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

AGENDA

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

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

2 Declarations of Pecuniary and Non-Pecuniary Interest

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

3 Minutes of the Previous Meeting *(Pages 3 - 6)*

To approve the minutes of the previous meeting of the Committee held on 21st June, 2017 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 Intermediate Care Services *(Pages 7 - 22)*

Following an introductory presentation to consider a report of the Executive Director Core Services and Barnsley CCG (Item 4a attached) in respect of Barnsley CCG's Intermediate Care Service Specification (Item 4b attached).

5 Corporate Parenting Panel Annual Report 2016-17 *(Pages 23 - 42)*

To consider a report of the Executive Director Core Services (Item 5a attached) in respect of the Corporate Parenting Panel Annual Report 2016-17 (Item 5b attached).

6 Exclusion of the Public and Press

The public and press will be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

7 Children's Social Care Reports *(Pages 43 - 82)*

Reason restricted:
Paragraph (2) Information which is likely to reveal the identity of an individual.

Enquiries to Anna Marshall, Scrutiny Officer

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

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

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

Electronic Copies Circulated for Information
Diana Terris, Chief Executive
Andrew Frosdick, Executive Director Core Services
Rob Winter, Head of Internal Audit and Risk Management
Michael Potter, Service Director, Business Improvement and Communications
Ian Turner, Service Director, Council Governance
Press

Paper Copies Circulated for Information
Majority Members Room
Opposition Members Rooms, Town Hall – 2 copies

Witnesses
Item 4 - 2.00pm

- Brigid Reid, Chief Nurse Barnsley CCG, Chair of the Alliance Management Team
- Jayne Sivakumar, Head of Commissioning and Transformation, Barnsley CCG
- Sean Rayner, District Director-Barnsley & Wakefield, SWYPFT
- Gill Stansfield, Community Services Manager, SWYPFT
- Bob Kirton, Executive Director, BHNFT
- Jacqui Howarth, Service Manager-Right Care Barnsley, BHNFT
- Lennie Sahota, Service Director-Adult Assessment and Care Management, BMBC
- Cllr Margaret Bruff, (Cabinet Spokesperson-People), BMBC

Item 5 – 2.50pm

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

BARNSLEY
Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee
DATE:	Wednesday, 21 June 2017
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors W. Johnson (Chair), P. Birkinshaw, G. Carr, Clarke, Clements, K. Dyson, Ennis, Franklin, Frost, Daniel Griffin, Hampson, Hayward, Pourali, Tattersall, Unsworth and Williams together with co-opted members Ms P. Gould and Mr J. Winter and Ms K. Morritt.

9 Apologies for Absence - Parent Governor Representatives

No apologies were received in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

10 Declarations of Pecuniary and Non-Pecuniary Interest

Councillors Tattersall and G. Carr both declared a non pecuniary interest in minute 12 due to their positions on the Corporate Parenting Panel.

11 Minutes of the Previous Meeting

The minutes of the meeting held on 31st May, 2017 were approved as a true and accurate record.

It was noted that a letter of thanks had been sent to Joan Whitaker.

12 Child and Adolescent Mental Health Services (CAMHS) in Barnsley

The following witnesses were welcomed to the meeting:-

- Brigid Reid – Chief Nurse, Barnsley Clinical Commissioning Group
- Dave Ramsey – Deputy Director of Operations, South West Yorkshire Partnership Foundation Trust
- Carol Harris – District Service Director, Forensic and Specialist Services, South West Yorkshire Partnership Foundation Trust
- Abdullah Kraam – Clinical Lead for CAHMS, South West Yorkshire Partnership Foundation Trust
- Claire Strachan – General Manager, Barnsley CAMHS, South West Yorkshire Partnership Foundation Trust

In introducing the item Members were reminded of the differences between the service and elective care, with support for mental health often being much more complex and challenging, which impacted on waiting times.

The Committee received a presentation focused on CAMHS in Barnsley and the work undertaken to reduce waiting times. £119,000 of non – recurrent funding had

been received from NHS England in order to assist in reducing waiting times. Amongst other things a number of temporary staff had been recruited, and more group based interventions had been offered, which had led to 208 children and young people accessing their treatment earlier.

Members were made aware of the review of risk whilst waiting flowchart, and the introduction of a Single Point of Access (SPA), where referrals could be made from any source. Though now in operation, it was noted that an official launch would take place in September, 2017.

Also noted was the 4: Thought team working across secondary schools in the borough, and the ability to transfer to or from CAMHS and 4:Thought depending on severity.

Members were made aware of the waiting times of individual pathways as of March, and June 2017, and the numbers waiting. It was noted that targets for waiting times associated with pathways for eating disorders were all met in May. With regards to Looked After Children, waiting times had increased from 14 to 28 days, but this related to just one child who was waiting for a specialist intervention from an educational psychologist.

For complex behaviour, Members noted the waiting times of 313 days had been reduced to 273 days, with 171 on the waiting list. The difficulties in predicting the duration of interventions in this field were acknowledged.

With regards to support with mood and emotion, which included behaviours such as anxiety and OCD, it was noted that it had been easier to recruit temporary staff in this area. This had contributed to waiting times reducing from 205 days to 160 days. 112 remained on the waiting list for support.

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

- In relation to supporting individuals with protected characteristics, it was noted that issues such as gender identity were often complex and required more specialist support. If this was not available locally they would be sourced regionally or nationally.

- With regards to the Single Point of Access (SPA), it was noted that referrals could be from any source, and this often resulted in a higher quality of referral with more appropriate and pertinent information. Members acknowledged that contacting the SPA may not necessarily lead to a referral, but could signpost or advice could be given in situations where individuals had low level mental health issues.

- Members noted the role of social media in mental health, and it was acknowledged that instances of bullying reported were dealt with and referrals were made to appropriate bodies. The need to promote the use of approved sites and apps was acknowledged, and Members heard how the Children’s Safeguarding Board had recently approved an anti-bullying strategy. In addition the positive impact of social media was considered, with campaigns such as #notjustme led by Barnsley’s Young Commissioners from ChilliPep.

- The committee discussed the liaison undertaken whilst individuals were on the waiting list including reviewing cases. It was noted that cases could be expedited if the situation warranted, and cases such as increased risk of suicide or self-harm were acknowledged, where urgent support was provided the same day.

- The committee considered issues with recruitment and retention of staff, noting that Future In Mind finance had led to increased recruitment nationally, which had become increasingly challenging with a small pool of qualified people to recruit from. The development of existing staff was noted, as was the recruitment from other, similar, services with provision of appropriate specialist training.

- The issue of recruitment was acknowledged to be a national issue, seen across the sector, and efforts were being made to ensure that a career in this area was seen as attractive. It was noted that interest levels in advertised vacancies were usually high, but that candidates were not always appointable. Questions were asked as to whether professionals with skills in areas which were hard to recruit preferred communities with smaller waiting lists, with less stressful workloads. It was thought that this was not necessarily the case, but that individuals often applied for jobs near their places of residence. Areas in which skills were more abundant often were as a result of national training programmes in that field. It was suggested that recruitment and retention should be considered regionally to avoid a displacement effect.

- Given the recent non-recurrent nature of the finance to reduce waiting times, the committee considered what may happen to waiting lists in the longer term. It was noted that NHS England was gathering evidence of the impact of the recent initiative and would be lobbied about the need for further support using the learning from this exercise.
  .

- The need to work with GPs to reduce the numbers of inappropriate referrals was discussed, noting that there was no particular pattern to be gleaned from considering past data on this matter. However it was suggested that this would reduce due to the implementation of the SPA.

- The time taken to identify a referral as inappropriate was considered, noting that the maximum time to initial assessment would be 5 weeks, but this was usually sooner.

- The committee discussed the transition from CAMHS to adult services, noting that this started at 17.5 years of age. Joint meetings were held to ensure appropriate transition, and the benefits from both services being provided by SWYPFT were noted.

- The need to provide timely support for children in care to avoid placement breakdown was discussed, and the committee heard how waiting times had been greatly reduced in recent times for that pathway.

- The impact of high levels of poverty in Barnsley was considered, noting that recent finance from NHS England had been distributed on the basis of population. It was noted that benchmarking nationally was difficult, given that different areas had different definitions for referrals.

- Concern was expressed with the waiting time for those with more complex needs, and the time spent in receipt of support. It was noted for those with complex needs, efforts were made to meet these needs as soon as possible and support with mental health could be required throughout adulthood.

- A question was asked with regards to the numbers of young people diagnosed with ADHD and subsequently medicated, and whether research into alternatives was being conducted. Though exact numbers weren't known, it was suggested around 80% were on medication, as per NICE guidelines, and many benefitted from this. A specialist parenting practitioner was employed by the service to support those on the waiting list with suspected ADHD.

- Members discussed the delivery of programmes to strengthen families, noting that increasingly early help and family support was provided through family centres. It was noted that provision through family centres would also help to ensure specialist services were not diverted from areas where they were required most.

The Chair thanked the witnesses for their contribution, praised the introduction of the Single Point of Access, and commended the positive reductions in waiting times. However, given the need to ensure progress was maintained, it was suggested that the issue is considered again by the committee in 12 months.

RESOLVED:-

(i) That the witnesses be thanked for their attendance and contribution;
(ii) That a further report is received in 12 months, highlighting performance, and progress made;
(iii) That additional information is provided to the committee on the '4:Thought' programme.

Report of the Executive Director Core Services and Barnsley Clinical Commissioning Group (CCG) to the Overview and Scrutiny Committee (OSC) on Wednesday 12th July 2017

Barnsley's NHS Intermediate Care Service – Cover Report

1.0 Executive Summary

1.1 This short paper aims to provide the background and context to the changes in how the NHS Intermediate Care Service is delivered in Barnsley. Whilst the ask of the service isn't fundamentally different from its re-specification in 2014 it has been refined to give greater clarity about key elements required to deliver a person centred rehabilitation service in an integrated way as close to, or in the, home as possible.

1.2 Use of an Alliance of Providers and Commissioners to manage the service is pivotal to secure new ways of working and the best use of resources required to have more out of hospital care with better and demonstrable outcomes. Maintaining people's abilities to be independent in their own homes is a crucial element of Barnsley's Place Based Plan and critical to stem the rising demand on acute hospital services.

2.0 Introduction

2.1 Intermediate Care is an umbrella term often used to refer to out of hospital services but as the Service Specification (Item 4b attached) notes, failure to refine that term further can lead to inappropriate use of such services. Within Barnsley we are using the term to refer to active rehabilitation post an acute illness (with access to recuperation and reablement if or when that is appropriate) or early therapeutic intervention to prevent hospitalisation.

2.2 Whilst some forms of rehabilitation are specialist e.g. post stroke or major trauma, and are medically led, rehabilitation in the context of intermediate care is essentially therapist and nurse led. Access to medical care remains via Primary Care (GPs), where the patient's level of needs requires them to be in a 24 hour care facility (care home or step down/transition unit) for a period of time then alternative temporary GP support is organised. As our population lives longer with the ensuing complications of long term conditions and frailty intermediate care aims to:-

- Enable better use of acute hospital facilities
- Minimise hospitalisation and it's associated complications including deconditioning (reduced activity leads to muscle loss which impairs recovery)
- Promote independence and quality of life to enable people to remain in their own homes for as long as possible
- Provide care closer to home (in spirit as much as geography)

3.0 Context

3.1 Similar to other boroughs Barnsley has had an 'Intermediate Care' Service for a number of years which has been provided by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT). Back in 2014 the Clinical Commissioning Group (CCG) and Barnsley Metropolitan Borough Council (BMBC) via the Joint Commissioning Team and the then Ageing Well Programme Board undertook considerable work to re specify the service to ensure it had a clearer rehabilitation function. The new

specification was piloted in April 2015 but after a year it was clear that the delivery wasn't achieving what was envisaged which was a more seamless, integrated offer to minimise hospitalisation and maximise people's independence. The CCG therefore gave notice to SWYPFT in June 2016 indicating that a new service needed to be in place by June 2017.

3.2 Also informing this decision was the intelligence available to the system via our Care Co-ordination Centre RightCare Barnsley (RCB). RCB was set up in 2015 to provide nurse led telephonic brokerage for healthcare professionals in Barnsley to enable the right service to be utilised at the right time and place to minimise hospitalisation. RCB was set up using an Alliance Contract (more than one provider in this case SWYPFT, Barnsley Hospital NHS Foundation Trust (BHNFT) and the CCG) and was able to demonstrate admission avoidance and latterly earlier discharge both of which are key to system capacity and resilience.

3.3 By October the CCG had refined the Intermediate Care specification in the context of their 17/19 commissioning intentions which are clear about the consideration of how existing resources can be used differently. Therefore the specification (Appendix 1) emphasises the ethos of rehabilitation, person centred care and integrated working and places RCB as it's engine for effective coordination to achieve that. At a similar time the re specified Community Nursing Service (District Nursing) was implemented using a locality focus which almost mirrors the Local Area Councils and is now known as the Neighbourhood Nursing Service (NNS). SWYPFT provide the NNS and its development and implementation was steered by the CCG using a stakeholder approach that also involved GP representation, BHNFT, BMBC and the Yorkshire Ambulance Service (YAS).

3.4 Both NNS and RCB work informed the CCGs decision to pursue a process of Managed Change via an enhanced Alliance Contract (Barnsley Healthcare Federation (BHF) and BMBC joining the partners who run RBC). The way the Alliance Contract works is to focus on shared decision making re use of resources to best effect for the population we serve. The aim is that for staff to provide care that is as seamless as possible they need to feel how the actual organisation that currently employs them is working with partners to transcend organisational barriers (real and perceived) in the best interests of patients and their families. In the context of the borough's journey towards an Accountable Care Partnership this decision to pursue delivery of the service by an Alliance Contract is an ideal proof of concept and stepping stone.

4.0 Current and Previous Performance

4.1 As referred to in the context section the decision to undertake more work on this service relates to how it benchmarks with other similar services. The activity figures below relate to 2016/7:

- Mount Vernon Hospital (2 x 24 beds)
  - Average Occupancy 84%*, Average LOS 31 days (range 1-90)
- Hospital at Home
  - Average Occupancy 108%, Average LOS 17 days (range 0-48),
- Independent Sector Beds
  - Average Occupancy 76%, Average LOS 23 days (range 3-47)

* 89% if out of area patients included

4.2 Although improved (via use of RCB as a gate keeper) the length of stay in NHS provided beds at Mount Vernon Hospital is longer than comparators, is almost exclusively step down from BHNFT. In terms of outcomes 58% return to their own homes (of these 47% had further domiciliary rehab or re-enablement, increased use of which could enable earlier discharges), 10 % passed away, 18% were transferred to other NHS in patient units (mainly back to BHNFT) and 10% entered long term residential or nursing care (4% miscellaneous destinations). In addition the estate costs of the facility (which would require major investment to make it fit for purpose for continued future use) mean that it's cost per case is higher than other areas.

5.0 Moving Forward

5.1 The Alliance is now working at pace to have the foundations of the new service in place before the inevitable rise in demand that the winter will bring, the working implementation plan is as follows:

- Appoint Lead Practitioner (new post)
- Using RCB brand
  - Halfway Home (transition unit in BHNFT)
  - Neighbourhood Rehabilitation
    - In People's own homes
    - To patients in newly procured Independent Sector Beds

5.2 This work is not without its challenges both logistical and cultural and it is important to acknowledge that for some staff it is an anxious time. The advantages to working in the Alliance mean that there is a commitment to take a borough approach to redeploying staff at risk wherever possible. None the less the biggest risk we face is to fail to grasp this opportunity in a timely manner as it is key to stemming rising capacity pressures in the system.

6.0 Invited Witnesses

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

- Brigid Reid, Chief Nurse Barnsley CCG, Chair of the Alliance Management Team
- Jayne Sivakumar, Head of Commissioning and Transformation, Barnsley CCG
- Sean Rayner, District Director-Barnsley & Wakefield, SWYPFT
- Gill Stansfield, Community Services Manager, SWYPFT
- Bob Kirton, Executive Director, BHNFT
- Jacqui Howarth, Service Manager-Right Care Barnsley, BHNFT
- Lennie Sahota, Service Director-Adult Assessment and Care Management, BMBC
- Cllr Margaret Bruff, (Cabinet Spokesperson-People), BMBC

7.0 Possible Areas for Discussion

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

- What are the key impacts changes to Intermediate Care Services will have for Barnsley?

- How will service user feedback be sought and utilised to influence the design and delivery of services?

- How involved will patients be in determining their care pathway?

- How do you determine which care/residential homes to use?

- How will you ensure a consistent and appropriate approach is applied to the step-down and step-up of cases?

- To what extent are all key stakeholders on board and engaged in ensuring the design and delivery of effective services?

- How have staff been consulted on the changes and what impact will it have on them?

- What is in place to undertake performance management of services and ensure that intelligence-led decisions are made?

- How will you ensure the effective sharing of data and intelligence across different organisations?

- If the changes to services are not effective, what impact will this have in future?

- What are the key challenges for the services during 2017/18?

- What actions could be taken by Members to support Intermediate Care Services in Barnsley?

8.0 Background Papers and Links

- Item 4b (attached) – Intermediate Care Service Specification
- National Institute for Health and Clinical Excellence (NICE) Guidelines on Rehabilitation after critical illness in adults: https://www.nice.org.uk/guidance/cg83

9.0 Glossary

BHNFT - Barnsley Hospital NHS Foundation Trust
BMBC - Barnsley Metropolitan Borough Council
CCG - Clinical Commissioning Group
RCB - RightCare Barnsley
SWYPFT - South West Yorkshire NHS Partnership Foundation Trust
OSC - Overview and Scrutiny Committee
YAS - Yorkshire Ambulance Service

10.0 Report Authors and Officer Contact

- Anna Marshall, Scrutiny Officer (Tel: 01226 775794)
- Brigid Reid, Chief Nurse Barnsley CCG, Chair of the Alliance Management Team (01226 730000)

3rd July 2017

NHS
Barnsley Clinical Commissioning Group

Putting Barnsley People First

Service Specification

The new service to deliver integrated Intermediate Care functions in Barnsley

Service Specification No.	FINAL VERSION
Service	An integrated service designed to support older people and adults at a time of transition in their health needs and who require extra support to help them return home from hospital or to avoid them going into hospital. An enhanced service offer for those whose healthcare needs are best met out of hospital.
Executive Lead	Brigid Reid Chief Nurse
Commissioner Lead	Jayne Sivakumar Head of Commissioning and Transformation
Provider Lead	Integrated Delivery via an Alliance Contract
Period	June 2017 - TBD
Date of Review	

1. Population Needs

National/local context and evidence base

1.1 National Context

Intermediate Care and re-ablement services are a key plank of government healthcare policy to provide health and care closer to home. The £5.4bn Better Care Fund and the New Models of Care agenda set out in the NHS 5 Year Forward View, NHS England 2014; reflect the ambition for integrated service planning, commissioning and delivery of high quality seamless services to service users. For Local Authorities, the Care Act, 2014 puts the 'wellbeing principle' at the heart of their care and support functions.

The move away from competition within the health system to more integrated models of care (STPs and place based planning) provides an exciting opportunity to deliver more co-ordinated services to patients, improve quality, develop new models of care; improve health and wellbeing; and improve efficiency of services. Collaboration with other services and sectors beyond the NHS is the key to deliver on the broader aim of improving population health and wellbeing – not just on delivering better quality and more sustainable health care services.

1.2 Local Context

1.2.1 Barnsley CCG Strategic Strategy

Barnsley's CCG Strategic Strategy 2014 to 2019 (refreshed 2015) provides the local rational and commitment to transforming health and care services in Barnsley, to ensure patients receive the best possible care.

The strategy states that:

"together (with our partners) we will make significant steps forward in transforming health and care services in Barnsley and particularly make progress against the commitments set out in the NHS Five Year Forward View and towards our long term ambitions to move care closer to home.

This will include:

- transforming the models for service delivery across health and care in Barnsley
- focusing on self-care, by promoting universal information and advice, and sign posting people earlier to a range of community based support
- Combining earlier intervention with greater use of short term / targeted interventions".

1.2.2 Primary Care Commissioning

The CCG is committed to developing primary care at scale in line with the out of hospital strategy. There is an aim to develop the idea of primary care teams, recognising under the auspices of primary care the community nursing, physiotherapy, mental health, and occupational health functions amongst others. This concept is vital to unlocking the solution to workforce challenges; more integration and joint working.

1.2.3 Multi Specialist Community Provider

This Intermediate Care Specification reflects the integrated working of the MCP model. Barnsley CCG has made a commitment to developing and implementing new models of care delivery and is currently in the process of setting up an Accountable Care Organisation with key healthcare partners.

1.2.4 Place Based Joint Working

There is an ongoing commitment to build on the good work already being done through the BCF to help provide care and support to the people of Barnsley, in their homes and in their communities, with services that:

- co-ordinate around individuals, targeted to their specific needs
- maximise independence by providing more support at home and in the community, and by empowering people to manage their own health and wellbeing

- prevent ill health, reducing levels of CVD, respiratory conditions and mental health
- improve outcomes, reducing premature mortality and reducing morbidity
- improve the experience of care, with the right services available in the right place at the right time
- through proactive and joined up case management, avoid unnecessary admissions to hospitals and care homes, and enable people rapidly to regain their independence after episodes of ill-health

1.2.5 Local Health Needs

The mid-2013 registered population of Barnsley was estimated to be 236,000. The health of people in Barnsley is generally worse than the England average. Deprivation is higher than average and in 2012, 34.4% of adults were classified as obese, which is worse than the England average.
There are currently around 42,800 people aged 65+ living in Barnsley, making up 18% of Barnsley's population. The proportion of Barnsley residents aged 65 and over is projected to increase to 20% of the population in 2021. It is anticipated that this will lead to an increase in the number of people living with and dying from long-term conditions.
The total population in Barnsley aged 65+ and living alone is projected to increase to 22,353 by 2030, and those aged 65+ providing 50+ hours of unpaid care to a partner, family member or another person is projected to increase to 4,105 by 2030.

1.2.6 Intermediate Care – The Evidence Base

Intermediate Care has evolved over the past two decades and has done so in response to a variety of different pressures. Since the development of Intermediate Care in the early 2000's a plethora of research and evidence is available to support the improvement, development and delivery of Intermediate Care Services.

This service specification has been written taking into consideration the research and evidence available on Intermediate Care and has also taken the learning from the previous four years 'National Audit of Intermediate Care'. The references and bibliography are listed in the Service Specification appendix.

This new service will be based on a set of values and principles that were agreed upon by stakeholders and elaborated on further during the development of this specification.

1.2.7 Intermediate Care in Barnsley – Current Position

The aim of the current Intermediate Care Service in Barnsley is to rehabilitate patients following an episode of illness or injury. The majority of patients are 'stepped down' into the service from acute care. Very few are 'stepped up' from their own home. The current service provision encourages multiple referrals to exit the hospital and leads to inappropriate use of services.

The acceptance and exclusion criteria into the existing service are limited to rehabilitation which does not reflect the patients who need extra support and care to avoid an admission or to ensure a timely discharge from an acute hospital bed.

Evidence from the current Intermediate Care Service highlights that some patients do not fit the current intermediate care criteria because they have no rehabilitation needs but still require extra support at a time of transition in their health and support needs i.e. requiring a period of recuperation.

There are also patients who require a period of recuperation following an acute illness or injury before they start rehabilitation.

Experience learnt from the existing Intermediate Care Service is that the needs of patients change and change quickly. A referrer's assessment of a patient's need in the acute trust can quickly change when they arrive at a 24 hour bed based facility for rehabilitation or indeed when they arrive in their own home following discharge.

Information from the Intermediate Care Service also shows that some patients who are referred to a rehabilitation bed end up only requiring recuperation for a short period of time and some patients who have been moved to a recuperation bed actually end up requiring rehabilitation.

Furthermore, access to reablement is perceived as a separate strand of the service which is sequential and requires another referral. It is known that patients remain within the Intermediate Care Service much longer than needed and not necessarily moved on to reablement and other services. The current arrangements for these different cohorts of patients (compounded by different funding streams) make it difficult for practitioners to navigate the system which in turn fragments patient care.

1.2.8 Intermediate Care in Barnsley – Future Position

Current models of intermediate care are based on evidence and guidance from the early 2000s onwards and may have not kept up with the changing needs of our local populations and to the current/future financial pressures on the health service.

Looking at the current intermediate care offer in Barnsley, one could argue that patients who do not require an acute hospital bed but require extra support or require support to stay at home fit a model of care that is still classed as intermediate care.

Therefore, this new service aims to enhance the current intermediate care offer by extending and enhancing the scope of the service to include access to recuperation beds for those patients who need this level of intervention with the aim of timely transition of patients between the different components of intermediate care and brokering care from other suitable services i.e. Shared Lives, Reablement (Independent Living at Home) and Support to Live at Home.

The offer will also be extended to those who are able to stay at home but require enhanced support at home which goes over and above the healthcare services provided in the community (universal offer).

It is an expectation that the movement of patients between services will be seamless and timely by ensuring active case management, excellent forward planning and care brokerage. RightCare Barnsley's role will be the key going forward and is explained further in section 3.3 (page 10) of this Service Specification.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**X**
Domain 2	**Enhancing quality of life for people with long-term conditions**	**X**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

2.2 Locally defined outcomes

An outcome is defined as a health and/or social gain experienced by a person with an illness, as defined from the person's, rather than the system or clinician's perspective (NHS Confederation, 2014).
By implementing this service NHS Barnsley CCG will achieve the following outcome:

"Patients are more supported and more in control of their condition and care, enjoying independence and quality of life for longer".

The specific Intermediate Care outcomes, against which the success of the service will be measured, will be defined by the CCG, within timescales defined by the CCG. Outcome measures will be relevant to the full episode of care.

The process measures, against which integrated working with primary care and other health and social care services will be assessed, will be defined by both the CCG and the provider together, within timescales defined by the CCG.

3. Scope

3.1 Aims and objectives of the service

- Focus upon the needs of the G.P practice populations it serves within individual locality areas
- Ensure that a spirit of integration and 'can do' is central to its ethos of delivery and foster excellent relationships with primary care
- Transform the classic task based approach to liberate capacity and autonomy, promote effective case management and care brokerage
- Provide a responsive service to people's wishes and choices and ensure that care provided delivers a positive experience as well as the best patient outcomes
- Provide collaborative patient care in the context of the wider multidisciplinary team across primary, secondary and social care as well as the independent and voluntary sector and specialist nursing teams
- Provide safe, high quality, culturally sensitive therapy and nursing care for those people receiving intermediate care
- Provide holistic care for all adults referred to the service, designing and delivering personalised care plans to meet individual health needs
- Support the reduction of admission and re-admission by proactively 'stepping up' patients who require extra support at any given time
- Ensure that access to all elements of the Intermediate Care Service including responding rapidly to an urgent request to avoid an admission. This must be available 24 hours a day 7 days a week and 365 days a year

3.2 Service Description

3.2.1 Intermediate Care is a continuum of integrated services for assessment, treatment, rehabilitation and support for older people and adults at a time of transition in their health and support needs.

The scope of this new service is wider than what 'intermediate care' in Barnsley has historically delivered and includes both rehabilitation and recuperation. It is designed to ensure that:

- Following an acute hospital admission a patient returns and remains in their normal place of residence
- Those at home requiring extra support to prevent a hospital admission receive the right care and support to remain at home

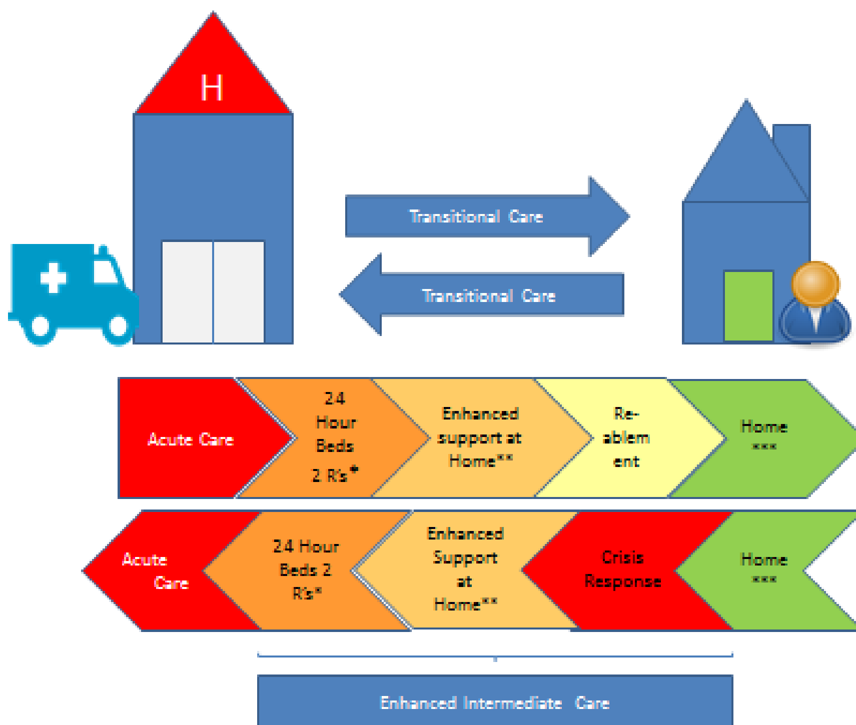
RightCare Barnsley (Care Co-Ordination Centre) will broker the right level of intervention depending on the needs of the patient at that time. This will include 24 hour beds for rehabilitation and recuperation and 'virtual' bed base support in a patient's own home via enhanced support at home

The new service is based on different levels of support and intervention which will depend on the needs of the patient at any given time.

It can be described as a series of interventions aimed to support a person's recovery from an illness or injury. Fluidity between the different levels of support is required to ensure the right care is received.

The following illustration aims to demonstrate this continuum of care and the scope of the service.

3.2.2 Strategic context



**2 R's - Recuperation beds and rehabilitation beds in various settings depending on the patient's needs*
***Enhanced support at home which goes over and above the services provided in the community*
****Short/long term home support which may be required from Community Nurses, Therapists and domiciliary care (Support to Live at Home Service).*

3.2.3 The new service will be based on achieving outcomes; the time to do this will vary but this is likely to be 6 weeks or less with *justified* exceptions to episodes of care that are longer than this.

The service will be accessible 24 hours a day 7 days a week and will include both step up and step down transfers and interventions.

Each episode of care will consist of assessment, treatment; rehabilitation and/or re-ablement that address a recognised health need - personalised on the needs of the patient.

Older people should never be sent straight home from hospital or to permanent places in residential or nursing homes without proper consideration having been given to rehabilitation.

Following admission into the service the individual's care will be agreed within 24 hours and a lead care practitioner identified.

Robust protocols for information sharing will be developed to support care transitions such as admission, discharge and between the different components of the service.

There should be a wide range of flexible, effective and evidence-based interventions available, and people should be able to receive as many as their needs require concurrently or sequentially without 'leaving' the service.

3.2.4 Crisis response will be available 7 days a week to rapidly respond to patient needs to avoid an admission, readmission and to support timely discharges from the hospital i.e. Provision of intravenous antibiotics therapy.

The role of Crisis Response must be clearly articulated to all partners. This will support the much needed shift in identifying and 'stepping up' patients earlier rather than patients being admitted to acute care with the majority of patients being 'stepped down' into the service.

3.2.5 Medical oversight will be provided to those patients who require medical intervention but predominantly the new service will be Nursing and Therapy led and will include therapy and nursing led discharge.

3.2.6 The service must be led by a credible leader who understands the ethos required to provide an exceptional service and is passionate about the aims of the service.

3.2.7 Each episode of care will be individual but the service must be able to provide access to:

Occupational therapy
Physiotherapy
Social work via partnership working
Registered Nurses
Community Specialist Nurses
Health care assistants and care workers
Access to medical staff as required
Staff with expert knowledge to support people with mental health needs, dementia and people with learning disabilities
Access to other disciplines, including the integrated community equipment service and housing services
Generic Workers who can provide both therapy and nursing support
Pharmacists

3.2.8 Patients will be reviewed regularly to ensure they are receiving the right care and support in the right setting. A tracker will be developed to demonstrate patient dependency at a glance. The Barthell Dependency Score will be used to demonstrate the effectiveness of the intervention whilst tracking a patient through the episode of care.

3.2.9 There is an expectation of commissioners that the Medworxx Tool will initially be rolled out across the 24 hour bed base and then across the virtual bed base in patients homes. This will assist the best utilisation of resource across the system.

Shared Assessment Frameworks and Personalised Care Planning

3.2.10 The goals of each patient will include mobility, self-care, continence and activities of daily living such as food preparation as well as resumption of hobbies and social activities. A loneliness assessment tool i.e. UCLA Loneliness Scale must be used to identify patients who are or are at risk of social isolation and loneliness.

Shared assessment frameworks across health and social care will lead to a personalised care plan for each patient, where the patient and their carers are key participants in any decisions made.

The assessment will consist of a Comprehensive Geriatric Assessment, a recognised falls assessment and a recognised frailty assessment for those people over 65 years of age. These assessments will be reviewed as the episode of care progresses.

The focus will be on active treatment and therapeutic intervention detailed through the personalised care plan. The care plan must be outcome based and agreed by and with the individual patient and/or their primary carer.

The care plan will be written in a language understood by the individual and/or their primary carer.

Home and bed based support

3.2.11 The balance of home/bed based support will be based on the presenting needs of the patient. The use of bed based services will be for those people who initially need a significant level of observation; support and high frequency of clinical oversight i.e. care not available through a home based package.

The type of bed-base service each patient is placed into will be indicated by their needs which are identified at the point of assessment whether that is from Secondary Care or the patient's home. These can be either a bed base service within the Independent sector (i.e. Care Home) or within a non-acute setting in a hospital.

The service will include a mixture of residential and 24-hour nursing beds with access to medical support as required, spread across the locality with beds available to support people with cognitive challenges needing expert support and support from the Memory Assessment and support service.

The provision of 24 hour bed based services will be provided in an environment that meets CQC standards all of which should be able to care for people with dementia/memory problems where intermediate care intervention has been deemed as appropriate.

Episodes of care and support will be delivered either at the home of the patient or in a bed based service. There will be patients whose needs could be better met within their own home environment working with existing care and support infrastructures such as people with a learning disability or dementia. It is expected that the provider; working jointly with the referring agency, will deploy interventions within the most conducive environment for the patient.

3.2.12 Therapy input regardless of location will be delivered to anyone receiving time limited re-enablement support at home and short term 24 hour residential care.
Short term intensive Nursing & Therapy support will be delivered either in a patient's own home or as a patient in an NHS in-patient facility.

Single point of access

3.2.12 Central to the service will be RightCare Barnsley. RightCare Barnsley will be the single point of access for the service during the hours of 8am and 8pm 7 days a week including bank holidays.

RightCare Barnsley will be the single point of access for the 24 hour bed base for recuperation and rehabilitation and will place patients into these beds according to the needs of the patient at that time. RightCare Barnsley will monitor and report on the 24 hour bed base activity which will include length of stay.

Outside of these hours robust contact arrangements via a single number to the service including the Crisis Response element must be made with Barnsley Hospital NHS Foundation Trust (BHNFT) – Emergency Department (ED), Clinical Decision Unit (CDU), Ambulatory Care Assessment Centre (AMAC) and the wards, Yorkshire Ambulance Services (YAS) – Emergency Care Practitioners (ECP's), Out of Hours (OOH's) and IHEART Barnsley.

Rehabilitation and recuperation

3.2.13 When choosing the service a patient requires the following grid has been designed to ensure that the patient is placed in the right place to meet their needs the first time.

	Carer Respite/Place of Safety	**Recuperation**	**Rehabilitation**
Remaining in own home	NA	Independent Living at Home (ILAH)	Intermediate Care Team & possibly ILAH
Requiring 24 hours Care	Social care via Customer Access Team (CAT)	Recuperation beds	Designated Care Homes Only
Requiring Nursing Care	Emergency Placement	NA	NHS type Community Hospital facility

When the patients' needs change where ever possible these are met by wraparound care rather than moving the patient.

4. Population covered

4.1 The service will be for adult patients who are registered or temporarily registered with a practice that is part of NHS Barnsley CCG. The provider must ensure that the service is equitably provided across Barnsley, in response to need, particularly in relation to the allocation of resources to ensure that patients have equal access to services which are comparable in terms of quality and

responsiveness.
Boundaries

4.2 This service is commissioned on a Barnsley registered population basis in line with "Who Pays? Determining responsibility for payments to providers" guidance published 12th August 2013. The provider has full responsibility for the delivery of this service to all Barnsley registered patients in line with General Condition 12 of the NHS standard contract. If a patient is resident outside of the Barnsley footprint but registered with a Barnsley GP, it is the responsibility of the provider to ensure services are delivered in line with this specification to that patient. However, in areas where mutually beneficial agreements can be put in place with providers that cover neighboring CCG's that are not detrimental to the patients care or safety permitted sub-contracts will be considered by the CCG in line with General Condition 12.

5.0 Acceptance and exclusion criteria

5.1 People should meet all of the criteria set out below for referral to the single point of access:

a) A resident of BMBC or registered with BCCG
b) Over the age of 18
c) Experiencing an episode of illness or exacerbation of a pre-existing condition, or life limiting long-term condition or recovery from surgery or other procedure
d) Not requiring a level of medical input only available in an Acute Hospital agreed by the MDT discharge planning process
e) Not requiring technological input only available in an Acute Hospital agreed by the MDT discharge planning process
f) Not requiring Out-of-Hours diagnostics
g) Not requiring access to specialist rehabilitation defined in the current specialist services commissioning definitions
h) Requires this service rather than discharge into an agreed pathway *e.g.* neurology or the stroke service
i) Is likely to require more than one health/social care discipline to be involved.
j) A reasonable expectation of recovery including time in a bed based component if required
k) People can be supported, even if they are not nutritionally stable. People should be able to consent and comply with interventions. Where consent is an issue, as in all services a mental capacity assessment must be undertaken and a best interest meeting held if necessary, the outcome integrated into the referral and care planning process.

5.2 Parity of Esteem

a) People with dementia will not be excluded from the service but this may need to be delivered as part of a longer-term support package co-ordinated by the expert dementia service
b) People with a learning disability/mental health need or other diagnosis/vulnerability will not be excluded if they meet the criteria for the service as alternative to an admission to

hospital or speed up discharge from hospital. The service will demonstrate it can make the reasonable adjustment required

c) People whose primary need is end of life care should be supported through end of life care services. However the service will not exclude people if they are experiencing an episode of illness or exacerbation of a pre-existing condition
d) People living in all forms of housing and support accommodation should have access to the service
e) People who have on-going housing needs including people who are homeless or at risk of being homeless should have access to the service

5.3 Sub-contractors

Where an element of the service is provided by an independent or voluntary sector provider; as agreed within the main contract, the provider must ensure that the sub-contracted provider meets the 'approved provider list or similar criteria' as identified by BCCG.
The provider shall inform NHS Barnsley CCG of any intention to sub-contract part or all of the service specified.

6. Applicable Service Standards

6.1 Applicable national standards (e.g. NICE) Must comply with NICE standards due 2017

The National Institute for Health and Clinical Excellence (NICE) have produced a number of guidelines on rehabilitation pathways for people. The Intermediate Care service should understand these guidelines, but recognise that the pathway for different specific condition- based needs will extend beyond the scope of this episode of care.

7. Applicable quality requirements and CQUIN goals

7.1 Applicable Quality Requirements (See Schedule 4A-C)

7.2 Applicable CQUIN goals (See Schedule 4D) TO BE AGREED IF APPLICABLE BY ALLIANCE MANAGEMENT TEAM

8. Location of Provider Premises

The Provider's Premises are located at:

The provision of 24 hour home based support will be led by the most appropriate health or social care practitioner and will meet CQC standards for community and/or domiciliary care provision.
Delivery is not necessarily dependent on location of person, where in patient services are provided they meet CQC standards and are conducive to rehab plus dementia friendly.

Report of the Executive Director Core Services,
to the Overview and Scrutiny Committee (OSC)
on Wednesday 12th July 2017

Barnsley Metropolitan Borough Council's (BMBC) Corporate Parenting Panel Annual Report 2016-17 – Cover Report

1.0 Introduction and Background

1.1 The attached report 'Item 5b' is an annual update of the work of the Council's Corporate Parenting Panel (CPP). The role of the CPP is to ensure that BMBC, through its elected members, officers, carers and partner agencies fulfils its corporate parenting role. This means providing commitment and leadership to 'being there' for children in care and care leavers as well as monitoring performance in terms of improving outcomes.

1.2 ALL Elected Members have a responsibility as Corporate Parents to ensure that all children at the edge of care, in care or who have left care are given opportunity to reach the best possible outcome they can. They should act as 'pushy parents', with the litmus test being "Would this be good enough for my child or me if I was a child?"

1.3 As a result of Corporate Parenting responsibilities, it was agreed at the OSC meeting on 10th February 2015 that the CPP Annual Report should be brought to the OSC on an annual basis, enabling challenge to be provided by Members who are not directly involved with the CPP.

1.4 National data shows that children who are in care are one of the lowest performing groups in terms of educational outcomes. They also have poorer employment prospects and health outcomes than the general population. Research indicates that there are a number of factors which need to be considered to maximise positive outcomes for children in care, some of which include placement stability, interventions being tailored to the characteristics and experiences of the individual and the need for professionals to have a good understanding of children's social, emotional, mental health and educational needs.

1.5 It is therefore essential that the quality of services for our children and young people at the edge of care, in care or who have left care, are monitored and challenged. The attached Annual Report outlines the work of the CPP during 2016-17 (Item 5b) including:

- The responsibilities and statutory duties of the Council to protect children
- The role and responsibilities of Councillors as Corporate Parents
- The Barnsley Pledge to Children and Young People in Care
- Corporate Parenting in Barnsley including Progress and areas covered by the CPP during 2016-17
- Governance arrangements
- Children in Care Council
- Priorities for the CPP during 2017-18
- Performance information

2.0 Invited witnesses

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

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

3.0 Possible areas for discussion

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

- What impact has the CPP had on the outcomes for our children in care? How is this evidenced?

- To what extent are Elected Members on the panel effective in acting as 'pushy parents' and seeking the best outcomes for our children in care?

- How is the voice of our children in care reflected in the design, delivery and improvement of services?

- To what extent are all key stakeholders engaged in the panel's work?

- What is done to ensure that Barnsley children in care placed out of the area receive high quality services?

- How effective are services at ensuring that the individual needs of our children in care are met and what contribution do Elected Members on the panel make to ensure this?

- How confident are you that the right decisions are being made to safeguard children at the right time?

- To what extent are key stakeholders effective in preparing young people for leaving care?

- What are the key challenges for the services and the CPP for 2017/18?

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

4.0 Background Papers and Links

- Item 5b (attached) – Corporate Parenting Panel Annual Report 2016-17
- Child Protection in England: Legislation, Policy and Guidance: https://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/legislation-policy-guidance/
- Children in Care in England Statistics, House of Commons Library (5th October 2015): http://researchbriefings.files.parliament.uk/documents/SN04470/SN04470.pdf
- Children in Care: Backbench Business Committee debate, House of Commons Library, Thursday 7 January 2016: http://researchbriefings.files.parliament.uk/documents/CDP-2016-0002/CDP-2016-0002.pdf

5.0 Glossary

CPP – Corporate Parenting Panel
DfE – Department for Education
Ofsted – Office for Standards in Education, Children's Services and Skills
OSC – Overview and Scrutiny Committee

6.0 Officer Contact

Anna Marshall, Scrutiny Officer (Tel: 01226 775794)
4th July 2017

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Barnsley Corporate Parenting Panel
Annual Report 2016-2017

1. Context

1.1 This report sets out an annual update on the corporate parenting arrangements in Barnsley, with progress and outcomes of the panel for the period 1st April 2016 to 31st March 2017. It reminds members of key legislation and guidance, advising on local performance and service improvement, as well as progress made by the corporate parenting panel. The report aims to strengthen the role and responsibilities of corporate parents in improving outcomes for children and young people.

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

2.1 The Children Act 1989 and the Leaving Care Act 2000 place clear statutory duties upon the Council to protect children from suffering significant harm and to provide continued financial and transition support to care leavers aged up to 21 (or 25 if in full time education). Underpinning corporate parenting is a wide range of national policies, guidance, regulations and legislation, which are subject to change by High Court rulings, such as the Southwark ruling in 2009.

2.2 The Munro review has significantly impacted on the work we do with children and young people looked after. The Final Report of the Munro Review of Child Protection Services published in May 2011 includes Professor Munro's 15 recommendations which have significant implications for the way that child protection services will be run at a local level. In relation to children looked after, key reforms to be taken forward include building the capacity of social workers and strengthening their professional practice; a reduction in the amount of central prescription; increased evaluation of the effectiveness of the help provided to children and families; and greater recognition that safeguarding is a multi-agency responsibility.

2.3 The revised care planning regulations and guidance, including The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review Volume 3: Planning Transition to Adulthood for Care Leavers and the Statutory Guidance on Securing Sufficient Accommodation for Looked After Children March 2010, place increased emphasis on effective care planning with a focus on the child, and are designed to improve the quality and consistency of care planning, placement and case review for looked after children. They also aim to improve the care and support provided to care leavers.

2.4 The UK Government made significant reforms to the youth remand framework with the implementation of the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act in December 2012. The Act implicitly attributes further responsibility to Local Authorities by means of children and young people being remanded to youth detention accommodation, being treated as children looked after and being eligible for leaving care services if they are looked after beyond 13 weeks.

3. Corporate Parenting – The Role and Responsibility of Councillors

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

a) To receive and consider accurate and timely management information reports on the numbers, characteristics and needs of looked after children and care leavers.

b) To receive and consider reports demonstrating how effectively Barnsley is serving it's looked after population through the provision of services and targeted initiatives.

c) To receive briefings on new national and local initiatives designed to improve children and young people's life chances.

d) To gain knowledge of services based on direct involvement and opportunities to meet and gain the views of stakeholders, especially listening to the views of children and young people looked after and members of the Care 4 Us Council.

e) To monitor and review progress on the delivery of Corporate Parenting 'Promise' to children looked after and care leavers.

f) To ensure that decisive action is taken to address any shortcomings in the services provided to children and young people.

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

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

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

5. Corporate Parenting in Barnsley

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

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

6. Corporate Parenting Panel Overview and Membership

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

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

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

7. Corporate Parenting Progress in 2016-17

7.1 At each of its meetings the Corporate Parenting Panel receives the following standard reports for scrutiny and challenge:

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

7.2 Other standard agenda Items:

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

7.3 Progress and improvement for children's outcomes are set out under Section 13 of the report.

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

Report Title	Date of Meeting
1. Looked After Children Reoffending Rates presentation 2. OFSTED Inspection Outcomes (Private Children's Homes)	Monday 25 April 2016
1. Draft Annual Report of the Corporate Parenting Panel Annual Report 2015/16	Monday 06 June 2016
1. Therapeutic Support to Children in Care/CAMHS	Monday 25 July 2016
1. Care Leavers in Employment, Education & Training	Monday 12 September 2016
1. Suitable Accommodation for Care Leavers 2. Adoption: Improving Timeliness	Monday 24 October 2016
1. Celebration Event 2016: Initial Report 2. Timeliness of Looked After Children Reviews 3. Timeliness of Looked After Children Visits	Monday 05 December 2016
1. Placement & Sufficiency Governance Arrangements Presentation 2. Bi-annual Audit of Review of Health Assessments for Children in Care	Monday 23rd January 2017

Championing Children in Care and Care Leavers Participation

7.5 Promoting young people's increased involvement and participation has been a key focus for the corporate parenting panel during 2016 – 2017. This has been evidenced by Takeover Challenge, which is a national event led by the Children's Commissioner for England, which puts children and young people into decision-making roles.

7.6 Barnsley Council's Takeover Challenge in November 2016 achieved a Gold Commendation from the Children's Commissioner for work carried out for the Takeover Challenge which included the following activities:

- Work shadowing opportunities offered from Directorates across the council, involving senior members of staff and external organisations (South Yorkshire Police and NPS Barnsley). Placements were matched based on the requests of the young people.
- Author Nik Perring ran a session for a group of primary-school children to take over the Experience Barnsley museum.
- An Open Meeting of the Barnsley Youth Council for other young people interested in standing for election and Barnsley Members of the UK Youth Parliament attended the debate in the House of Commons on 11th November.
- A group of young people created a film for the joint Trust Executive Group and Barnsley Safeguarding Children Board (TEG/BSCB) annual meeting.
- A school-to-school visit was arranged so that pupils could share their learning on achieving an Anti-Bullying Charter Mark.

7.7 For the work shadowing element, we contacted all our Children in Care (from year 9 up) and Care Leavers to encourage their involvement and followed this up by ensuring the young person's social worker or personal advisor followed up the invitation with the young person. We had 28 young people involved during the day and over 100 young people involved in Takeover Challenge activities altogether.

7.8 We had held a consultation session with young people who had participated in 2015 in order to implement any ideas, learning and feedback from our previous events. The conclusion of this consultation was that we needed to build on our previous success (where we achieved a Silver commendation) by encouraging more young people; wider participation and following up on any learning and evaluation from the event.

7.9 In order to achieve the Gold award, we demonstrated that during 2016:

- We held Takeover activities over two or more months, which included planning meetings to shape the shadowing experience. Young people's expectations were collected, which were shared with the colleagues who were offering the shadowing opportunities.
- We involved a high profile person in our Takeover activities –Short story writer and author Nik Perring was involved in the Experience Barnsley Museum takeover. In addition, the Mayor of Barnsley, as well as members of the Senior Leadership Team, were shadowed by a young person.
- We are doing ongoing work to engage children or young people in our work. The Care4Us Council will continue to meet to ensure young people in care and care leavers have their views heard on the decisions that affect their lives. The Pledge will continue to be reviewed annually and is now part of the Continuous Improvement Plan involving children and young people in care being consulted and contributing to the review and services providing evidence of implementing the Pledge.
- The newly-elected Youth Council has started a new two-year term and will continue to represent the views of young people, supported by the Youth Voice and Participation Team.
- The joint Trust Executive Group and Barnsley Safeguarding Children Board (TEG/BSCB) annual meeting will now be held to coincide with the Takeover Challenge, to ensure young people can continue to contribute directly into this meeting.

Championing Children in Care and Care Leavers

7.10 The Cabinet Spokesperson for People (Safeguarding) and Chair of the Corporate Parenting Panel, as well as members of the Corporate Parenting Panel are prominent participants at all key events for children in care. This includes the:

- Annual Celebration Event of Children in Care's Education and Achievement;
- Annual Foster Carers Ball;
- National Takeover Challenge;
- Children in Care and Adopted Children's celebration events;
- Fostering and Adoption promotion activities.

Promoting Improved Educational Attainment for Children in Care and Care Leavers

7.11 The Corporate Parenting Panel provides dedicated focus on children in care's education through the Virtual School Governance Group which is attended by Officers, the Virtual Head Teacher for LAC, members of Corporate Parenting Panel and partners. The group is chaired by Cabinet Spokesperson for People (Achieving Potential). During 2016-2017 a new Termly Personal Education Plan (TPEP) has been developed and implemented to ensure quality and timely plans for children in care's education.

Respectful Challenge

7.12 During 2016/17 the Corporate Parenting Panel has challenged Children's Social Care and called Officers to account, for not meeting our aspirational target of 100% for timely Social Work visits to Children in Care. We believe that regular and timely visits by Social Workers to Children in Care builds and sustains positive and consistent relationships, to enable the child's experience to be understood and their needs and aspirations fully promoted. Performance is still not at 100% but has improved over the year, improving from 91.3% in Q1 2016/17 to 94.7% in Q4 20016/17.

8. Governance Arrangements

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

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

- Children in Care Health Improvement Group – the Chair sits on the Corporate Parenting Panel and formally reports back at each meeting. It was agreed to further strengthen this by having one of the Corporate Parenting Panel Councillors also sitting on the group. Minutes of meetings of this group are considered by the Corporate Parenting Panel
- The Virtual School Governance Group

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

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

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

9. Children in Care Council

9.1 The Children in Care – Care4Us Council directly supports the Corporate Parenting Panel to measure and monitor the effectiveness and quality of 'Corporate Parenting' to children and young people; according to the views and experiences of the children who are in care. The panel remains fully committed to listening to the voice of service users and the active involvement of children and young people within the decision-making processes.

9.2 The Cabinet Spokesperson for People (Safeguarding) with the Director of Children's Services (DCS) and Service Director meets regularly with representatives from this group. This is to ensure that there is strong and direct feedback from children and young people; to be assured that they feel well cared for, safe, are happy, having their needs met and promoted, as well as to hear and respond to any other issues raised by them.

9.3 A key recommendation of the 2014 Ofsted inspection report is to widen the council to include the voice of younger children and more children in care as well as the existing care leavers.

9.4 A service review was undertaken in 2015 and a full time dedicated post was developed and implemented from the 1st April 2016. The aim of the post was to improve young people's participation, ensuring that their voices and experiences are heard and influence all aspects of service delivery, as well as strengthening the Care4Us Council. Despite creating the dedicated post to support and promote LAC participation and the Care4Us Council, due to absence this has not progressed to the desired level and needs to be a priority for 2017/18.

10. Continuous Service Improvement Framework

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

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

11. Priorities for the Corporate Parenting Panel for 2017- 2018

11.1 Hearing children in care's voices and promoting their active participation, giving influence to their views and showing the difference that has been made as a

result. *BARNSLEY PLEDGE - We'll promote, support and respect their identity. We'll involve children in care in decision making and making it happen.*

11.2 Supporting all children in care in attending a 'good' school; driving forward improved educational attendance, progress and attainment for all children in care. *BARNSLEY PLEDGE - We'll ensure all children in care receive a good education.*

11.3 Improving Care Leavers engagement in volunteering, education, employment and training. *BARNSLEY PLEDGE - We'll prepare children in care for the future.*

11.4 Improving the emotional health and wellbeing of children in care and care leavers with access to timely help and intervention. *BARNSLEY PLEDGE - We'll support children in care to be healthy.*

11.5 Learning from return to care interviews to help avoid children going missing. *BARNSLEY PLEDGE - We'll look after children in care in a safe and caring home.*

11.8 **Work Programme for 2017**

• Report on the Foster Carers Ball Celebration Event • Proposed Review of the Pledge	24 April 2017
• Breakdown of Children Missing from Care Presentation • Q4 Performance Report • Barnsley Corporate Parenting Panel Annual Report 2016-17 • Review of the Pledge *BARNSLEY PLEDGE - We'll involve children in care in decision making and making it happen*. • Virtual Head Teachers Report *BARNSLEY PLEDGE - We'll ensure all children in care receive a good education*.	12 June 2017
• Exception Report of EET for Care Leavers *BARNSLEY PLEDGE - We'll prepare children in care for the future*. • Exception Report on Missing Children in Care - *BARNSLEY PLEDGE - We'll look after children in care in a safe and caring home.*	24 July 2017
• The Independent Reviewing Officers (IRO) Annual Report *BARNSLEY PLEDGE - We'll promote, support and respect their identity. We'll involve children in care in decision making and making it happen.* • LAC Examination Results ***BARNSLEY PLEDGE* - *We'll ensure all children in care receive a good education.***	11 September 2017

• Outline Programme for National Takeover Day • Exception Report of CIC Health including SDQs and Access to CAMHS *BARNSLEY PLEDGE - We'll support children in care to be healthy.*	23 October 2017
• Outline Programme Presentation for the Children in Care Awards Event *BARNSLEY PLEDGE - We'll ensure all children in care receive a good education* • Progress Report on Life Story Work BARNSLEY *PLEDGE - We'll promote, support and respect their identity.*	4 December 2017
• Exception Report on the Sufficiency of Care Leavers Accommodation *BARNSLEY PLEDGE - We'll prepare children in care for the future*	22 January 2018
• Corporate Parenting Panel - A Review of 2017/2018 *BARNSLEY PLEDGE - We'll involve children in care in decision making and making it happen.*	5th March 2018

12. Conclusion

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

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

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

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

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

13. Performance Information - Looked after Children (LAC) data for the period 1 April 2014-31 March 2017

	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	Commentary
Numbers of LAC	300	299	294	288	The number of LAC at the end of March 2017 had increased slightly to 288 from 285 in March 2016. More children were admitted to care in the first half of the year (74), compared with the second half (54). This was expected due to the corresponding rise in children with CP Plans. The number of children leaving care in 2016/17 was broadly comparable to 2015/16, with 125 in 2016/17 and 129 in 2015/16. Barnsley's rate of looked after children (59.3 per 10,000 under 18 year olds) is above the 2015/16 average (56), but still well below 2015/16 statistical neighbour average rates (82.2), and just below the 2015/16 national average of 60. Barnsley has stable communities and family units who are willing to care for children within the extended family network. Our Intensive Adolescent Team helps prevent young homelessness. There is strong permanency planning, with good performance for numbers of children adopted. Plans are in place to closely monitor CP Plans, in particular CP Plans for the 2nd time to ensure that there is no drift in timely decisions making. LAC figures are monitored at weekly performance meetings. At the end of March 2017, 164 looked after children were placed in Barnsley by other local authorities; a slight decrease from the 171 recorded at the end of March 2016.
LAC Health Assessments	100%	100%	100%	96.4%	Our performance on LAC health assessments has remained stable in recent years, the last quarter of 2016/17 did however see a slight decline from previous years. Health Assessments are being held and recorded in accordance with statutory guidance. There is an ongoing action to maintain progress on health assessments, with any decline escalated to the Service Improvement Plan Officers Group and subject to interrogation by key managers. Interrogation is given to all children without a health assessment and dental check. An Exception Report was presented to a recent Corporate Parenting Panel. Assurances were given that the decline in performance had been a recording issue, which has now been addressed.

	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	Commentary
LAC Dental Checks	100%	97.6%	99.5%	96.9%	Considerable effort has been made to address data inputting problems at child level that previously resulted in reporting inaccuracies in dental checks. As a result, performance against this indicator remained above 95% for the whole of 2015/16.
LAC Education - Completed PEPs	100%	99.5%	97.4%	92.5%	Overall compliance for PEPs has been very good but dipped as was expected in Q3 and Q4. This was attributed to a Termly PEP being developed and implemented to improve quality and timely, termly planning. The implementation, which is now embedded, accounted for some expected decline in performance. The Education Steering Group has been established, chaired by a lead member, to drive forward improved attendance, progress and attainment. A Virtual School Leadership Team has also now been established.

Exam results (LAC)	**2014**	**2015**	**2016**	
KS2 Reading, Writing, Maths – Level 4+	-	30%	66.7%	There were 6 children who had been looked after continuously for 12 months or more in the SFR cohort in Key Stage 2 in reading, writing and maths as at 31 March 2016. Five took the KS2 exams and four achieved the expected standards placing Barnsley's LAC achievement at 66.7%.
KS4 GCSE 5 A*-Cs including English and Maths	-	11.1%	16.6%	There were 18 children in Year 11 who had been looked after continuously for 12 months or more. Of these 18, 2 achieved 5 A*-C GCSE including English and maths in line with the expected targets for this year. However, 1 looked after child narrowly missed this measure by achieving 4 A*-C GCSE. The school successfully requested a regrading of the English paper and the overall performance increase to 16.6% as a result, exceeding the target.
Proportion of all school absences linked to LAC	4.0%	3.8%	4.1%	Absence for children in the care of BMBC in 2015-2016 was below all non-looked after children nationally (4.6%). However, it was above the national figures for children looked after (3.9%), the Yorkshire and Humber average (3.5%) and our statistical neighbour average (3.2%). Performance locally has been below our statistical neighbour average for the last 3 years.

	2014	2015	2016	Commentary
Unauthorised absences for LAC	0.7%	0.8%	2.1%	2016 saw a significant increase in the proportion of LAC with unauthorised absences. Regionally and nationally, performance is much more stable and unchanged for the last 4 years at 1% for both. The 2015/16 figure for LAC is just above the figure for the whole school population in Barnsley (1.9%), but both are above the national average for all pupils of 1.1%, and the statistical neighbour average of 1.5%.
Persistent absences for LAC	-	8.5%	6.7%	Figures for 2016 showed a marked decrease in the levels of persistent absence amongst LAC. This compares favourably against the regional / statistical average (8.4%) for 2016, as well as the national average for the same period (9.1%).
Proportion of LAC receiving at least one Fixed Term Exclusion	-	12.9%	11.6%	2016 saw a reduction in the proportion of LAC with at least one fixed term exclusion. However, performance locally has been worse than the regional and national averages for the last two years, with a regional and national average of 10.4% in 2016.
Emotional and behavioural health of looked after children	14.3	13.5	13.6	This measures the rate of emotional and behavioural health of children aged 4 to 16 who are looked after continuously for 12 months. The lower the rate the better the emotional and behavioural health of the cohort of children measured. A score of under 14 is considered normal; 14-16 is borderline with cause for concern; 17+ is a cause for concern. An improvement in the emotional and behavioural health of looked after children in Barnsley can be seen in 2015, which has been sustained in 2016. Barnsley performs on a par with statistical neighbours at 13.6, but better than the national figure of 14 and regional at 14.2.
Foster Carers	96	104	115	A more proactive recruitment strategy undertaken in 2015/16 continued in 2016/17; this was successful in increasing the number of foster carers from 96 in 2015 to 115 at the end of March 2017. 11 new foster carer households and 16 new foster placements were registered as at 31 March 2017. However, the YTD of LAC cared for by Barnsley foster carers was 52.3% below the target of 62%. Increasing the numbers of foster carers is a priority for the Business Unit.
Commissioned Placements	65	81	84	As at 31 March 2017, we had 84 children in IFA placements, a slight increase from 81 in March 2016. The increase in IFA placements between 2014/15 and 2015/16 reflected the increase in numbers of LAC.

	2014	2015	2016	Commentary
Adoption (% adopted during the year ending 31 March)	32%	26%	28.5%	Barnsley's adoption rate has increased from the previous year, and is now above the 2015/16 figures for regional (21%), statistical neighbours (21%) and above national (15%) performance. Our performance has been above the national average for several years. We have exceeded the statistical neighbour and national averages for the last 3 years. In the last 12 months, 35 children have been adopted, and a further 61 children were placed with family members subject to Special Guardianship Orders and, therefore, ceased to be looked after. Placements which cannot be provided in house can be purchased from other authorities or voluntary adoption agencies at a cost of £27,000 per child. In 2016/17 we continued to make a number of out of authority placements due to the increasing number of children requiring placements. Of the out of authority placements we have made, we have been reimbursed for some by the national inter-agency adoption grant for children categorised as hard to place. This funding ended in April 2017.

	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	Commentary
Percentage of looked after children who are placed less than 20 miles from their home address	90.3%	88.4%	84.9%	85.9%	We consider that the closer to home we can place looked after children the better it is for them. This is so that they can keep in contact with birth family where appropriate and maintain links with their home communities. Sometimes children are placed further away for adoption placements where it is not in their interests to keep in contact with birth families and where more specialised placements are needed e.g. for sibling groups. The 2016/17 corporate target for looked after children being placed less than 20 miles from their home of 92% was not achieved this year. At the end of March, 85.9% of looked after children were placed less than 20 miles from their home address
Placement stability - children with three or more placement moves	3.7%	3.7%	3.4%	3.4%	Performance on track, with strong and improved performance for this indicator, as well as excellent performance compared to statistical neighbours and national benchmarks. At the end of March 2017, there were 10 looked after young people who had three or more placement moves since entering care. Good performance has been achieved by carefully matching children with the right carers and providing support to both children and their carers.

	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	Commentary
Placement stability - children who have been in the same placement for 2+ years or placed for adoption	76.7%	83.1%	83.3%	85.5%	The percentage of looked after children in the same placements for 2 years or more improved in 2016/17, with the year-end figure of 85.5% exceeding 2015/16 performance (75%). Barnsley's performance remains well above national (68%) and statistical neighbour (66.8%) benchmarks.
Looked after children cases reviewed within timescales	93.9%	98.4%	97.2%	97.2%	All cases of looked after children should have a review within 4 weeks of either becoming looked after or their last review. The same standard applies to visits. Performance has remained largely stable for both indicators, with visits remaining below our target of 100%, whereas review performance remained above our 95% target throughout 2016/17. Continued scrutiny is in place to ensure all looked after children receive improved timely visits.
Looked after children visits in timescales	91.3%	89.7%	92.1%	94.3%	
Care leavers in suitable accommodation	18-100% 19-100% 20-100% 21-100%	18-N/A 19-100% 20-100% 21-100%	18-94% 19-100% 20-96% 21-100%	18-100% 19-100% 20-93% 21-100%	We aim to place 100% of care leavers in suitable accommodation. However, due to the nature of the client group we work with, this is not always achievable. At the end of 2016/17, one of 15 20-year olds was not in suitable accommodation. Statutory reporting for 18 year olds only began in 2016/17.
Care leavers in employment, education and training (EET)	18-50% 19-44% 20-46% 21-40%	18-38% 19-60% 20-44% 21-43%	18-44% 19-59% 20-48% 21-28%	18-22% 19-37% 20-60% 21-42%	At the end of 2016/17, the care leaver cohort (all ages) consisted of 64 young people; 25 (39%) of whom were engaged in employment, education or training (EET). Young people can disengage from EET for a number of different reasons, including pregnancy, illness or disability. We are continuing to improve our work within the Future Directions team, which offers support to children leaving care. We have improved communications between our Targeted Information Advice and Guidance team, social care, and EET providers by holding monthly panel meetings. This is delivering positive outcomes and we are seeking to improve and develop this further during 2017. This should lead to an increase in the number of care leavers actively engaged in EET.

	2016/17 Q1	2016/17 Q2	2016/17 Q3	2016/17 Q4	Commentary
Children Missing from Care or Home Incidents	54	92	67	54	Figures for 2016/17 show a significant increase in the number of children looked after missing from care or home **incidents** in Q2 compared to previous quarters. Work being undertaken with the police and partners to ensure that children are correctly classified as missing or absent resulted in the reduction in the number of missing LAC in succeeding quarters. The majority of cases where children are in our care and reported as missing, their whereabouts are actually known and we are often in frequent contact with them. The service director is alerted immediately about any missing Barnsley LAC and informed when they return. Ofsted commented positively about this in their last report. Improvement work is currently being undertaken around understanding the impact of and issues relating to LAC children placed within the Barnsley borough.
Young people offending (Looked after Children receiving conviction)	3 <5%	3 <5%	2 <5%	3 <5%	The number of LAC receiving conviction remained stable at an average of 3. Re-offending of LAC cared for by Barnsley Council show a positive trajectory and better performance than for our non-looked after children. We also see a relatively low number of Looked After Children entering the criminal justice system for the first time. We are confident that they enter the criminal justice system for offences that mainly take place within the community, and that being dealt with for offending behaviour is not as a result of living within a children's home. Staff from the Youth Offending Team (YOT) work closely with the Children in Care Team and with the leaving care team, Future Directions. Staff from both teams attend case planning meetings and YOT staff attend and contribute to LAC reviews as well as providing work and support to enable them to fully achieve their potential. Within the YOT we retain high expectations for our young people and this is reflected in the effort and support we provide to enable young people to attend school and attain as well as they are able to.

OFSTED Ratings for Children's Residential Establishments (no commentary available)

	2013/14	2014/15	2015/16	2016/17
Spring Lane	Outstanding	Good with outstanding features	Good	Good
Newsome Avenue	Adequate	Good	Good	Good

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