Nurse-Safeguarding Children, Barnsley CCG
- Andrea Scholey, Named Nurse Children in Care, 0-19 Service, Barnsley MBC
- Councillor Sarah Tattersall, Corporate Parenting Panel Member
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
- A Barnsley Foster Carer

The Committee considered a report which set out the responsibilities and statutory duties of the Council to act as good Corporate Parents.

Questions were asked in response to the presentation and report submitted, and the following matters were highlighted:-

- The report indicated that there had been many positive outcomes from the Council's work as a Corporate Parent, including children spending less time in care, high adoption rates, high placement stability, and good academic results. The witnesses commented that the Corporate Parenting Panel had served as an effective critical friend for the service. The witnesses confirmed that the Corporate Parenting Panel had been willing and able to challenge the service when this was required.
- The meeting was informed that the Council's Takeover Challenge in November 2016 achieved a Gold Commendation from the Children's Commissioner for England.
- Care leavers were provided with a significant level of support. All care leavers had a pathway plan and an allocated social worker to provide them with assistance as they transitioned towards independence. The process of working towards independence began when children were early teenagers and the pathway plan was designed with the young people to ensure that it met their needs. The meeting was informed that many care leavers stayed with their foster carers after leaving the service. The development of life skills (including cooking, managing money, diet, travel and knowing how to access services) was a paramount part of the transition towards independence and semi-independent accommodation was available for care leavers.
- Termly Personal Education Plans (PEPs) were in place for all children in care and PEPs were being rolled out for post-16 children (which was not a statutory requirement).
- The Public Health Nursing service was currently undergoing a redesign. The meeting was assured that no capacity had been removed from the service and a report could be provided to a future meeting to set out the new arrangements.
- 85.7% of children in care were placed within 20 miles of their home address, above the national average (74.7%) and the performance of statistical neighbours (84.3%). In some instances, those children who were placed more than 20 miles from their home address had particular reasons for this, such as

a need for specialist care or living with their prospective adoptive parents. 34% of Barnsley looked after children were placed outside of the Borough. Members were assured that, where looked after children were to be placed in schools outside of the Borough, the Virtual Headteacher worked closely with schools to ensure that they met the children's needs.

- A foster carer commented that foster carers felt highly valued by the Council and that their views and opinions were listened to.

The Chair thanked all of the witnesses for their attendance.

RESOLVED: That the witnesses be thanked for their attendance and contribution.

18 Exclusion of the Public and Press

RESOLVED that the public and press be excluded from the meeting during consideration of the following item because of the likely disclosure of exempt information as defined by the specific paragraphs of Part 1 of Schedule 12A of the Local Government Act 1972 as amended identified:

<u>Minute No</u>	<u>Paragraph</u>
19	2

19 Children's Social Care Reports

The following witnesses were welcomed to the meeting:-

- Mel John-Ross, Service Director - Children's Social Care and Safeguarding, Barnsley MBC
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)

Mel John-Ross introduced the Children's Social Care monthly report for May 2017, containing a summary of performance and the major performance indicators for children's safeguarding and social care. Members were also provided with a summary report, together with supporting documentation, which outlined and explained the terminology used in the report and advised how to interpret the information given.

Members asked questions in response to the report submitted and the following matters were highlighted:-

- There was a discussion regarding the number of instances of children missing from care. The meeting was informed that a detailed presentation regarding this issue had been made to the Corporate Parenting Panel and this could be circulated to the Committee for information. Members of the Corporate Parenting Panel commented that children missing from care was an issue about which the Panel was especially vigilant.
- A similar report regarding adult social care services was in the process of being developed and it was requested that, once this was available, it be provided to the Committee.

- The number of pupils at schools which had not received a rating of at least Good in their most recent Ofsted inspection was discussed as a concern. The meeting was informed that the service worked closely with the Virtual Headteacher to ensure that looked after children were enrolled in the school which was most appropriate for their needs. Absences from school was typically higher than average for looked after children, which was an area the service was seeking to address.
- There had been an increase in contacts with the service in May 2017, but this had not continued in June 2017 and was not thought to be part of a trend.

RESOLVED –

- i. That additional information be provided to the committee to provide clarity on ‘children missing from care’.
- ii. That the witnesses be thanked for their attendance and contribution.