BARNSLEY
Metropolitan Borough Council

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| **MEETING:** | Overview and Scrutiny Committee |
| **DATE:** | Tuesday, 5 December 2017 |
| **TIME:** | 2.00 pm |
| **VENUE:** | Council Chamber, Barnsley Town Hall |

# AGENDA

Administrative and Governance Issues for the Committee

**1 Apologies for Absence - Parent Governor Representatives**

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

**2 Declarations of Pecuniary and Non-Pecuniary Interest**

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

**3 Minutes of the Previous Meeting** *(Pages 3 - 8)*

To approve the minutes of the previous meeting of the Committee held on 17th October, 2017 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

**4 Suicide Prevention in Barnsley** *(Pages 9 - 22)*

To consider a report of the Executive Director Core Services and the Director of Public Health (Item 4 attached) in respect of Suicide Prevention in Barnsley.

**5 Barnsley Provisional Education Outcomes 2017** *(Pages 23 - 32)*

To consider a report of the Executive Director Core Services and the Executive Director People (Item 5 attached) in respect of Barnsley Provisional Education Outcomes for 2017.

Enquiries to Anna Marshall, Scrutiny Officer

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

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

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

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

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

Witnesses
Item 4 (2.00pm)
Julia Burrows, Director of Public Health, BMBC
Phil Ainsworth, Health and Wellbeing Officer, Public Health, BMBC
Rebecca Clarke, Public Health Principal, BMBC
Clare Foster, Public Health Specialty Registrar, BMBC
Councillor Jim Andrews, Cabinet Spokesperson Public Health
Chief Inspector Jacqueline Hardy, South Yorkshire Police

Item 5 (3.00pm)
Nick Bowen, Principal of Horizon Community College and Joint Chair of Barnsley Schools' Alliance Board
Margaret Libreri, Service Director, Education, Early Start and Prevention, People Directorate
Gary Kelly, Head of Service-Barnsley Schools' Alliance, People Directorate
Councillor Tim Cheetham, Cabinet Member, People (Achieving Potential)

| | |
|---|---|
| **MEETING:** | Overview and Scrutiny Committee |
| **DATE:** | Tuesday, 17 October 2017 |
| **TIME:** | 1.00 pm |
| **VENUE:** | Council Chamber, Barnsley Town Hall |

# MINUTES

**Present** Councillors W. Johnson (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Clements, Ennis, Franklin, Frost, Daniel Griffin, Hampson, Hand-Davis, Phillips, Pourali, Sheard, Tattersall, Unsworth and Williams together with co-opted member Ms P. Gould.

**In attendance** Councillor Saunders.

## 33 Apologies for Absence - Parent Governor Representatives

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

## 34 Declarations of Pecuniary and Non-Pecuniary Interest

Councillors G. Carr, Charlesworth and Tattersall each declared a non-pecuniary interest in relation to minutes 36, 37 and 39 in so far as discussion related to their positions on the Corporate Parenting Panel.

## 35 Minutes of the Previous Meeting

The minutes of the meeting held on 27th September, 2017 were approved as a true and accurate record.

## 36 Special Educational Needs and Disability (SEND) Local Area Inspection and Barnsley Self-Evaluation

The following witnesses were welcomed to the meeting:-
Rachel Dickinson, Executive Director, People, BMBC
Margaret Libreri, Service Director, Education, Early Start and Prevention, People, BMBC
Richard Lynch, Head of Service, Commissioning, Governance and Partnerships, People, BMBC
Sue Day, Interim Service and Strategy Manager, Assessment and Referral Service, People, BMBC
Liz Gibson, Virtual Headteacher for Looked After Children, People, BMBC
Karen O'Brien, Designated Clinical Officer for SEND, Barnsley CCG
Councillor Margaret Bruff, Cabinet Spokesperson for People (Safeguarding)
Councillor Tim Cheetham, Cabinet Spokesperson for People (Achieving Potential)

The item was introduced by the Service Director, People, Education, Early Start and Prevention. Members were reminded that the inspection of local area arrangements had commenced in May 2016, with 40 areas inspected to date. It was noted that the inspections were jointly conducted by the CQC and Ofsted, and considered the wider

arrangements within an area, and did not solely focus on the Local Authority. Members noted the focus of the inspections to ascertain whether areas could effectively identify children and young people with Special Educational Needs and/or Disabilities (SEND), assess them and improve outcomes for them.

The attention of Members was drawn to the self-assessment recently undertaken, and to the strengths and weaknesses identified. The strengths included areas such as; leadership and governance; joint commissioning; early years provision; Education and Health Care Plans (EHCPs) issued within timescales; the virtual school for Looked After Children (LAC); cross agency partnership working; prevention and early intervention programmes in mental health; and information and advice services for parents and carers.

With respect to the areas of improvement, Members noted the following had been identified; improving educational progress for those with SEND, especially at Key Stage 4, and for those without statutory plans; building the capacity of mainstream schools to identify those with additional needs and provide effective support; improving attendance and reducing exclusions of pupils with SEND; increasing participation of young people, carers and parents in co-production to shape and improve arrangements; improving data sharing across partners; improving the transition of 16-25 year olds; improving access and waiting times for support services; improving quality assurance in relation to EHCPs; and improving performance management arrangements in order to evidence how outcomes have been improved.

Questions were asked in response to the report and introductory presentation, which included the following points:-

- Should Barnsley receive an inspection, it was felt that the self-assessment was accurate and would give an indication of the outcome. A solid foundation could be evidenced, with plans in place to deliver improvements.
- Questions were raised about how well the needs of parents, carers and young people were met, and it was suggested that this was an improving picture, and the area where improvements would make the most significant difference was building the capacity in mainstream schools. In the majority of cases this was the best place to identify needs and to meet them.
- Members queried whether any particular group was not as well served currently, and it was acknowledged that outcomes for those without a statutory assessment, but with SEND, categorised as SEN Support, were not as good as they needed to be, and that this included for attendance rates and exclusion. It was noted that this had been identified as an area for improvement. There was a growing demand for EHCP assessments, and it was acknowledged that this may be reduced should the needs of those identified as SEN support be met more effectively.
- Challenges were made around the rate of exclusions in light of the strict policies adopted by a number of the Academies within Barnsley. It was noted that Barnsley had positive partnership arrangements and this included strong working relationships through the Alliance Board, and challenges were issued to secondary heads to use other mechanisms such as Fair Access Protocols or to trigger Early Help Assessments, to work with families to try and avoid exclusions. It was noted that regular updates were provided by schools, which included details of exclusions, and efforts were made to ensure these were as short as possible.

- Members questioned the funding associated with supporting those with SEND, noting some of this was already within schools' budgets, but that additional finance was provided for those with an EHCP or SEN Statement through the Local Authority. It was noted that nationally Barnsley was relatively poorly funded, and that some schools within the area did have agreater proportion of pupils with SEND, which could be attributed in part to their exclusive nature and previous record of working with the cohort in question. It was noted that there was no strong geographical pattern to this.
- Members acknowledged that the Council had statutory responsibility for all those identified with SEND, whether these be pupils in academies or maintained schools. It was noted that the 'narrowing the gap' subgroup were looking at a model to identify areas of improvement and of success and establish a peer support network between schools in order to facilitate this. Members also noted that a network of SEND Coordinators existed to share best practice.
- Issues around the sharing of data were probed, and it was acknowledged that this was an area requiring improvement, and work was underway to ensure the sharing of public health data.
- Questions were raised around transition, and whether additional finance was available to support young people with SEND 16-25. It was confirmed that no additional finance was available but a working group was established to consider the offer to this age group, recognising the need for services to be joined up and be focused on the individual.
- Members stressed the importance of the voice of the child and the engagement of parents and carers and challenged how these were taken into account. It was noted that there were plans in place to re-stablish the parent/carer forum, with the details of which due to be consulted on in the near future. Members were reminded of the 'all about me' sections in plans, and that improving EHCPs had been identified as a priority.

**RESOLVED:-**
**(i)** That the report be noted; and
**(ii)** That the witnesses be thanked for their attendance.

## 37 Update on Family Centres

The following witnesses were invited to the meeting:-
Rachel Dickinson, Executive Director, People, BMBC
Margaret Libreri, Service Director, Education, Early Start and Sufficiency, People, BMBC
Nina Sleight, Head of Early Start, Prevention and Sufficiency, People, BMBC
Claire Gilmore, Early Start & Families Strategy and Service Manager, People, BMBC
Laura Hammerton, Family Centre Development Manager, People, BMBC
Councillor Margaret Bruff, Cabinet Spokesperson for People (Safeguarding)
Councillor Tim Cheetham, Cabinet Spokesperson for People (Achieving Potential)

The Head of Early Start, Prevention and Sufficiency spoke to the report, previously circulated, which reminded Members of the restructuring undertaken and the implementation of early help for families through the Family Centres. The report provided an update following the consideration of the subject by the committee in January, 2017.

Highlighted were the significant numbers accessing the service, with the greatest number of families having children in the 5-9 age group. From inception to September 2017 there had been 1,598 referrals to the Early Help Panel. Work had taken place with Children's Social Care to strengthen the Step Down arrangements, and weekly professional early help and social care consultation meetings were now taking place offering support and guidance to early help practitioners.

Members heard how clear governance arrangements were in place, which included Family Centre Advisory Boards aligned to Area Councils, and a borough-wide Early Help Steering Group for Children and Families, with reporting to the Children and Young People's Trust and Barnsley Safeguarding Children's Board. Members also noted that a robust performance management framework was in place which provided a strategic overview of the impact being made, and that a multi-agency workforce development programme had been implemented.

In summary Members were told that progress had been made, but that there were still areas which required improvement. Questions were invited and the discussion included the following amongst other things:-

- Questions were raised whether WIFI would be provided in all Family Centres, and it was noted that work is currently ongoing to roll out the corporate network to make this so. This was to be completed by the end of the financial year.
- Members challenged why some centres were operating under their capacity, and what was being done to address this. It was noted that since the launch of Family Centres there had been a communications plan to publicise the offer, and each centre worked to promote themselves locally. There were high registration rates, with numbers increasing monthly, but promotion of the service remained high on the agenda to ensure families who required the service were engaged. If any particular concerns were raised, then further 'deep dive' investigation would be undertaken to try to understand the issue and rectify this.
- Concerns were raised around the Star system, and how this was time consuming, and whether there was capacity to undertake this assessment with families. In response it was felt that, although time consuming, this was an essential part of the process in gaining the right support. Both families and officers generally thought it beneficial. Efforts were being made to encourage partner organisations to use the system, or embed the principles in their working.
- Members raised questions about the distribution of facilities, and were assured that careful analysis was undertaken to map facilities to the needs of the area. Members were reminded that the same service was provided wherever the service was accessed be it a hub or via outreach provision. Again Members pressed the need to ensure families were aware of the offer, when this would be provided, and at what location. Members requested that they be sent information regarding the 'offer' in their local area so they could promote this in their communities.
- Concerns were raised regarding the Step Down Process being implemented too early, and Members heard how an action plan had been develop to ensure Step Down processes were adhered to and used appropriately.
- Members questioned the disproportionate figures relating to the South & Penistone area, when compared to others. It was noted that this covered two

Area Councils, which could account for higher figures. It was suggested that this could also be attributed to the popularity of provision located at Kirk Balk school, and that lessons could be learned from this in order to increase numbers engaging in other areas.

- It was acknowledged that the Family Centre model had been arrived at through restructuring, and the Council withdrawing from providing childcare in areas which were already served by other providers. In light of the financial savings made, members praised the positive impact the service was having in engaging with families and providing support where required. This was most obviously seen in the rises in numbers of families with children aged 5-11 engaged, which would have previously not been able to access support through the previous model of Children's Centres focused around pre-school ages.

**RESOLVED:-**

**(i)** That the report be noted;

**(ii)** That witnesses be thanked for their contribution; and

(iii) That Members be sent information regarding the Family Centre 'offer' in their local area so they could promote this in their communities.

## 38 Exclusion of the Public and Press

**RESOLVED** that the public and press be excluded from the meeting during consideration of the following item, because of the likely disclosure of exempt information as 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 |
|---|---|
| 39 | Paragraph 2 |

## 39 Children's Social Care Reports

The following witnesses were welcomed to the meeting:-
Mel John-Ross, Service Director - Children's Social Care and Safeguarding, People
Councillor Margaret Bruff – Cabinet Spokesperson, People (Safeguarding)

An introduction was given to the report circulated; highlighting that much of the information remained unchanged as August was an atypical month given that Schools weren't in session.

The attention of Members was drawn to a number of areas where further detailed information had been provided. These included the source of referral for Early Help Assessments, and more detailed information relating to the education of Looked After Children.

In the ensuing discussion, a number of areas were discussed, including the following:-

- Questions were raised regarding the proportion of care leavers who were not in education, employment or training (NEET). It was acknowledged that this was difficult to benchmark with other areas. It was recognised that this was lower than the corporate target, that this was not good enough and was a

priority for this to improve. Members requested that additional detailed information be brought to a future committee meeting regarding this.

- The number of Looked After Children going missing was discussed, and questions were raised about the context to these figures. It was suggested that the duration was not the only factor worthy of consideration, and Members were reminded of the authority's Corporate Parent Responsibility.
- Members queried the caseloads of social workers, suggesting these were higher than helpful for both officers and children. In response Members heard that, although higher than was ideal, there were no vacancies contributing to this, and the Council operated a rolling recruitment policy to ensure this was not an issue. Members were reminded that the needs of children were of primary importance, and of late there had been increased demand. However, it was recognised that services had to be mindful of budgets.

**RESOLVED:-**

**(i)** That the report be noted;

(ii) That witnesses be thanked for their attendance: and

(iii) That additional detailed information be brought to the committee regarding care leavers who are NEET.

**Report of the Executive Director Core Service and the Director of Public Health, to the Overview and Scrutiny Committee (OSC) on 5th December 2017**

# Suicide Prevention in Barnsley

## 1.0 Purpose of the Report

1.1 In April 2017 Dr Sarah Wollaston MP who is Chair of the Commons Health Select Committee wrote to Scrutiny Chairs to advise them of the national enquiry they had undertaken into suicide prevention. A recommendation which came from the work was that local scrutiny committees should be involved in ensuring effective implementation of their local authority's plans in relation to suicide prevention.

1.2 In response, this report provides the OSC with an overview of the latest cross-government suicide prevention strategy and an update in local suicide prevention work in Barnsley as outlined in the Barnsley Suicide Prevention Action Plan (Appendix 1).

## 2.0 Introduction/Background

2.1 Suicides are not inevitable. They are often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. This can only be done by working collaboratively across all sectors. Suicide causes much distress to the families and friends affected and this is one of the key areas for consideration in suicide prevention.

2.2 Suicide prevention is one of the indicators in the Public Health Outcomes Framework and so it falls under the strategic responsibility of the Director of Public Health.

2.3 The All Party Parliamentary Group (APPG) on Suicide and Self-harm published an "Inquiry into Local Suicide Prevention Plans in England" in January 2015. The APPG considered that there were three main elements that are essential to the successful implementation of the national strategy for suicide prevention. All local authorities must have in place:

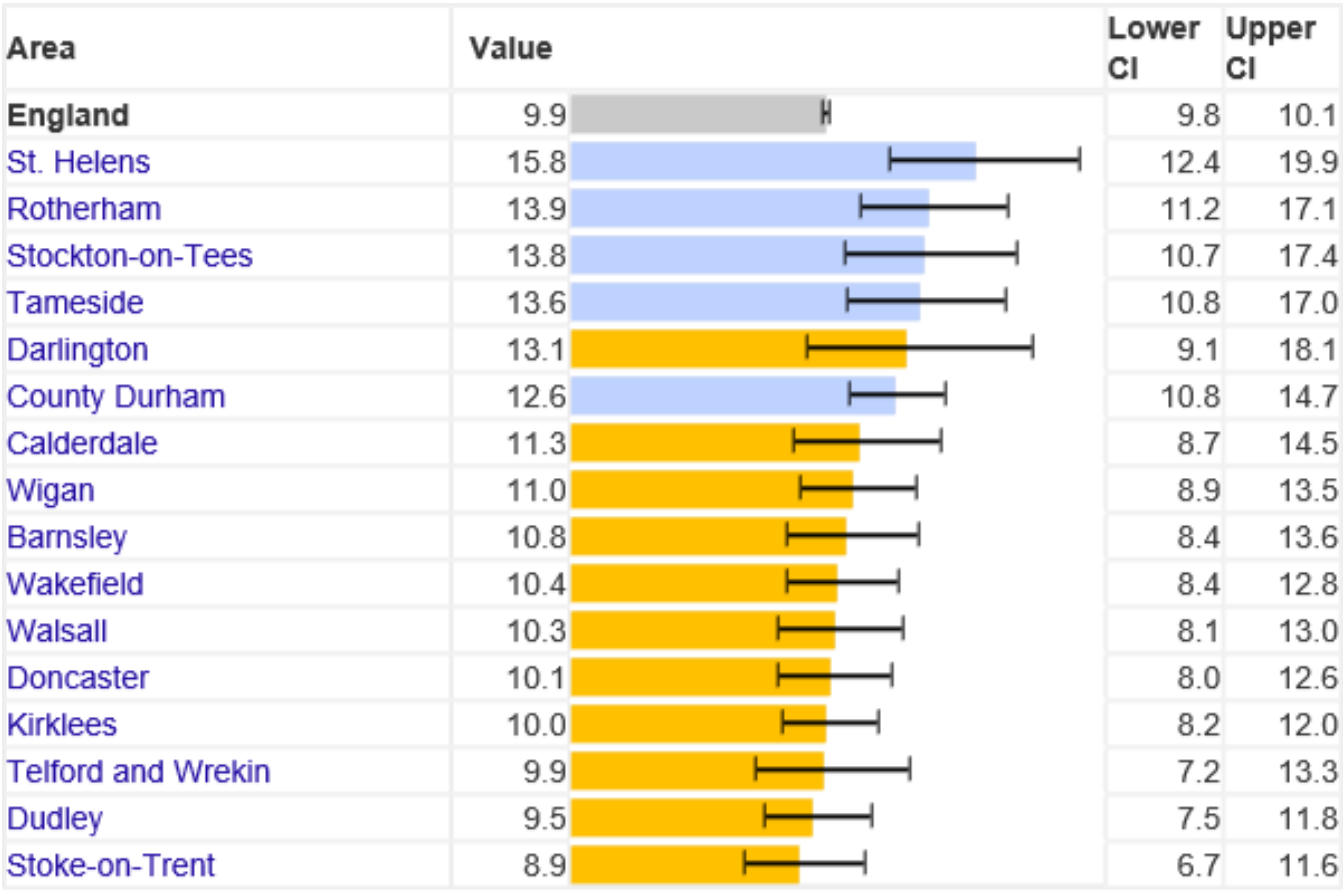
- Suicide audit work to understand local suicide risk
- A suicide prevention plan in order to identify the initiatives required to address local suicide risk
- A multi-agency suicide prevention group to involve all relevant statutory agencies and voluntary organisations in implementing the local action plan.

2.4 The third progress report of the cross-government suicide prevention strategy was published on the 9th January 2017. The strategy details the activity that has taken place across England to reduce deaths by suicide. This report is being used to update the 2012 suicide prevention strategy in 5 main areas:

- expanding the strategy to include self-harm prevention in its own right
- every local area to produce a multi-agency suicide prevention plan
- improving suicide bereavement support in order to develop support services
- better targeting of suicide prevention and help seeking in high risk groups
- improve data at both the national and local levels

2.5 These updates will help to meet the recommendations of the Five Year Forward View for Mental Health relevant to suicide prevention: to reduce the number of suicides by 10% by the year ending March 2021 and for every local area to have a multi-agency suicide prevention plan in place by the end of 2017.

2.6 The graph below shows the suicide mortality rate for all persons per 100,000 population for the 3-year period 2014-2016 compared to our nearest statistical neighbour local authorities. Barnsley's rate is statistically similar to the England average as shown by the black confidence interval lines.



| Area | Value | Lower CI | Upper CI |
|---|---|---|---|
| **England** | 9.9 | 9.8 | 10.1 |
| St. Helens | 15.8 | 12.4 | 19.9 |
| Rotherham | 13.9 | 11.2 | 17.1 |
| Stockton-on-Tees | 13.8 | 10.7 | 17.4 |
| Tameside | 13.6 | 10.8 | 17.0 |
| Darlington | 13.1 | 9.1 | 18.1 |
| County Durham | 12.6 | 10.8 | 14.7 |
| Calderdale | 11.3 | 8.7 | 14.5 |
| Wigan | 11.0 | 8.9 | 13.5 |
| Barnsley | 10.8 | 8.4 | 13.6 |
| Wakefield | 10.4 | 8.4 | 12.8 |
| Walsall | 10.3 | 8.1 | 13.0 |
| Doncaster | 10.1 | 8.0 | 12.6 |
| Kirklees | 10.0 | 8.2 | 12.0 |
| Telford and Wrekin | 9.9 | 7.2 | 13.3 |
| Dudley | 9.5 | 7.5 | 11.8 |
| Stoke-on-Trent | 8.9 | 6.7 | 11.6 |

*Source: Public Health England (based on ONS source data)*

## 3.0 Local Work

3.1 A multiagency Barnsley Suicide Prevention Group was established in 2015 and is led by Public Health. The group has representation from Barnsley Council, South Yorkshire Police, NHS agencies, Samaritans and Citizens Advice.

3.2 Early work by the Suicide Prevention Group identified the need to undertake a suicide audit for Barnsley, to provide more detailed intelligence on the factors affecting suicide in Barnsley.

3.3 The aim of the audit was to increase understanding of local suicide data and patterns in order to shape local decisions and priorities around suicide prevention. The audit was carried out based on data gathered from files available from HM Coroner's Office based in Sheffield. Records were accessed for all Barnsley residents who had received a Coroner's verdict of 'took his own life', 'took her own life' or 'suicide' in the latest five year (2010 to 2015) period of available data.

3.4 While the audit was limited to some extent by available records, it does provide a picture of suicide in Barnsley as outlined in Figure 1.

**Figure 1 Preventing Suicide in Barnsley: An Audit of Suicides 2010-2015 - Key Findings**

| **Demographics:** | **Circumstances:** |
|---|---|
| • 85% male<br>• The majority, 64% aged between 30 and 59 years (31% aged 30-44 and 33% aged 45-59)<br>• 46% born in Barnsley<br>• 43% lived alone | • 69% died in their own home<br>• 65% died by hanging<br>• 24% of suicides occurred on a Monday<br>• 42% had no drugs or alcohol in their system<br>• 45% left a suicide note |
| **Risk factors:** | **Contact with services:** |
| • Almost half, 48% were single, divorced or separated<br>• 37% were unemployed<br>• 52% were known to have had relationship problems<br>• 57% were known to have had a drug or alcohol problem or both<br>• 46% had previously attempted suicide or self-harmed<br>• 54% were known to have had a mental health condition (most commonly depression)<br>• 49% had problems with money and/or their job<br>• 23% had been affected by bereavement<br>• 31% had a physical health condition | • At least 33% had contact with primary care in the month before their death, mainly for a mental health condition<br>• 45% were known to be in contact or had previously had contact with mental health services |

3.5 The audit report provides the evidence for the challenge of tackling suicide in the borough through an action plan, which has been agreed and prioritised by key stakeholders. The action plan has been developed in line with the national suicide prevention strategy, priority groups and in response to the audit findings. Appendix 1 summarises the action plan's recommendations and interventions.

3.6 Consultation on the action plan has taken place with the Barnsley Mental Health Forum and Chilypep who work with children and young people to support and enhance their emotional wellbeing. This feedback will be taken into consideration for future planning.

3.7 Since the local suicide prevention work was presented to the Health and Wellbeing Board in January 2017, the following progress has been made:-

- A lead Health and Wellbeing Officer for mental health, including suicide prevention work has been appointed as part of the distributed model of Public Health to work with partners to help to deliver the action plan.
- Barnsley regularly attends a regional Public Health England Community of Improvement for mental health and suicide prevention across Yorkshire and Humber to share best practice and work collaboratively across a larger footprint.
- Progress in supporting vulnerable groups via consultation and engagement with Barnsley Mental Health Forum and Chilypep.
- A successful Suicide Prevention Day social media campaign #AlrightPal? reached over 31,000 people and was in the top three social media engagements for Barnsley Council in the period July to September 2017.
- Perinatal Mental Health Services launched which will provide specialist and tailored care to pregnant women, new mothers and their families.

- Mental Health First Aiders have been trained in schools with more training sessions planned.
- Links are being made to the South Yorkshire and Bassetlaw Accountable Care System for Mental Health, Barnsley Mental Health Crisis Care Concordat, the development of the Barnsley All Age Mental Health and Wellbeing Commissioning Strategy.
- Public Health England recently released the Prevention Concordat for Better Mental Health and the resources are being used to formulate a bid to NHS England for the Beyond Places of Safety scheme.

## 4.0 Next Steps/Future Challenges

4.1 Suicide prevention is most effective when it is combined as part of wider work addressing the social and other determinants of poor health, wellbeing or illness. We believe that our action plan does this.

4.2 We are keen to build and develop working relationships and service delivery arrangements that have been created which will continue to reflect our commitment to reduce the impact of suicide – tackling and addressing the 'risk factors' and encouraging and supporting the 'protective factors'.

4.3 By improving the mental health and wellbeing of the population of Barnsley, effectively preventing mental health problems and ensuring appropriate access and delivery of mental health and social care services, together we can support the reduction in the local rates of suicide and self-harm.

## 5.0 Invited Witnesses

5.1 At today's meeting, the following representatives have been invited to answer questions regarding this area of work:

- Julia Burrows, Director of Public Health, BMBC
- Phil Ainsworth, Health and Wellbeing Officer, Public Health, BMBC
- Rebecca Clarke, Public Health Principal, BMBC
- Clare Foster, Public Health Specialty Registrar, BMBC
- Councillor Jim Andrews, Cabinet Spokesperson Public Health
- Chief Inspector Jacqueline Hardy, South Yorkshire Police

## 6.0 Possible Areas for Investigation

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

- What consultation has taken place with stakeholders in development of the action plan and what evidence is available of their input?

- Are there adequate resources available within mental health services to deal with demand and enable timely access for service users?

- What actions will be taken to ensure front line services such as the police, health, job centre plus etc. join up to maximise the effectiveness of their support and prevention of suicide?

- To what extent are partners engaged in this work and contributing to tackling the challenges faced?

- What is in place to provide information and support to anyone whose life has been touched by the suicide or attempted suicide of another person?

- What are the key risks and challenges for the forthcoming year and how will these be managed?

- What is being done to work with other local authorities to ensure best practice is developed and shared?

- What mechanisms are in place to ensure the gathering of timely and accurate data in relation to suicide?

- How confident are you that the plans in place will reduce the number of suicides in Barnsley by the national target of 10% by the end of March 2021?

- What actions could be taken by Members to support suicide prevention in Barnsley?

## 7.0 Background Papers and Useful Links

- Barnsley Suicide Prevention Action Plan (Appendix 1 attached)
- Letter to local OSCs from the Chair of the Parliamentary Health Select Committee: http://www.cfps.org.uk/wp-content/uploads/Letter-to-health-overview-and-scrutiny-committees.pdf
- The All-Party Parliamentary Group (2015) Inquiry into Local Suicide Prevention Plans in England: http://www.samaritans.org/sites/default/files/kcfinder/files/APPG-SUICIDEREPORT.pdf
- HM Government (2017), Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf
- Mental Health Crisis Care Concordat Website: http://www.crisiscareconcordat.org.uk/
- Prevention Concordat for Better Mental Health Resources: https://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health
- Local Suicide Prevention Planning – A Practical Resource by Public Health England: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf

## 8.0 Officer Contact

Anna Marshall, Scrutiny Officer (01226 775794)
27th November 2017

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# Barnsley Suicide Prevention Action Plan

Suicide is one of the leading preventable causes of death under 65 years of age and a major public health concern with 4,820 people taking their own lives in England in 2015[1]. Suicide has a devastating impact on society. Economic costs are also high, estimated at £1.7 million for each life lost for those of working age[2]. Over the last 30 years there has been a generally downward trend in suicide rates in the United Kingdom from 15.6 deaths per 100,000 people in 1981 to 10.6 deaths per 100,000 in 2007. However, since then the suicide rate has begun to gradually increase with 11.8 deaths per 100,000 people recorded in 2013[2]. There are however, variations in the risk factors, which mean men, are almost three times as likely to take their own lives as women; with men aged 40-44 representing the most at risk group[3].

Suicide is often the end point of a complex pattern of biological and psychological factors[4], the impact of which is far reaching, affecting the close friends and family members of the deceased who are left vulnerable to long term psychological ill health[5], and increased risk of suicide[6]. It is estimated that between six and ten 'survivors' are directly affected by any one suicide meaning that in the UK between 36,000 and 61,000 people per year become suicide survivors, and are at risk of psychological harm[27].



[1] Office for National Statistics (2017). Suicides in the United Kingdom 2015 Registrations
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesintheunitedkingdomreferencetables
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesintheunitedkingdomreferencetables
[2] Mental Health Promotion & Prevention: The Economic Case (p26) Martin Knapp, David McDaid and Michael Parsonage (editors). Personal Social Services Research Unit, London School of Economics and Political Science. January 2011. http://www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf
[3] Sowcroft, E (2015) Suicide Statistics Report 2015: Samaritans 2015 http://www.samaritans.org/sites/default/files/kcfinder/branches/branch-96/files/Suicide_statistics_report_2015.pdf
[4] Department of Health (2002) National Suicide Prevention Strategy for England https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england
[5] Omerov, P et al. The ethics of doing nothing. Suicide Bereavement and research: ethical and methodological considerations. Psychological medicine, 2013: p1-112
[6] Pitman, A, Osborn, D and King M. Suicide bereavement and risk for suicide attempt: a national cross-sectional survey of young adults. The Lancet, 2014. 383(S) p82.
[7] Jordan, JR and McIntosh JL (2011). Suicide bereavement: Why study survivors of suicide loss? Grief after suicide: Understanding the consequences and caring for survivors. Routledge. New York.

| Recommendation 1: Reduce risk of suicide in high risk groups | | |
|---|---|---|
| **1.1 Men of working age, with a focus on economic factors such as debt; social isolation; unemployment; family and relationship problems, drugs and alcohol; developing treatment and settings that men are prepared to use.** | | |
| **Intervention** | **Description** | **Lead** |
| Promote multi-agency suicide prevention work | - Establish and maintain strong links between health and non-health services identified as being key to promoting working aged men's mental health.<br>- Use peer communicators so that men receive information and support from trusted sources. | Local Authority (LA) / Public Health (PH) Core |
| Suicide awareness training | Training to be provided to front line staff that support working aged men. | LA Human Resources (HR)/ Public Health Core |
| Community outreach programmes | Suicide awareness messages to be promoted at traditional male settings e.g. football, rugby public houses and music venues. | LA – PH Communities/ LA/ 3rd and voluntary sector |
| **1.2 People in the care of mental health services** | | |
| **Intervention** | **Description** | **Lead** |
| Promote multi-agency suicide prevention work | Training to be provided to front-line staff working with high risk groups | Clinical Commissioning Group (CCG) / SWYPT |
| Risk management training | Training to be provided to front-line staff working with high risk groups | CCG / South West Yorkshire NHS Partnership Foundation Trust (SWYPFT) |
| Safe clinical areas | Ensure regular assessment of ward areas to identify and remove potential risks e.g. ligature ligatures and ligature points, access to medications, access to windows and high risk areas | CCG / SWYPT |
| Mental health services comply with best practice on suicide prevention | Review suicide prevention practices using an appropriate tool e.g. The National Patient Safety Agency's (NSPA's) Preventing Suicide: A Toolkit for mental health services | CCG / SWYPT |
| Improve care pathways between emergency departments, primary and secondary care | Review care pathways using an appropriate tool e.g. The National Patient Safety Agency's (NSPA's) Preventing Suicide: A Toolkit for community mental health – 2009 out of date NHS Improvement. | CCG / SWYPT / BHNFT / South Yorkshire Police (SYP) |
| **1.3 People with a history of self-harm** | | |

| Intervention | Description | Lead |
|---|---|---|
| Compliance with NICE guidance | Implement NICE guidelines on self-harm (NICE CG16 & NICE CG133) | CCG / SWYPT / Barnsley Hospital (BHNFT) |
| Suicide and self-harm awareness training for frontline staff | Training to be provide for staff working in emergency departments, ambulance staff and primary care | CCG / SWYPT / BHNFT / Yorkshire Ambulance Service (YAS) / SYP |
| Suicide and self-harm awareness training for community staff | Training to be provided for staff working in schools and colleges, care environments and criminal and youth justice systems | CCG / PH People / PH Communities |

| **Recommendation 2: Tailor approaches to improve mental health in specific groups** | | |
|---|---|---|
| **2.1 Children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the youth justice system.** | | |
| **Intervention** | **Description** | **Lead** |
| PSHE – personal, social and health education | Help children and young people recognise, understand, discuss and seek help for emotional problems. | PH People |
| Effective school-based suicide prevention | Promote awareness among staff and pupils and parents to help identify high risk signs or behaviours (depression, drugs, self-harm) and develop protocols on how to respond, ensure clear referral routes into specialist support | CCG & PH People |
| Bullying prevention programmes | Develop and implement bullying prevention initiatives | PH People |
| 0-19s service | Identify children at high risk of emotional problems and ensure that they and their families received appropriate support | PH Core |
| Safeguarding Children Board | Ensure close link between suicide prevention and safe guarding boards in order to ensure local provision of early help and support | CCG |
| You're welcome criteria | Self-assessment toolkit to ensure services are acceptable and accessible to young people | CCG |
| Compliance with NICE guidelines | Ensure provision of stepped-care approaches to treatment for children and young people with mental health problems | CCG |
| Completion of CID 70 (Adult) & Gen 117 (Child) forms on identification of suspected / attempted suicides. | Referring on to relevant support on identification. | SYP |
| **2.2 Survivors of abuse or violence, including sexual abuse** | | |
| **Intervention** | **Description** | **Lead** |

| | | |
|---|---|---|
| Ensure the timely and effective assessment of all vulnerable children | Ensure early identification and referral to appropriate support services. Promote the use of screening tools such as the Strengths and Difficulties questionnaire (SDQ) | PH People |
| Domestic violence training | Training and support to be provided for primary care and other front line professional staff to improve identification and appropriate referral to support services of those experiencing domestic violence | PH Communities |
| **2.3 Veterans** | | |
| **Intervention** | **Description** | **Lead** |
| Improve veterans' access to support services | Create more posts for veterans therapists in NHS trusts | CCG / PH Communities |
| Suicide awareness training | Training to be provided for GPs and other NHS staff who may come into contact with veterans with mental health needs | CCG / SWYPT |
| **2.4. People living with long-term physical health conditions** | | |
| **Intervention** | **Description** | **Lead** |
| Support self- management | Ensure patients feel more confident in managing their condition and take an active part in their care | CCG / BHNFT |
| Assessment for depression | Ensure the routine assessment for depression as part of personalised care planning | CCG |
| **2.5. People with untreated depression** | | |
| **Intervention** | **Description** | **Lead** |
| Compliance with NICE guidance | Ensure the early identification and treatment of depression – through compliance with NICE guidance | CCG |
| **2.6. People who are especially vulnerable due to social and economic circumstances** | | |
| **Intervention** | **Description** | **Lead** |
| Join up support services | Ensure front-line agencies (primary and secondary health and social services, local authorities, the police, job centre plus) join up to maximise the effectiveness of services and support | PH/ SYP |
| Support financial capability | Commission interventions that improve financial capability e.g. Citizens advice | PH |
| Suicide awareness training for staff | Training to be provided for front-line staff who are in regular contact with people who may be vulnerable due to social/ economic circumstances | PH |
| Suicide awareness raising for public | Inform people how to recognise and respond to warning signs in themselves and others | PH |
| **2.7. People who misuse drugs and alcohol** | | |
| **Intervention** | **Description** | **Lead** |
| Recovery based services | Outcome based interventions to tackle substance misuse and integrate assessment, care and support for people with co-morbid substance misuse and mental health problems | PH communities |
| **2.8. Pregnant women and those who have given birth in the last year** | | |
| **Intervention** | **Description** | **Lead** |

| | | |
|---|---|---|
| Suicide awareness training for staff | Increase the awareness of healthcare staff to support women's mental health during the pregnancy and post-natal period including assistance in bonding with their babies | PH Core / BHNFT/ SWYPT |
| Parenting programmes – prenatal | Parenting programmes to improve maternal psychological health | PH Core |
| Parenting programmes – postnatal | Group based parenting programmes to improve the emotional adjustment of very young children | PH Core |
| **2.9. Lesbian, gay, bisexual and transgender people** | | |
| **Intervention** | **Description** | **Lead** |
| Suicide awareness training for healthcare staff | Increase awareness of staff in secondary and primary care of higher rates of mental distress, substance misuse, suicidal behaviour or ideation and increased risk of self-harm in those who are lesbian, gay, bisexual and transgender | CCG / PH Communities |
| Suicide awareness training for community staff | Increase awareness of staff in social services, education and the voluntary sector of higher rates of mental distress, substance misuse, suicidal behaviour or ideation and increased risk of self-harm in those who are lesbian, gay, bisexual and transgender | PH Communities |
| **2.10. Black, Asian and minority ethnic groups and asylum seekers** | | |
| **Intervention** | **Description** | **Lead** |
| Suicide awareness training for healthcare staff | Increase awareness of healthcare staff to the prevalence of mental health conditions and suicide among Black, Asian and minority ethnic groups and asylum seekers | PH Core / LA Equality & Inclusion |
| Suicide awareness training for community staff | Increase awareness of staff in social services, education and the voluntary sector of higher rates of mental distress, substance misuse, suicidal behaviour or ideation and increased risk of self-harm among Black, Asian and minority ethnic groups and asylum seekers | PH Communities |



**Recommendation 3: Reduce access to means of suicide**

| | | |
|---|---|---|
| **3.1. Reducing access to the means of Suicide** | | |
| **Intervention** | **Description** | **Lead** |
| Removing and reducing access to means | Removing firearms and licences for those at risk. | SYP |
| **3.2. Reducing the numbers of suicides as a result of hanging and strangulation** | | |
| **Intervention** | **Description** | **Lead** |
| Mental health services comply with best practice on suicide prevention | See section 1.2 | CCG |
| Safe clinical areas | See section 1.2 | CCG |
| Suicide prevention in custody/ prison | Ensure safer environment for at risk prisoners e.g. safer cells | SYP/ Probation services / SWYPT |

| 3.3. Reducing the numbers of high risk locations | | |
|---|---|---|
| **Intervention** | **Description** | **Lead** |
| Preventative measures | Implement evidence based interventions outlined in Guidance on Action to be taken at suicide hotspots (2006) e.g. reduce risk at high risk locations through barriers, nets on bridges | PH Core / Suicide Prevention Group |
| Consider safety when designing new buildings/ structure | Include suicide risk in health and safety considerations by Local Authority Planning departments, Environmental Health Officers, Parks & Countryside and developers when designing high structures that may offer suicide opportunities. | PH Place |
| Target high risk locations, respond to clusters, and identify emerging methods. | Conduct intelligence led proactive patrol or neighbourhood police techniques. | SYP |

| Recommendation 4: Provide better information and support to those bereaved or affected by suicide |
|---|

| 4.1. Provide effective and timely support for families bereaved or affected by suicide | | |
|---|---|---|
| **Intervention** | **Description** | **Lead** |
| Emotional and practical support | Ensure the provision of emotional and practical support to those bereaved by suicide e.g. through the use of Help is at Hand: A resource for people bereaved by suicide and other, sudden traumatic death | CCG/ LA-PH/ 3rd sector / voluntary sector/ PH Core |
| Map existing bereavement services, support and pathways | Ensure the provision of local bereavement support/ groups e.g. bereavement support councillor and/ or online support | PH Core |
| Increase knowledge and promotion of bereavement support | Increase awareness among staff and public of available bereavement support services/ groups | PH Communities |
| **4.2. Provide information and support for families, friends and colleagues who are concerned about someone who may be at risk of suicide** | | |
| **Intervention** | **Description** | **Lead** |
| Ensure clear contact details are provided by mental health, primary care and social services | Ensure family, carers and friends of individuals being cared for by mental health, primary care or social services know how to contact services if they become concerned about risk of suicide and are appropriately involved in care planning. | PH Core / LA Communications |
| Help to navigate care system | Everyone with a care plan should be allocated a named professional who has an overview of their case and is responsible for answering any questions they or their family may have | CCG |

| Recommendation 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour | | |
|---|---|---|
| **5.1. Promote the responsible reporting and portrayal of suicide and suicidal behaviour in the media** | | |
| **Intervention** | **Description** | **Lead** |
| Responsible reporting | Work with local media to encourage responsible reporting on suicide methods and locations | PH Core / LA Communications |
| Sign posting to sources of support | Work with local media to encourage them to provide information about sources of support and help lines when reporting suicide and suicidal behaviour | PH Core / LA Communications |

| Recommendation 6: Support research, data collection and monitoring | | |
|---|---|---|
| **6.1. Build on the existing research evidence and other relevant sources if data in suicide and suicide prevention** | | |
| **Intervention** | **Description** | **Lead** |
| Data collection | Ensure that local data on suicide is collected from key information sources | Business Improvement & Intelligence |
| Real-time data collection and information sharing with PH and coroners. | Manage risk and record data accurately so that potential for suicide can be managed, monitored and analysed. | SYP |
| **6.2. Expand and improve the systematic collection of and access to data on suicides** | | |
| **Intervention** | **Description** | **Lead** |
| Ensure routine analysis of data & development of data sources | Work in partnership to analyse data to identify emerging patterns, before data is compiled by ONS | Business Improvement & Intelligence |
| **6.3. Monitor progress against the objectives of the national suicide prevention strategy** | | |
| **Intervention** | **Description** | **Lead** |
| Monitor progress towards relevant public health outcome framework indicators | Monitor local suicide rate, self-harm rates and excess under-75 mortality | Business Improvement & Intelligence |
| Consider monitoring additional outcome measures | Consider monitoring other potential outcomes and indicators e.g. rates of suicides among inpatients, the suicide rate for those in contact with specialist mental health services, the use of suicide audits by providers and commissioners | Business Improvement & Intelligence |

| Recommendation 7: Wellbeing Promotion | | |
|---|---|---|
| **Intervention** | **Description** | **Lead** |
| Promotion of mental wellbeing across the life course | Commission multi-agency interventions to promote mental wellbeing across the life course | PH Communities |
| Training in wellbeing promotion | Provide training to ensure that front line community staff are able to talk about mental health and wellbeing alongside other lifestyle issues, identify needs and sign post as appropriate | PH Communities |

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**Report of the Executive Director Core Services and the Executive Director People to the Overview and Scrutiny Committee on 5th December 2017**

# Provisional Education Outcomes for Children and Young People in Barnsley 2017: Foundation Stage to Key Stage 5

## 1. Introduction & Summary

1.1 This report outlines the provisional education outcomes for children and young people in Barnsley, broken down by pupil group, from assessments taken in 2017. The report provides an overview from the Early Years Foundation Stage (EYFS) (age 4/5) to Key Stage (KS) 5 (A-Level), including comparisons where possible.

1.2 Highlights

- For children in EYFS the percentage achieving a Good Level of Development (GLD) has increased, and the gap between Barnsley and national results has narrowed
- The percentage of children at the end of primary school (Key Stage 2) achieving the expected levels in all three subject areas of reading, writing and maths has increased from 53% to 59%
- Progress rates for pupils between Key Stage 1 and Key Stage 2 are above national averages in writing and maths
- At Key Stage 4 (GCSE level) the gap between Barnsley and national results on the new Attainment 8 measure (qualifications achieved across 8 subjects) is just 0.5 points
- At Key Stage 4, 59.1% of Barnsley students have achieved a grade 4 or better (equivalent to a C grade) in both English language/literature and maths, which is above the national average for all schools of 58.5%.

1.3 Areas for Improvement

Our ambition is to improve results in Barnsley to national average and above so we will continue to work on improvement across all areas, including those highlighted above. The following are areas where we particularly need to focus on improving performance:

- Outcomes for boys in EYFS
- Reading in EYFS and for primary aged children
- Outcomes for disadvantaged (Pupil Premium) students
- Outcomes for children with special educational needs
- Progress 8 score at Key Stage 4 (the measure of the average progress for all students in relation to their prior attainment)

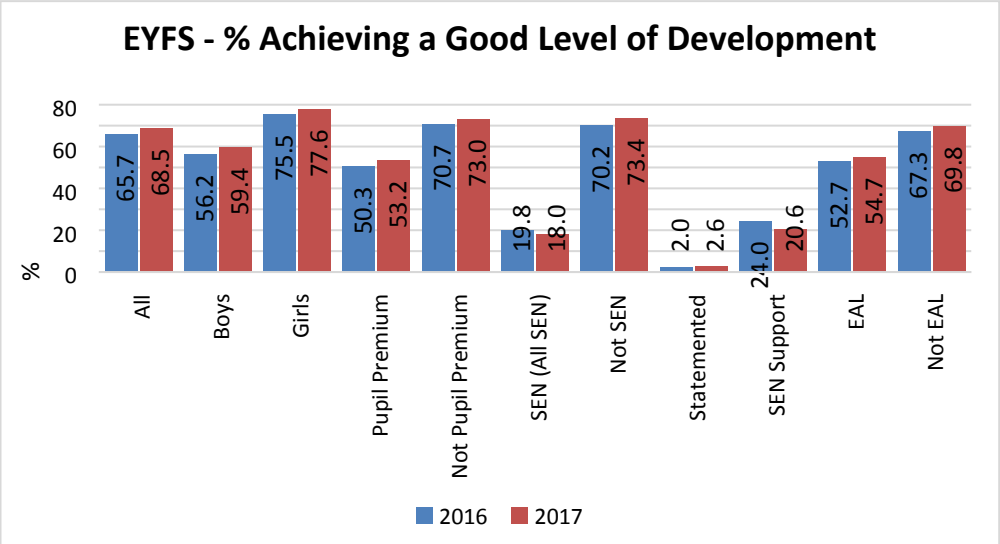
## 2. Early Years Foundation Stage (EYFS) (5 year olds) Outcomes

2.1 The key measure in EYFS is the percentage of children achieving a Good Level of Development (GLD).

2.2 The percentage of pupils reaching a Good Level of Development (GLD) in Barnsley has increased from 66% in 2016 to 69% in 2017. National results have improved from 69% to 71% so the Barnsley/national gap has closed from 3% points in 2016 to 2% points in 2017.

2.3 56% of Barnsley schools achieved a GLD broadly in line with or above the national average, compared with 48% in 2016.

2.4 As illustrated in the graph below, girls continue to do better than boys overall. Performance for most groups of children has improved since 2016, with the exception of children with Special Educational Needs (SEN). This decline in performance specifically relates to children who are at the SEN support stage, identified as having additional needs but not requiring a statutory SEN plan. For SEN pupils with a statement of special educational needs or an Education, Health and Care plan (EHCP), performance has improved slightly. Numbers of children in these cohorts are small so shifts in percentages need to be interpreted with caution.




2.5 Barnsley remains below Rotherham (72%), Doncaster (70%) and Sheffield (70%) for GLD but has improved at a greater rate than these authorities between 2016 and 2017.

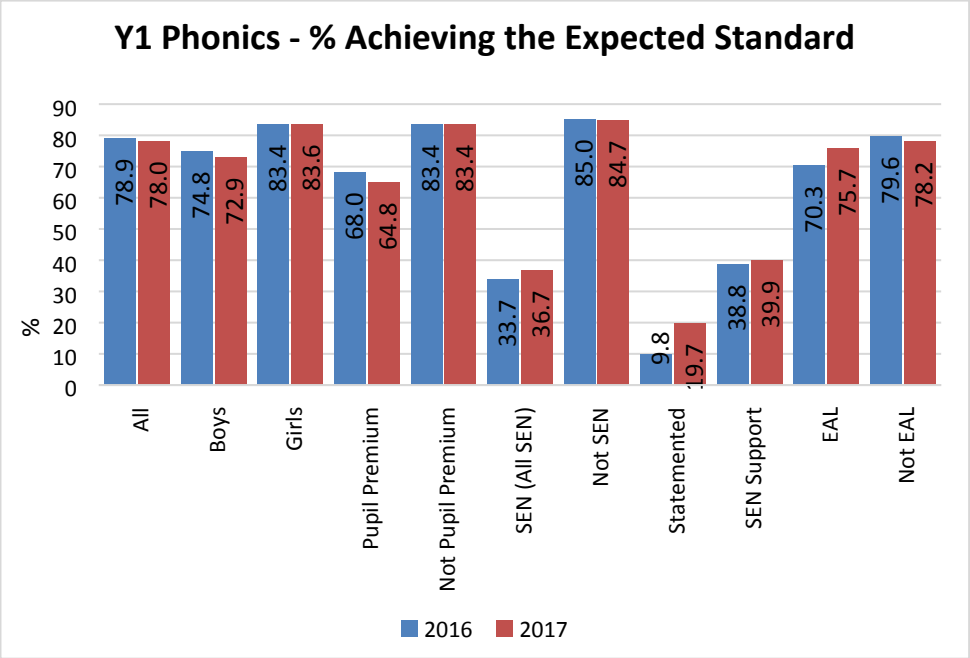
## 3. Key Stage 1 (KS1) (6-7 years) Outcomes

Year 1 Phonics

3.1 At the end of year 1, children are assessed on their phonics knowledge. The gap between results for Barnsley children and national performance has widened slightly from 2% points in 2016, to 3% points in 2017. In Barnsley 78% of children are working at the expected standard, compared with 81% nationally.

3.2 Outcomes for boys and disadvantaged pupils declined in phonics, while results improved for girls, SEN pupils and those with English as an additional language (EAL).

3.3 58% of Barnsley schools are broadly in line with or above the national average, compared with 61% in 2016.



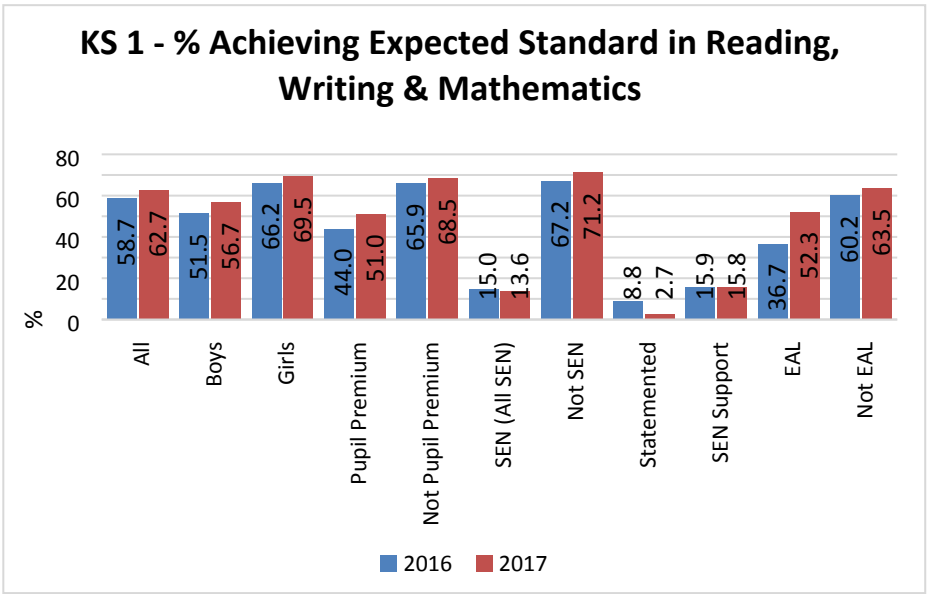

3.4 In comparison to other local authorities in South Yorkshire, Barnsley (78%) ranks jointly with Doncaster (78%), below Rotherham (79%) but above Sheffield (77%).

KS1 Reading, Writing and Mathematics

3.5 At Key Stage 1 the gap between Barnsley (62.7%) and the national figure for the percentage of children achieving the expected standard in reading, writing and mathematics has narrowed slightly, from 1.3% points in 2016 to 1% point in 2017.

3.6 59% of Barnsley schools are broadly in line with (or above) the national average for reading, writing, and maths combined in comparison to 60% in 2016.

3.7 The area where Barnsley has the widest gap with national performance is in reading. The gap with national has narrowed from 3.6% points in 2016 to 2.6% points in 2017 for pupils operating at expected standard, but has increased from 2.9% points to 5.1% points for the percentage operating at greater depth, or the higher standard. In writing and maths the gaps are narrower, at 1.2% points and 1.3% points respectively for children working at expected standard, and 1.8% points and 2.2% points for children working at greater depth.



3.8 With 73% achieving the expected standard in reading, Barnsley ranks equal with Rotherham (73%), above Doncaster (72%) and below Sheffield (74%).

## 4. Key Stage 2 (KS2) (11 year olds) Outcomes

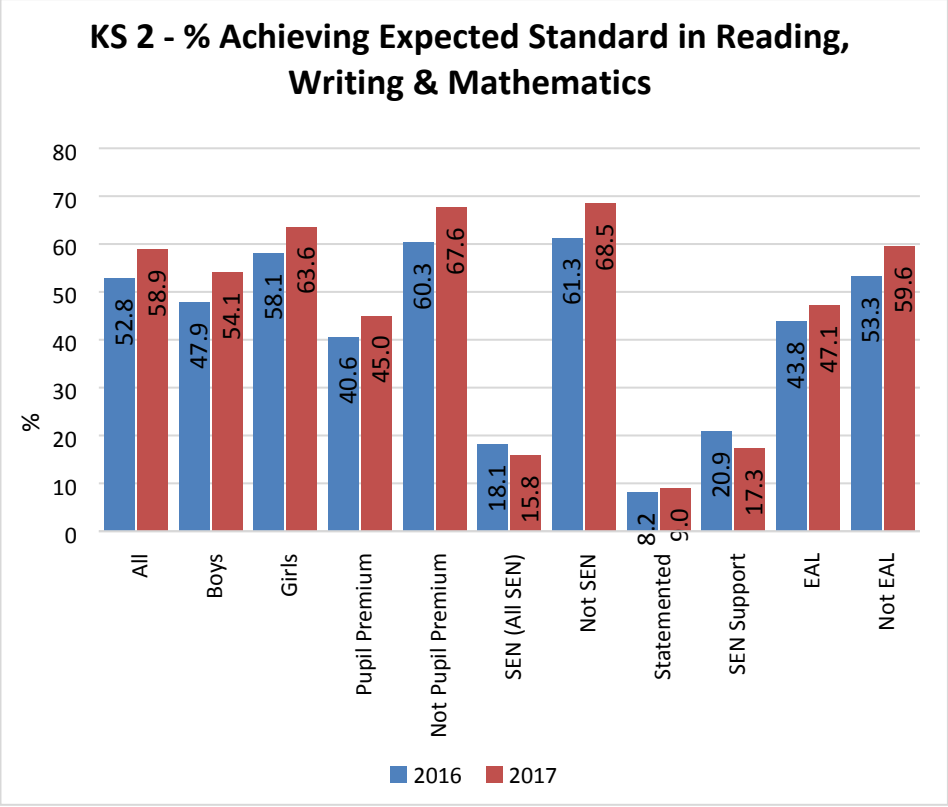
4.1 The percentage of children achieving the expected standard across all three subjects of reading, writing and maths has increased from 53% in 2016 to 59% in 2017. However nationally results have improved at a greater rate than in Barnsley, meaning the gap between Barnsley and national performance has widened to 2.2% points in 2017, from 0.2% points in 2016. For children working at the higher standard, or in greater depth, the gap has widened from 1% point to 2% points.

4.2 As at Key Stage 1 the widest gap between Barnsley and national performance is in reading, remaining at 4% points for children achieving the expected standard, and widening from 5.5% points in 2016 to 6.3% points in 2017 for children achieving the higher standard. In writing and maths the gaps are much narrower at less than 1% point for children achieving the expected standard.

4.3 Within Barnsley the performance of all groups of pupils has improved with the exception of children with special educational needs, where the gap with other groups of pupils has improved.

4.4 Attainment in reading, writing and maths in Barnsley is in line with Sheffield (59%), higher than Doncaster (53%), but slightly below Rotherham (60%).

4.5 Rates of progress from Key Stage 1 to Key Stage 2 are significantly above the national average of 0.0 with writing at +0.4 and maths at +0.3. In reading however progress rates in Barnsley are lower than national, at -0.5.



## 5. Key Stage 4 (GCSE) Outcomes

5.1 Previously the key performance measure at Key Stage 4 was the percentage of students achieving 5 A*-C grades, including English and maths. This measure is no longer reported on. The significant performance measures now are Attainment 8, measuring students' attainment across a basket of 8 qualifications, and Progress 8, which measures the average progress of each school's students against their attainment levels at the end of primary school. A progress score of 0 means that the progress students have made is, on average, in line with what is expected, given their starting points. A plus (+) score means students, on average, have made better than expected progress, and a minus (-), less than expected progress.

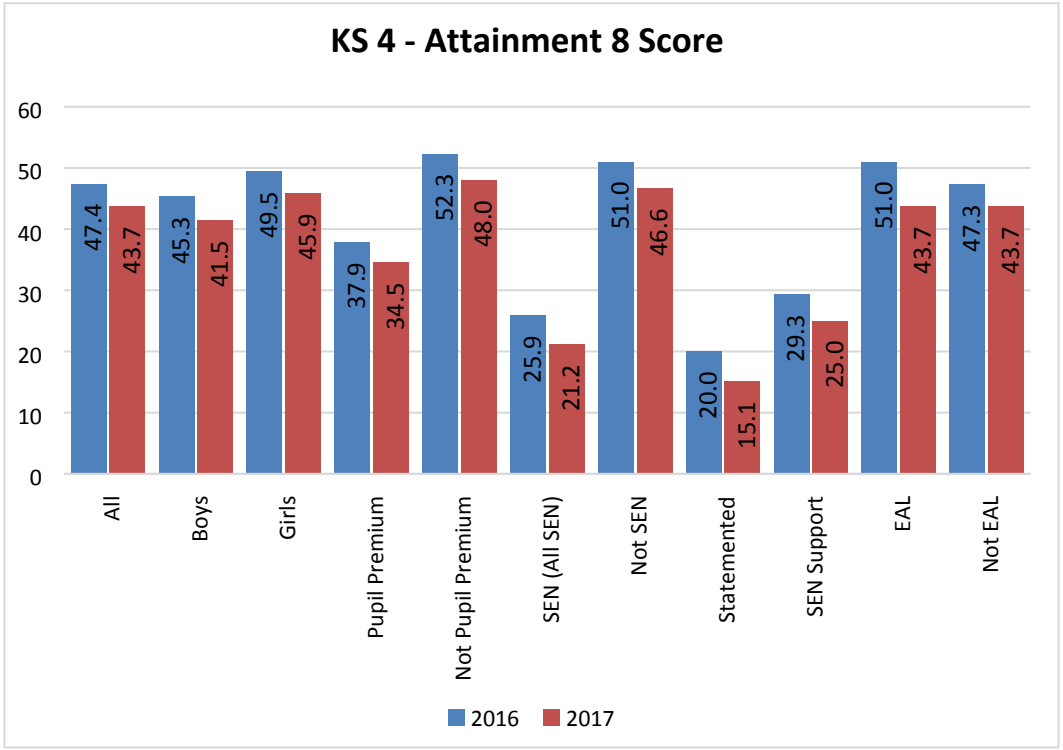
5.2 Another change to measures at GCSE is a switch from reporting grades as letters (e.g. A-C) to reporting as numbers, with grades ranging from 1-9, with a 9 indicating the highest grade possible. This change is being phased in so that English and maths grades are reported as numbers this year, and other subjects being reported in this way from next year. Within the number grading system a grade 4 in English or maths is equivalent to a standard grade C, with a grade 5 equivalent to a strong C. Thus the percentage of students achieving a grade 4 or higher is broadly equivalent to the old measure of grade C or higher.

5.3 We also report on the percentage of students achieving grade 4 or above (C equivalent) in both English language/literature and maths.

Attainment 8

5.4 The average Attainment 8 score for Barnsley pupils is 43.7 in 2016/17 in comparison to the national figure of 44.2. Although Attainment 8 scores saw a decline across the board nationally from 2015/16 due to the impact of reformed English and maths qualifications, Barnsley saw a lower reduction at -3.7 in comparison to -4.3 nationally, meaning that the gap with national is now just 0.5 points.

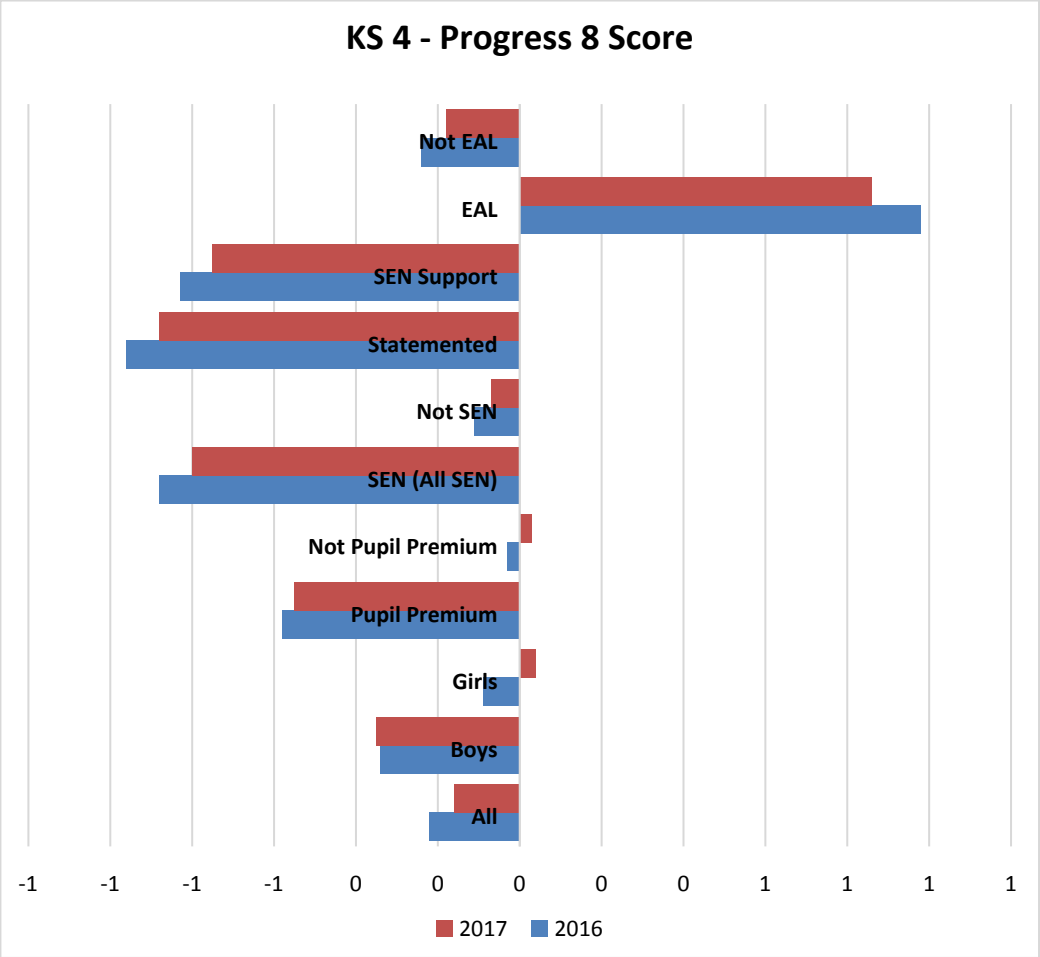
5.5 Barnsley ranks 120th nationally, in comparison with 133rd in 2016. Regionally Barnsley ranks below Sheffield (44.3) and Rotherham (44.7) but above Doncaster (43.4).



Progress 8

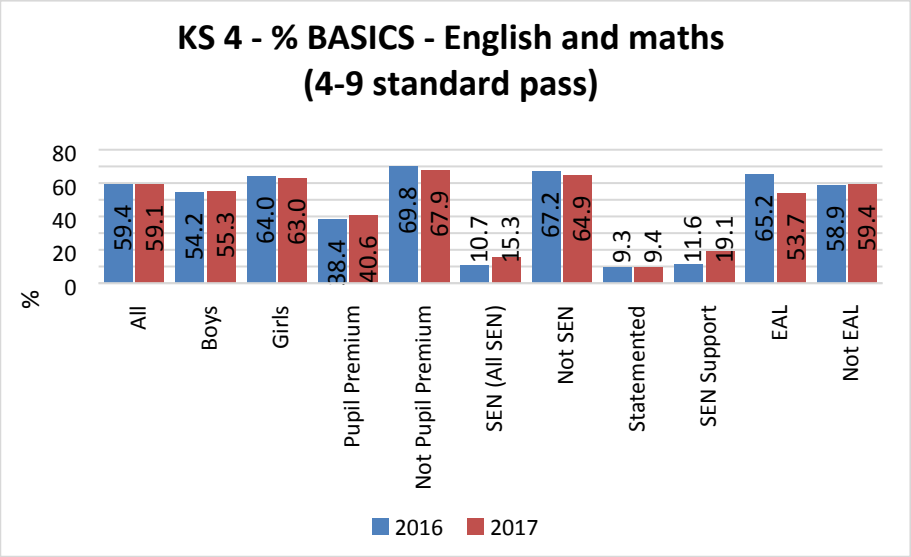
5.6 In 2016 the average Progress 8 score for Barnsley students was -0.22, which was significantly below national. In 2017 the Progress 8 score in Barnsley improved to -0.16, which remains below the national average of 0, but improves Barnsley's ranking against other local authorities, from 133rd to 119th.

5.7 Barnsley's Progress 8 score was below Rotherham (0.05) and Sheffield (0.01) and in line with Doncaster at -0.16.

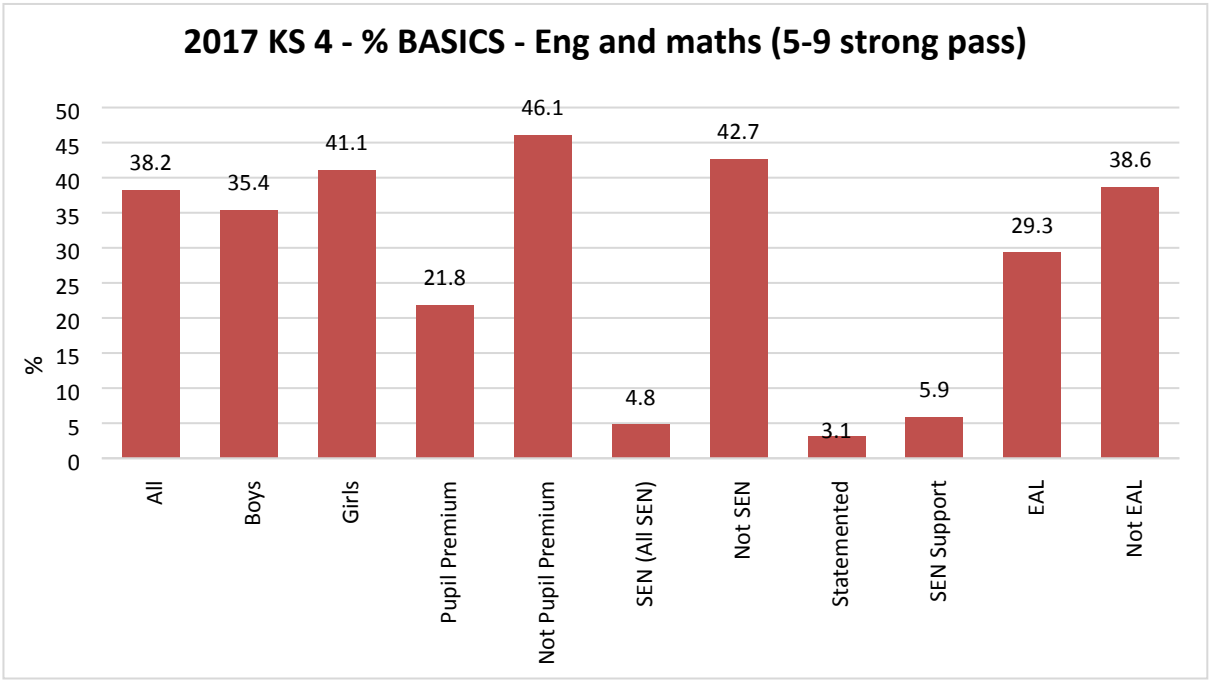



English Language/Literature and Maths combined (The Basics)

5.8 In 2016 Barnsley saw its biggest improvement ever in GCSE results, including in the basics of English language/literature and maths. In 2017 Barnsley retained its position with 59.1% of students achieving a grade 4-9 standard pass in both English language/literature and maths, matching the 59.1% achieving A*-C grades in 2016. This is in contrast to most of our regional and statistical neighbours who saw a decline in results for this measure.




5.9 38.3% of Barnsley students achieved grade 5 or above (a strong pass) in comparison to the 2017 national average of 39.1% which puts us above Doncaster (38.1%) and Rotherham (36.7%) but below Sheffield (38.7%).




## 6. Key Stage 5 (A-level) Outcomes

6.1 The Average Point Score per Entry for all Level 3 Qualifications (A level or equivalent) improved in Barnsley from 30.32 in 2016 to 31.10 in 2017. Barnsley is 1.91 points below the national figure of 33.01.

6.2 Sheffield, at 31.4, performed better than Barnsley, but Barnsley ranks better than Rotherham (30.33) and Doncaster (30.69)

6.3 Although Barnsley improved its numerical points score from 25.40 to 27.19 for the Average Point Score expressed as a grade (A level subjects only), the average grade remained at C-, the same as in 2016. In comparison, the average grade nationally is C+.

6.4 Barnsley ranked below neighbouring authorities Sheffield (30.32), Rotherham (28.55) and Doncaster (27.98), although it did narrow the gap with these authorities.

6.5 For the percentage of students achieving 3 or more of the higher A* to A grades Barnsley performance improved from 4.4% to 4.6%, and at a faster rate than national performance. Nevertheless Barnsley's performance remains significantly behind the national figure (13%) for this measure.

6.6 At 4.1% Barnsley also remains well below the national percentage of 16.6% for students achieving an AAB combination of grades (including 2 'facilitating' subjects such as history, geography or physics).

## 7. Action to Improve Education Outcomes

7.1 Work to improve school quality and education outcomes is led through our sector-led school improvement partnership, The Barnsley Alliance**.**

7.2 Within the Alliance there are three sub-groups working to an agreed set of priorities, based on the areas identified for improvement.

7.3 The **Attainment and Achievement Group** reviews the performance of individual schools and brokers packages of support to improve quality of teaching and education outcomes in specific area of underperformance in schools. This group's priorities include:

- Evaluation of support provided to schools over the past year
- Individual risk assessment of all schools and allocation of Local Leader of Education to support those schools most at risk
- Provision of Continuing Professional Development Programme, delivered by Teaching Schools and aligned to local improvement priorities

7.4 The **Narrowing the Gap** Group focuses on outcomes for particular groups of students where performance is a concern, particularly pupil premium (disadvantaged pupils), and those with Special Educational Needs and Disabilities (SEND). It also maintains oversight of attendance and exclusions. This group's priorities include:

- Supporting the roll-out of the Thrive programme in primary schools to build resilience in pupils and support better mental health
- Improve secondary schools' engagement in Early Help to improve support to vulnerable pupils at risk of exclusion and poor educational outcomes
- Design and implement a two year project to narrow the attainment gap for pupil premium pupils, including learning from schools with good practice and outcomes
- Continue campaigns to improve attendance at school

7.5 The **Leadership Group** has oversight of development and support for good leadership at all levels in schools, including governance. This group's priorities include:

- Auditing current leadership development programmes in use in schools
- Develop modular leadership programmes for leaders at all levels in schools
- Review governance in schools judged to be at risk based on current performance and outcomes

7.6 In addition there is a **SEND Strategy Group** that is working to improve outcomes for children and young people with special educational needs and disabilities. One of the key priorities for this group is to build capacity and expertise in mainstream schools to meet the needs of children with SEND, and to improve their outcomes.

## 8. Invited Witnesses

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

- Nick Bowen, Principal of Horizon Community College and Joint Chair of Barnsley Schools' Alliance Board
- Margaret Libreri, Service Director, Education, Early Start and Prevention, People Directorate
- Gary Kelly, Head of Service-Barnsley Schools' Alliance, People Directorate
- Councillor Tim Cheetham, Cabinet Member, People (Achieving Potential)

## 9. Possible Areas for Investigation

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

- What are the main barriers to learning for pupil premium children and how can these be overcome to narrow the gap, particularly at the end of KS4?

- Why are children not progressing as well as they could when they leave primary school and entering secondary school and how is this to be addressed?

- As with last year, reading continues to be an issue. What access do schools have to reading materials and is it a resourcing issue? What reading strategies are being adopted?

- To what extent are school governing bodies and school leaders appraised and held to account on their monitoring of pupils' progress and outcomes?

- What is being done to support schools that are consistently under-performing, particularly where students fall below acceptable levels for both progress and attainment?

- What impact is the Barnsley Schools' Alliance Improving Education Strategy (2016-18) having and how do you know?

- What is in place to tackle issues of persistent absence and how do you know if this is effective?

- Can you give an example of the sharing of best practice that has taken place within our schools and how this has impacted upon outcomes for pupils?

- What opportunities do teachers have access to in terms of continuing professional development (CPD) and what evidence do we have of the quality of teaching in our schools?

- Are there any actions which could be taken by Members to address some of these issues?

## 10. Background Papers and Links

- Barnsley Alliance Improving Education Strategy 2016-18: https://www.barnsley.gov.uk/media/4768/improving-education-strategy-2016-18.pdf
- The National Curriculum: https://www.gov.uk/national-curriculum/overview

## 11. Glossary

CPD – Continuing Professional Development
EAL – English as an Additional Language
EYFS – Early Years Foundation Stage
GCSE – General Certificate in Education
GLD – Good Level of Development
KS – Key Stage
SEN – Special Education Needs
SEND – Special Education Needs and Disability

## 12. Officer Contact

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