Public Document Pack

BARNSLEY Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 8 November 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

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

2 Declarations of Pecuniary and Non-Pecuniary Interest

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

3 Minutes of the Previous Meeting *(Pages 5 - 12)*

To approve the minutes of the previous meeting of the Committee held on 13th September 2016 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 NHS Consultations on Proposed Changes to Hyper Acute Stroke Services and Non-specialised Children's Surgery & Anaesthesia Services *(Pages 13 - 50)*

To consider a report of the Director of HR, Performance and Communications (Item 4a attached) in relation to the NHS consultations on proposed changes to Hyper Acute Stroke Services (Item 4b attached) and Non-specialised Children's Surgery & Anaesthesia Services (Item 4c attached).

5 Barnsley Safeguarding Children Board (BSCB) Annual Report 2015-16 *(Pages 51 - 112)*

To consider a report of the Director of HR, Performance and Communications (Item 5a attached) in respect of BSCB's Annual Report 2015-16 (Item 5b attached).

6 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.

7 Children's Social Care Reports *(Pages 113 - 150)*

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
- Andrew Frosdick, Director of Legal and Governance
- Rob Winter, Head of Internal Audit and Risk Management
- Julia Bell, Director of Human Resources, Performance and Communications
- Michael Potter, Service Director, Organisation and Workforce Improvement
- Ian Turner, Service Director, Council Governance
- Anna Morley, Scrutiny Officer
- Press

Paper Copies Circulated for Information

- Majority Members Room
- Opposition Members Rooms, Town Hall – 2 copies

Witnesses

Item 4 (2:00pm)

- Lesley Smith, Chief Officer, Barnsley CCG
- Helen Stevens, Associate Director of Communications and Engagement, NHS Commissioners Working Together
- Diane Wake, Chief Executive, BHNFT
- Dr Richard Jenkins, Medical Director, BHNFT

Item 5 (2:40pm)

- Bob Dyson, Independent Chair, BSCB
- Rachel Dickinson, Executive Director, People Directorate, BMBC
- Brigid Reid, Chief Nurse, Barnsley Clinical Commissioning Group (CCG)
- Sharon Galvin, Designated Nurse Safeguarding Children, Barnsley CCG
- Mel Palin, Detective Chief Inspector, South Yorkshire Police (SYP)
- Shelley Hemsley, Superintendent, SYP
- Pat Armitage, Service Manager, Children and Family Court Advisory and Support Service (CAFCASS)
- Mel John-Ross, Service Director, Children's Social Care and Safeguarding, BMBC
- Nigel Leeder, BSCB Manager, BMBC
- Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding), BMBC

This page is intentionally left blank

BARNSLEY Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 13 September 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clements, Franklin, Frost, Gollick, Daniel Griffin, Hampson, Hayward, W. Johnson, Lofts, Makinson, Mitchell, Philips, Sheard, Spence, Tattersall, Unsworth and Wilson together with co-opted members Ms P. Gould and Ms K. Morritt

18 Apologies for Absence - Parent Governor Representatives

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

19 Declarations of Pecuniary and Non-Pecuniary Interest

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

20 Minutes of the Previous Meeting

The minutes of the meeting held on 12th July 2016 were approved as a true and accurate record.

21 Barnsley Safeguarding Adults Board (BSAB) Annual Report 2015-16

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

- Bob Dyson, Independent Chair, BSAB
- Brigid Reid, Chief Nurse, Barnsley Clinical Commissioning Group (CCG)
- Sarah MacGillivray, Designated Nurse for Safeguarding Adults, Barnsley CCG
- Alison Bielby, Deputy Director of Nursing, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Peter Horner, Public Protection Unit Manager, South Yorkshire Police
- Julie Warren-Sykes, Assistant Director of Nursing, Governance and Safety, South West Yorkshire Partnership Foundation Trust (SWYPFT)
- Lennie Sahota, Interim Service Director, Adult Assessment & Care Management, People Directorate, BMBC
- Michael Potter, Service Director, Organisation & Workforce Improvement, BMBC – Chair of Performance Sub-group
- Cath Erine, Safeguarding Adults Board Manager, BMBC
- Ray Speed, Team Manager, East LTC Team, Adult Assessment & Care Management, People Directorate, BMBC

- Kate Anderson-Bratt, Senior Contracts and Compliance Manager, Adult Joint Commissioning, Adult Assessment & Care Management, People Directorate, BMBC
- Cllr Caroline Saunders, Cabinet Support Spokesperson – People (Safeguarding), BMBC

Bob Dyson advised the committee this was his first year as the Chair of the BSAB, as well as the first report he had been involved with. As the Chair of the Barnsley Safeguarding Children Board (BSCB) for several years, his joint involvement with both boards has brought them closer together.

Members proceeded to ask the following questions:

i) What is in place to protect vulnerable people in their own home where they may not be in regular contact with professionals, for example they may be subject to financial abuse from a relative, but are fearful of raising their concerns?

Members were advised the partner agencies on the board do everything they can to protect individuals in their own home, but unfortunately there will always be cases that are not reported. In relation to Making Safeguarding Personal (MSP), we can only work with people how they want to be helped and some people will not always accept support. A Safeguarding Awareness Week (SAW) is held, to help raise everyone's awareness of safeguarding. It also signposts people to the organisations which can offer the right type of help and support. We provide ongoing Adult Social Care in our communities, undertaking assessments and working with our providers to monitor situations and review them regularly.

ii) Is there one contact number that worried neighbours can phone, should they have any safeguarding concerns?

The committee were advised, the Adult Social Care contact number (01226 773300) has previously been shared with Members and we will make sure this is also shared with our co-opted Members. The number has been publicised during SAW including information in the Chronicle newspaper. Work is also being done to improve the website as well as putting information out through other media including Twitter and Facebook.

iii) Would the introduction of a leaflet, or detailing the number to contact in telephone directories be preferable to ensure they are accessible to a wider audience as elderly people may not be online?

The group were advised the use of online communications is to enhance other channels which already exist. South Yorkshire Police (SYP) advised they hold regular drop in sessions in places where people attend in significant numbers, such as at Bingo. Also, a drop in session was held at a branch of the Halifax Building Society, to raise customer's awareness about safeguarding being everyone's responsibility.

iv) The report demonstrates the sharing of information and intelligence; has the board experienced any difficulties between partner organisations or is this practice embedded?

The committee were advised the board is confident that all partners are willing to work together and share information. Each agency has individual parts of the picture and the South Yorkshire Procedures are very clear about information sharing and this being for prevention rather than waiting till a problem has arisen. A specific agreement with SYP has just been signed in relation to data sharing. Difficulties arise as IT systems within different organisations are not always compatible with each other; however there is a real commitment to sharing information.

v) The Victoria Climbé case highlighted the lack of communication between the organisations; has there been any move towards having a national database of vulnerable adults?

The group were advised currently there are no plans for a national database. In terms of vulnerable children, a Multi-Agency Safeguarding Hub (MASH) has been established which has co-located a number of front line professionals into one place, enabling them to talk with each other face to face. What is really important is professional curiosity and to look behind what is not being said. We can have information sharing systems but it takes other things to make a difference also.

vi) Following the implementation of Making Safeguarding Personal (MSP) have there been fundamental changes, have these been well received and are they working?

Members were advised MSP has brought a shift in culture and practice, which has arisen from guidance within the Care Act. This is about looking at people as individuals and when there is an issue over safeguarding, understanding their concerns and giving them an individualised plan. The changes have been welcomed by most staff, as they want to provide the best service they can. Although it has been well received, there are still challenges. The group were given the details of a case which had been reported by the manager of a care home involving a couple of residents who had formed a close relationship, which raised safeguarding concerns. This was subsequently investigated as to whether either person was experiencing any kind of risk and if they had the mental capacity to understand what had developed. The findings proved they both did have the capacity to deal with the relationship; their respective families were made aware of this, and were being fully supported as it was them who were upset by the situation.

vii) The performance data continues to indicate high instances of safeguarding concerns in care homes (41%); what is being done to address this and have there been any developments since last year in the use of CCTV?

The committee were advised we don't always know the location of safeguarding concerns if they are not in registered care settings. This skews the data and suggests that the incidence of safeguarding in care settings is higher than the reality. Whilst there are a lot of occurrences being recorded in care homes; it is reassuring to know that these alleged incidents are being reported as it would be more concerning if they weren't reporting possible abuse to BMBC. As part of the contracts monitoring process, regular visits are made to the homes; this includes talking with the residents and checking their records. This approach ensures if there are any problems, these can be identified at an earlier stage and the service can work with the care provider to resolve issues. Once an improvement plan is in place, this will be followed up by

unannounced visits, sometimes at 5am and we continue to gather evidence from other professionals going in the home.

Regarding CCTV, there are opposing opinions on its use in residential homes. Following the Care Quality Commissions (CQC) inspection of services at Winterbourne View, they were asked regarding the use of CCTV and last year issued a 'Using Surveillance' document. Implementation of CCTV use is fraught with challenges, such as data protection and consent being given for its use. Should one person object to it being used, it could not be installed. The use of it should only be considered if there is a necessity, as other mechanisms for quality monitoring should prevent need for its use. There shouldn't be any places without any reported incidents as this would create more cause for concern as you can have unprovoked attacks occur in services such as amongst residents, however it is not as a result of how a provider is managing a service.

viii) Are there systems in place to identify any potential hotspots where there are a higher number of occurrences being reported?

Members were advised there are forms to report concerns which can be filled in by anyone and we have promoted this. These are then checked on a weekly basis; each service has its own allocated contracts officer, ensuring any concerns will be able to be tracked back to the service provider. Services are RAG (red, amber, green) rated and frequency of inspections will depend on this.

ix) The report confirms of the 46 care homes in Barnsley, 48% of these were inspected by the end of 2015/16; of these, 19 were rated as 'Requires Improvement' or 'Inadequate'?

The group were advised these CQC inspections are from April 2015; the CQC are currently behind with their inspections and they have focused on those homes which have been non-complaint previously. These results are not reflective of more recent inspection results we have received therefore there is a time-delay in the picture. There has also been a change to the format of the inspections, and by the end of December 2016, all homes will have been inspected under this new regime; the results of which will show in next year's report. We compare our results with other areas and Barnsley's results are slightly above the national average which is positive. We would like all our homes to be rated as outstanding or at least good; with registration removed by the CQC from homes if appropriate.

x) Do we have a responsibility as a Local Authority to look at how long establishments have been 'requiring improvement' and take action or is this the remit of the CQC?

The committee were advised it depends on the situation; we look at whether services are safe and what service users think. An example was given of a home which was 'under notice' by the CQC; all the residents were well cared for by the staff and the families were happy with the home, however the care provider had failed to meet the CQC standard of registration. It is then necessary to assess the impact on the residents and the risks of moving them, some of whom have lived there for years, versus leaving them in the care of the home. In some cases the reason for the provider not being compliant can be their failure to maintain their back office systems. Conversely, where a care provider has been rated as 'good' or 'outstanding' it is

important this does not lead to complacency, therefore real time inspections are very important.

xi) What will CQC inspections look at and do care homes have to display their rating?

Members were advised care providers have to visibly display their CQC rating and certificate of registration, such as in their reception area. The inspections are very thorough, considering 5 different areas and take place over several days. They don't just look at care but include their auditing and recruitment processes. They also look at inspection history and even when care is good, if there has not been adequate improvement in back office functions, the CQC would rate a service as inadequate. Regardless of the rating, provided a home is registered, the decision to remain is ultimately the choice of the resident.

xii) The report details the number of Section 42 decisions made in 24 hours as being 48%; has there been an improvement in the Quarter 1 figures?

The group were advised the Board is due to meet tomorrow, where the figures that will be presented has now increased to 89%. Case file audits were undertaken which showed that the problem was in the recording. Sometimes these delays are justifiable due to front-line employees working shifts and the information that is needed may not be available until the employee starts their next shift.

xiii) The Member thanked the witnesses for the extensive report and asked if the committee can be reassured that every member of staff employed in a care home has had a Disclosure and Barring Service (DBS) check and appropriate training?

The committee were advised all agencies on the board comply with safer recruitment procedures and are confident in the challenge of this process. This includes the chair of the board having a DBS check. Providers are contractually obliged to have staff DBS checked at the point of recruitment as well as provide 2 references, 1 of which needs to be their most recent employer. We undertake routine audits of staff files and if an allegation is made we would audit a number of files including the person under suspicion, to ensure appropriate checks and documents are in place.

xiv) P25 of the report identifies the importance of wider community involvement, including Healthwatch who are key in this. What is the role of Healthwatch on the board, do we need to widen community engagement and how long ago is the case study on work with the deaf community from?

Members were advised Healthwatch play an important role on the board as well as the community representative that attends. Work is ongoing to improve community involvement and the Board Manager is meeting with a number of local groups and agencies including Voluntary Action Barnsley (VAB), Healthwatch and our Equality Forums to make sure they have the information they need on safeguarding. Also to help ensure they are the eyes and ears of our communities and hold the Board and its partners to account for their work. The report was completed by a colleague who has now left BMBC; therefore we are not sure of the exact date of the case study.

xv) Has the Board engaged with other local groups such as one at the college which is for Deaf people?

The group were advised if Members are aware of particular groups and organisations to make the Board aware of them so they can engage them in their work. The Board has a Communication Task and Finish Group which is looking at how we get information out to different groups and communities and how they can work with the Prince's Trust on this.

xvi) The recent Crime Survey shows that fraud is higher than any other crime; old and vulnerable people are increasingly targeted therefore as part of the engagement strategy how are we making these people aware of scams such as fake phone calls from banks?

The committee acknowledged this as an issue for all ages and advised the more knowledgeable individuals are to this type of crime, the more unlikely they are to becoming a victim. There are a lot of national campaigns about this on TV; the Board publicised this during SAW and SYP have put out local information on this as well as other agencies. We need to make sure these are ongoing communications and not just one-off.

xvii) In relation to the useful links on page 48, could the service consider creating a poster with these plus telephone numbers which Members could disseminate and display in local notice boards?

The Member of the committee was thanked for their suggestion.

xviii) The attendance analysis for the safeguarding training detailed in the report, shows there were a considerable number of courses where there were no attendees from the partner agencies?

Members were advised the figures shown in the report are for the training that has been delivered by the Board; partner agencies such as the NHS and the police will undertake their own in-house training and these figures are not included. The Board tries to provide mainstream training which is suitable for the majority of agencies. Similarly, Care Homes commission some of their own training which we check on when we undertake inspections/audits.

xix) Would it be possible to compile all the training in the different organisations so Members can see the full picture?

The group were advised each member of the Board submits a self-assessment form, which includes details of the training that has been undertaken in their organisation. The Board chair goes through these and questions compliance with training, which helps to reassure that appropriate training is being undertaken. The Board will consider how this information could be incorporated in the report. Difficulties also arise however in that some training may only need to be undertaken on a 3 year basis therefore does not show annually in the report. Members were also informed that the current training information doesn't explain which organisations need to have which training, for example NHS staff have to remain CQC compliant. Also, it's Audits that inform us how effective training is as sometimes less is more.

Members were advised of a number of training sources, including the Council's Workforce Development Team. Also that Barnsley Council is part of a South Yorkshire Group with Doncaster Council, Sheffield Council and SYP who contribute to providing a programme of training.

xx) Why is Rotherham Council not included in this joint training arrangement?

Members were advised Rotherham Council decided to come out of the South Yorkshire arrangements and commission their training externally. Barnsley however felt it was better value for money to stay in the partnership and have been able to source a variety of training provision including a number of free conferences, including one in September on modern slavery, MSP and financial abuse.

The Chair thanked all the experts for their attendance and helpful contribution, and declared this part of the meeting closed.

Action Points

1) Information regarding the Single Point of Access Contact Details for Barnsley Adult Social Care to be circulated to OSC co-opted members.
2) Members to advise the Board if they are aware of any local groups/organisations they should be engaging with.
3) Board to ensure messages continue to be disseminated in relation to fraud prevention on an ongoing basis.
4) Service to consider creating a poster with useful links and telephone numbers which Members could disseminate and display in local notice boards in relation to Safeguarding.
5) Board to consider how all relevant training in different organisations could be included as part of the annual report.

22 Exclusion of Public and Press

RESOLVED that the public and press be excluded from the meeting during consideration of the following items, because of the likely disclosure of exempt information as described by the specific paragraphs of Part I, of Schedule 12A of the Local Government Act 1972, as amended as follows:-

Item Number	Type of Information Likely to be Disclosed
10	Paragraph 2

23 Children's Social Care Reports

Members reviewed and provided challenge to Children's Social Care performance information in relation to early help assessments, contacts, referrals, assessments, section 47 investigations, child protection, looked after children, and caseloads. Witnesses gave further information on issues raised by the report submitted in response to questions from Members. During this meeting, Members were also given information on the establishment of Barnsley Children's Integrated Assessment & Investigation Service including a Multi-Agency Safeguarding Hub (MASH).

This page is intentionally left blank

**Report of the Director of Human Resources,
Performance & Communications,
to the Overview and Scrutiny Committee (OSC)
on Tuesday 8th November 2016**

Proposed Changes to Hyper Acute Stroke & Children's Surgery and Anaesthesia Services Consultations – Cover Report

1.0 Introduction and Background

1.1 NHS Clinical Commissioning Groups (CCGs) are responsible for commissioning (paying for) local health services in their region. As more people use NHS services, live longer and technology to deliver care improves, planning and commissioning of effective, sustainable services becomes increasingly urgent. Additionally, for some services, there won't be enough trained and experienced staff in the future.

1.2 'Commissioners Working Together (CWT)' is a collaborative of eight CCGs (Barnsley, Bassetlaw, Doncaster, Hardwick, North Derbyshire, Rotherham, Sheffield and Wakefield) and NHS England, across South and Mid Yorkshire, Bassetlaw and North Derbyshire. They are looking at NHS services across this geographical footprint in order to plan and commission the best local services possible within available resources. A map of the relevant area is shown below:

1.3 As a result of this, in accordance with legislation, a Joint Health Overview and Scrutiny Committee (JHOSC) has been established to ensure the needs of local people are an integral part of the delivery and development of services. The relevant Local Authorities represented on the JHOSC by locally Elected Members are: Barnsley Metropolitan Borough Council; Derbyshire County Council; Doncaster Metropolitan Borough Council; Nottinghamshire County Council; Rotherham Metropolitan Borough Council; Sheffield City Council and Wakefield Metropolitan District Council.

1.4 As part of CWT, changes to NHS Hyper Acute Stroke Services (care up to first 72 hours) and Children's Surgery and Anesthesia services across the geographical footprint have been proposed. Earlier this year, feedback was gathered from a number of stakeholders on these services, which was used to formulate the proposals that are now being formally consulted upon for 16 weeks from 3rd October 2016 until 20th January 2017. The final decisions will be made in February 2017.

2.0 What does this mean for Barnsley?

2.1 **Hyper Acute Stroke Services**
Working with the clinicians and managers from each of the hospitals, supported by independent strategic clinical advice and an independent review, the commissioners have developed a proposal to reduce the number of hyper acute stroke units from five to three. This proposal recommends the hyper acute stroke units in Barnsley and Rotherham close and three units remain in Chesterfield, Doncaster and Sheffield.

2.2 Barnsley Hospital (Barnsley Hospital NHS Foundation Trust-BHNFT) agree that current services across the region are unsustainable and they have a role in ensuring that everyone has access to high quality care and treatment in the first 72 hours of a stroke. They must be ready to put changes in place so are making plans to do this as doing nothing is not an option.

2.3 The changes mean that Barnsley patients in need of critical care would be taken to Doncaster, Sheffield or Wakefield. Following the critical care period, they would be discharged either to their own home to continue their rehabilitation in the community or will be transferred back to Barnsley Hospital's stroke unit.

2.4 **Children's Surgery and Anaesthesia Services**
The commissioners and hospitals have developed three options which could reduce the number of hospitals where operations for some conditions for children are carried out at night, at a weekend, or require an overnight stay. Operations under these circumstances would no longer be provided in Barnsley, Chesterfield, Doncaster or Rotherham.

2.5 Again, Barnsley Hospital agree that current services across the region are not sustainable and they want to make sure everyone has access to high quality care in children's surgery and anaesthesia services. To do nothing is not an option, and so they must therefore be ready to put the changes in place and are making plans to do this.

2.6 At the moment this means no changes to services as the proposals are still subject to public consultation. Copies of the consultation documents which outline the proposals, how these have been developed and what these mean for services uses are attached (Item 4b - Hyper Acute Stroke Services Consultation Document, Item 4c - Children's Surgery and Anaesthesia Services Consultation Document) and can also be accessed at www.smybndccgs.nhs.uk.

3.0 Consultation Feedback

3.1 Since the consultation opened on 3rd October 2016, as of 24th October 2016, the following responses have been received:

3.2 Hyper Acute Stroke Services

22 out of 36 responses are from Barnsley postcodes. Of this, 6 agree with the proposals, 16 disagree. Overall: 13 out of 36 agree, 23 disagree

Some 'agree' comments from Barnsley residents:

- "I'd like to go to the best place not necessarily the nearest. If you can guarantee that I'd get there in time then I agree with the changes."
- "I understand that the first 72 hours is the most vital and if this care can be best given by experienced specialised staff in specific centres then this makes good sense. If I had a stroke this is the care I would want. It Is more important that the care is right than that it is local at first."

Some 'disagree' comments from Barnsley residents:

- "The Government should properly fund the NHS to provide the required care for patients within the hospital nearest their home."
- "When someone has had a stroke family and friends matter a great deal. It is a very stressful time for everyone and the travelling time and difficulties travelling for some people will mean that visitors will experience even more stress and may not be able to see their loved ones."

3.3 Children's Surgery and Anaesthesia Services

11 out of 35 responses are from Barnsley postcodes. 6 out of 11 agree with the proposals to change the way we provide children's surgery and anaesthesia services. 5 of the 6 agree that option 2 (the preferred option) would be the best. Overall: 16 out of 35 agree with the proposal to change the way we provide children's surgery and anaesthesia services. Of these, 13 agree option 2 (the preferred option) would be the best.

Some 'agree' comments from Barnsley residents:

- "As long as facilities for family members to support their children during and after surgery it will deliver better outcomes."
- "Reduces the number of sites to a more practical number but does not cause unmanageable workloads for the sites nominated"

Some 'disagree' comments from Barnsley residents:

- "Not everyone has easy access to transport for visiting. Although these places are geographically close, they may as well be 100 miles apart in the eyes of what is still a quite insular population."
- "When your child goes into hospital it is a traumatic time, worrying about how you can afford to visit your child is another matter. My daughter was in Barnsley, Sheffield and Leeds if I did not have the funds I would not have been able to visit her. Also the family around me were my network."

4.0 Invited witnesses

4.1 Given the proposed changes and implications for services in Barnsley, at today's meeting, a number of representatives have been invited to answer questions from the OSC regarding the proposed changes to Hyper Acute Stoke and Children's Surgery and Anaesthesia Services:

- Lesley Smith, Chief Officer, Barnsley CCG
- Helen Stevens, Associate Director of Communications and Engagement, NHS Commissioners Working Together
- Diane Wake, Chief Executive, BHNFT
- Dr Richard Jenkins, Medical Director, BHNFT

5.0 Possible areas for discussion

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

- What implications will the changes have on patient outcomes and has an equality impact assessment been done on these?

- To what extent has there been learning from good practice in the delivery of these services in other areas?

- How effective are working relationships amongst key stakeholders in the design and delivery of services?

- How will you ensure ongoing patient involvement and influence in the design and delivery of these services?

- To what extent have staff been engaged throughout the consultation and are confident in the proposals put forward?

- What implications will changes have for local service providers such as Barnsley Hospital and Yorkshire Ambulance Service (YAS)?

- How will the consultation feedback be analysed and to what extent will this influence any final decisions?

- How confident are you that the right decisions are being made to ensure services are effective and sustainable?

- What impacts will the work of other NHS service commissioners and providers have on these plans and what is in place to manage this?

- How can Members support the work of NHS Services to improve outcomes for our local residents?

6.0 Background Papers and Links

- Item 4b - Hyper Acute Stroke Services Consultation Document
- Item 4c - Children's Surgery and Anaesthesia Services Consultation Document

- Commissioners Working Together (CWT) website and access to consultations online: http://www.smybndccgs.nhs.uk/
- Barnsley Hospital website information on Hyper Acute Stroke Services Consultation: http://www.barnsleyhospital.nhs.uk/news/hyper-acute-stroke-unit-proposed-consultation/
- Barnsley Hospital website information on Children's Surgery and Anaesthesia Services Consultation: http://www.barnsleyhospital.nhs.uk/news/childrens-surgery-anaesthesia-services-across-south-yorkshire-bassetlaw/

7.0 Glossary

BMBC – Barnsley Metropolitan Borough Council
BHNFT – Barnsley Hospital NHS Foundation Trust
CCG – Clinical Commissioning Group
CWT – Commissioners Working Together
JHOSC – Joint Health Overview and Scrutiny Committee
YAS – Yorkshire Ambulance Service

8.0 Officer Contact

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

This page is intentionally left blank

Consultation to change hyper acute stroke services in South Yorkshire, Bassetlaw and North Derbyshire

Consultation to change hyper acute stroke services in South Yorkshire, Bassetlaw and North Derbyshire

At the moment, depending on where you live in South Yorkshire, Bassetlaw and North Derbyshire, you would have a different experience and receive different standards of care if you had a stroke - and our local doctors, nurses, healthcare staff and clinical experts all agree that this isn't fair.

To help us with our review, between January and April this year, we asked you, patients and the public, what would matter to you if you or a loved one had a stroke.

You said it was important to:

- Be seen quickly when you arrive at a hospital
- Be seen and treated by knowledgeable staff
- Have a safe and quality service
- Have fast ambulance response and travel times
- Have good access to rehabilitation services locally

All feedback has been used to help develop our proposal for the future of hyper acute stroke services - and now we want to know what you think. Between 3 October 2016 and 20 January 2017, you can get involved by filling in the form at the back of this booklet and return it by freepost to:

Freepost COMMISSIONERS WORKING TOGETHER

Or, respond online at **www.smybndccgs.nhs.uk**

What are we proposing to change and where?

We are proposing to change hyper acute stroke services to improve the experience of patients needing stroke care in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield.

What are hyper acute stroke services or units (HASUs)?

They are:

- Where you are cared for up to the first 72 hours (or sooner if medically stable) after having a stroke when you need more specialist 'critical' care.

They are not:

- "Acute stroke" units/wards - which is where you are cared for after the first 72 hours of having a stroke until you are ready to go home from hospital.
- Rehabilitation services, such as speech and language and physiotherapies, which help you get better once you've gone home from the hospital.
- We are not proposing to close any units.

Why do we want to improve these services?

1. Three out of five of hyper acute stroke units (HASUs) admit less than 600 patients a year.

Why is this an issue?

This is below the national best practice minimum - meaning stroke doctors and nurses in some of our units risk becoming deskilled - which in turn would mean you may not get the best possible or safest care in the future.

2. We need more stroke doctors and nurses to run the existing services - but there aren't enough locally and nationally

Why is this an issue?

This means there are problems with medical cover in our local hospitals - and we have already seen temporary closures of some of our services because there aren't enough doctors or nurses available.

3. How quickly scans and tests are done and reported varies from hospital to hospital

Why is this an issue?

Due to a delay in the necessary tests being done, which help to diagnose patients, there is a delay in some treatments that should be given after having a stroke.

We want every stroke patient in our region to have the safest and best possible care so they get better quicker and have less chance of living with a disability when they go home.

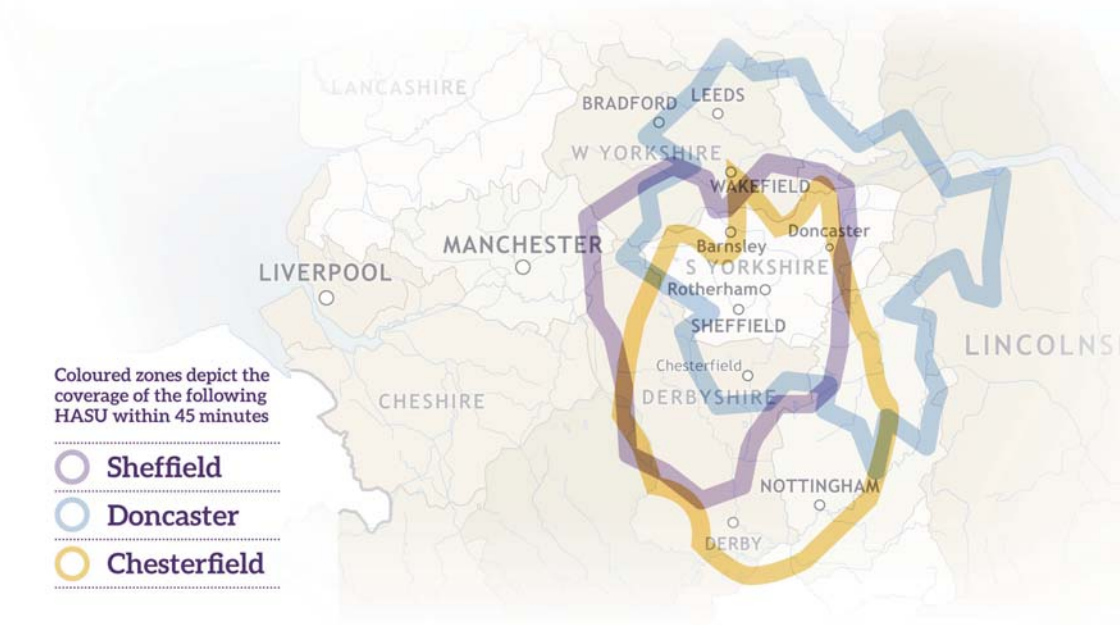
What are we proposing?

There is one proposal we would like your views on.

The proposal on which we are consulting - three centres

If you live in South Yorkshire and Bassetlaw and North Derbyshire and have a stroke, you would receive hyper acute stroke care in:

- Chesterfield Royal Hospital
- Doncaster Royal Infirmary
- The Royal Hallamshire Hospital, Sheffield



This would mean that Barnsley and Rotherham hospitals would no longer provide hyper acute care for people who have had a stroke. Although Chesterfield Royal Hospital receives less than 600 patients a year, it is in a different NHS region (East Midlands) and therefore remains as a centre in our proposal. These services may be considered as part of an East Midlands review in the future.

After the first 72 hours of receiving critical care, if you live in Barnsley or Rotherham and are well enough, you would be transferred to your local hospital for the remainder of your care.

We are not looking to make changes to 'acute' stroke care which is care received after the first 72 hours until you go home from hospital and this will still be provided in all our local hospitals.

Rehabilitation services, such as speech and language and physiotherapies, which help you to get better once you leave hospital, will still also be provided closer to where you live.

We are recommending that we change services by working together better to improve survival rates while also improving the quality of life for patients by reducing their chances of living with disabilities once they leave hospital.

Based on feedback from our doctors, nurses and regional and national clinical experts, we think our proposal would allow us to do this.

I live in Barnsley / Rotherham where will I go if I have a stroke?

In the future, if you have a stroke, you would be taken to a hyper acute stroke unit in Doncaster or Sheffield for the first 72 hours of your care. If you live in the north of Barnsley, you may also be taken to Wakefield for these few days. At the moment though, nothing will change and you will be taken to and treated in Barnsley and Rotherham.

What happens next?

Between 3 October 2016 and 20 January 2017, if you live in South Yorkshire, Bassetlaw and North Derbyshire, we are asking you what you think about our proposal to change hyper acute stroke services.
The results of this consultation will be presented to the Commissioners Working Together board who will make a decision on how hyper acute stroke services will be provided in our region.

When making a final decision, we will consider:

- All patient and public feedback
- The impact on access to services, including travel times
- The impact on quality and safety of the service

We expect a decision to be made in February 2017.

How have we developed the options?

We developed the options with clinical and managerial NHS staff who provide hyper acute stroke services in our region's hospitals and also with the NHS staff who 'buy' and monitor the standards of the services (in clinical commissioning groups). This 'stroke group' was set up to support and oversee the review and has been meeting regularly to consider how we can make the improvements needed.

We looked at:

- **Getting to a hospital** - can patients easily access these services, either independently or by ambulance within 45 minutes? (Which is the national standard)
- **Number of patients** - if services changed, would the remaining HASUs be able to treat the potential higher number of patients being seen?
- **Impact on other areas** - would changing services in our region affect services and patients in neighbouring areas?
- **Patient experience** - based on what our pre-consultation told us was important to people (access to expert, quality care, travel times etc), would the proposed options deliver this and improve current patient and carer experience?

- **Seven day services** - would we have enough capacity to be able to provide these services seven days a week?
- **Number of staff** - how could our current workforce best meet the needs of our patients?

Decisions to consider or rule out options were based on which would provide the highest quality and safe services for patients as well as making sure they are sustainable for the future. This was done in three stages.

In the first stage of the review, we looked at:

Option 1: do nothing

This option was ruled out because of current quality, performance and sustainability challengers

Option 2: improve quality and sustainability of current five units

This option was ruled out because quality, performance and sustainability cannot be improved under current circumstances

Option 3: transform how we provide hyper acute stroke care

This option was supported because this is likely to improve quality,performance and sustainability for all populations

Our review was shared with the Yorkshire and the Humber Senate - who give independent strategic clinical advice - who supported our findings. They also recommended that our review was considered in context of the full regional picture and any potential impact.

In the second stage of the review, we considered the options for transforming how we provide care. We also listened to advice from experts in the Yorkshire and Humber Clinical Network about how hyper acute stroke services should look across our region.

Option 3a: five centres

This option was ruled out because five centres would be unable to meet the minimum recommended number of stroke cases for each single centre (600 patients a year)

Option 3b: four centres

This option was supported and includes consideration of the North Derbyshire and Hardwick populations and the Chesterfield hyper acute stroke centre

Option 3c: three centres

This option was supported and considers an upper limit of 1200 patients a year but does not take potential service changes in East Midlands into consideration

Option 3d: two centres (Y&H blueprint using 1500 metrics)

This option was supported and should be considered, but is dependent on configuration across the region

Option 3e: one centre

This option was ruled out because the number of strokes across the region and maximum number for a single centre would not work

Their review looked at travel times and the size of units and recommended that we consider reducing to two hyper acute stroke units in South Yorkshire and Bassetlaw.

Although Chesterfield has been a part of our review, their hyper acute stroke services are part of the East Midlands region - and are therefore out of our control. As further proposals to change hyper acute stroke services in Chesterfield may be considered by an East Midlands review in the future, we felt it was important to raise awareness of both our and potential future changes with the people of Chesterfield and include them in our consultation.

Who are Commissioners Working Together?

Commissioners Working Together is a partnership between the eight NHS clinical commissioning groups (CCGs) in South and Mid Yorkshire, Bassetlaw and North Derbyshire. NHS clinical commissioning groups pay for local health services in their region and our aim is to provide better services for everyone by working together.

Our partners are:

NHS Barnsley CCG
NHS Bassetlaw CCG
NHS Doncaster CCG
NHS Hardwick CCG
NHS North Derbyshire CCG
NHS Rotherham CCG
NHS Sheffield CCG
NHS Wakefield CCG

It is important to note that hyper acute stroke services in Mid Yorkshire (Wakefield in particular) have not been a part of our review which has focused on these services in:

Chesterfield Royal Hospital
Barnsley Hospital
Doncaster Royal Infirmary
Rotherham Hospital
The Royal Hallamshire Hospital, Sheffield

As this document has outlined, the quality of care across a region can be variable. We believe that to improve care for people, health and care services need to work more closely together, and in new ways to meet people's changing needs, often using new and emerging treatments.

Over the last few months, patient groups, the voluntary sector, hospitals, GPs, local councils, commissioners of services and the universities have come together to look at what more needs to happen to improve care for people in South Yorkshire and Bassetlaw. Together, we are in the very early stages of looking at how we can address the challenges facing our health and care services and improve the health of our population.

Our thinking starts with where people live, in their neighbourhoods focusing on people staying well. We want to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt our workforce so that we are better meeting the health and care needs of people in their homes and clinics. We want care to flow seamlessly from one service to the next so people don't have to tell their story twice to the different people caring for them, and everyone is working on a shared plan for individual care.

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

The proposals to change how we provide hyper acute stroke services is one area where we know improvements are needed. In the coming months, we want to talk with staff and the public about getting involved in shaping what happens next.

Let us know what you think!

If you would like the form in an alternative format, or would like help in completing the form, please let us know: **helloworkingtogether@nhs.net** or call: **0114 305 4487**

Postcode

At the moment, some people have better experiences, better and faster treatment and better access to services than others - and because we want to make sure everyone has access to the same high quality care, we have developed the following options with feedback from our doctors, nurses and members of the public who took part in our pre-consultation.

We are consulting on one proposal - to have three centres.
One at Chesterfield Royal Hospital, one at Doncaster Royal Infirmary and one at the Royal Hallamshire Hospital Sheffield.

Do you agree or disagree with the three centre option to change the way we provide hyper acute stroke services?

Agree ☐ Disagree ☐ Don't know ☐

If you agree with this option to change the way we provide hyper acute stroke services, please let us know why:

(Comments)

If you disagree with this option to change the way we provide hyper acute stroke services, please let us know why:

(Comments)

Do you think there is another option we could consider?

Yes ☐ No ☐ Don't know ☐

If you answered yes, please describe this below and say why you would prefer this option

(Comments)

Equality monitoring form

As part of taking part in this consultation, please complete our equality monitoring form.

Why we need this information?

In completing this form, you will help us understand who we are reaching and how to better serve everyone in our community. You do have a right not to disclose the information; however, by doing so you may impact our ability to ensure equality of opportunity.

All details are held in accordance with the Data Protection Act 1998 with the information you provide being anonymous and will not be stored with any identifying information about you.

The information that we need, as outlined in the 2010 Equality Act, includes information about age, disability, gender reassignment, marital status, maternity, race, religious belief, sex, and sexual orientation.

Please select the boxes which are relevant to you

Ethnicity

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

Asian/Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Mixed/multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed/multiple ethnic background

Black/African/ Caribbean/ Black British

- ☐ Caribbean
- ☐ African
- ☐ Any other
- ☐ Black/African/Caribbean
- ☐ background

White

- ☐ English
- ☐ Northern Irish
- ☐ Scottish
- ☐ Welsh
- ☐ British
- ☐ Irish
- ☐ Gypsy/Irish traveller
- ☐ Any other White background

Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group

Rather not say

- ☐ Rather not say

Age

- ☐ 10 - 14
- ☐ 15 - 19
- ☐ 20 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65+
- ☐ Rather not say

Sex

- ☐ Male (M)
- ☐ Female (F)
- ☐ Rather not say

Sexual orientation

- ☐ Heterosexual
- ☐ Gay man
- ☐ Lesbian
- ☐ Bisexual
- ☐ Other
- ☐ Rather not say

Gender re-assignment

Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes taking hormones or having any gender reassignment surgery).

☐ Yes ☐ No ☐ Rather not say

Religion / belief

- ☐ No religion
- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Atheist
- ☐ Any other religion
- ☐ Rather not say

Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on ones ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the above definition?

☐ Yes, limited a lot ☐ Yes, limited a little ☐ No ☐ Rather not say

If you selected yes, please indicate your disability:

- ☐ Vision (e.g. blindness or partial sight)
- ☐ Hearing (e.g. deafness or partial hearing)
- ☐ Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying)
- ☐ Learning, concentrating or remembering
- ☐ Mental health
- ☐ Stamina or breathing difficulty
- ☐ Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)
- ☐ Other impairment
- ☐ Prefer not to say

Carer responsibility

Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

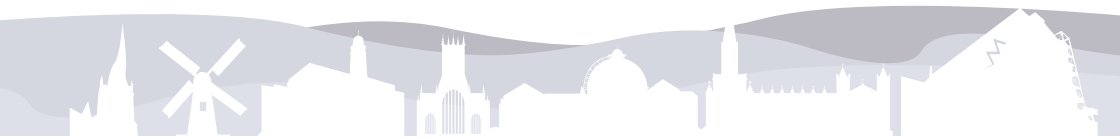
- Long-term physical or mental ill-health / disability
- Problems related to old age

☐ Yes ☐ No ☐ Rather not say

If you selected yes, please indicate your caring responsibility (select all that apply)

- ☐ Primary carer of a child/children (under 18)
- ☐ Primary carer of disabled child/children
- ☐ Primary carer of disabled adult (18 and over)
- ☐ Primary carer of older person (65+)
- ☐ Secondary carer
- ☐ Prefer not say

Freepost COMMISSIONERS WORKING TOGETHER



For more information and to give your views please visit the website **www.smybndccgs.nhs.uk**
email us at **helloworkingtogether@nhs.net**
or **call 0114 305 4487**

Consultation to change children's surgery and anaesthesia services in South and Mid Yorkshire, Bassetlaw and North Derbyshire

Consultation to change children's surgery and anaesthesia services in South and Mid Yorkshire, Bassetlaw and North Derbyshire

Following a review into children's surgery and anaesthesia services in South and Mid Yorkshire, Bassetlaw and North Derbyshire, we are now considering a number of options for the future of these services.

At the moment, if a child needs an operation, they will have a different experience and receive different standards of care depending on where they live. Our doctors, nurses, healthcare staff and clinical experts all agreed that this isn't fair - and have come together to change it.

To help us with our review, between January and April this year, we asked you, patients and the public, what would matter to you if your child needed an operation.

You said it was important to:

- Receive safe, caring, quality care and treatment
- Have access to specialist care
- Be seen as soon as possible
- Have care close to home - but are willing to travel for specialist care
- Have appropriate facilities for parents and carers with excellent communication when a child is in hospital

All feedback has been used to develop options for the future of children's surgery and anaesthesia services - and we want to know what you think about the proposals.

Between 3 October 2016 and 20 January 2017, you can get involved by filling in the form at the back of this booklet and return it by freepost to:

Freepost COMMISSIONERS WORKING TOGETHER

Or, respond online at **www.smybndccgs.nhs.uk**

Which services do we mean?

We are proposing to change a small number of services to improve the care of children needing operations in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham, Sheffield and Wakefield.

If a child needs an operation under general anaesthetic (where they are sent to sleep):

- At night, or
- At a weekend, or,
- They need to stay in hospital overnight

For the following services,

- Ear, nose and throat (ENT)
- General surgery (for conditions usually of the abdomen/tummy - eg, appendicitis)
- Ophthalmology (for any condition of the eyes)
- Oral surgery (for any condition of the mouth or teeth)
- Orthopaedics (for any condition of the bones, muscles, nerves etc)
- Urology (for any condition of the groin, genitals or bladder)

We are proposing they are done in a different way.

These are the only services we are proposing to change.

For most services, most of the time, nothing would change. Children would still have operations in their local hospitals for things like:

- Tonsil removal
- Glue ear
- Setting of fractures/broken bones
- Any treatment that requires only a local anaesthetic but not being sent to sleep

We're also not looking to change specialist services for children with very complex or multiple conditions needing care from specialist doctors and nurses. For these services, you would still go to Sheffield Children's Hospital as the only specialist children's centre in our region.

Based on our review of current treatments at all our hospitals, we expect that the number of children affected by the proposed changes in each would be very small compared to the overall number of children needing an operation in South and Mid Yorkshire, Bassetlaw and North Derbyshire.

Why do we want to change children's surgery and anaesthesia services?

1. In our region, some children have better experiences, better and faster treatment and better access to services than others - and we don't think this is fair.

2. Some of our hospital doctors and nurses don't treat as many children as others do.

Why is this an issue?

Children are not 'small adults' and if they need an operation, it is better and safer for them to be seen by a surgeon who is trained to and regularly operates on children.

3. Nationally, there aren't enough healthcare professionals qualified to treat the amount of children who need surgery every year.

Why is this an issue?

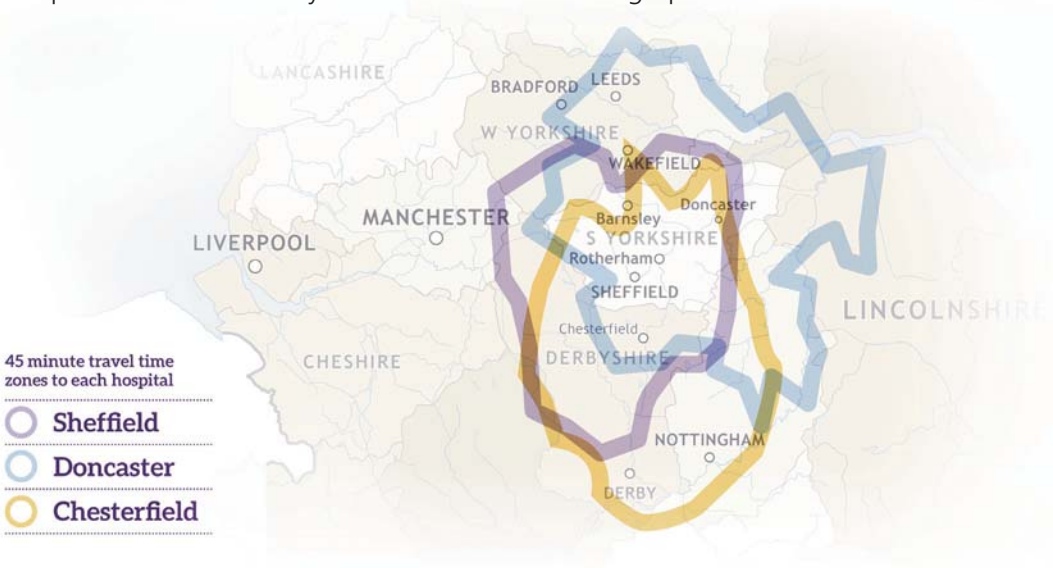
As mentioned, children receive better care and treatment if they are seen by doctors and nurses who are trained to look after and operate on them.
A reduced number of staff nationally, means there is also less qualified staff locally - and we need to work with the staff and resources we do have to make sure our region's children have the best possible and highest quality care.

Our proposed changes are not about cutting services or saving money, but using what we have in the best possible way to get the best services for everyone.

By making changes to how children's surgery and anaesthesia services are currently provided, we believe we can better share skills and knowledge and ultimately, provide a much better, equal service to every child across South and Mid Yorkshire, Bassetlaw and North Derbyshire.

What are the options for children's surgery and anaesthesia services?

We are recommending three options for the future of children's surgery and anaesthesia services. For all options, children would be taken to the next nearest hospital. We would like your view on the following options:



Option 1:

If a child needs an operation under general anaesthetic (where they are sent to sleep):

- At night, or
- At a weekend, or,
- They need to stay in hospital overnight

For the kinds of surgery listed opposite, they would go to:

- Chesterfield Royal Hospital
- Doncaster Royal Infirmary
- Pinderfields General Hospital in Wakefield
- Sheffield Children's Hospital

- Ear, nose and throat (ENT)
- General surgery (for conditions usually of the abdomen/tummy - eg, appendicitis)
- Ophthalmology (for any condition of the eyes)
- Oral surgery (for any condition of the mouth or teeth)
- Orthopaedics (for any condition of the bones, muscles, nerves etc)
- Urology (for any condition of the groin, genitals or bladder)

Based on current numbers, this would affect 1 in every 10 children needing an operation in Barnsley and 1 in 8 children needing an operation in Rotherham.

Option 2:

If a child needs an operation under general anaesthetic (where they are sent to sleep):

- At night, or
- At a weekend, or,
- They need to stay in hospital overnight

For the following kinds of surgery, they would go to Doncaster Royal Infirmary, Pinderfields General Hospital in Wakefield or Sheffield Children's Hospital.

- Ear, nose and throat (ENT)
- General surgery (for conditions usually of the abdomen/tummy - eg, appendicitis)
- Ophthalmology (for any condition of the eyes)
- Oral surgery (for any condition of the mouth or teeth)
- Orthopaedics (for any condition of the bones, muscles, nerves etc)
- Urology (for any condition of the groin, genitals or bladder)

Children's operations for these services would no longer be provided in

- Barnsley
- Chesterfield
- Rotherham.

Based on current numbers, this would affect 1 in every 10 children needing an operation in Barnsley, 1 in 16 children needing an operation in Chesterfield and 1 in 8 children needing an operation in Rotherham.

Option 3:

If a child needs an operation under general anaesthetic (where they are sent to sleep):

- At night, or
- At a weekend, or,
- They need to stay in hospital overnight

For the following kinds of surgery, they would go to Pinderfields General Hospital in Wakefield or Sheffield Children's Hospital.

- Ear, nose and throat (ENT)
- General surgery (for conditions usually of the abdomen/tummy - eg, appendicitis)
- Ophthalmology (for any condition of the eyes)
- Oral surgery (for any condition of the mouth or teeth)
- Orthopaedics (for any condition of the bones, muscles, nerves etc)
- Urology (for any condition of the groin, genitals or bladder)

Children's operations for these services would no longer be provided in

- Barnsley
- Chesterfield
- Doncaster
- Rotherham hospitals.

Based on current numbers, this would affect 1 in every 10 children needing an operation in Barnsley, 1 in 16 children needing an operation in Chesterfield, 1 in 7 children needing an operation in Doncaster and 1 in 8 children needing an operation in Rotherham.

Which option do we prefer?

We prefer option 2. This is because with careful planning to ensure we have the right staff in each hospital, and to make sure patients could get to one of the hospitals within 45 minutes (as a national standard), we believe that option 2 would give all patients in South and Mid Yorkshire, Bassetlaw and North Derbyshire access to the same quality and standard of children's surgery services.

We don't think that option 1 would be sustainable as we would not have enough doctors or nurses to provide cover across all sites meaning we would risk facing further safety and quality problems.

We also think that option 3 would be challenging in terms of the increased amount of patients going to only one of two places.

I live in Barnsley / Chesterfield / Rotherham - where will I go if my child needs an operation?

In the future, you may need to go to Doncaster Royal Infirmary, Pinderfields General Hospital in Wakefield or Sheffield Children's Hospital if your child needs a specific operation that is no longer provided at your local hospital at night or at a weekend - but at the moment, nothing will change.

What if my child needs an emergency operation?

At the moment children would go to their local hospital, where depending on their needs, they may be transferred to Sheffield Children's Hospital for care. If you live in Sheffield already, you would go straight here. This won't change.

Ambulance services would continue to operate in the same way as they do now.

How have we developed the options?

We developed the options with clinical and managerial NHS staff who provide children's surgery and anaesthesia services in our region's hospitals and the NHS staff who 'buy' and monitor the standards of the services. A group and expert panel was set up to support and oversee the review and has been meeting regularly.

They looked at:

- **Getting to a hospital** - can patients easily access these services, either independently or by ambulance within 45 minutes?
- **Number of patients** - if services changed, would hospitals be able to treat the potential higher number of patients being seen?
- **Impact on other areas** - would changing services in our region affect services and patients in neighbouring areas?
- **Patient experience** - based on what our pre-consultation told us was important to people (access to expert, quality care etc), would the proposed options deliver this and improve current patient and carer experience?
- **Number of staff** - how could we use our current workforce in the best way to meet the needs of our patients?

Who are Commissioners Working Together?

Commissioners Working Together is a partnership between the eight NHS clinical commissioning groups (CCGs) in South and Mid Yorkshire, Bassetlaw and North Derbyshire. NHS clinical commissioning groups pay for local health services in their region and our aim is to provide better services for everyone by working together.

Our partners are:

NHS Barnsley CCG
NHS Bassetlaw CCG
NHS Doncaster CCG
NHS England
NHS Hardwick CCG
NHS North Derbyshire CCG
NHS Rotherham CCG
NHS Sheffield CCG
NHS Wakefield CCG

We have therefore reviewed children's surgery and anaesthesia services in the following hospitals:

Chesterfield Royal Hospital
Barnsley Hospital
Doncaster Royal Infirmary
Pinderfields General Hospital, Wakefield
Rotherham Hospital
Sheffield Children's Hospital

As this document has outlined, the quality of care across a region can be variable. We believe that to improve care for people, health and care services need to work more closely together, and in new ways to meet people's changing needs, often using new and emerging treatments.

Over the last few months, patient groups, the voluntary sector, hospitals, GPs, local councils, commissioners of services and the universities have come together to look at what more needs to happen to improve care for people in South Yorkshire and Bassetlaw. Together, we are in the very early stages of looking at how we can address the challenges facing our health and care services and improve the health of our population.

Our thinking starts with where people live, in their neighbourhoods focusing on people staying well. We want to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt our workforce so that we are better meeting the health and care needs of people in their homes and clinics. We want care to flow seamlessly from one service to the next so people don't have to tell their story twice to the different people caring for them, and everyone is working on a shared plan for individual care.

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

The proposals to change how we provide children's surgery and anaesthesia services is one area where we know improvements are needed. In the coming months, we want to talk with staff and the public about getting involved in shaping what happens next.

Let us know what you think!

If you would like the form in an alternative format, or would like help in completing the form, please let us know: **helloworkingtogether@nhs.net** or call: **0114 305 4487**

Postcode

Do you agree or disagree with our proposal to change the way we provide children's surgery and anaesthesia services?

Agree ☐ Disagree ☐ Don't know ☐

Please let us know why:

(Comments)

At the moment, some people have better experiences, better and faster treatment and better access to services than others - and because we want to make sure everyone has access to the same high quality care, we have developed the following options with feedback from our doctors, nurses and members of the public who took part in our pre-consultation. Which of our proposed options do you prefer?

Option 1 ☐ **Option 2** ☐ **Option 3** ☐

Why do you think this is the best option?

(Comments)

Do you think there is another option we could consider?

Yes ☐ No ☐ Don't know ☐

If you answered yes, please describe this below and say why you would prefer this option

(Comments)

What happens next?

Between 3 October 2016 and 20 January 2017, we are asking people living in South and Mid Yorkshire, Bassetlaw and North Derbyshire to let us know what they think about our proposals to change children's surgery and anaesthesia services.

The results of this consultation will be presented to the Commissioners Working Together (joint CCG) board who will make a decision on how children's surgery and anaesthesia services will be provided in our region.

When making a final decision, we will consider:

- All patient and public feedback
- The impact on access to services, including travel times
- The impact on quality and safety of the service

We expect a decision to be made in February 2017.

Equality monitoring form

As part of taking part in this consultation, please complete our equality monitoring form.

Why we need this information?

In completing this form, you will help us understand who we are reaching and how to better serve everyone in our community. You do have a right not to disclose the information; however, by doing so you may impact our ability to ensure equality of opportunity.

All details are held in accordance with the Data Protection Act 1998 with the information you provide being anonymous and will not be stored with any identifying information about you.

The information that we need, as outlined in the 2010 Equality Act, includes information about age, disability, gender reassignment, marital status, maternity, race, religious belief, sex, and sexual orientation.

Please select the boxes which are relevant to you

Ethnicity

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

Asian/Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Mixed/multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed/multiple ethnic background

Black/African/ Caribbean/ Black British

- ☐ Caribbean
- ☐ African
- ☐ Any other
- ☐ Black/African/Caribbean
- ☐ background

White

- ☐ English
- ☐ Northern Irish
- ☐ Scottish
- ☐ Welsh
- ☐ British
- ☐ Irish
- ☐ Gypsy/Irish traveller
- ☐ Any other White background

Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group

Rather not say

- ☐ Rather not say

Age

- ☐ 10 - 14
- ☐ 15 - 19
- ☐ 20 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65+
- ☐ Rather not say

Sex

- ☐ Male (M)
- ☐ Female (F)
- ☐ Rather not say

Sexual orientation

- ☐ Heterosexual
- ☐ Gay man
- ☐ Lesbian
- ☐ Bisexual
- ☐ Other
- ☐ Rather not say

Gender re-assignment

Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes taking hormones or having any gender reassignment surgery).

☐ Yes ☐ No ☐ Rather not say

Religion / belief

- ☐ No religion
- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Atheist
- ☐ Any other religion
- ☐ Rather not say

Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on ones ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the above definition?

☐ Yes, limited a lot ☐ Yes, limited a little ☐ No ☐ Rather not say

If you selected yes, please indicate your disability:

☐ Vision (e.g. blindness or partial sight)

☐ Hearing (e.g. deafness or partial hearing)

☐ Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying)

☐ Learning, concentrating or remembering

☐ Mental health

☐ Stamina or breathing difficulty

☐ Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)

☐ Other impairment

☐ Prefer not to say

Carer responsibility

Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- Long-term physical or mental ill-health / disability
- Problems related to old age

☐ Yes ☐ No ☐ Rather not say

If you selected yes, please indicate your caring responsibility (select all that apply)

☐ Primary carer of a child/children (under 18)

☐ Primary carer of disabled child/children

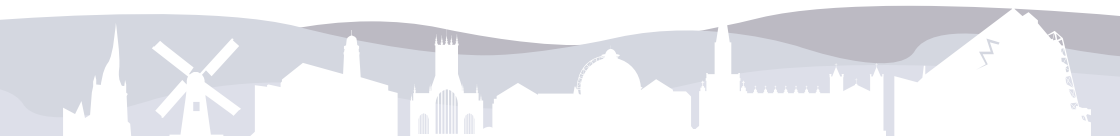
☐ Primary carer of disabled adult (18 and over)

☐ Primary carer of older person (65+)

☐ Secondary carer

☐ Prefer not say

Freepost COMMISSIONERS WORKING TOGETHER



For more information and to give your views please visit the website
www.smybndccgs.nhs.uk
email us at **helloworkingtogether@nhs.net**
or **call 0114 305 4487**

**Report of the Director of Human Resources,
Performance & Communications,
to the Overview and Scrutiny Committee (OSC)
on 8th November 2016**

Barnsley Safeguarding Children Board (BSCB) Annual Report 2015-16 - Cover Report

1.0 Introduction and Background

1.1 Local Safeguarding Children Boards (LSCBs) are a key system in every locality across the country to enable organisations to come together to agree on how they will cooperate with each other to safeguard and promote the welfare of children. The Children Act 2004 gives a statutory responsibility for the boards to be in place, enabling local partnership working to hold each other to account and to ensure safeguarding children remains high on the agenda across the area.

1.2 The Barnsley Safeguarding Children Board (BSCB) was established in 2006 and brings together key representatives from local agencies. The BSCB Annual Report 2015-16 (Item 5b - attached) outlines the work of the Board over the last year and indicates its plans for continued improvement.

1.3 BSCB is an independent body with an independent Chairperson who is able to hold partner organisations to account for their effectiveness in safeguarding children and promoting their wellbeing. The governance structure of the Board outlining its relationship with a number of other partnership groups such as the Health and Wellbeing Board (HWB) and the Children and Young People's Trust is shown on p13 of the attached report. The governance structure of the Board itself including its subcommittees who are able to progress the work of the Board, is shown on p56 of the attached report.

1.4 BSCB's prime responsibilities are to ensure:

- children and families are getting the help they need, including early help;
- local services are doing what they should to safeguard and promote the welfare of children in the area;
- the quality of the work done is to the highest standards;
- lessons are learned for the future from when children have been harmed (e.g. Serious Case Reviews [SCRs]);
- local training is provided to help professionals to keep children safe.

1.5 An Ofsted inspection of BSCB in 2012 highlighted that a number of areas required improvement and further development. A further inspection in 2014 acknowledged that improvements had been made which led to the Department for Education's Notice to Improve being lifted and the disbanding of the Improvement Board in January 2015. This leaves the BSCB with a significant governance role in ensuring that the comprehensive Continuous Service Improvement Plan is implemented and changes continue to be embedded.

1.6 BSCB's key priorities for the Board during 2016-17 are outlined on p53-54 of Item 5b including the work and progress made to achieve them as well as areas requiring further development.

1.7 In December 2015 the Prime Minister announced that a fundamental review of the role and functions of LSCBs within the context of local strategic multi-agency working would be undertaken. This resulted in the Wood Report which was published in May 2016 which may have implications for the Board in future, particularly in relation to Child Death Overview Panels (CDOPs) and Serious Case Reviews (SCRs). A link to the Wood Report is shown below in section 4.0 of this report.

2.0 Invited Witnesses

2.1 At today's meeting, a number of Board representatives have been invited to answer questions from the Overview and Scrutiny Committee regarding the work of the BSCB over the last Annual Reporting year (April 2015-March 2016) as well as to talk about the work being undertaken this year:

- Bob Dyson, Independent Chair, BSCB
- Rachel Dickinson, Executive Director, People Directorate, BMBC
- Brigid Reid, Chief Nurse, Barnsley Clinical Commissioning Group (CCG)
- Sharon Galvin, Designated Nurse Safeguarding Children, Barnsley CCG
- Mel Palin, Detective Chief Inspector, South Yorkshire Police (SYP)
- Shelley Hemsley, Superintendent, SYP
- Pat Armitage, Service Manager, Children and Family Court Advisory and Support Service (CAFCASS)
- Mel John-Ross, Service Director, Children's Social Care and Safeguarding, BMBC
- Nigel Leeder, BSCB Manager, BMBC
- Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding), BMBC

3.0 Possible Areas for Investigation

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

- How confident are you that the BSCB's strategies and plans will be effective in safeguarding our children and young people?

- What sorts of harmful behaviours are children most exposed to in Barnsley and how are these being addressed?

- How effective are performance management arrangements and to what extent do we learn from good practice in other areas?

- To what extent is the BSCB effective at holding partners to account? Is there genuine challenge amongst all professionals?

- What impact has the establishment of the Multi-Agency Safeguarding Hub (MASH) had?

- What is in place to ensure that the voice of our children and young people is heard by BSCB and influences its work?

- To what extent are all key stakeholders engaged in and contribute to the work of BSCB?

- What has been learnt from Serious Case Reviews and how has this influenced practice?

- What are the key challenges for BSCB for the next 12 months and how will these be managed?

- What actions could be taken by Members to assist in the work of BSCB?

4.0 Background Papers and Useful Links

- BSCB Annual Report 2015-16 (Item 5b - attached)
- Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children (March 2015): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
- Wood Report – Review of the role and functions of LSCBs (March 2016): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526329/Alan_Wood_review.pdf
- Government's response to the Wood Report (May 2016): https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526330/Government_response_to_Alan_Wood_review.pdf
- Barnsley Safeguarding Children Board Website: https://www.safeguardingchildrenbarnsley.com/

5.0 Glossary

BHNFT - Barnsley Hospital NHS Foundation Trust
BSCB – Barnsley Safeguarding Children Board
CAFCASS - Children and Family Court Advisory and Support Service
CCG – Clinical Commissioning Group
CDOP – Child Death Overview Panel
LSCBs – Local Safeguarding Children Boards
Ofsted – Office for Standards in Education, Children's Services and Skills
SCRs – Serious Case Reviews
SWYPFT - South West Yorkshire Partnership NHS Foundation Trust
SYP – South Yorkshire Police

6.0 Officer Contact

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

This page is intentionally left blank

barnsley safeguarding children board

annual report 2015-16

a BRIGHTER future for EVERY CHILD make EVERY DAY count

365

children young

May 2016

Contents

Contact us through the Barnsley Safeguarding Children Board website
safeguardingchildrenbarnsley.com

Chair's foreword

I am pleased to introduce the Annual Report of the Barnsley Safeguarding Children Board (BSCB) for 2015/16.

Over the last financial year the board has continued to play a significant role in ensuring that improvements continue to be made to the arrangements for safeguarding children and young people in the Borough.

The board plays a significant role in monitoring the Continuous Service Improvement Plan that arose from the Ofsted Inspection in 2012 and is regularly reviewed to ensure it keeps pace with the changing environment. The plan features at every board meeting with members being encouraged to appropriately challenge, to identify new issues for the plan and to be satisfied that the intended action has been taken. The plan is a living document that has had many new actions added as the service and the board moves forward towards 'Good' and beyond. I have attended the Officer Improvement Group which drives the actions and I am satisfied that it is a robust process. I consider the Continuous Improvement Plan to be an area of good practice which BMBC and the public can take confidence in.

The board has had an impact in many other areas including:

- The creation of a task and finish group to explore the issues related to Female Genital Mutilation (FGM). This followed it being established that six patients in the Barnsley Hospital Maternity Unit had been found to have been the victims of FGM. The task and finish group developed a strategy and procedures. Subsequent audit of cases has found that the procedures had been followed in all cases.
- The board and Barnsley Metropolitan Borough Council submitted a joint letter to the Department for Education expressing our shared concerns at the current policies associated with Home Education. There has been a marked increase in the number of children being removed from mainstream schooling to be educated at home. Whilst the board fully appreciates that many of those will be receiving a full and planned education we are concerned that there are insufficient checks and balances to ensure that applies to all children and that they are being appropriately safeguarded.
- The board, and its members, signed up to a new county wide procedure dealing with the issue of children who go missing or absent. This gives much clearer instruction and guidance as to the action to be taken when reports are received.
- Child Sexual Exploitation (CSE) continues to be a priority for the board. During the year the CSE Strategy was revised and the action plan updated. More recently a new CSE Assessment Tool has been approved by the board.
- A Communications Strategy has been developed which will see much more information being proactively shared with the public, staff and other stakeholders. We believe that it is important that we continue to send out the message that Safeguarding is everyone's business.
- We continue to have a highly regarded training programme that delivers a wide range of training to individuals working with Children and Young People. The evaluation of courses is very positive.

- The board has continued to receive comprehensive performance data and has demonstrated that it is prepared to challenge when there are identified areas of concern. Many performance indicators have shown an improvement during the year.
- The board, and its partners, has signed up to changes in working practices at the front door of Children Social Care, the point where professionals and the public report any concerns. This has resulted in a significant reduction in the number of concerns being recorded which has allowed resources to be better targeted at those children, and families, that are in need of support. The number of children on Child Protection Plans has increased from 332 to 422 over the year which is seen as evidence that thresholds to access services are being applied more effectively.

During the year the board published three Serious Case Reviews; more details can be found on page 44 of this report. The cases were all published on the board's web site,

https://www.safeguardingchildrenbarnsley.com/

Last year, I expressed concern and disappointment at the reduced level of safeguarding self-assessments received from schools. I am pleased to be able to report a 100% return this year. The board recognises the hugely important role that schools play in the lives of children and young people including the vital role they have in safeguarding. It is therefore reassuring to get a full return.

Looking forward, we will see the establishment of a Multi-Agency Safeguarding Hub (MASH) during the summer of 2016. This will see staff from a range of agencies including Police Officers, Social Workers and Health staff working in the same building. This will be to the benefit of children and case management as they will be able to better share information and make joint decisions on actions to be taken.

In conclusion, I am satisfied that the board and its member organisations consistently demonstrate their commitment to keeping children and young people safe.

Bob Dyson QPM,DL
Independent Chair, Barnsley Safeguarding Children Board.

Introduction and local safeguarding context

Barnsley Safeguarding Children Board comprises of representatives from a range of statutory partners, who are passionate about promoting the safeguarding and welfare of local children, young people and families in Barnsley.

Our vision is that:

Every child and young person should be able to grow up safe from maltreatment, neglect, accidental injury/death, bullying and discrimination, crime and anti-social behaviour.

Children are entitled to a strong commitment from the BSCB and its constituent agencies to ensure that they are safeguarded. Where possible, this will be done in partnership with parents and carers, and by engaging the active support of the public. We will do as much as we can within the resources available to us and, with every agency providing services, we can maintain an inter-agency safeguarding system directed at safeguarding and promoting the welfare of all Barnsley's children.

We will endeavour to ensure that every child is safe, well cared for and thereby supported to fulfil their potential to make the transition from childhood to adulthood.

The board's prime responsibilities are:

- To co-ordinate what is done by each person or body represented on the board for the purpose of safeguarding and promoting the welfare of children in the area, and
- To ensure the effectiveness of what is done by each person or body for that purpose.

The board oversees work undertaken by partners to provide integrated services for children and families, with particular focus on safeguarding and promoting the welfare of children and young people.

This Annual Report provides:

- An outline of the main activities and achievements of the Barnsley Safeguarding Children Board during 2015 and 2016.
- An assessment of the effectiveness of safeguarding activity in Barnsley.
- An overview of how well children are safeguarded in Barnsley.
- Ambitions for future service developments and identification of key priorities.

Early Help and Family Centres

The emphasis of the work undertaken by the board and partners continues to move towards effective early intervention and prevention. Early Help services in Barnsley form part of the continuum of help and support to respond to the different levels of need of children and families. The way practitioners work together, share information, put the child and family at the centre, move swiftly to provide effective support to help them solve their problems and find solutions at an early stage is at the heart of a strong Early Help approach.

It is recognised that Early Help is everyone's responsibility across the partnership. There is commitment at all levels to work more closely together to build upon what we do for and offer to children and families. The focus of the work over the last period has been to

strengthen understanding of the approach across the partnership ensuring that the shift to Early Help is embedded and is sustainable. Barnsley's whole family approach to working with families continues with the implementation of the Early Help Assessment.
Family Centres deliver integrated services for children pre-birth up to 19 years (or 25 years if the young person has a disability) offering a variety of provision according to the needs of local families. Family Centres bring together practitioners from a range of universal, targeted and specialist services in each local area including schools, police, social care, private and voluntary sector and some adult services. Services delivered will vary in each area depending on the needs of families and the wider community.

Early help services are co-ordinated and delivered through Family Centres and:

- Support children to be ready for school and thrive in school
- Support parents and carers to develop their parenting skills
- Support parents and carers to develop personal skills, access training and education and enhance their ability to access employment
- Support parents and carers to keep children safe
- Help children to achieve their full potential and reduce inequalities in their health and development
- Support the development of healthy lifestyles for children
- Support families to build their own resilience

Services for adults play an essential role in our early help approach as these can impact on adults parenting capacity and family life. Some adults have additional needs which can impact negatively on family life if not supported. Services which predominantly work with either children and young people or adults need to adopt a 'think family' approach to secure better outcomes for children, young people and families with additional needs, through co-ordinating the support they provide.

Local relationships

The board is strongly committed to further strengthening its relationship with other strategic partners, including the Children and Young People's Trust Board, the Health and Wellbeing Board and the local strategic partnership, 'One Barnsley'.

The One Barnsley Board, of the Local Strategic Partnership (LSP) is responsible for agreeing the overall strategic direction for achieving the economic and social wellbeing of the Borough, the vision and objectives are outlined in the following two strategies:

- Barnsley Health and Wellbeing Strategy (2013-16) - responsibility for delivery rests with the Barnsley Health and Wellbeing Board

- Barnsley Jobs and Business Growth Plan (2014-17) responsibility delivery with the Barnsley Economic Partnership

The role of the One Barnsley Board is to provide co-ordination and coherence across these two principal partnerships and to challenge partners in both partnerships, ensuring their performance contributes to the successful delivery of outcomes.

To affirm all these relationships, the board has approved a protocol covering governance arrangements and the degree to which they enable partners to assess whether they are fulfilling their statutory responsibilities to help, protect and care for children and young people. The board

also articulates clear improvement priorities in its Business Plan, with actions to accomplish improved outcomes.

A chart of the structural relationship between the BSCB and its strategic partners is shown on page 12.

To ensure effective safeguarding and child protection, the BSCB operates under an up-to-date information sharing agreement to which all partners are signed up, however this policy will need to be reviewed over the course of this year.

Local demographic context

Barnsley is part of a broad South Yorkshire conurbation located around traditional community bases of former mining and market towns. The latest data from the Office for National Statistics (ONS) (2014) shows the population of those under 18 years is approximately 21% of the total population at 49,600 (ONS Mid-Year Estimates 2014) and is expected to increase by approximately 4% by 2020 to 51,700. The predicted population increase has implications for increased demands on all services, including those providing child and family support. The School Census (January 2016) shows that 8.4% of primary school pupils and 6.0% of secondary school pupils are from minority ethnic origins.

Growing Up in the UK report (2013) recognises a link between infant mortality and deprivation; those born to the most deprived parents have a higher infant mortality rate per 1,000 live births compared to babies born to the least deprived. The Public Health Outcomes Framework (2016) shows infant mortality rates at 3.4 deaths per 1,000 live births. This is lower than the regional and national averages of 4.3 and 4.0. The Index of Multiple Deprivation 2015 ranks Barnsley as the 39th most deprived local authority in England.

Women living in deprived areas are more likely to smoke during pregnancy than their more affluent neighbours (Graham, 2003) with smoking in pregnancy being a major contributor to increased infant mortality in England (Public Health England, 2013). The rate of women smoking during pregnancy in Barnsley is 20.4% of the maternal population; this is higher than regional average of 15.6% and national average of 11.4% (Public Health Outcomes Framework 2016).

In Barnsley, unemployment is higher than national average for those aged 16-64 years; 6.0% compared to 5.1% nationally (Modelled Annual Population Survey, 2015) and the rate of children living in out-of-work benefit claimant households aged under 19 years is 21.5% (Department for Work and Pensions, May 2014 and 2014 Mid-Year Estimates). This is higher than the national rate of 17%. Child poverty in Barnsley is higher than the England average, with 23.8% of Barnsley's children under 16 years living in low income families according to the Children in Low-Income Families Measure (previously the Revised Local Child Poverty Measure or National Indicator) compared with an 18.6% national rate (HMRC, 2013).

The ONS's study into teenage conception rates in England found that rates were highest in the most deprived areas (ONS, 2014). The latest data shows Barnsley's teenage pregnancy rate is 36.3 per 1,000 of the population (ONS, 2014). This is higher than the national and regional averages of 22.8 and 26.4.

Nationally, individuals with a low level of educational attainment are almost five times more likely to live in poverty than those with high levels of education (Household Income and Expenditure

Analysis, ONS, 2014). Although educational attainment continues to improve in Barnsley, results at age 16 remain below the national average in relation to the proportion of children attaining 5 A* to C grades at key stage 4, including English and Maths (49.6 % compared to 53.8%, Research & Business Intelligence Team, 2015).

Children from deprived backgrounds are more likely to have complicated health histories over the course of their lifetime, including a lower life expectancy; professionals live on average eight years longer than unskilled workers (ONS, 2011). In Barnsley, life expectancy is slightly lower than the national average, with an expectancy of 78.4 for males and 81.8 for females compared to 79.5 and 83.2 nationally (ONS 2012-2014). However, there is a significant inequality in life expectancy across the borough, with those living in the wards with the highest levels of deprivation dying on average 6 years sooner than those in the least deprived wards (Public Health England 2012-2014).

Coordinating local work to safeguard and promote the welfare of children

Governance and accountability

The Board has six planned business meetings each year, together with additional sessions, to allow time for member development and reflection on specific issues. Special meetings are convened when required, for example to receive the findings from Serious Case Reviews or discuss key member financial contributions.

To promote optimum focus on priority issues, the board revised its sub-committee structure in 2012. These arrangements were largely retained in 2013-14, 2014 -2015 and 2015 - 16 with the addition of two new sub-groups with direct reporting lines to the board in recognition of emerging priorities relating to child sexual exploitation/missing and services to children with disabilities and complex health needs. The current subcommittee structure will be maintained for 2016/2017. The terms of reference and the membership for each subcommittee will however be reviewed over the course of the year and task and finish groups will be established to help progress some subgroup priorities, for example; Female Genital Mutilation (FGM).

The current sub-committee structure, as depicted in Appendix 1, provides for focus on our priorities and promotes activities aligned to the board's statutory functions. The functions of the sub-committee and sub-groups, which all meet at least six times a year, are:

Performance, Audit and Quality Assurance Sub-Committee (PAQA)

- Provides oversight of performance management data, review of a rolling programme of audit activity and improvement to service quality

Policy, Procedures and Practice Development Sub-Committee (PPPD)

- Ensures that policy and procedures are current, implemented, embedded and reflective of practice

Workforce Management and Development Sub-Committee (WMD)

- Addresses all aspects of multi-agency safeguarding training including; evaluation of impact and reviews, aspects of workforce management

concerned with safer recruitment and supervision

Serious Case Review Sub-Committee (SCR)

- Oversees commissioning and management of SCRs, ensuring agencies are accountable for implementing recommendations and action plans and promotes strategic learning from local and national reviews, including Domestic Homicide Reviews. (A separate, independently chaired, Serious Case Review Panel is convened to review individual cases as required)

Child Death Overview Panel (CDOP)

- Examines the deaths of all Barnsley children, in accordance with statutory guidance and reports directly to the board

The CSE Strategy Group

- This group is responsible for the strategic development of Barnsley's response to CSE. This includes the newly refreshed CSE Action Plan and CSE Strategy. Progress is monitored by the group and scheduled audits in relation to CSE are conducted and submitted to the board.

  The multiagency CSE team currently operate as a CSE Multi Agency Safeguarding Hub which considers and agrees the level of CSE risk in each referred case. In order to do this they utilise an agreed CSE risk assessment tool. Once the risk has been agreed then they jointly agree the actions required and monitor progress against the actions.

Children with Disabilities and Complex Health Needs Sub-Group (CWDCHN)

- Provides more robust oversight under the board's governance and support to the increased vulnerabilities of this group of children and young people ensuring continued provision and a multi-agency response

  This structure provides the board with a mechanism for multi agency development and review of safeguarding practice ensuring existing and emerging priorities are identified and addressed. It also ensures a valued input from adult services in areas of mutual safeguarding concern such as domestic abuse, adult mental health and substance misuse.

  Communication between the board and sub-committees is strengthened through the regular Sub-Committee Chairs Briefing held before each Board Meeting. During the briefing each of the subcommittees escalates any areas of concern to the BSCB Chair which are flagged to the board for action. It is evident that partners increasingly feel confident to use respectful challenge as a means of improving services to children and young people. Briefings provide beneficial support to the sub-committee chairs and reinforce their relationship with the board and their responsibilities as Subcommittee Chairs. This meeting also helps to retain a focus on key priorities as explained below.

Focus on priorities

Each year, the board reviews its current Business Plan to identify success in achieving objectives and identify new priorities for next year. The BSCB Chair and the Sub Committee Chairs meet regularly to review progress and ensure that workload is managed and

implemented effectively, in line with the Business Plan. These meetings also consider emerging issues of interest or concern in light of the board's priorities.

When testing effectiveness the BSCB draws on both performance data and quality assurance activity that examines in detail the quality and effectiveness of front line practice ensuring a 'line of sight' to practice at the front line. All board members and specialist advisors have a strategic safeguarding role in relation to their own agencies. Accountability to local communities is promoted through the two lay representatives.

The BSCB provides a forum to hold partners to account and test effectiveness of multi-agency working to safeguard children. The BSCB 'holds the ring' on challenging performance providing a forum for partners to challenge across the piece.

Effective partnership working and relationships with strategic partners

The board's functions and responsibilities complement those of the Children and Young People's Trust and provide for leadership and ownership of safeguarding at all levels in the council and partners.

The Children and Young People's Trust, chaired by the Executive Director for People, secures the cooperation of partners to strategically plan and align service commissioning to improve children's outcomes. These arrangements encompass all strategic partners, with a focus on working together to improve the wellbeing, life chances and outcomes of every local child.

The BSCB refers to the Children and Young People's Trust matters that have commissioning implications. The chair of the BSCB escalates matters to the governance structures of partners and / or the Health and Well-Being Board where it is considered that agencies are failing to discharge responsibilities under 'Working Together' (2015).

Our high aspirations for children and young people, relating to their ability to secure optimum health, safety, educational attainment and contribution to their communities, recognises that families need support across the whole spectrum of services, including social care, education, health, police, voluntary organisations, safeguarding and other stakeholders.

Responsibility for establishing a secure continuous service improvement approach for children, young people and families rests with the Children and Young People's Trust and the BSCB.

The shared ambition of the Barnsley Children and Young People's Trust and BSCB is to go beyond Ofsted's judgement of 'requires improvement' and to deliver the best possible outcomes for local children, young people and families. This means collectively working together to deliver services which are judged to be at least good. In order to achieve this ambition services for children, young people and families will use the Continuous Service Improvement Framework.

The framework is made up of a number of dynamic elements. It is understood that it is the people (officers, elected members, non–executive officer, independent chairs) operating at different levels with different functions in their organisations who will make the children's system work effectively. This requires everyone operating within the system to discharge their responsibilities effectively and to be held to account. These elements include:

- The Children and Young People's Trust
- The Safeguarding Children Board
- Elected Member led challenge
- A Continuous Service Improvement Officers Group
- A Continuous Service Improvement Plan
- External Review and Challenge
- Culture of Respectful Challenge
- The Voice of the child
- Joint review of the framework.

At the annual joint meeting of the BSCB and the Children and Young People's Trust Executive Group (CYP TEG) held on 23 October 2015 key areas for discussion included: An understanding of the responsibility of both boards; the Continuous Service Improvement Plan; the combined risk register; further consideration of the ways in which both boards could work more effectively together in future to achieve improved outcomes, and enabled shared priorities.
The group identified the following key areas for joint development and focus:

- Keeping the needs of children at the centre of all activities.
- Keeping children safe.
- Early Help
- Improving Education, Achievement and Employability
- Tackling Child Poverty and Improving Family Life
- Membership roles and responsibilities
- Supporting all children, young people and families to make healthy lifestyle choices
- Encouraging positive relationships and strengthening emotional health
- Improving staff skills to deliver quality services

The Children's Plan is currently being refreshed for 2016-19

The Children and Young People's Trust Children and Young People's Plan 2016 – 19 will continue to recognise the nature and value of its relationship with the BSCB through its three main safeguarding priorities:

- Improving the safety of children by developing the engagement and focus of all partners via the BSCB.
- Increasing confidence and understanding of referral processes and thresholds
- Developing data use, information and quality assurance.

During the year, these priorities were progressed as the BSCB continued to hold individual agencies to account in discharging their responsibilities to keep children safe.

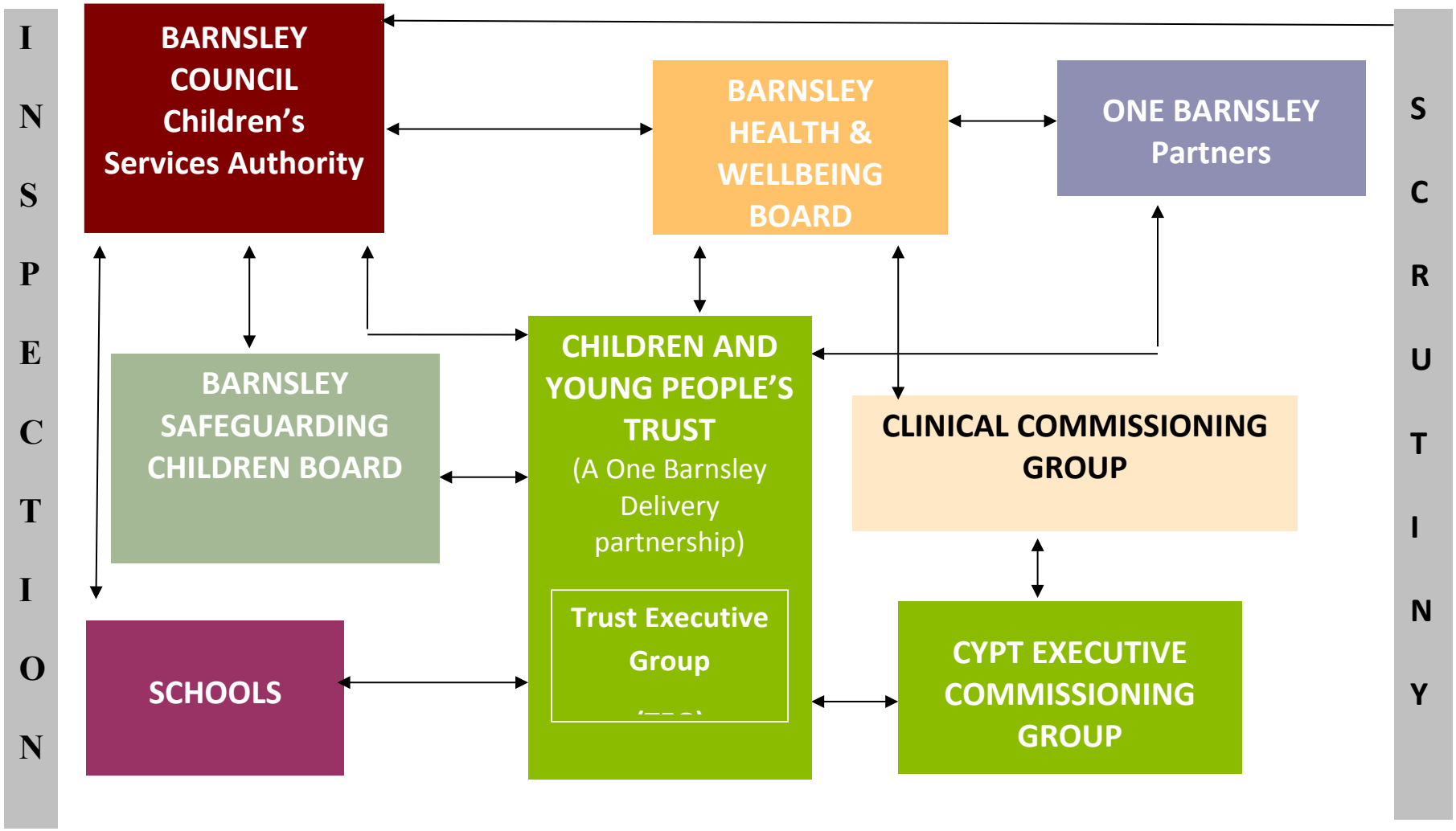
Through 2013-16, the Children and Young People's Trust and partners identified the following as continuing priorities:

- maintain oversight of and take forward actions from the Continuous Service Improvement Plan relevant to the BSCB
- To continue to improve performance management and quality assurance systems to ensure robust and continuous service improvement, supported by workforce development programmes to secure safe practice.
- Ensure that the board maintains a comprehensive overview of the work of partner agencies involved with safeguarding, including the voluntary sector.
- Ensure the implementation of actions within the Child Sexual Exploitation Strategy.
- Ensure all board members are up-to-date with changes in policies, guidance and practice to provide strategic direction and scrutiny of core

safeguarding and child protection processes and data, and provide effective challenge.

These were addressed as major priorities in the BSCB Business Plan 2014-15.

WORKING TOGETHER Partnership Groups



Progress on key priorities and achievements in 2015-2016

Last year's key priorities relating to the coordination of local safeguarding activity and promotion of children's welfare are set out below, with commentary on the extent to which they were achieved. More detail and examples of specific activities relating to each priority is contained in the sections of this report which outline the work of the subcommittees throughout the year.

Maintaining a strong commitment to continuous improvement and challenge through oversight and taking forward relevant actions from the Ofsted Improvement Programme and new governance structure

The board has maintained oversight of activity under the Improvement Programme though regular updates, Section 11 interviews, individual reports on particular areas of concern, and evidence from specific audit activity. The board has sought to encourage more open challenge during debates in order to secure service improvement and embraces its new role in monitoring the Continuous Service Improvement Plan under the direction of the Executive Director for People.

Continue to develop and refine our Performance Management Framework

The board is now able to secure systematic reporting of valid and useful KPIs, with sufficient contextual analysis to understand and identify improved performance across all partner organisations.

Address the increasingly high profile risk relating to Child Sexual Exploitation, (CSE) in conjunction with relevant partners

We have seen a problem profile which supports the current position that there is little evidence of organised CSE criminality in Barnsley, this is not to say that we do not remain alert to the possibility and monitor trends and events. Trends continue to be monitored and managed through partnership working.

A new risk assessment tool has been introduced for CSE which focuses the minds of practitioners on the signs they should be looking out for that may indicate that a person is vulnerable or subject to CSE.

We have reviewed the CSE strategy and associated action plan.

The Terms of Reference for the multiagency CSE team have been reviewed and operational guidance developed to support the work of the team and ensure that practitioners are clear of expectations and responsibilities.

The multi agency team has been strengthened by establishing the role of a specialist nurse within the team to share information and provide links to the broader health community by way of liaison and awareness raising and to take a lead role in direct work with young people where health implications arise from risks of CSE, in line with broader multi-agency plans for intervention.

Multi Agency Meetings have been established in relation to CSE which review and assess cases of CSE utilising all the information available from partners involved with the child and family of either the victim or offender. This ensures robust and effective risk assessment, management plans and progress monitoring to reduce the risk to the child.

- Regular Deep Dive Audits are undertaken in relation to CSE investigations.
- Ongoing work continues to be undertaken with Local Businesses in relation to raising awareness of CSE.
- Ongoing training specific to CSE continues to be delivered.
- Increased funding has been accessed to improve therapeutic support to those who have been subject to CSE.
- A new structure has been put in place to manage return home interviews of children who are reported as missing from home, this supports ongoing interventions and support for the child and seeks to identify with partners where children may be at risk of CSE and any persons who present a risk to children.

Going Forward:

- Continue to work as a partnership to support victims reporting CSE and to pursue and prosecute offenders.
- Undertake gap analysis to identify any professionals who require further training or awareness raising.
- Introduce an offender management tool that will help identify any offenders who present a risk in relation to CSE in order that they can be appropriately managed. Links with local offender management teams will be further developed to support this.
- Undertake a review of the problem profile to ensure that the CSE picture is up to date to ensure appropriate response and allow for planned preventative work.
- Establish full children's MASH to bring together children's front door assessment, investigators and CSE team to improve information sharing and multiagency working.
- Continue to work with the private sector to raise awareness of CSE.
- Improve links with minority ethnic communities to raise awareness of CSE.
- Establish a service directory for CSE to ensure that those working with victims of CSE are aware of what support is available.

Improve our learning from Serious Case Reviews

The SCR Sub-Committee has continued to disseminate learning through multi-agency training activity and specific single agency learning events in relation to SCR action plans. Action plans are monitored by the committee to ensure implementation of actions and an evidence bank to illustrate the changes to practice has been established. This work will continue next year as additional case specific action plans are completed in relation to ongoing SCRs. A priority for 2016/17 will be to develop more robust commissioning arrangements in relation to the commissioning of SCRs.

Continue to promote activities to mitigate the risks to children arising from domestic abuse, adult mental health, substance misuse and digital technology

These areas of safeguarding are progressed by the PPPD Sub-Committee. Maintaining oversight of all these vital areas, together with other emerging areas such as bullying, and promoting activities to mitigate the risks, has been difficult and had limited success. More effort will be required next year to ensure sufficient resources are available and deployed to address these areas in a more systematic and consistent way.

Oversight of Children who are Missing from Home, Care and Education

A weekly Multiagency meeting has been developed since the new CSE arrangements came into place to ensure there is scrutiny of all the episodes and circumstances where a child is reported as being missing to the police.
This is attended by the Police, Missing from Home Co-ordinator, Targeted Youth/Early Help and Youth Offending Team representative , Education Welfare Service, CSE Social Worker and LAC health colleague.

The purpose of the meeting is to ensure the effectiveness and robustness of response to any child who is reported as missing, to prevent any further missing episode and ensure that the South Yorkshire Missing Protocol and Safeguarding Procedures are being followed and to alert and escalate cases inappropriate.
The group track each case and will identify any emerging themes and feedback to the CSE Strategic Group, Corporate Parenting Panel and Children at high risk of Multiple Violence and Complex Abuse (MVCA) Panel

The development of the CSE team and Multiagency arrangements for CSE had led to the CSE forum being replaced by a broader monthly multiagency meeting to ensure oversight of any Young Person aged 10-18 years who may be at risk of Multiple Violence (including CSE) and complex abuse (which may include CSE). This meeting is chaired by the Head of Service to identify and track the most challenging Child Protection/LAC cases. This allows for the development of a central list and tracking process that can ensure a focus and effort into ensuring that the top 10 cases are identified and considered as part of the Empower and Protect Innovation opportunities across South Yorkshire or to strengthen safeguarding arrangements for those children who are often placed from out of the area.
This group reports into the CSE Strategic Group, Corporate Parenting Panel and Senior Safeguarding leadership group.

Accelerate joint working arrangements with the Barnsley Safeguarding Adults Board where this could be mutually beneficial

The Safeguarding Adults Board is represented on the BSCB and its sub-committees to facilitate joined up working around those issues that mainly affect adults, but also impact on their children. The focus on joint practice needs to be maintained in order to ensure a whole family approach to policy, practice and assessment.

A focus on and review of the 'Front Door'

Over the course of 2014 the 'Front Door' has been through a period of development.
As a response to this review we have associated realignment of thresholds and supported by a re-launch of the BMBC threshold for intervention. This is to embed a shared understanding of threshold for intervention. An integral part of this approach has been to be more responsive to children living in neglectful situations and to address more chronic neglectful parenting which relates to parental substance misuse, and domestic abuse.

As the service has developed and the threshold realigned, the volume of work has continued to increase with more children accepted for tier 3 interventions and numbers of assessments increasing.

As pressure on capacity in the service has increased, strategies focusing on timely and good quality assessment and both social work and management capacity has increased to respond to this.
Data and feedback from service shows increase in children in need opened for referral and assessment and conversion rate from referral to assessment shows marked increase over the course of 2014 and into 2015.

There has been an appropriate rise in numbers of children subject to a child protection plan from 200 in December 2013 to circa 340 in March 2015. Significant increase in those categorised as 'neglect'. This increase in numbers per 10,000 brings us in line with national average and closer to statistical neighbours.

More agency partners now contact their own safeguarding lead to seek advice to divert low level contacts *however it* is important that all agency partners develop this practice to divert low level contacts and reduce growing pressures on the 'Front Door'. The board will ensure this continues to be a key priority throughout 2016/17.

Workforce management and development

The Workforce Management and Development Sub-Committee's remit includes oversight of partner agencies' workforce responsibilities with regard to agency compliance with Working Together to Safeguard Children and statutory guidance. This includes the planning design, delivery and evaluation of the multi-agency Safeguarding Children Training Strategy and Programme. Adult services and community representation maintain a strong link with adult workforce training and promote a wider overview and input to safeguarding training.

During 2015-2016 there has been continued high demand for multi-agency training. An extensive programme of multi-agency training, lunchtime seminars and events were attended by a total of 2324 practitioners from across partner agencies. This is an excellent example of partnership working and learning together. There are strong links with the adult workforce training and we try to take a whole family approach to safeguarding training.

The training programme has been developed and delivered in response to statutory requirements, local and national Serious Case Reviews, local audits, current research and report findings.
The need to provide early help, remain alert to child sexual exploitation, neglect and the recognition of how the co-existence of key issues such as domestic abuse, parental mental illness and parental substance misuse can significantly contribute to the abuse and neglect of children have remained a priority for 2015-2016.
In addition to the variety of multi-agency courses and popular lunchtime seminars, further new topics have been added to the programme. These include:-

- Child Development
- Motivational Interviewing
- Human Trafficking
- Safeguarding Children with Disabilities
- Disguised Compliance
- Understanding Attachment
- The Mental Capacity Act and the Deprivation of Liberty Safeguards for Young People and Adults
- Adolescent to Parent Violence and Abuse

*in addition to "classroom" taught sessions an extensive programme of E-learning is available.

Contribution from partner agencies

Many of the courses benefit from partner agency colleagues co-delivering training with the Multi-Agency Trainer or sole delivery this and the use of free venues helps to gain maximum benefit from the training budget.

Key achievements

Monitoring of the impact of training on staff and outcomes for children continues via the Section 11 Audit Challenge, Staff Professional Development Reviews and supervision. The feedback obtained from the above methodology is used to inform the future training programme.
The sub-group continues to engage with Faith Communities to ensure that they have up to date local information and resources to enable them to safeguarding children. Contact with Asylum seekers and Migrant Communities has continued to raise awareness of Female Genital Mutilation and ensure that clear messages are given that this is illegal in The United Kingdom and other countries across the World.

In these times of Austerity the Board requested that this subgroup look at ways of saving/generating income to maintain the excellent quality of our training programme. We have tightened up on charging for late cancellation of a place on a course this will ensure that the course administrator is notified in a timely manner and can ensure the number of course attendees is at capacity. The subgroup have developed a charging policy so that only the agencies that contribute to the Board can access the Multi-agency training, other agencies can access training but they will be charged a very reasonable sum for such high quality training.

There have been improvements to the monitoring of the impact of training and feedback to inform the training programme.
The impact of training has been added to the Section 11 Challenge Visit that the Safeguarding Board Chair and Safeguarding Board Manager undertake with all Safeguarding Board member agencies.

Managers are expected to assess the impact of training during the member of staff's annual appraisal and during supervision.

Ofsted Inspectors commented on the quality and variety of the multi-agency training programme.
This sub-group has continued to engage with Faith Communities to ensure that they are adequately safeguarding children. Links with travelers, asylum seekers and migrant communities have also been made.

A full day conference was held on neglect which was oversubscribed, and a conference on Domestic Violence 'Behind Closed Doors', held which received very positive evaluations.

Evaluation of multi-agency training

Training receives very positive feedback:

We have noticed an increase in advice calls to the safeguarding team as a direct consequence of training that staff have attended safeguarding training In particular we have noted that those calls are originating from adult mental health

Named Nurse, health provider organisation.

The Multi Agency Safeguarding Training has encouraged me to always keep it at the forefront of my mind and consider with all families if a referral will be of benefit to either the child, family or both.

Member of staff working in an Acute Trust.

A key point I remembered from Early Help training and have been using in my practice is to document how I felt in a situation, for example if the tone of the parents voice made me feel uneasy etc.

Member of staff working in a Nursery

Future Plans

The sub group are planning a conference for later this year the theme will be the Toxic Trio and Neglect.

The conference is scheduled to take place on the 13th October 2016 at The Core in Barnsley.

The number and nature of multi-agency courses delivered in 2015-16 and agency attendance is set out in the table:

	Number of courses	BMBC - People Directorate (Children)	BMBC - People Directorate (Other)	Schools, Colleges and Academies	Berneslai Homes	BMBC - Other Directorates	Health, including BHNFT	Police	Probation	Voluntary, Community, Charitable and Independent Sector	Foster Carer	Other	TOTALS
Becoming Culturally Competent	**2**	11	0	2	2	0	3	0	0	8	8	2	**36**
Operation Klan - Child Internet Abuse Seminar	**1**	8	1	2	2	0	1	0	1	8	6	0	**29**
Raising Awareness of Child Sexual Exploitation	**5**	15	2	5	4	1	23	24	0	26	17	3	**120**
Forced Marriage, Honour Based Violence and Female Genital Mutilation	**3**	29	0	11	2	1	12	0	1	15	4	2	**77**
Understanding Thresholds - Continuum of Assessment	**3**	20	0	13	2	0	12	0	0	22	0	0	**69**
Multi-Agency Public Protection Arrangements	**2**	3	4	4	4	0	9	12	0	10	3	1	**50**
orking Together to Safeguard ildren and Young People	**8**	25	4	4	7	4	43	35	1	66	6	1	**196**
feguarding Children Online	**2**	12	0	6	0	0	2	2	0	8	11	0	**41**
elping You With Early Help	**13**	87	1	50	6	0	94	2	0	42	10	1	**293**
Managing Allegations Against Staff	**1**	3	0	2	0	0	1	0	0	8	2	0	**16**
Understanding Autistic Spectrum Disorders	**1**	1	0	5	1	0	3	0	0	11	2	1	**24**
Domestic Abuse and the Effects on Children and Adults	**3**	26	0	7	4	2	19	2	0	10	6	1	**77**
Sexual Exploitation of Children and Young People	**3**	18	1	14	1	1	10	4	2	11	1	1	**64**
Safeguarding Children and Adults	**2**	13	0	3	2	1	10	0	0	15	7	0	**51**
Parental Problematic Substance Misuse	**2**	9	0	8	2	0	16	0	0	15	1	0	**51**
Young People Affected by Intimate Partner Abuse	**1**	3	0	2	1	0	0	0	0	9	3	0	**18**
Signs of Safety' - Changes to Child Protection Conferences	**4**	28	0	6	7	0	35	5	0	16	9	1	**107**
The Role of the Substance Misuse Carer	**1**	4	0	1	3	0	0	0	0	2	2	1	**13**

Domestic Abuse, Risk Assessment & MARAC	**3**	14	2	4	2	1	17	11	1	17	3	2	**74**
Safeguarding Children through Safer Recruitment	**2**	6	0	14	1	0	7	0	0	20	0	0	**48**
Self Harm Awareness	**2**	10	0	7	1	1	9	0	0	9	1	0	**38**
Working with Parents with Mental Health Issues and Safeguarding Children	**2**	15	0	13	0	0	5	0	1	7	6	1	**48**
Working with Parents with Learning Disabilities and Safeguarding Children	**1**	9	0	3	0	0	0	0	0	4	2	0	**18**
Communicating Effectively with Children, including those with Special Needs	**1**	8	0	1	0	0	0	0	0	3	5	0	**17**
Working with Resistant Families	**2**	23	0	4	3	0	6	0	2	8	1	0	**47**
Learning Lessons from Serious Case Reviews	**2**	18	0	2	0	0	8	2	0	8	0	2	**40**
Fabricated and Induced Illness	**1**	7	0	0	0	0	9	0	0	8	5	1	**30**
Recognising and Responding to Children and Young People Who Display Concerning or Harmful Sexual Behaviour	**1**	6	0	3	0	0	5	0	0	9	4	0	**27**
troduction to Child and Adolescent ental Health Issues	**1**	4	0	1	0	0	2	0	0	9	0	0	**16**
onferences and Core Groups	**3**	22	0	13	3	0	17	0	3	18	0	0	**76**
Working with Neglect	**3**	18	0	7	3	0	17	2	2	20	4	1	**74**
Pathways Role Within the Co-ordinated Community Response	**1**	7	0	8	0	0	5	0	0	2	0	0	**22**
Court Room Skills	**2**	10	0	6	0	0	11	1	0	12	0	2	**42**
Teenage Brain Development and Engaging Teens	**2**	9	0	6	0	0	7	0	0	11	10	2	**45**
Sleep: Issues and Impacts	**1**	1	0	2	1	0	3	0	0	5	8	0	**20**
Achieving Best Evidence Through Interviewing Skills	**1**	4	4	2	0	3	4	0	1	5	0	1	**24**
Information Sharing in Difficult Situations	**1**	5	0	3	0	0	2	0	0	6	8	0	**24**
Awareness of Female Genital Mutilation	**1**	12	2	6	0	0	6	1	1	6	3	0	**37**
Introduction to Safeguarding	**2**	4	0	6	2	1	16	1	0	14	7	0	**51**

Every Child Deserves the Best Start in Life	**1**	4	0	1	2	1	2	0	0	5	8	0	**23**
Workshop to Raise Awareness of PREVENT (WRAP)	**1**	2	0	28	0	1	0	1	0	6	0	0	**38**
Sexual Abuse: The Investigative Process	**1**	12	0	3	0	0	6	0	1	2	0	0	**24**
The Role of the Specialist Health Visitor for Migrant Health, Asylum Seekers and Roadside Gypsy Travellers	**1**	1	0	0	2	0	0	0	0	3	5	0	**11**
"We Don't Just Put Out Fires": Safeguarding and the Role of the Fire Service	**1**	3	0	2	0	1	3	0	0	3	7	0	**19**
Physical Abuse and the Role of the Paediatrician	**1**	9	0	5	0	0	3	3	0	3	0	1	**24**
When a Child Dies	**1**	11	1	11	3	0	3	2	0	3	1	0	**35**
	99	**569**	**22**	**306**	**73**	**19**	**466**	**110**	**17**	**528**	**186**	**28**	**2324**
	Number of courses	BMBC - People Directorate (Children)	BMBC - People Directorate (Other)	Schools, Colleges and Academies	Berneslai Homes	BMBC - Other Directorates	Health, including BHNFT	Police	Probation	Voluntary, Community, Charitable and Independent Sector	Foster Carer	Other	TOTALS

Safeguarding vulnerable children and young people

Children in Care

The Barnsley Safeguarding Children Board's oversight of children and young people in care is maintained through membership of the Care4Us Council and receipt of individual reports, including the Children in Care KPI Scorecard. The Care4UsCouncil, which comprises of young people in care, board members and relevant council officers, meets regularly to address issues which are important to this group. During 2016-17, the council, led and chaired by young people:

- A new Full time dedicated Participation Worker was employed on 1st April 2016 to drive the CICC forward and work with Care Leavers. This post will enable, develop and deliver a participation service. It will further the work of the children in care council to ensure it continues to impact on service design and delivery within the Local Authority, especially Corporate Parenting. It will also enable time to work directly with children, young people and care leavers to empower them to share their views and build resilience and to improve outcomes for these children more effectively.
- Children in Care took part in take over Challenge and were awarded 'silver' commendation from the Children's Commissioners Office. This was a great success and will be a yearly event.
- The Pledge has been revised through consultation and now used within the Review process by the IRO's. The Participation worker has sent a copy to all LAC placed out of the Local Authority and also taken some out personally to meet the Young People. The Participation Worker will also take a copy of the Pledge out to Children who become Looked After when aged 10 or above when appropriate.
- 2 Care Leavers have attended The February Young People at Cabinet meeting to present the Pledge (which all members signed up to) and one of them presented a report regarding future 16+ accommodation including his own account of young people living in supported accommodation.
- Apprentices at Council have been very successful securing 2 young people's places to continue for a further period of time.
- CICC are attending the Yorkshire & Humber Children's Social Work Matters Conference. The conference aims to celebrate and promote good social work practice. Some of the Young People participated in some one minute film clip interviews to talk about their positive care experiences.
- One Care Leaver announced that she has just been offered a permanent Youth Coordinator post with Rotherham Council
- A Care Leaver will be attending a New Beginnings Dissemination Event in London. This is to raise engagement with Care Leavers, raising aspirations in employment, education and training. It also involves preparation for independence and health and well being.
- Celebration Event is an annual event due to its great success in 2015.
- LAC will be attending a Summer School at Sheffield University as part as the Go Further, Go Higher

campaign looking at LAW to raise aspirations to further their education and give them a different experience other than school.

- Care Leavers have produced a White Goods Catalogue to help with independence and provides information of were to go for the best priced essential items when moving into their own property and contact details of services they may need.

Proposals for 2016-2017 include:

Facebook for care leavers
Consultation on the review process and documentation (already started)
Consultation on the Welcome pack (again already started but name needs to change and it is not being used)

Health of Children in Care

Work is continuing to build on the substantial improvements already achieved in terms of performance and health outcomes for children in care. Data collection and audits of LAC health assessments show that 96.6% of review health assessments are completed within timescale and 100% of LAC have access to dental care. This is better than our statistical neighbours and the national average. 99.2% have up to date vaccination status which is excellent but at present there is no data available for comparison. The Timeliness of Initial health assessments has improved month on month since the appointment of a new Designated Doctor for Looked after Children in spring 2015. The delays are usually as a result of a delay in notification from an outside placing authority when a child is placed in by a Local Authority outside Barnsley. To improve notification quarterly meetings are held with Private providers and this has improved notification of Children in Care placed in Barnsley by outside authorities. The Clinical Commissioning Group (CCG) has also written to every CCG in the country requesting that they encourage notification of children placed in Barnsley.

Children and young people in care in Barnsley receive consensual and holistic health assessments. Assessments are carried out at times and in venues that minimise disruption to the child and their education. All our children in care have excellent access to and use primary care to promote their health and development. Older children and young people are given the opportunity to be seen alone, this has recently been identified as key to empowering LAC to speak freely and honestly about their health and care.

There is a monthly meeting between the Designated Doctor and Service Managers for Children in Care to ensure actions related to the health of Children in Care are implemented. This includes the need to improve waiting times for the Children and Adolescent Mental Health Service (CAMHS) for Children in Care and that the improvement in timescales for health assessments and dental checks are maintained.

The Health and Wellbeing of Children in Care and Care Leavers Steering Group, reporting to the CCG Quality and Patient Safety meeting, meets every six weeks to identify service improvements to address the health needs of this group and to ensure ongoing improvement. In addition to this CQC made some recommendations that would improve practice and lessons were learned from a serious case review.

Together all these are or have:

- Ensured that the completion and use of Strengths and Difficulties Questionnaires (SDQ) continue to be embedded into practice and inform a wider assessment of emotional health and wellbeing.
- Prompted the Designated and Named Nurse for LAC to provide revised training to health professionals undertaking health assessments to further increase awareness of the health needs of LAC and quality of health assessments.
- Developed a process for gaining consent from young people age 16 years and over to release GP summary records.
- Incorporated processes for ensuring GPs and CAMHS contribute to health assessments.
- Initiated the Named Nurse to undertake live audit of Review Health Assessments of children placed both in and out of Barnsley. This allows for timely challenge of assessments that don't meet the required standard, and feedback to health professionals to support continuous improvement.
- Instigated a process of follow up and monitoring of Barnsley LAC who are placed out of area to ensure their health needs are met by the receiving area.
- Ensured that the CCG have reviewed the Service Specification for Children in Care and Care Leavers, to ensure it remains appropriate in light of new statutory guidance. They have also liaised with Public health to ensure LAC provision is considered within the new commissioning arrangements for 0-19 children's community services.

What difference have these made:

- Better use of the SDQ both within individual health assessments and data collection to identify themes and trends.
- Health professionals that undertake LAC health assessments have received training to support competency requirements recommended in the Looked after Children: Knowledge, skills and competences of health care staff

(INTERCOLLEGIATE ROLE FRAMEWORK March 2015)

- Young people's right to consent or dissent is supported and upheld.
- Information from a wider range of health provision is used to inform health assessments.
- There is closer timely monitoring of health assessments by provider agencies, and any problems are escalated including to the CCG when appropriate.
- Children and young people placed out of Barnsley are not disadvantaged in terms of their health needs.

Continuous Improvement

There is a commitment to constantly challenge and improve practice and services to LAC. Areas of focus for the coming year are:

- Ensure that consideration of ethnicity, faith and identity is incorporated and documented in health assessments.
- Strengthen the voice of LAC and use

feedback to influence service improvement.

- Work with LAC to improve information for them regarding health assessments.
- Reinforce the use of existing health screening tools to support and enhance health assessments, particularly in terms of emerging issues such as child sexual exploitation, female genital mutilation and radicalisation.
- Continue to develop systems and processes to ensure significant health information is chronicled and follows the child.

Arrangements for Private Fostering Support in Barnsley

The Board oversees local arrangements to safeguard privately fostered children and young people and monitors the extent to which the local authority undertakes its responsibilities. A private fostering arrangement is one made without the involvement of a local authority for the care of a child under the age of 16 (under 18, if disabled) with someone other than a parent or close relative for 28 days or more. Anyone involved in, or knowing about, such an arrangement must notify the local authority at least six weeks before it begins and the fostering service takes active steps to advertise this responsibility through a range of measures:

- information disseminated via specific information sessions and training
- distribution of an updated Statement on Private Fostering to key stakeholders, including schools, school nurses, health visitors, GPs, children's social care teams, housing and voluntary sector professionals, setting out notification requirements, the local authority's duties and the role of local professional agencies
- distribution of a private fostering flyer to the same stakeholders

Specific awareness raising activity, supported by the board, has continued throughout the year, including local advertising. Information leaflets are available for carers, parents, children and young people and professionals. Leaflets, posters and business cards are displayed in major public buildings and information is available on the board and council websites.

Parents, carers, children and young people can receive advice and support, including training opportunities, from the private fostering social worker.

The requirements on a local authority under private fostering span both child and carer focussed services. The service in Barnsley is currently based with the Fostering Service and the balance is more towards ensuring this is a suitable placement for the child. The needs of the child/young person remain very much to the fore while the suitability of the placement is assessed. However should the child need more support through services for children in need or children in need of protection the Private Fostering Worker will liaise with Assessment and Safeguarding Services.

Numbers of private fostering arrangements have continued to decrease in recent years and there is a need to maintain the focus on awareness-raising with other agencies. A twice yearly report is provided to the Board so progress can be monitored and to remind partnership agencies of

the need to maintain a focus on identification of private fostering arrangements within their own organisation.

The current Private Fostering Worker has been undertaking a programme of regular visits to agencies to raise the profile of private fostering across the Borough. This has particularly focussed on ALCs.

Colleagues within the CCG have worked specifically with GPs and publicity materials have been developed for schools and other agencies to raise awareness across the Borough.

The Board specifically funds this publicity as private fostering still remains a priority of the Board. Work to ensure assessments are child-focussed as well as addressing the carer's needs is taking place alongside a focus on involving birth parents more within the process.

Above all assessments need to be timely to ensure children do not drift in unsuitable home conditions or emotionally unsupportive environments. Improvements are being made but this is still work in progress and work will continue around all aspects of private fostering in 2016/17.

The table shows the figures for private fostering for the last four years.

		31.3.13	31.3.14	31.3.15	31.3.16
1	Number of children in private fostering arrangements as at 31 March	18	12	5	4
2	Number of new private fostering arrangements which commenced over the last 12 months	18	14	2	14
3	Number of private fostering arrangements that ended during the past 12 months	17	20	9	8
4	Number of arrangements that were visited within timescales	100%	100%	100%	100%
5	Number of arrangements initially assessed as suitable	12	14	2	Unavailable
6	Number of arrangements initially assessed as not suitable	0	0	0	Unavailable
7	Number of arrangements that ended following an assessment by the local authority that the arrangement was no longer suitable	0	0	0	Unavailable

Children with disabilities, complex needs and/or special educational needs

The Children with Disabilities and Complex Health service has continued to work with a range of partner agencies, children, young people and the Barnsley Parents and Carers Forum to develop and improve services for children and young people with disabilities and complex health needs.

The key areas of work undertaken during 2015/16 have included:

- Continued review and development of services around short breaks and use of direct payments
- The continued development of Education, Health and Care Plans and the Local Offer outlining all local service.
- The development of a Disability Register
- The extension of person centered planning, transition planning the development of the Autism pathway and Strategy.

The Disabled Children Programme Board has met throughout the year and continues to steer and challenge progress of related sub groups and to ensure coordination of service delivery.

There has also been some very positive and productive work around awareness of Safeguarding of children with disabilities and complex health needs. This work has resulted in increases in children subject to child protection plans and the number who are looked after.

Children with Disabilities and Complex Health Needs Sub- Committee

Work undertaken:

- Revised Terms of Reference
- Established multi agency themed audits around issues to do with children with disabilities and complex needs
- Considered learning from SCRs both internal and external to inform the groups action plan
- Review of the OFSTED thematic report into Safeguarding Disabled Children to strengthen safeguarding arrangements for this group. The Sub group regularly reviews the data from the Disabled Children's Team against the whole data for Children's Social Care and this has supported action to increase the number of section 47's and CP plans for this vulnerable group of children and young people.

Education Welfare Service (EWS)

The Education Welfare Service works in partnership with schools to support and advice on attendance and safeguarding issues. School attendance is tracked, including vulnerable groups such as children in care, children subject to a child protection plan or child in need, those at risk of child sexual exploitation, children who have special educational needs (SEND) and children who are involved or at risk of criminal activity.

The EWS also oversees children missing education (CME) and those whose parents elect to provide education at home (EHE). Since 2014 a central record keeping system has been used which schools complete and return on a half termly basis to the LA. This identifies pupils who are

not in full time education provision with a focus on the most vulnerable groups. This became an Ofsted requirement following the publication of "Pupils missing out on education" published in November 2013. The service also contributes to a number of the board's sub-committees and related multi-agency safeguarding forums, including child sexual exploitation and missing forum.

The Education Welfare Service and the Early Help Offer

The service will work with schools for earlier identification of pupils who display early signs of irregular attendance including nursery and non-statutory school age. Education Welfare Officers will play a key role in undertaking and supporting early help assessments.

Policies are updated annually by the EWS These include promoting good school attendance, incorporating model school attendance policies for schools including nursery schools, and policies on Children Missing Education and Elective Home Education. Revised policies are taken to the Policy and procedures sub-group for approval before going out to schools for consideration at governors meetings. Updated policies form part of the annual head teachers safeguarding report and are located on the BSCB website.

The EWS delivers school designated safeguarding lead including, together with the schools S175/157 safeguarding training. The service audits case files to ensure minimum standards are met.

The service has taken part in a number of multi-agency audits including children who were identified at risk of child sexual exploitation and quality of early help assessments through the thresholds continuum of assessment group. The service also completed its third year of work with vulnerable families over the summer holiday period which included:

As part of the Education Welfare Service on-going attendance strategies, the service continued to raise the importance of school attendance throughout the summer holiday period. A number of initiatives took place they included;

- Attendance sweeps to parents whose children's attendance was less than the schools attendance target,
- Home visits and contact with families who were open cased to the EWS, identified as vulnerable (needing additional support throughout the summer holidays) or whom required a safe and well visit.
- Year 6 to Year 7 transition
- Monitoring and tracking of children missing education
- Elective home education monitoring
- Visits for pupils without an identified school place in September for both primary and secondary schools
- Support with Springwell Special School summer school

A total of 178 home visits were made to pupils and families during this period. Each term time Education Welfare Officer (EWO's) were asked to refer their most vulnerable cases to the senior management team of the service, for allocation, this was based on the criteria that no other service would be making contact during the summer holiday period.

The service were also provided with a list of 83 pupils from admissions who had not registered for a school place in September, 75 were for nursery into primary school and 18 for Primary into secondary. We were able to identify school places for those who had not applied for September,

locate families that had moved out of the borough and follow up with admissions the parents application forms that had already been submitted. All but 4 of these cases have been resolved. These are now registered as children missing education and are being monitored and tracked through the Children Missing Education SEWO

There were 3 requests for elective home education that were followed up with parents.

There was joint working with the Police, School Health, Family Intervention Service, Child and Adolescent Mental Health Service, Youth Offending Team, Stronger Family's Team and Social Care. Education Welfare Officers attended core group meetings, case conferences, Child in Need meetings, Team around the child meetings, Multi-Agency Area Group forums, Fostering Panels, Case planning meetings, Looked after children reviews.

Dealing with allegations against professionals

The Ofsted Inspection Report published on 8 August, 2014, identified that:

"*There are very good arrangements in place to make sure that children are protected when allegations of abuse are made against professionals.*"

This indicates that practice has remained consistently good from the previous inspection findings.

In the period April 2015 to March 2016 contact was made with the LADO in relation to 171 cases. This represents a significant reduction (27%) on the previous year. Since this reduction marks a departure from previous trends it will be important to monitor this during the coming year and to ensure that the role of the LADO, in terms of both advice and formal action, continues to be highlighted at times of staff changes and induction.

Of the 171 cases discussed with the LADO 73 were deemed to meet the criteria of indicating a risk of harm to children, or a possible criminal offence committed against or related to a child.

The majority of behaviours reported were of a physical nature (44%) which is consistent with previous data for Barnsley and nationally. Sexual abuse allegations accounted for 24% of the total, a decrease of 4% on last year. Emotional abuse and neglect accounted for 9% and 5% of allegations respectively.

The referrals were made by a wide range of statutory and voluntary agencies. Education providers in the borough (Primary, Secondary, Special Schools and College) accounted for 41% of all referrals reflecting the frequency, duration and intensity of the direct work with children in the education sector.

Awareness raising activities have taken part during the year with training provided to a multi- agency audience and bespoke training to foster carers and taxi drivers and the designated safeguarding leads within schools.

Records evidence that referrals made to LADO received a timely and robust initial response which ensured that children and young people were protected. The majority of allegations were investigated by management investigations undertaken by the employers and in total 69% of the allegations had been concluded by the end of the year. Of these 24% were concluded as being substantiated in that there was sufficient evidence to prove the allegation.

A further 26% were concluded as unsubstantiated because there was insufficient evidence to prove or disprove the allegation. The remainder were concluded as unfounded or false, with only one case considered to have been malicious during the year. The Board will continue to monitor the level of referrals to encourage all partners to refer to the LADO appropriately.

Equality, diversity and participation

The board is strongly committed to promoting equality of opportunity and ensuring that all safeguarding activities take account of the diverse needs of all children and young people in the borough.

The council's Equality Scheme 2012-15 reaffirmed this commitment, to be achieved through development and provision of relevant, appropriate and accessible services.

Equality objectives for children and young people include:

- providing support to schools and settings to meet their public sector equality duty
- helping schools and settings identify, record and deal with bullying and harassment in schools
- narrowing the gap between different sections of the community, including where different levels of achievement are related to disability, gender, ethnicity or economic background
- challenging the barriers faced by looked after young people
- fulfilling the 'Pledge' to children in care.
- meeting the needs of children and young people with special educational needs, learning difficulties, disability and complex health needs
- implementing/reviewing the One Path One Door strategy
- continuing to reduce the number of young people not in education, employment or training and address the needs of specific groups
- undertaking work to improve transition of vulnerable groups, particularly those with learning difficulties

All newly developed strategies, policies and procedures are subject to an equality impact assessment. Active steps taken to facilitate inclusion include the provision of appropriate support for families to enable them to participate fully in child protection conferences and representation of young people's views at the board's sub-committees. Where necessary, specialist support, for example, interpretation and translation services are engaged to support families.

Key points of development within the Continuous Service Improvement Plan for the BSCB are:

- The needs arising out of ethnicity, faith and identity should be consistently considered and reflected within assessments.
- The introduction of systematic use of cultural competence tool (completed July 2014)
- Review BSCB training to ensure ethnicity, faith and identity are included in all relevant training.
- Monitor impact and outcomes through multi and single agency case file auditing and S11 audit process

Current Position and the Improvement Journey		
EFFECTIVNESS		
What we need to do	**How are we doing and what difference did it make?**	**How do we plan to improve?**
Overall: 'good' characteristics are widespread and 'common practice'	"Good" characteristics are not yet consistently embedded in daily practice.	Actions are ongoing to improve performance and embed good practice through our continuous service improvement programme.
Overall: How effectively LSCB evaluates and monitors the quality and effectiveness of partners	Multi agency performance data was provided but the Board was not satisfied that it routinely reported the right measures. Special meetings in February and March 2014 identified the KPIs to be routinely monitored by the Board and PAQA Sub-Committee. From April onwards appropriate data collection has taken place and is routinely reported to the Board and PAQA where it is explored to ascertain areas of progress and areas for development/further exploration. The Section 11 audit challenge process evaluates and monitors the quality of partners' effectiveness. Further supporting information has been requested from partners this year to ensure actions/impact is able to be demonstrated.	The PAQA Sub-Committee will continue to refine its suite of KPIs and monitor audit outcomes from the single and multi-agency audit schedule. Work has been undertaken to develop the schedule of audits and audit reporting during 2014/15. This work has been further developed during 2015/16 and assisted by increased resource identified to support quality assurance activities. A programme of multi-agency audits will continue to be undertaken to examine priority areas of concern and identify key actions which will be monitored by PAQA through the development of specific action plans. Audit finding will be disseminated by PAQA into the relevant services.
Complies with its statutory responsibilities in accordance with the Children Act 2004	The Board was established on 1 April 2006 and CDOP on 1 April 2008 in accordance with legislation. The Annual Report and Business Plan are produced and published each year.	The Board will undertake more rigorous and systematic review of its Business Plan objectives to ensure continuing relevance and evidence of achievement.
Complies with the Local Safeguarding Children Board Regulations 2006.	Enshrined in Constitution. Board and CDOP established in accordance with legislation. SCRs are commissioned when criteria are met and findings published.	Where criteria for holding SCRs are not met the Board will undertake alternative learning events in compliance with its Learning and Improvement Framework to promote and disseminate learning.
Able to provide evidence that it coordinates the work of statutory partners in helping, protecting and caring for children in its local area	Section 11 self assessments to demonstrate compliance and impact. Multi-agency training programme The Board produces multi-agency policies, procedures and	Section 11 challenge process to be more rigorous. Interviews take place and evidence bank introduced however further review work throughout the year could be introduced which would focus on key areas for

	strategies. A multi-agency Sub-Committee structure is operational Action plans are created and monitored for SCRs, Learning Lesson events and specific strategies/polices/pathways are developed as a result.	development and support reporting against actions within the Continuous Improvement Plan. The Board needs to review its policies and procedures more systematically to ensure they are all up to date and relevant. Action Plans from SCRs, other learning events and strategies need to be SMART and implementation of actions and impact clearly able to be demonstrated.
There are mechanisms in place to monitor the effectiveness of those local arrangements	Section 11 challenge process Multi-agency training evaluation process Action plans monitored Multi agency audit programme in place and findings reviewed by PAQA Committee.	A more systematic review of multi and single agency audit activity. Improve evaluation process for multi-agency training to evidence impact of training more effectively. Improvement in this area has been made during 2014/15 with agencies demonstrating how they are recording and monitoring the impact of training. These improvements can be used to drive further development during 2014/15.
Multi-agency training in the protection and care of children is effective and evaluated regularly for impact on management and practice.	Comprehensive programme of multi-agency training provided. Evaluation process in place with plans to develop this further to evidence improved outcomes for children. Guidance published to encourage management support in ensuring that messages from training are embedded in practice. Regular monitoring of evaluations by the WMD Sub-Committee	Training will continue to be monitored and developed to address emerging priorities. Evaluation of impact will continue to be improved.
LSCB checks that policies and procedures in respect of thresholds for intervention are understood and operate	New thresholds document was approved and disseminated in February 2014. Staff summary leaflet developed. Multi-agency training provided on thresholds. Multi agency thresholds group working to further develop	There is clear evidence to suggest that the Escalation Policy is being used but further work was undertaken during 2015/16 to review the current policy and improve the process for formally recording and collating

effectively and identifies where there are areas for improvement	and embed understanding of thresholds across all agencies. Development and endorsement of the Barnsley Assessment Framework January 2015 which is consistent with Early Help development. Safeguarding leads encouraged to use escalation policy re thresholds.	escalations which will increase reliability of data and allow for themes and tends to be identified. This will continue into 2016/17. Further work required to raise partner agency understanding of thresholds, increase the use of agency safeguarding leads and 'hold the ring' on early help. Multi-agency audit on thresholds and work to collate data in relation to the pressures on the font door.
Challenge of practice between partners rigorous and leads to improvement	Section 11 challenge Encourage challenge on debate at Board and Sub-Committee meetings Log of challenges and outcome is developing. Use of Escalation policy is encouraged and monitored	Maintain and strengthen challenge relating to attendance and representation at the Board and Sub-Committees. Continue to monitor challenges made to identify themes, trends and response/outcome.
Casework auditing is rigorous and used to identify where improvements can be made in front-line performance and management oversight	Substantial audit work undertaken however quality of audits undertaken need to be improved.	The programme of single and multi agency audits reported to PAQA Sub-Committee needs refining and more systematic scrutiny. The Board will undertake an agreed programme of multi-agency audits.
Serious case reviews, management reviews and reviews of child deaths are used by the local authority and partners as opportunities for learning and feedback that drive improvement.	SCRs undertaken when criteria met - where not met learning lessons reviews commissioned if appropriate. Action plans monitored by SCR Sub-Committee. Multi agency training provided on SCRs Individual reviews disseminated through relevant forums e.g. Head teachers meeting	The Board will continue to disseminate lessons derived from SCRs and similar reviews and develop specific multi-agency training to address identified need.
The LSCB provides robust and rigorous evaluation and analysis of local performance that influence and inform the planning and	Performance management system still developing. Safeguarding Board's set of key indicators identified for regular review at each meeting. Wider set also identified for the PAQA Sub-Committee to review and escalate issues	Further strengthen the role and function of the BSCB through building on current work to improve performance management, including: Coordination of the process to evaluate the impact of

delivery of high-quality services.	of concern to the Board. Supplementary audit programme to evidence practice improvements. Much improved data for LAC. Areas of poor performance identified for action as part of the Continuous Improvement Plan monitored by the BSCB.	multi-agency training. Performance data and audit activity integrating child protection and IRO activities to provide learning from quality assurance.
WHAT GOOD LOOKS LIKE		
What we need to do	**How are we doing and what difference did it make?**	**How do we plan to improve?**
The governance arrangements enable LSCB partners (including the Health and Well-Being Board and the Children's Trust) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people.	Clear relationship articulated between SCB and Children's Trust (TEG report November 2013) Common members on all 3 bodies i.e. SCB/TEG/HWB provides opportunity for mutual reporting Protocol agreed to articulate relationship between SCB, TEG and HWB.	Embed the developing performance management process to clarify and understand how well statutory responsibilities are fulfilled.
The LSCB effectively prioritises according to local issues and demands and there is evidence of clear improvement priorities identified that are incorporated into a delivery plan to improve outcomes.	Priorities are set out in Board's Business Plan and Annual Report. New priorities identified as local issues arise and action taken. Sub-Committees review their Business Plan priorities regularly for achievement and relevance. Reports to the BSCB are required to show the link between the subject of the report and the board priorities.	The Board needs to monitor its own priorities more systematically and develop a clear delivery plan. This should feed directly into the Continuous Development Plan monitoring Process. More formal evidence of Board and Sub-Committee achievement required to ensure continuing validity of the purpose, values and vision. This should include specific developments in relation to identified vulnerable groups and key areas of development priority. The Board will improve its oversight of the extent of neglect as a local feature and the processes in place to monitor the efficacy of interventions to ensure that all partner agencies are addressing neglect robustly and without compromise.

		The Board aims to improve oversight of missing children and continue to develop its strategic approach to CSE which includes Female Genital Mutilation in line with local and national developments.
Regular and effective monitoring and evaluation of multi-agency front-line practice to safeguard children identifies where improvement is required in the quality of practice and services that children, young people and families receive. This includes monitoring the effectiveness of early help.	Regular audits. Performance reporting with escalation from PAQA Sub-Committee.	Regular reports on effectiveness and monitoring of Early Help to the Board.
Partners hold each other to account for their contribution to the safety and protection of children and young people (including children and young people living in the area away from their home authority), facilitated by the chair.	Board Chair encourages open debate at Board meetings and culture where respectful challenge is encouraged. Performance information provides transparency to rate partners' performance.	More clarity and systematic reporting needed on children placed out of district. A report to the Board to highlight recent work undertaken by key partners facilitated by PAQA.
Safeguarding is a priority for all of the statutory LSCB members and this is demonstrable, such as through effective section 11 audits. All LSCB partners make a proportionate financial and resource contribution to the main LSCB and the audit and scrutiny activity of any sub-groups.	Revised more rigorous Section 11 self assessment. LSCB partner contributions have been reviewed during 2015/16 to try to increase levels of funding to the Board in order to maintain its current programme of work including facilitation of SCRs. Sub-Committees have multi-agency representation. Multi-agency audits undertaken. Additional contributions in kind considered e.g. the provision of training venues and meeting rooms.	Feedback to be provided by school representatives to all schools through the weekly bulletin following key meetings (BSCB, Schools Forum, SEE, Improvement Board, Trust Executive Group, Challenge Board, Children and Families Act Project). Sub-Committee attendance will continue to require proactive oversight and action to address unsatisfactory attendance The Board will need to meet challenges posed by partner

		agency reorganization and impact on attendance. Further work to address resourcing issues in relation the Board to be addressed.
The LSCB has a local learning and improvement framework with statutory partners. Opportunities for learning are effective and properly engage all partners. Serious case reviews are initiated where the criteria set out in statutory guidance are met and identify good practice to be disseminated and where practice can be improved. Serious case reviews are published.	Learning and Improvement Framework approved and published on the SCB website. Learning lessons opportunities undertaken with frontline practitioners and resulting action plans monitored through SCR Sub-Committee. SCRs initiated where criteria are met and are published Learning from SCRs and learning events disseminated by partner agencies and through multi-agency training.	Learning from SCRs and learning events will continue to be disseminated to partner agencies and through multi-agency training.
The LSCB ensures that high-quality policies and procedures are in place (as required by *Working Together to safeguard children*) and that these policies and procedures are monitored and evaluated for their effectiveness and impact and revised where improvements can be made. The LSCB monitors and understands the local application of thresholds.	Policies and procedures in place and accessible via website. Continued focus of the Board in relation to thresholds. Work to improve the monitoring and reporting of escalations through the Continuous Improvement Plan.	Undertake more regular and systematic review of the Board's Polices and Procedures to ensure they are comprehensive, up to date and relevant. Need better evidence of the effectiveness and impact of policies and procedures and when they are revised following review. Application of thresholds needs to be more consistent and better understood by partner agencies which can be demonstrated via appropriate data and regular progress reporting to the Board. This should include input from partner agencies.
The LSCB understands the nature and extent of the local issues in relation to children missing and children at risk of sexual	SCB received reports on children missing and at risk of CSE in January 2014. Local CSE Strategy and Action Plan in place. Strategic CSE Group maintains coordinated oversight and monitors CSE Strategy Action Plan. CSEM Forum monitors	The Strategic CSE Group will monitor and periodically report on achievement of the CSE Strategy Action Plan. Regular audits in relation to CSE undertaken and

exploitation and oversees effective information sharing and a local strategy and action plan.	individual cases. Review of CSEM Forum TORs and practice. The Board is represented on the South Yorkshire Police and Crime Commissioner's county wide forum and is participating in the county wide CSE campaign lead by the PCC. In March 2014 the Board agreed a county wide addendum to the information sharing Protocol re CSE.	reported.
The LSCB uses case file audits including joint case audits to identify priorities that will improve multi-agency professional practice with children and families. The Chair raises challenges and works with the local authority and other LSCB partners where there are concerns that improvements are not effective.	Case file audits undertaken including multi-agency audits to identify priorities for improvement. Log of challenges developing to evidence challenge from Chair and Board to partners, including the local authority. Board minutes evidence challenge by partners to improve effectiveness of services e.g. health service DNA polices.	Findings from the multi - agency and case file audits will be incorporated into Action Plans where appropriate for monitoring by the PAQA Sub-Committee and report back to the Board. In overseeing partner effectiveness the Board will provide challenge in respect of any areas of concern
Practitioners and managers working with families are able to be involved in practice audits, identifying strengths, areas for improvement and lessons to be learned. Experiences of children and young people are used as a measure of improvement.	Practice audits undertaken by managers. Developments ongoing to capture voice of young person e.g. in cp conference reports.	More development is needed to capture and use the experiences of children and young people as a measure of improvement and to inform service delivery
The LSCB is an active and influential participant in informing and planning services for children, young people and families in the area and draws on its assessments of the effectiveness	The LSCB has influenced service delivery e.g. continued concerns on thresholds has led to additional work. The report on private providers of Children's homes led to new meetings and additional work to ensure compliance. DNA concerns led to additional work to ensure effectiveness. The SCB contributes to the C&YP plan.	The Board will continue to influence the planning of services for children in areas of identified need e.g. next neglect, appropriate resources to support young people who have been victims of CSE. Ensure the Board clearly communicates commissioning

of multi-agency practice. It uses its scrutiny role and statutory powers to influence priority setting across other strategic partnerships such as the Health and Well-being Board.	The Chair has influenced the Health and Well Being Section of the C & YP Plan to ensure that CSE was captured under the Sexual Health section in response to a consultation on the draft plan. The Board had approved a Protocol to clarify relationships between the SCB, TEG and HWB	priorities to the Children's Executive Trust.
The LSCB ensures that sufficient, high-quality multi-agency training is available and evaluates its effectiveness and impact on improving front-line practice and the experiences of children, young people, families and carers. All LSCB members support access to the training opportunities in their agencies.	The Board provides a comprehensive programme of high quality multi-agency training which is flexible and adapted to meet newly identified needs e.g. response to CSE. Effectiveness and impact on frontline practice evaluated through new evaluation process. Multi-agency membership of Sub-Committee promotes take up of training plus wide promotion through website, flyers etc. Managers are encouraged to ascertain impact on practice through guidance approved by Sub-Committee and published on website	Better evidence of the impact of multi-agency training is required and should be reported with supporting evidence within Section 11 Audits. Sustainability of the MA Training Programme should be explored and issues around access by private providers considered and addressed via commissioning and contract arrangements.
The LSCB, through its annual report, provides a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness and the causes of those weaknesses, and evaluates and where necessary challenges the action being taken. The report includes lessons from management reviews, serious case reviews and child deaths within the reporting period.	LSCB's Annual Report provides assessment of performance and effectiveness of local services, including areas of weakness and future priorities for action. Annual Report includes information from SCRs, lessons learned reviews and child deaths.	Consideration should be given to the develop of a monitoring timetable for activities of the board and sub committees which could be used to develop the report and ensure that board priorities are being met and are consistent with the priorities outlined in the annual report and business plan.

Monitoring the effectiveness of local work to safeguard and promote the welfare of children

The work of the Board is progressed largely through its sub-committees and sub-groups who have undertaken the following work over the last year:

Performance, audit and quality assurance sub-committee

This is the key forum through which the Board examines and verifies the quality of individual agency safeguarding practice. It oversees performance management, scrutinises a developing suite of key performance indicators (KPIs) and secures quality assurance through findings from single and multi-agency audit activity.

Performance management and quality assurance framework

Remit

- Implement an effective strategy to monitor quality & effectiveness though analysis of relevant safeguarding performance information from partner agencies including, where appropriate, service users' views.
- Develop and oversee a planned programme of single and multi-agency audit review and quality assurance in relation to safeguarding activities.
- Secure quality assurance and performance management through receipt of reported audit activity arising from agencies and Sub-Committees.
- Co-ordinate Section 11 self-assessment audits and analysis, monitoring agency action plans by reviewing summary data and determining response in respect of non-compliance
- Oversee the Section 175 and 157 audit process relating to schools and outcomes
- Undertake reviewing activity and performance data analysis, providing regular updates/recommendations to the BSCB to mitigate risk, highlight trends, areas of concern and recommendations for further activity / monitoring designed to improve quality and promote good practice.
- Commission specific audits, thematic reviews or case management reviews at the request of the Safeguarding Children Board.
- Ensure that findings from case audits and other enquiries are communicated effectively to frontline staff and managers
- Ensure that messages from inspection, case reviews, audit and quality assurance are acted upon to address inspectorate recommendations and improve practice, through regular learning events.
- Embed performance issues into other Sub-Committees to evaluate and monitor the work of single agencies and reflect the Sub-Committee's role as an external quality check.
- Highlight and disseminate required improvements and areas of good practice through the Policy, Procedures and Practice Developments and Workforce Management and Development Sub-Committees

A Quality Assurance and Performance Management Framework is in place and has been endorsed by the Board. This confirms the need for continuous service improvement and delivery to be driven through quality standards, monitoring of improvement targets and focus on a suite of selected KPIs.

The Board and sub-committee have held development sessions to determine the data to be received by the Board and sub-committee. Respective scorecards of multi-agency KPIs have been identified for regular

reporting. The sub-committee will escalate any issues of concern to the Board. The Board has developed a more effective performance management culture through increasing focus on performance and quality assurance. More valid data with contextual information will enable constructive challenge and provide proper reassurance about safeguarding from partner agencies.

The Board's own set of KPIs, framed around the child's journey from early intervention through to Tier 4 and looked after status includes:

Early Intervention

1. Number of Early Help assessments

Contacts, Referrals and Assessments

2. Number of contacts received
3. % of contacts to referral
4. Numbers of referrals
5. % of referrals to assessment under S17 and S47
6. % of Section 47 Investigations converting to initial child protection conference
7. % of assessments completed within 20 days
8. % of assessments completed within 45 days and those out of timescale

Child Protection

9. % of children becoming the subject of a CP Plan for the second or subsequent time within 2 years
10. % of open CP Plans lasting 2 years or more

Children in Care

11. Looked after children missing from care incidents (episodes)
12. Police Data. In May 2015 new police measures and safeguarding performance data was provided by South Yorkshire Police (SYP) across a range of categories
13. During 2015/16 the numbers of unallocated assessments to Children's Social Care have been reported.

Assurance from audit activity

The sub-committee promotes practice improvement through review of audit outcomes, drawn from an evolving programme of planned single and multi-agency agency audits For 2015 – 16 the sub-committee considered the following findings from partner and multi-agency audits:

- PAQA Scorecard of Indicators (at every meeting)
- Monthly Social Care Scorecard (at every meeting)
- Education Data Performance Reports (children missing, excluded, elected home educated)
- Youth Offending Data Performance Report
- Multi Agency Deep Dive into S47s
- Health Assessment of LAC placed outside the Borough
- Quarterly Multi Agency CSE audits
- Private Fostering; arrangements and performance
- Education Welfare Assessment Audit
- Audit Report relating to children being subject to a child protection plan lasting for two years or more.
- Audit of children on a CP Plan for
- the second or subsequent time
- Record Keeping - Special Care Baby Unit Audit
- The quality of agency reports to Child Protection Case Conferences

Overview of vulnerable groups:

In fulfilling its objective to review the welfare of vulnerable groups of children, the sub-committee questioned information on the following during the year:

- Children Missing Education (CME): This relates to children of compulsory school age, not on school roll or educated otherwise, who have been out of any educational provision for at least four weeks. The sub-committee sought information on local numbers and how the children were monitored to ensure they receive suitable education and are safeguarded. Although potential complications relate to school transfer and relocation to another area, the EWS request a safe and well visit to ensure a child's welfare as soon as relocation is known. The service has revised its CME policy and procedure guidance during the year in response to a national consultation. Ofsted has commended our procedures as robust.

  The sub-group have also looked at performance information and safeguarding arrangements for children who are excluded from school and children who are home educated.
- Looked After Children (LAC): The sub-committee continue to closely review performance indicator data relating to looked after children.
- Child Sexual Exploitation (CSE): Quarterly multi agency audits are undertaken by the CSE Strategic Group and reported in to PAQA. Audits are showing an improvement in joined up responses to young people.

Priorities for 2016-2017

- Improve a systematic reporting of single and multi-agency practice in terms of identifying key themes for learning and improvement, informing priority areas and promoting multi-agency contribution
- Develop an analysis of Police data to better understand and inform priority areas for multi-agency contribution
- Continue to undertake quarterly multi agency audits:
  - Q1 Children and young people who are cared for by parent/s who misuse substances;
  - Q2 Children and young people who are missing from home, education, school
  - Q3 Children and young people who present risky behaviours
  - Q4 Children who are neglected

Policy, procedures and practice developments sub-committee

Ensures that policy and procedures are current, implemented, embedded and reflective of practice

This sub-committee oversees a range of areas of safeguarding practice. In acknowledgment that many safeguarding issues relevant to children and young people are derived from adult behaviours, membership of the sub-committee contains representation from adult services. These clear links to adult mental health and substance misuse provide for more cohesive working in these areas of safeguarding concern and forge stronger alliances with relevant partner agencies. The sub-committee has found this

extensive remit to be a challenge in terms of addressing all issues thoroughly, and has therefore established periodic time-limited task groups to address particular pieces of work. Last year, it built on this approach in its considerations to:

- Develop and consult on new multi-agency protocols, policies and procedures on specific safeguarding issues or in response to Serious Case Review findings
- Ensure relevant communications to frontline staff
- Identify any gaps in safeguarding practice that need to be addressed through development of new safeguarding policies/procedures
- Respond to national and local policy changes and advise the Board of the implications of relevant publications and safeguarding developments
- Work with the Serious Case Review Sub-Committee to undertake 'lessons learnt' reviews, and identify required amendments to policy and procedure
- Ensure development of a holistic approach to the safe use of digital technology and ensure that e-safety safeguards are audited and evaluated within the Board's Performance Management Framework
- Provide advice and support on digital technology safeguarding requirements
- Maintain oversight of interagency arrangements to protect young people who are vulnerable/exposed to risk of harm through sexual exploitation and/ or running away from home and/or substance misuse. Receive reports from the Sexual Exploitation and Young Missing Forum. Report on specific areas of unmet need to advise the Board of potential and necessary resources/services to meet these needs
- Ensure multi-agency training on the impact of adult mental health on parenting children and promote shadowing opportunities for relevant staff in partner agencies
- Strengthen engagement of young people with the Board through maintenance of links with relevant forums, such as the Youth Council, to secure the voice of the young person
- Promote better awareness of the impact of adult mental health, learning difficulties, substance misuse and domestic abuse.
- Ensure that work relating to anti bullying policies and strategies reflects a zero tolerance approach.

Development of new policies and procedures

The Board's web enabled policies and procedures were revised and updated in September 2015 and March 2016. In response to identified needs or recommendations from SCRs/learning events, the Board approved the following new policies and procedures, developed with multi-agency consultation:

- Missing from Home or Care and Runaways - Multi-agency protocol - April 2015
- Barnsley CSE Strategy 2015-2017
- Revised Missing Children Procedures
- Revised CSE Joint Investigation Team Protocol
- The Assessment Framework
- Anti Bullying Policy
- Person Posing Risk Policy
- FGM Policy

Serious case review sub-committee

The information and findings from SCRs and learning events are used to ensure that we continue to improve practice in Barnsley to safeguard children and young people.

During the last 12 months the sub-committee has taken a more robust approach to evidencing that actions arising from reports have been completed and that there is an audit trail to show the work completed.

Serious Case Review Panel

During the last 12 months the serious case review panel met on 3 occasions to consider if individual cases met the criteria for a serious case review to be commissioned. The criteria for a serious case review (SCR) is set out in chapter 4 of Working Together 2015 and includes individual cases where a child or young person has died or suffered significant harm, where abuse or neglect is suspected and where there may be concerns about partnership working to safeguard the child. Where an SCR is commissioned an independent author is appointed who has no connections to any of the agencies involved; this ensure that there is an independent review. The purpose of an SCR is not to apportion blame but to identify lessons that will help to safeguard other children.

During 2015/16 three Barnsley Serious Case Reviews (SCRS) were published. They can be found in full on the Barnsley Safeguarding Children Board web site: https://www.safeguardingchildrenbarnsley.com/professionals-and-partners/serious-case-reviews.aspx

Brief details of those individual cases are as follows:

Child M: this SCR relates to a 14 week old baby that was found to have a number of significant non accidental injuries including fractured ribs and four fractures to its leg bones. A police investigation was undertaken to attempt to identify who was responsible for inflicting the injuries. A number of adults who had caring responsibilities for the baby were questioned but the investigation did not result in a criminal prosecution due to a lack of evidence. The baby was taken into the care of the Local Authority to ensure its future safety.

Child N: This SCR was commissioned following the tragic death of a 14 year old boy who was in the care of Barnsley Local Authority and died in a private care home in Rochdale having taken an overdose of methadone which he is believed to have acquired during a visit to family and friends in Barnsley. There was a police investigation into his death. At the Coroner's inquest the Coroner made a finding of death by misadventure. It is worthy of note that both in the Coroner's findings and the SCR that there are positive comments regarding the support provided to Child N by his Barnsley Social Worker.

Children P: This SCR relates to the sad death of two young brothers who died as a consequence of a deliberate house fire started by their father who also died in the incident. A police investigation took place into the circumstances of their deaths. The Coroner's inquest resulted in a finding of unlawful killing. Both the Coroner's inquest and the SCR found that no agency had fundamentally failed the family.

In each of the SCRs recommendations were made by the independent authors. Those recommendations were incorporated into

action plans which were robustly monitored by the members of the SCR sub committee. The action plans for each of the SCRs described above have been now shown as complete with the supporting evidence having been scrutinised by the committee; the completed action plans have then been tabled at the main safeguarding board for their oversight and agreement.

Where appropriate the lessons learned from SCRs have been incorporated into training programmes.

What have we learnt?

Examples of lessons learnt from reviews that have been completed and actioned are:

- Ensuring that agencies policies and procedures for following up where children Do Not Attend (DNA) for medical appointments are fit for purpose and are being complied with. This includes the auditing of cases to ensure effective practice.
- Actions around the training of staff in relation to Common Assessment Frameworks (now revised to become Early Help Assessments)
- The review and development of the multi agency process for their collective response to critical incidents involving children. The process and policy is in place and was the subject of a half day dedicated training event attended by staff from a range of agencies.
- Improving the transitional arrangements for children moving from primary schools to secondary schools. Transitional arrangements are in place for all secondary schools.
- Ensuring professionals are inquisitive about significant others involved with families and that they share information on any concerns.
- Ensuring that birth visits are conducted by health visitors within 10 to 14 days of a baby's birth even if the baby is still in hospital
- Ensuring that the record keeping on the Special Care Baby Unit meets national recording standards
- Ensuring the correct action is taken to complete risk assessments around domestic violence and notifications to other agencies
- Ensuring a co-ordinated approach to effective bereavement follow up.

The board will assess how well this learning is embedded in practice through evidence from quality assurance and audit findings.

Child Death Overview Panel

1. Introduction

Following the death of Victoria Climbé in 2000, national guidance was produced in the form of Working Together to Safeguard Children. This Guidance states that that all agencies who have a responsibility towards children should work together to look at ways to keep children safe. This led to the formation of Child Death Overview Panels (CDOPs) who are accountable to the Local Safeguarding Children Boards.

The child death review process is not about apportioning blame but aims to learn lessons in order to improve the health, safety and wellbeing of children and to seek to reduce the number of deaths.

Compared to national data, Barnsley has relatively few child deaths. However, the circumstances surrounding the death of each child are considered on an individual basis in order that any modifiable factors identified may form the basis of recommendations to the Barnsley Safeguarding Children Board (BSCB). Consideration is given to how local services

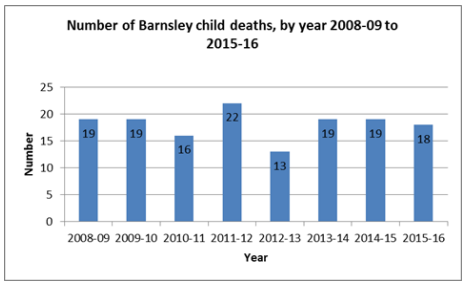
can work together to mitigate future harm to children and young people. The findings from all child deaths inform local strategic planning, including the local Joint Strategic Needs Assessment, on how to best safeguard and promote the welfare of children and young people in Barnsley.

Barnsley CDOP is a multi-agency panel responsible for reviewing information on all children and young people under 18 years who reside in Barnsley. The CDOP meet quarterly and by exception. The Terms of Reference, including membership, are available to download from the BSCB website.

2. Number of child deaths notified

From 1 April 2015 to 31 March 2016 there were 18 deaths notified to Barnsley CDOP. Figure 1 shows the number of Barnsley child deaths by year, 2008-09 to 2015-16 and Figure 2 shows the number of these that were expected and unexpected. Figure 3 illustrates the number of deaths by month.

Figure 1



Source: Barnsley CDOP Database

Figure 2

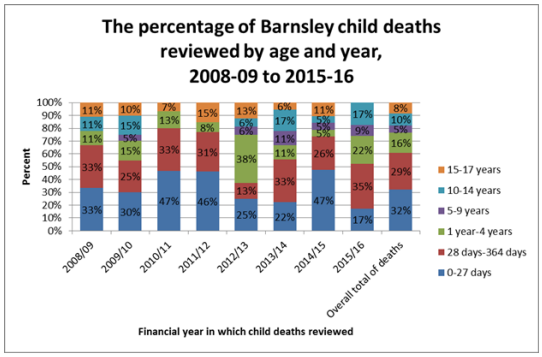
Barnsley Child Death Notifications, by financial year (1st April - 31st March)			
	Expected	Unexpected	Total
2008/09	13	6	19
2009/10	11	8	19
2010/11	7	9	16
2011/12	12	10	22
2012/13	8	5	13
2013/14	13	6	19
2014/15	13	6	19
2015/16	9	9	18
Totals	86	59	**145**

3. Cases Reviewed

The panel met 5 times (quarterly plus an additional panel was convened specifically to review neonatal deaths) and 24 reviews were completed during the April 2015 - March 2016 reporting period. Due to the small numbers of deaths that occur each year in Barnsley, identifying trends and patterns is difficult. An analysis has been undertaken of the child death information held on the CDOP database over the period 2008/09 to 2015/16 to provide a picture of what is happening over a longer time period.

Figure 3 shows the breakdown of child deaths reviewed by CDOP by age over the period 2008-09 to 2015-16 (total 133).

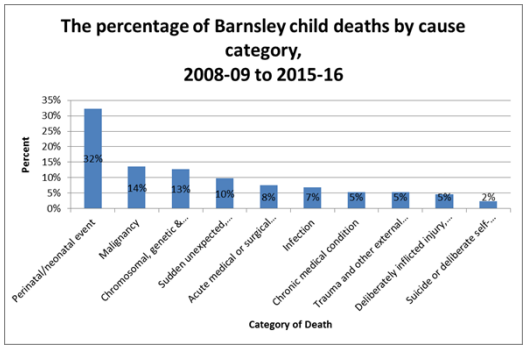
Figure 3



Source: Barnsley CDOP Database

Figure 4 shows the percentage of child deaths reviewed by cause category over the period 2008-09 to 2015-16.

Figure 4



Source: Barnsley CDOP Database

The findings show that the pattern of child deaths seen locally reflect those identified in national findings with approximately a third of deaths being associated with premature birth.

4. Progress against 2015-16 recommendations

In accordance with the previous year's proposed service developments, the following have been successfully completed:

- An audit has been undertaken of the governance and administrative processes.
- In light of the review and revision of Working Together to Safeguard Children Guidance, initial rapid response multi-agency meetings are being piloted for unexpected and unexplained deaths
- The leaflet for parents/carers explaining the child death review process and the role of the Child Death Overview Panel has been revised.
- Multi-agency training has been jointly delivered by the BMBC Multi-Agency Trainer and Public Health Specialist Technical Officer (CDOP Administrator).

In addition to the above:

- A training session relating to the CDOP procedures was delivered specifically to School Nurses and Health Visitors in June 2015 which provided an understanding of the CDOP and what is expected in completion of Agency Report Form B.

- Links have been strengthened with the Histopathology secretaries at Sheffield Children's Hospital for inviting the Consultant Paediatric Pathologists to multi-agency case review meetings for unexpected child deaths to present findings from their medical examinations and all post mortem reports are provided to CDOP.

5. Recommendations for 2016-17

The Panel has discussed and agreed participation with South Yorkshire CDOPs in a peer audit review around decision making for modifiable factors.

6. Further references

Barnsley Joint Strategic Needs Assessment: https://www.barnsley.gov.uk/services/public-health/joint-strategic-needs-assessment-jsna

Working Together to Safeguard Children, 2015: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Partner agency contributions to safeguarding

The Board values the contributions of all partner agencies in promoting and monitoring the effectiveness of safeguarding in the area. An effective Board requires all partner agencies to participate fully, engage in the Board's business and transfer the safeguarding ideology into their own sphere of activity.

Barnsley Hospital NHS Foundation Trust (BHNFT)

BHNFT continues to meet the requirements of an ever challenging safeguarding agenda. The safeguarding children team fulfils regular commitments to training, supervision, advice, support, audit, supporting the child death process and representing the Trust at various Board sub-committees.

The team is promoting awareness of the Thresholds for Intervention to ensure early initiation of offers of help and support. Staff are encouraged to seek advice where required to ensure that cases do not become 'stuck' and also to provide challenge where there might be a professional disagreement.

BHNFT undertakes regular audits of records, child protection reports and court reports to ensure they meet minimum quality standards and identify improved actions, planning and decision making.

The Safeguarding Children Training Strategy states staff who have significant involvement with children must be knowledgeable and access training in relation to domestic abuse, sexual exploitation and the WRAP prevent agenda. We also continue to raise awareness and knowledge through single agency training, multi-agency training and learning events.

The hospital's 'Did Not Attend' policy has been revised and updated to ensure that, when a child misses a hospital appointment, a safeguarding review is undertaken to assess risk. Cancelled appointments are also reviewed to assess issues of veiled compliance to ensure improved health outcomes for children and addressing of neglect.

To improve their experience, the team actively seeks the views of children and families through an evaluation questionnaire, the findings from which are reviewed. The ongoing audit programme seeks to ensure effective high quality practice.

BHNFT has updated its Safeguarding Supervision Policy to ensure that community midwives and community nurses receive individual and group supervision to enhance their knowledge and ensure they are supported in their work.

Additionally BHNFT have developed good working relationships with substance misuse services and staff follow procedures in relation to this and refer young people into services. Feedback from Commissioners is that they feel this sets BHNFT above the national average for this. Additionally feedback from this demonstrates we are having a beneficial impact on these young people. The safeguarding department have a comprehensive audit schedule to provide assurance that standards outlined in policy and guidance are being met. Moreover, any breaches in policy are investigated under Datix, Serious Incident or SCR procedures.

NHS Barnsley Clinical Commissioning Group

In addition to safeguarding requirements incorporated into closely monitored contracts with health care providers, the Designated Nurse for Safeguarding Children, the Designated Nurse for Adults and the Named Doctor have developed a Safeguarding Vulnerable People Section 11 Audit to inform the forth coming 'safeguarding stock take' of primary care.

The issue of children failing to attend health appointments has featured in national and local child deaths and remains of concern to the Safeguarding Board. Steps have been taken to address this issue and the Board has received assurance that health providers are monitoring failure to attend medical appointments and poor engagement with services more effectively to assess risk to children.

We have a Commissioning Strategy which includes meeting the needs of children and young people in Barnsley and reflects our

vision and values which are fair and equitable access to reduce known inequalities. Furthermore as part of the Executive Commissioning Group for the Children and Young People Trust we are committed to partnership working to achieve the Trust's aims e.g. we are leading on developing the offer for emotional wellbeing

South West Yorkshire Partnership Foundation Trust (SWYPFT)

South West Yorkshire Partnership Foundation Trust covers four local authorities and Safeguarding Boards across the region. The strength of that spread is that learning experience and confidence can be shared across the service for the direct benefit of children, young people and their carers.
Services provided for children include health visiting, school nursing, family nurse partnership, therapy services, child and adolescent mental health services and early intervention in psychosis for young people from 14.

The service also promotes the think family agenda and offers services across health and wellbeing and mental health.

Key achievements last year have been:

- The service has met the section 11 challenge and continues to strive towards demonstrating improved outcomes for children and young people who have contact with SWYPFT services
- Excellent attendance by staff at Initial and review child protection conferences
- A proactive response which seeks to offer an extensive programme of training for all staff groups as identified within the Intercollegiate Document 2014

SWYPFT provides the following messages to it's staff in relation to safeguarding:

- Assessments should be thorough and utilise all information available; systematic risk assessment should look at all aspects of the child's journey and all adults involved in the delivery of care. The wishes and feelings of the child need to be heard throughout our assessments
- To be aware of the importance of Early Help Assessments and the instrumental role for health within this arena
- The rule of optimism should be understood by all staff and objective assessment of the facts should take place taking account of all the interrelated dynamics, always ask is this child safe and healthy? Is this the whole picture?
- Compliance with supervision supports staff to develop professional resilience and is instrumental in improving outcomes for children and young people
- non-attendance at appointments should always be assertively challenged and risk assessed.
- children should not be invisible, all children – grandchildren, partners children.
- be observant and ask key questions.
- share information – understand the NHS code of confidentiality and when it is important to share information.
- good record keeping is essential to facilitate high quality care.
- families can be vulnerable, vulnerable adults can be perpetrators – Think Family.

South Yorkshire Police

Protecting Vulnerable People is a priority within the Police and Crime Plan 2013/2017. The Barnsley located Police Public Protection Units fall under the

central control of Specialist Crime Services, reporting to an Assistant Chief Constable who holds responsibility for all areas of Protecting Vulnerable People. However, the provision of services in terms of safeguarding children is locally delivered, with strong ties to the Barnsley district command who has responsibility for local children's safeguarding.

In recognition of the importance of effective, locally based partnership working, the force is disbanding the Central Referral Unit and introducing Multi-Agency Safeguarding Hubs. The Barnsley M.A.S.H. is based within Barnsley District and incorporates partners from Police, Social Care and Health, working together to safeguard children. This means that all child protection referrals will be received and actioned by a dedicated team of professionals within the M.A.S.H., who are also able to progress joint investigations and ensure services required by children and families are signposted to the relevant partner agency without delay.

Over the last year, Barnsley PPU has gradually increased in size as a result of increased funding provision from the Police and Crime Commissioner. The team now has additional staff across all areas, with increased capacity available for child abuse and child sexual exploitation investigations. In Barnsley there is also a new team dedicated to vulnerable adult investigations, which includes all high-risk domestic abuse cases. It is acknowledged that the impact on children living in families where domestic abuse features can be immense and negative affect a child's quality of life. This team has strong links to child protection colleagues and partners within the M.A.S.H., which means that the risk to any children is identified and managed at the earliest opportunity.

This strengthened approach to partnership working in Barnsley will enable a more timely and effective response to safeguarding which will provide greater reassurance to victims and families.

Berneslai Homes

Berneslai Homes' primary contribution to Safeguarding is via its established Vulnerability Strategy: 'Something Doesn't Look Right'. Through this approach, they provide practical support and interventions to address identified issues to prevent progression to other services for example social care or the police. Their strategy aims to ensure the early intervention of risks during routine visits to thousands of homes within the Borough, at the start of tenancies and at various times throughout them. For example, they are able to provide practical support, make referrals to other appropriate support providers and carry out housing application assessments as part of their response to the early identification and intervention with tenants in need.

Berneslai Homes continues to undertake proactive visits to Council properties specifically to identify any support or vulnerability issues early.

During the last year they carried out over 4, 500 support visits, with nearly 2,500 resulting in supportive interventions. This included a number of cases where there were safeguarding concerns around the safety of children and adults. During the year we have also continued to visit vulnerable individuals affected through Universal Credit although this is still to be fully rolled out across the borough and we continue to support those affected by welfare reform.

Berneslai Homes Family Intervention Service (FIS) provides cross tenure family support and interventions to families across

the Borough, often with multiple and complex needs. The FIS continues to make significant progress in achieving positive outcomes for families under the Troubled Families Programme; supporting over 270 families ranging from those requiring early intervention to those requiring intensive support during the last year.

The primary aim of this work is to secure and sustain clear behavioural change, thus reducing the effect of a family on the surrounding community. Positive changes are evidenced through reduced antisocial behaviour and criminality, addressing worklessness and improving progress to work, and improved opportunities for children through better school attendance. Families are allocated dedicated keyworkers, delivering an evidence based approach of early intervention/prevention, non-negotiable support and enforcement in order to provide families with a positive incentive to change.

Barnsley College

Barnsley College is committed to safeguarding the total college community, including learners, staff and visitors. In 2015 - 16, the College continued to embed safeguarding across all College activity by:

1) having a robust safeguarding structure led by the Assistant Principal (Access to Learning), operationally led by the Head of ALS, Counselling & Safeguarding. The College continues to provide dedicated frontline support through the work of the Safeguarding Team Leader, Safeguarding Officer, Safeguarding Advisors and Departmental Safeguarding Representatives. These staff provide a range of advice, guidance and safeguarding support to learners, staff and visitors;

2) Linking up with secondary schools and other key agencies to support the transition of learners into College;

4) Continuing professional development for staff to improve skills and knowledge and excellent partnership working arrangements, so the workforce is able to safeguard the college community. College delivers safeguarding awareness training in-house so that the training can be tailored towards how best to safeguard the College community.

5) The college will continue with its approach to embedding safeguarding throughout College activity in 2016 - 17, with a particular focus on:

- further CPD for staff, in particular in key safeguarding roles, leading to a recognised safeguarding qualification
- reviewing and refreshing the College's safeguarding policy to ensure that it reflects recent legislative and statutory guidance updates
- ensuring that the Prevent agenda is fully embedded into College policies and procedures and that staff are suitably trained to meet their statutory duties.

Voluntary and community sector

Over the past year, a lot has been achieved in the voluntary and community sector in relation to safeguarding children, young people and vulnerable adults.

The consortium has voluntary and community sector representatives on the Safeguarding Board, the Serious Case Review Sub Committee, the Think Family Board.

As a consortium, safeguarding is vitally important and should be evidenced as such. However, due to the diverse nature of the voluntary and community sector, Section 11

requirements may be covered in a different way that meets the individual needs of that service and, for some groups, completing the Section 11 is not always appropriate.

Integrated working with partners

Integrated and partnership working is a particular local strength and all the individual partner agency contributions to safeguarding are valued. The Board maintains links with partners and contributes to local initiatives on a variety of safeguarding themes, through representation on a range of multi-agency working groups.

Planned future developments and key priorities for 2016 - 17

Barnsley Safeguarding Board's strong commitment to continuous service improvement and addressing the needs of the most vulnerable children and young people is evidenced through the objectives in our 2015 -16 Business Plan. Future aims and priorities are identified in the context of significant change, nationally and locally, particularly in the light of continuing budgetary pressures. The continuing effectiveness of the Board's work will continue to be subject to close scrutiny. The synergy obtained from strong partnership working remains an essential element of effective safeguarding. The objectives of the Board and sub-committees/groups for the coming year have been determined with multi-agency input and will be subject to regular review throughout the year to measure their achievement and impact.

Oversight and progress of actions from the Continuous Improvement Programme

The Board will assume responsibility for driving forward and monitoring practice to secure mainstreamed continuous improvement. It will assimilate learning from the Improvement Programme and use it to inform future safeguarding developments through partner agency participation. The Board will also require regularly updated reports of specific case file thematic audit and general audit activity.

Encourage challenge

The Board will seek to strengthen and evidence its own effectiveness through rigorous challenge, participation and engagement. This will include challenge sessions for each refresh of the Section 11 self assessment, encouraging challenge at Board debates, monitoring use of the escalation policy and promoting participation and engagement of stakeholders wherever possible. The Section 11 challenge will also seek evidence that current austerity measures and budget reductions are not having an adverse effect on the ability of partner agencies to fulfil their responsibilities.

Child Sexual Exploitation

Although the Board has an approved strategic approach in relation to CSE there is a need for continuous focus which will include a strategy refresh and procedure update. The development of the Multi-Agency Safeguarding Hub (MASH) will support the early identification and intervention for children at risk of CSE.

Promote understanding on thresholds and monitor pressures on the front door

Continued work to ensure that the thresholds are understood and correctly applied by partner agency staff and that effective use is made of the escalation process in cases where there are concerns about the decision making.

To encourage agencies to ensure that non urgent referrals and contacts into social care are quality assured and discussed with agency safeguarding leads prior to children's social care.

That developments in relation to Early Help are supported and monitored.

Strengthening work with partners

The Board will seek to improve its overview of the work of partner agencies involved with safeguarding children, including the voluntary and community sector and local faith groups through issues reported and escalated by the sub-committees. It will actively seek to strengthen existing links with the VCS and associated groups and continue to explore the benefits of closer co-operation through multi-agency working, building on establishment of the Joint Investigation Team and the development of the MASH.

Performance management and quality assurance

Development of the Board's Performance Management Framework and routine reporting of key indicators has continued to be refined during the year. The Board is now able to scrutinise performance in a more informed and systematic way and challenge areas where it appears that improvements are required. This approach will continue to evolve to ensure the Board receives the necessary information to be assured about the safety and quality of frontline services. Responsibility for regular mainstream scrutiny rests with the PAQA Sub-Committee, who will escalate areas of concern to the Board through exception reporting.

Through oversight of a comprehensive audit programme, the PAQA Sub-Committee will continue to scrutinise findings from commissioned single and multi-agency audits to ensure actions are embedded through practice changes. The Board has also agreed to receive themed presentations on performance from partners for challenge at Board meetings. The Board are keen to retain a key focus in relation to CAMHS and monitor improvements within this service.

Developing stronger means of engaging with young people and their families to be clear about how they feel safe in the borough

Securing the voice of children and young people to inform strategic and service planning is underdeveloped and an area for further work. There are examples of engagement with young people for specific activities and the Board maintains participative links to the views of young people through membership of the Care4Us Council and the Youth Council which is represented on the Policy, Procedures and Practice Developments Sub-Committee. Although the Board is addressing this through plans to hold meetings in schools, and enter a dialogue with young people about their priorities/ views on safeguarding, more systematic engagement is required.

Learning from serious case and other reviews to inform practice

Continue to assimilate and act on the learning and improvements derived from Serious Case Reviews, the CDOP, and other learning events in order to improve practice and service delivery. The SCR Sub-Committee will continue to inform local practice through examining findings from SCRs held elsewhere to identify lessons with local resonance for dissemination to agency practitioners.

Board Attendance

Board membership represents all key local partner agencies. Last year saw a limited number of membership changes. The majority of changes were in relation to school membership and the replacement of interim staff with permanent staff members.

Member attendance at Safeguarding Children Board meetings in 2015 - 16

From March 2015 until March 2016 there were six ordinary meetings and a joint meeting with the Children's Trust Executive Group (TEG).

The Board maintains regular oversight of attendance to promote regular and consistent participation. Analysis shows that attendance and participation is generally very good, especially by key stakeholder representatives from the local authority, health services, secondary schools, Barnsley College, the police and the voluntary and community sector.

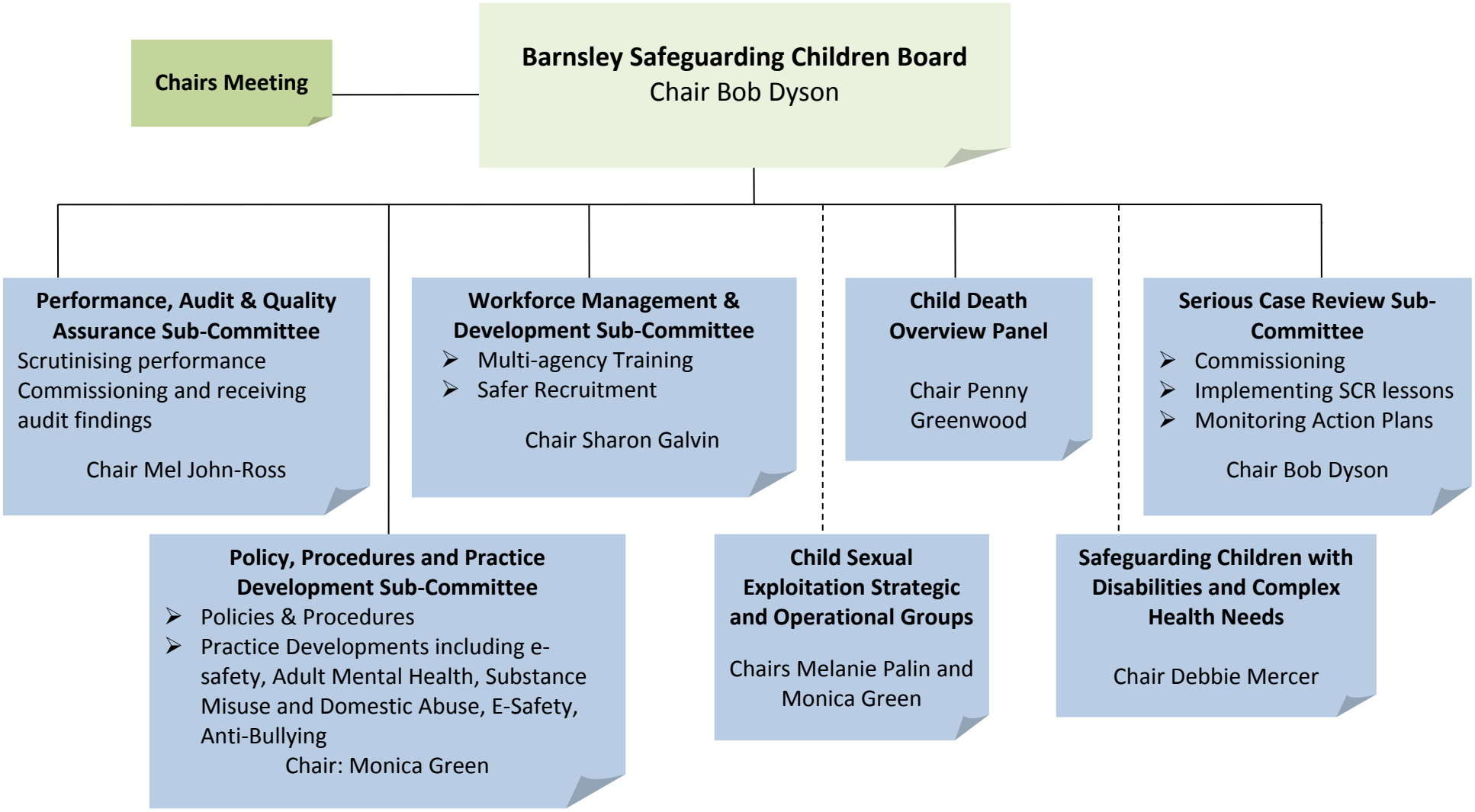
The BSCB Budget 2015 - 16

The Board is funded by contributions from partner agencies, in accordance with a locally agreed formula. The budget breakdown and contributions made by member organisations for the 2015 - 16 year are shown in appendix 3.

There was a pressure on the budget last year due to the increased level of Serous Case Review Work which resulted in the budget being overspent.

Appendix 1

BARNSLEY SAFEGUARDING CHILDREN BOARD GOVERNANCE STRUCTURE



Appendix 2

MEMBERSHIP AND ATTENDANCE

The list of members and advisors to the Barnsley Safeguarding Children Board, as at 3 May 2016, is set out below.

Members	**Representative Agency**
Bob Dyson	Independent Chair
Susan Barnett	Barnardos/Voluntary and Community Sector representative
Tim Breedon	Director of Nursing, South West Yorkshire Partnership NHS Foundation Trust
Tim Innes	Temporary Chief Superintendent
Rachel Dickinson	Executive Director People, BMBC
Ben Finley	Service Manager Barnsley Youth Offending Team,
Jo Nolan	Secondary Head Teachers' Association
Max Lanfranchi &	Director of Probation , Barnsley
Heather McNair	Chief Nurse Barnsley Hospital NHS Foundation Trust
Brigid Reid	Chief Nurse, NHS Barnsley Clinical Commissioning Group
Pat Sokell	Lay Member
Steven Szocs	Lay Member
Sue Symcox	Service Manager, CAFCASS
Phil Briscoe	Assistant Principle, Barnsley College
Judith Wild	Quality & Patient Safety Manager, NHS England SY and Bassetlaw
Advisors	**Representative Agency**
Philip Shire	Service Manager, Safeguarding Adults, BMBC
Steve Eccleston	Assistant Director, Legal Services, Sheffield MBC
Sharon Galvin	Designated Nurse Safeguarding Children, Barnsley CCG
Pete Horner	Head of Public Protection Unit South Yorkshire Police
Mel John-Ross	Assistant Executive Director of Children's Services, Safeguarding, Health and Social Care, BMBC
Dr Saqib Iqbal	Designated Doctor, Barnsley Hospital NHS Foundation Trust
Dave Fullen	Director of Housing Management Berneslai Homes
Kathryn Padgett	Assistant Director of Children's Health Improvements, SWYPFT
Dawn Peet	Safeguarding Officer South Yorkshire Fire & Rescue
Nigel Leeder	Safeguarding Children Board Manager
Penny Greenwood	Assistant Director of Public Health
Cllr Margaret Bruff	Cabinet Spokesperson
Monica Green	Head of Service for Safeguarding

Barnsley Safeguarding Children Board Budget 2015/16			
Income £		**Expenditure £**	
Partner Contributions			
Barnsley MBC	£94,788	Staffing	£107,007
NHS Barnsley CCG	£49,175	Multi-agency Training	£17,456
Probation	£1,157	Professional Fees including SCR	£27,203
South Yorkshire Police	£12,024	Service Developments	£0
Cafcass	£2,500	Running Costs	£7,978
Connexions	£0	Training Income	£0
TOTAL	£159,644	TOTAL	£159,644

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank