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BARNSLEY Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 12 July 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

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

2 Declarations of Pecuniary and Non-Pecuniary Interest

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

3 Minutes of the Safeguarding Scrutiny Committee *(Pages 3 - 8)*

To approve the minutes of the Safeguarding Scrutiny Committee held on 3 May 2016 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 Transformation of Adult Social Care in Barnsley *(Pages 9 - 16)*

Following a short presentation and video, consider a report of the Director of HR, Performance and Communications and the Executive Director of People, regarding the transformation of adult social care in Barnsley (Item 4 attached).

5 Exclusion of 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.

6 Children's Social Care Reports *(Pages 17 - 50)*

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

Enquiries to Anna Morley, Scrutiny Officer

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

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

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

Electronic Copies Circulated for Information

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

Paper Copies Circulated for Information

- Anna Morley, Scrutiny Officer – 5 copies
- Majority Members Room
- Opposition Members Rooms, Town Hall – 2 copies

Witnesses

Item 4 (2:00pm)

- Lennie Sahota, Interim Service Director, Adult Assessment & Care Management, People Directorate
- Margaret Essex, Professional Support and Development Manager, People Directorate
- Kyra Ayre, Head of Service Mental Health, Disabilities and Professional Support, People Directorate
- Glynn Shaw, Head of Service, Adult Assessment & Care Management, People Directorate
- Karen Houghton, Team Manager, Adult Assessment & Care Management, People Directorate
- Johanna Hirst, Assistant Social Care Practitioner, Adult Assessment & Care Management, People Directorate
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
- Joanne Barlow, Carer in Barnsley

BARNSLEY Metropolitan Borough Council

MEETING:	Safeguarding Scrutiny Committee
DATE:	Tuesday, 3 May 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Worton (Chair), G. Carr, Frost, Hampson, Millner, Pourali and Saunders together with co-opted member Ms K. Morritt

22. Apologies for Absence - Parent Governor Representatives

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

23. Declarations of Pecuniary and Non-Pecuniary Interest

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

24. Minutes of the Previous Meeting

The minutes of the meeting held on 15th March 2016 were approved as a true and accurate record.

25. Barnsley Child and Adolescent Mental Health Services (CAMHS)

The Chair welcomed the following experts to the meeting, which included:

- Patrick Otway, Head of Commissioning (Mental Health, Children's and Specialised Services), Barnsley CCG
- Martine Tune, Deputy Chief Nurse/Head of Patient Safety, Barnsley CCG
- Dave Ramsay, Deputy Director of Operations for SWYPFT
- Dr Mini Pillay, Clinical Lead for CAMHS, SWYPFT
- Carol Harris, District Service Director, Forensic and Specialist Services, SWYPFT
- Claire Strachan, General Manager, Barnsley CAMHS, SWYPFT
- Richard Lynch, Head of Commissioning, Governance & Partnerships, BMBC
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
- Wayne Jones, Barnsley Foster Carer
- Ann Murphy, Barnsley Foster Carer

Dr Mini Pillay gave a presentation to the Committee explaining how Barnsley CAMHS is structured; they have a four tier hierarchy which is based on the needs of the patient. This is a nationally recognised structure which is adopted by all CAMHS. The first tier is provided by a wide range of Practitioners, who are not mental health specialists, such as GPs, Health Visitors and School Nurses. More complex cases are dealt with at the second tier; these are provided by CAMHS specialists such as Educational Psychologists or members of the Youth Offending Team. The third tier includes specialist CAMHS clinicians, including psychiatrists and psychologists, who work as part of a multi disciplinary team. The fourth tier is for cases with the most complex of health needs, where patients require intense treatment. Barnsley

CAMHS do not have their own resources for this level of treatment; the facilities of Sheffield are used, if they have a lack of beds, they will then be sourced nationally.

Dr Pillay concluded her presentation with two anonymous case studies, illustrating how these two different cases would be dealt with by CAMHS, firstly where a young person had been admitted to hospital following an overdose, and secondly a boy who had been bullied at school. With both these cases, the committee were advised of the patient's journey through CAMHS.

Members proceeded to ask the following questions:

i) Are there resources available to deal with the more complex needs of patients, such as people from different cultures or transgender cases?

The committee were advised training in cultural and transgender issues is offered to all clinicians, although they are aware of the expertise that is available within the CAMHS infrastructure and how this can be accessed.

ii) In terms of resources, where do schools come in, for example are they providing the necessary support to children to ensure they do not feel isolated?

Support needs are assessed on a case by case basis and we undertake discussions regarding plans for individual children. There are training requirements at all levels including teachers; however we need to strengthen links with schools with training on specific topics such as self-harming. Investment in early intervention is a priority which is reflected in the attached report as a result of receiving additional funding.

iii) What resources are there in relation to Looked After Children (LAC) and how are they managed?

The group were advised any child who presents as a crisis mental health case would receive emergency support. To support LAC the service highlighted that it is as important to work with those around the young person such as social workers and foster carers as much as directly with the young person, therefore this work is undertaken.

iv) When should foster carers be contacting CAMHS and what other services are available that can provide support for LAC?

The committee were advised following inward investment this has helped in prioritising the needs of LAC and their access to services, also the intention is for further work to be done in this area. Foster carers have been involved in consultations and we have run specific groups for them. The Commons Health Select Committee has last week published an interim report which proposes for further investment in relation to LAC. Due to LAC having complex needs, this can result in several placements which then affect their access to CAMHS and receiving consistent care. The Commons Health Select Committee enquiry has raised this issue at a national level.

v) What has been done to establish why people 'Do Not Attend' (DNA) appointments, which on occasions has reached a level of 30% in Barnsley compared with 10% nationally?

Members were advised audits have been undertaken to understand why people are missing their appointments. For the initial 'choice appointment', service users are invited to contact the service and negotiate a convenient appointment. The organisation is looking at sending out a subsequent text reminder to try to reduce DNAs, although these are not always effective if there is then a change of the person's mobile telephone number. The service advised they thought DNAs may be due to long appointment waiting times, however even

though these have been reduced, there are still high numbers of DNAs. DNAs are disappointing to the service as whenever someone misses their appointment this leads to a waste of resources, potentially preventing someone else from accessing their services as well as being a risk to the young person who should have been seen.

vi) There constantly appears to be a number of inappropriate referrals, a number of which are from GPs; what is being done to help to reduce the number?

The committee were advised not all inappropriate referrals are from GPs; the bulk of referrals do however come from GPs who can lack the historic knowledge of a family which a school nurse or health visitor will have. We are in constant discussion with GPs regarding referrals and are due to provide training this month for 140 GPs to help raise their awareness regarding completion of referrals.

vii) When someone does not attend their appointment is there a duty of care to follow up on these patients, also what provision is in place to ensure they are still able to access the appropriate support?

The group were advised within CAMHS, a Single Point of Access (SPA) exists which we are looking to develop with professionals to look at the triage of cases to ensure patients are appropriately matched with services. Recently a session was held with clinicians and commissioners and they welcomed the SPA as a system to ensure the receipt of appropriate referrals and early intervention. We also hope to work on this with schools. No-one who needed services would get turned away and if we get inappropriate referrals we would sign-post them elsewhere.

viii) Have CAMHS considered using the ‘School Gateway app’ as a secure method of contacting service users to help in reducing the number of missed appointments?

Members were advised this had not been considered, but it will be looked at, as well as other methods that could help in reducing the number of appointments that are missed. We need to also consider how when a school is aware a pupil has an appointment with CAMHS they will endeavour to ensure the child attends the appointment.

ix) The report details the various sources from where referrals are made, including a category referred to as ‘other’; who does this refer to?

The group were advised this could include Educational Psychologists, but as this is an area of ongoing work, further interrogation of their data will be needed. It was requested that the service report back to the committee on who constitutes the ‘other’ category’.

x) Are CAMHS able to report back to the committee on the number of GPs who attend the training sessions due to be held this month?

The committee were advised CAMHS will report back to the committee with the number of GPs who attend.

xi) During CAMHS’ attendance at the committee last year, Members were advised of the inaccuracies identified with data recording, has this now been improved and also has the issue over short term/potentially cut funding been addressed?

Members were advised following a lot of work having been undertaken within this area, CAMHS are now confident with the accuracy of their data; however it is a relatively limited data set so will remain a work in progress. The work of CAMHS has been

prioritised at a national level which has led to additional funding being provided, which will enable early intervention work to be undertaken including within schools.

xii) Is there any evidence to suggest that some work done by the private sector in relation to the provision of mental health services is as a result of not being able to access public sector services?

The group were advised CAMHS does not have any accurate data on this; although they are aware there have been a small number of families who have gone privately in relation to Autism Spectrum Disorder (ASD) diagnosis. On rare occasions it has been necessary for CAMHS to 'buy in' services from the private sector when there has been necessity for intensive support.

xiii) The report identifies that patient satisfaction with the service is at a high level; what is being done in Barnsley that is not being done elsewhere?

The committee were advised, whilst the service recognises that patients are often dissatisfied with the time it may take to receive their initial appointment, once they begin to use the service the patient feedback is good. A recent survey by Healthwatch Barnsley supports this. When the waiting times have improved CAMHS anticipates the feedback from their customers will improve even further. The value-base of staff is evident and they operate to make sure care is delivered at the right time.

xiv) Do schools acknowledge their responsibilities in terms of mental health?

Members were advised Public Health is leading on this work, but we need to look at all stakeholder involvement and use the Future in Mind investment accordingly. We need to look at how we provide support in primary schools as sometimes not all of the school are in support of the work/initiatives.

xv) Do schools take any responsibility for the pressure they put on children to perform well in exams?

The group were advised as a result of Future in Mind investment low level support is now being provided by schools with all partners working together to increase resilience. The committee were advised that this question would be posed to Councillor Tim Cheetham as the relevant Cabinet Spokesperson to raise at the Barnsley Schools Alliance Board and receive a response on this.

xvi) Can you provide training to social services for example to ensure CAMHS referrals are appropriate?

The service advised that they have focused their training in schools; however there are plans for this to be delivered to other stakeholders such as Social Workers.

xvii) If children from outside the area are being treated does this lead to a drain on Barnsley CAMHS' resources?

Members were advised children from outside the area are not excluded from the resources that are available; however other CAMHS' are now being recharged for the services that are being provided on their behalf by Barnsley. A group has been established to look at the re-charge of these cases.

xviii) Are CAMHS able to provide the number of looked after children who are from outside the Barnsley area?

The group were advised this information can be provided; of the 60 looked after children receiving support from CAMHS, approximately a third are from outside the Barnsley area.

xix) In terms of training for schools, do you contact them or are they responsible for contacting CAMHS?

The committee were advised the current initiative is being led by schools who are working in partnership with CAMHS to put a training programme together to offer schools. Schools can choose general or specific modules such as on self-harm. We plan to create a menu of options which could be selected in the future.

xx) What training is available for parents?

Members were advised there is currently training available on the ASD pathway. In June this year the first programme will be held which will involve parents and clinicians.

xxi) What are the three main presentations in relation to mental health issues?

The group were advised these are low self esteem, anxiety and self harm. These however are not always related to each other and do not necessarily take up the most service resources. Usually, the causes are complications during the ups and downs of adolescent years where there are additional challenges/problems in a young person's external environment.

xxii) Is self harm seen as a mental health problem?

The committee were advised that a risk assessment is undertaken on every young person seen and self-harming is considered as part of this. If the cause of this behaviour is less-serious, we would look at their coping strategies. Sometimes, self-harm can be as a result of peer behaviour therefore we work with schools to rectify this. However, sometimes self harm can be the 'tip of the iceberg' that is masquerading underlying factors such as depression or abuse.

xxiii) Within the CAMHS framework is there a bereavement service available?

Members were advised there is not a standalone bereavement service; this is managed within the overall remit of the work undertaken by CAMHS.

xxiv) As Healthwatch Barnsley was unfortunately unable to send a representative to today's meeting, they asked that we advise that their report on CAMHS is available on their website. Also, on behalf of their members, they have asked for a response in relation to concerns about the wait that parents and carers are experiencing for an official diagnosis of ASD as there is currently no doctor in post to diagnose children over 5?

The committee were advised that a lot of work has been done to look at this. We found the old system led to confusion and we couldn't keep pace with the numbers of children waiting for assessment and diagnosis. NICE (National Institute for Health and Care Excellence) also released revised guidance which defined timescales in which this should happen. We now have a faster process which is done in a multi-disciplinary way

which has been in place over the last 6 months. One-off funding has been put in place in the service to reduce the back-log of cases which includes 100 young people, 46 of which have been waiting over 12 months. However, this should go down over the next 12 months.

xxv) Do you ever advise of private Mental Health services?

The committee were advised CAMHS does not provide any advice on alternative private Mental Health services as they are unable to guarantee the standard of their services. This would reflect the policy of any NHS service and not just CAMHS.

The Chair thanked all the experts for their attendance and helpful contribution.

26. Barnsley Council's Annual Self Evaluation of Children's Services for the Association of Directors of Children's Services (ADCS)

The committee were asked if they had any comments about the self evaluation; no comments were made.

The Chair thanked those in attendance and declared the meeting closed.

Action Points

1) Service to ensure investment in training and support for early intervention such as in schools.
2) CAMHS to consider using the 'School Gateway app' as a secure method of contacting service users and reducing DNAs.
3) CAMHS to continue the interrogation of their data to establish all the sources from where referrals are being made and report back to the committee on who constitutes the 'other' category.
4) CAMHS to report to the committee on the number of GPs who attend the upcoming training sessions.
5) Councillor Cheetham to seek a response from Barnsley Schools Alliance Board regarding whether schools take any responsibility for the pressure they put on children to perform well in exams.
6) Members to read the report by Healthwatch Barnsley following the research on CAMHS service-users in Barnsley. The report is available on the website for Health Watch.

Report of the Director of Human Resources, Performance & Communications, and the Executive Director of People, to the Overview and Scrutiny Committee (OSC) on 12th July 2016

Transformation of Adult Social Care

1.0 Introduction

1.1 The Adult Social Care Service (ASC) at Barnsley Metropolitan Borough Council (BMBC) carried out significant changes in the way customers access its services and the way the service responds. This report provides an overview of the transformation work and provides a summary of the new operating model, achievements made, highlights findings from the post implementation review, current progress and future plans.

2.0 National Context

2.1 Nationally, adult services face a number of pressures due to reduced funding from central government, changing expectations whereby people rightly want better quality interactions that reflect their personal circumstances, demographic changes and legislative changes driven by the Care Act (2014).

2.2 Demographic changes inform us that over 65s living longer and more people moving into adulthood with learning difficulties is creating additional demand and therefore cost pressures for adult services. The percentage of the population aged over 85 years is set to double over the next 20 years.

2.3 The Care Act brought together a plethora of outdated, confusing and complex legislation and created a single legal framework which sets out the local authority's responsibility to meet someone's care and support needs.

2.4 The Act brought a range of changes with the aim to improve people's independence and wellbeing as well as supporting regulations and guidance to enable individuals to have maximum control over how their needs are met.

2.5 For the first time, it sets out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect including the way safeguarding is viewed and managed with a greater focus on Making Safeguarding Personal (MSP).

2.6 MSP is centred on the individual's wishes and perspective rather than agencies making decisions on their behalf. It means the approach should be person led and outcome focused, engaging the individual in conversation about how best to respond to the safeguarding concern.

3.0 Local Context

3.1 The adult services in Barnsley had already made significant budget efficiencies as part of its Key lines of Enquiry (KLoEs) savings plan which led to a reduction in staffing resource and purchasing budget. Failure to prepare for and change ways of working to deal with these challenges would have placed a significant risk of the service not being sustainable.

3.2 The service responded to this challenge by embarking on a transformation journey to develop a new way of working within adult social care that was customer focused, focused on managing and reducing demand into the system so that the service would be sustainable within its new resource envelope and was able to focus its resources on those with the highest need.

4.0 Transformational Journey

4.1 Successful transformation from strategy (describing our vision) through to implementation was achieved over a 16 month period from December 2013 to “go live” on April 13th 2015.

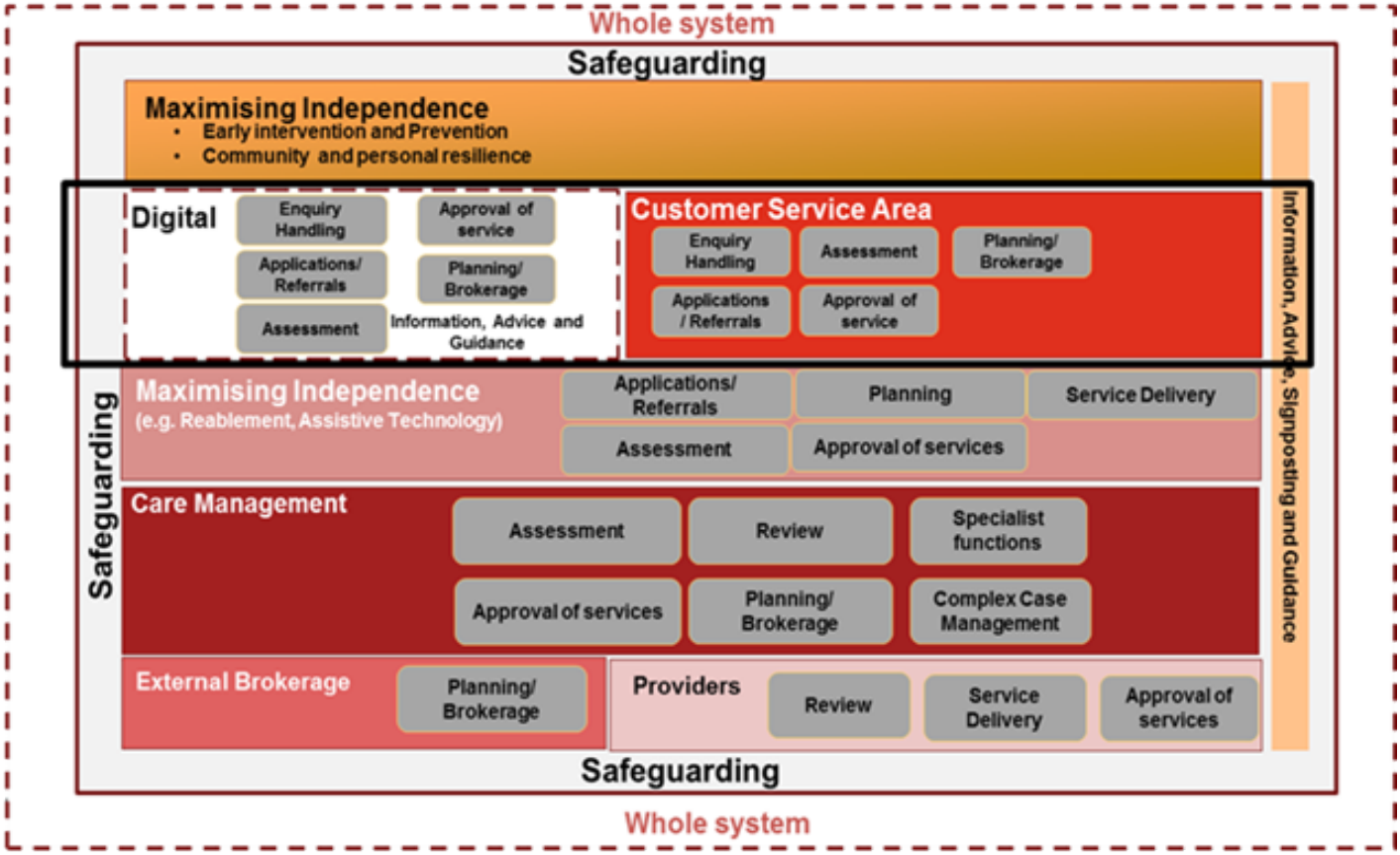
4.2 The first phase took our strategic intent, described it into a vision and culminated in the development of a high level, whole system Target Operating Model (TOM). This included and was supported by reviewing the current service cost, activity analysis and staffing resource.

4.3 The second phase developed the high level TOM and produced a set of process maps and business and technology requirements to inform IT, workforce development and operational procedures. At this stage we engaged widely with the workforce to co-design the model, testing and continually refining the detailed model with their combined experience and knowledge. Planning and implementation of a number of communication activities was essential at this period which included our partners to gain buy in and increase awareness.

4.4 Following sign-off we moved to Phase 3, Implementation. This was our most intensive period of change, which was only made possible through strong leadership, broad stakeholder engagement, close working with our technology suppliers and seconding a number of social care practitioners into the project team who became our change champions. This work culminated with successful implementation of our new operating model in April 2015 as planned.

4.5 Subsequently this achievement was recognised nationally as 1 of 8 shortlisted finalists for the Local Government Chronicle (LCG) Awards under the business transformation category. In being shortlisted, this meant that we successfully demonstrated that we had achieved significant transformation of the service and had evidence to demonstrate improved outcomes for our customers and a positive impact.

5.0 The new operating model:



5.1 The aims of the new operating model are to:

- Support customers and be customer focused by aligning expertise and skills with functions.
- Improve outcomes for individuals.
- Deliver efficient and effective services.
- Support the service to better manage demand and help to position the service well for future challenges.

This supports the Council in its commitment to being a customer focused organisation which delivers a good service and strives for excellence in everything it does continually improving the customer experience.

5.2 The key features of the model are:

- One single point of access handling all of the enquiries/contact into adult social care with a new Customer Access Team (CAT) supported by digital self service solutions. The aim is to resolve customer enquiries in the most efficient manner and customer interactions are resolved as early in the process as. To enable this, the team:
  - Have up-front conversations about individual's strengths / capabilities / outcomes.
  - Provide information, advice and guidance, steering individuals towards the most appropriate support to maximise independence.
  - Identify issues regarding capacity, requirement for advocacy, carers' issues and safeguarding concerns.

    - Promote greater use of assistive technologies / reablement services with improved access.
- Improved pathway to reablement to ensure customers receive the right support at the right time and in a way which maximises their independence.
- Consolidation of the community care teams to focus on complex, specialist cases with 2 vulnerable adults' teams, 1 disabilities team and a new transitions team.
- A new brokerage team which:
    - Focuses on the provision of the support planning function and personalisation support service working in partnership with service users/carers.
    - Empowers individuals in making decisions about their care/support needs.
    - Works widely to develop an understanding of local markets and future needs/demand.
    - Develops and manages the Personal Assistant (PA) market.

5.3 Critical to the success and sustainability of the model is early intervention and prevention which will support managing demand and "turn off the tap" into adult social care.

6.0 Review

6.1 Integral to our post implementation plans and prior to the formal review was to ensure there were robust support and governance arrangements in place. These included:

- Project Board to monitor and make decisions.
- Weekly change management meeting to identify and respond to any emerging operational issues.
- Governance arrangements to ensure continuous learning and improvement.
- Change champions and floor walking to support the staff.

6.2 As a result of these arrangements the service identified that there was an increasingly large volume of inappropriate safeguarding referrals coming into the Customer Access Team (CAT) and we were able to respond quickly. We established additional support for the Safeguarding Manager in CAT whilst we took steps to investigate and understand why this was happening.

The service has since met with our partner colleagues and as a result of those discussions the safeguarding referral form was reviewed and is currently being amended to ensure it is simpler and more concise, with a focus on the information the service needs from other agencies.

6.3 In October 2015, PricewaterHouse Coopers (PwC) carried out a formal review, the purpose of which was to:

- Review the success of the model to date, considering the main benefit areas from a number of perspectives, including: Strategic Intent; Demand Reduction/Management; Process Improvement.
- Assess the new ways of working to identify if the new model was working as expected.
- Recommend changes to further embed the model and maximise the benefits.

6.4 The following methodology was used:

- Review of performance data including safeguarding data.
- Interviews with key stakeholders.
- Observation in the Customer Access Team (CAT).
- Workshops with the project board and change management group.

6.5 The key findings were as follows:

- Overall, all of the components of the model were in place, operational and demonstrating some effectiveness in terms of managing demand. However there were demand pressures due to a number of external factors (e.g. increased pressures from health referrals and increased numbers of Deprivation of Liberty Safeguards (DOLs) requests as a result of the Cheshire West ruling whereby the threshold for what constitutes a DOLs has been lowered.
- There were some operational and cultural changes that needed to be made to embed the new ways of working.
- Effective leadership was required to ensure staff have a set of clearly defined behaviours that they need to demonstrate to enable the model to be fully effective.
- Workflow and handover issues were identified that needed to be smoothed out.
- A number of key technology enablers to support the model needed to be in place.
- A robust performance framework was required to fully establish the effectiveness of the model and whether staff resource has been deployed correctly.
- Whilst the model has been developed and applied from an adult social care perspective, connections need to be fully established across the new Council structure and health partners ("turning off the tap").
- Evidence of positive impact included:
  - Increased uptake of reablement with sustained outcomes.
  - Single point of access resolving calls which has freed up capacity in the long term teams and enabled them to focus on complex, specialist cases.
  - Positive mystery shopping exercise.
  - More customers taking control over their care and support with direct payments meeting the target of 40%.

7.0 Current Position

7.1 Following the formal review the next phase of implementation is well underway supported by refreshed and strengthened governance arrangements, a robust change control process to better manage adherence to the model and detailed plans.

7.2 Our current plans focus on the following:

- Review of the full end to end customer journey to ensure that the business process is safe, is efficient and as effective as it can be whilst remaining customer focused. A number of workshops across all of the teams including safeguarding have already been held and are nearing completion.

- Review of all of the assessment tools that support the business. This work is nearing completion.
- Review of the review process to ensure a proportionate approach is in place. This is making good progress.
- Development and launch of our digital developments to support the self serve option. These are on track to be launched by the end of July/beginning of August. This will consist of:
    - Screening portal for individuals to use to identify their needs and provide intelligent signposting to information/advice.
    - Online financial assessment (calculator) that will tell individuals how much they might be asked to contribute towards their care.
    - eMarketplace providing a directory of services to support individuals.
    - Directory of Personal Assistants to support choice/control in the use of personal budgets (already in place).
- Ensure a robust adults' early help offer is in place to support the model effectively "turning off the tap" into adult social care. Adult social care representatives sit on the Adult Early Help Delivery Group and are informing and shaping this offer that is currently being developed.
- Safeguarding activity includes:
    - A new performance framework designed to ensure performance in safeguarding is visible, monitored and improved.
    - A practice review of the way the safeguarding process is carried out to understand practice and identify improvements.
    - A case file audit system devised and implemented to assure the quality and outcomes from safeguarding cases (single and multi agency).
    - A Safeguarding Adult Review (SAR) process devised and implemented to ensure lessons are learned where a vulnerable person has come to harm as a result of abuse.
    - All staff received a second round of safeguarding training focussed on MSP.
    - The South Yorkshire Safeguarding Procedures published towards the end of last year and distributed to all staff.
    - A new safeguarding website in development acting as a trusted source of information for the public and professionals.
- New processes, procedures, technology, teams and structures will only take us so far with embedding change. Significant transformational change takes time. We recognise that staff are the catalyst for sustainable change. To support this we are:
    - Equipping our service and team managers with the corporate leadership programme. A number of our team managers are currently undertaking the programme.
    - Ensuring a robust workforce development plan is in place to support the model and implementation.
    - Undertaking a number of staff development days across all teams with only 1 of our teams still to attend a development day.
    - Being clear about the type of culture/values we want in the service and the behaviours that underpin this.
    - Continuing to learn what is working well and what could be done better/ differently.

8.0 Future Plans

8.1 These will include:

- Producing a report detailing the key findings from the customer journey workshops and the staff development days and outlining the recommendations, issues and risks. This report will inform the next phase implementation planning.
- Developing a demand and capacity planning model to ensure that the service has the right staff numbers and skills in the right teams.
- Developing our mobile working capability.
- Continual cultural embedding.
- Specific to safeguarding:
    - Continuing to work on getting performance reporting right and will include how agencies more appropriately refer concerns to adult social care and apply the safeguarding thresholds more consistently.
    - Continuing to measure and report on the outcome of safeguarding interventions for the individuals affected in line with making safeguarding personal.
    - Planning further training and workforce development arising from lessons from case file audits and Safeguarding Adult Reviews (SARs).

9.0 Invited Witnesses:

9.1 At today's meeting, the following representatives have been invited to answer questions from the OSC regarding work undertaken in relation to the transformation of adult social care:

- Lennie Sahota, Interim Service Director, Adult Assessment & Care Management, People Directorate
- Margaret Essex, Professional Support and Development Manager, People Directorate
- Kyra Ayre, Head of Service Mental Health, Disabilities and Professional Support, People Directorate
- Glynn Shaw, Head of Service, Adult Assessment & Care Management, People Directorate
- Karen Houghton, Team Manager, Adult Assessment & Care Management, People Directorate
- Johanna Hirst – Assistant Social Care Practitioner, Adult Assessment & Care Management, People Directorate
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)

9.2 Joanne Barlow who is a local carer has also been invited to attend to assist the committee with their investigation by providing a service user's perspective of our adult social care services.

10.0 Possible Areas for Investigation

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

- To what extent has the implementation of the Target Operating Model (TOM) achieved its goals to: change practice to focus more on early intervention and

prevention; increase self-help and redirect people to non-statutory and universal services; and increase short term, targeted reablement?

- What do service users think to the new model? What engagement has been undertaken with them to obtain feedback and improve services?

- To what extent have Social Workers bought into the model? Do they understand its operation and has it changed their practice?

- What has been done to understand the customer journey through the service including waiting times?

- The planned reduction in residential admissions on the backdrop of the TOM implementation was not realised in the last financial year, what impact has this had on the service and what plans are in place to address this?

- How effective is the integrated working between different teams and agencies including local health service providers? Are all key stakeholders on board and supportive of future plans and developments?

- What systems are in place to ensure the effective collection and use of data to understand service performance and to help identify areas requiring improvement?

- What support is being given to employees to help them to improve performance/services?

- What actions could be taken by Members to continue to assist in improvements to Adult Social Care Services in Barnsley?

11.0 Background Papers and Useful Links

- Cabinet Report Endorsing Implementation of the Target Operating Model from 13th April 2015 (Cab.11.3.2015/7.2): http://barnsleymbc.moderngov.co.uk/Data/Cabinet/201503111000/Agenda/item%20f7.2.pdf
- Care Act (2014): http://www.legislation.gov.uk/ukpga/2014/23/contents

12.0 Glossary

ASC - Adult Social Care Service
CAT - Customer Access Team
DOLs - Deprivation of Liberty Safeguards
KLoEs - Key lines of Enquiry
MSP - Making Safeguarding Personal
OSC - Overview and Scrutiny Committee
SARs – Safeguarding Adult Reviews
TOM - Target Operating Model

13.0 Officer Contact: Anna Morley, Scrutiny Officer (01226 775794), 4th July 2016

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