

Public Document Pack



MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 9 April 2019
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

AGENDA

- 1 Declarations of Pecuniary and Non-Pecuniary Interests
- 2 Minutes of the Board Meeting held on 4th December, 2018 (HWB.09.04.2019/2) *(Pages 3 - 6)*

System Updates/Minutes

- 3 Children and Young People's Trust held on 14th September, 2018 (HWB.09.04.2019/3) *(Pages 7 - 14)*
- 4 Safer Barnsley Partnership held on 12th November, 2018 and 11th February, 2019 (HWB.09.04.2019/4) *(Pages 15 - 34)*
- 5 Provider Forum held on 12th December, 2018 and 13th March, 2019 (HWB.09.04.2019/5) *(Pages 35 - 40)*
- 6 Stronger Communities Partnership held on 26th November, 2018 and 28th February, 2019 (HWB.09.04.2019/6) *(Pages 41 - 60)*
- 7 South Yorkshire and Bassetlaw Shadow ICS Collaborative Partnership Board held on 19th October, 2018 (HWB.09.04.2019/7) *(Pages 61 - 70)*

Questions

- 8 Public Questions (HWB.09.04.2019/8)

For Decision/Discussion

- 9 Draft Terms of Reference (HWB.09.04.2019/9) *(Pages 71 - 80)*
- 10 Integrated Care Outcome Framework (HWB.09.04.2019/10) *(Pages 81 - 84)*
- 11 Alcohol Plan (HWB.09.04.2019/11) *(Pages 85 - 96)*

For Information

- 12 Director of Public Health Annual Report (HWB.09.04.2019/12) *(Pages 97 - 124)*
- 13 Barnsley Safeguarding Children Partnership Arrangements: Working Together 2018 Implementation (HWB.09.04.2019/13) *(Pages 125 - 134)*
- 14 Joint Strategic Needs Assessment update (HWB.09.04.2019/14) *(Pages 135 - 138)*

To: Chair and Members of Health and Wellbeing Board:-

Councillor Sir Steve Houghton CBE, Leader of the Council (Chair)
Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group (Vice Chair)
Councillor Jim Andrews BEM, Deputy Leader
Councillor Margaret Bruff, Cabinet Spokesperson – People (Safeguarding)
Councillor Jenny Platts, Cabinet Spokesperson – Communities
Rachel Dickinson, Executive Director People
Wendy Lowder, Executive Director Communities
Julia Burrows, Director of Public Health
Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group
Scott Green, Chief Superintendent, South Yorkshire Police
Emma Wilson, NHS England Area Team
Adrian England, HealthWatch Barnsley
Dr Richard Jenkins, Chief Executive, Barnsley Hospital NHS Foundation Trust
Rob Webster, Chief Executive, SWYPFT
Helen Jaggar, Chief Executive Berneslai Homes

Please contact Peter Mirfin on or email governance@barnsley.gov.uk

Monday, 1 April 2019

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 4 December 2018
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present

Dr Nick Balac (in the Chair), Chair, NHS Barnsley Clinical Commissioning Group
 Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
 Councillor Jenny Platts, Cabinet Spokesperson - Communities
 Rachel Dickinson, Executive Director People
 Carrie Abbott, Service Director, Public Health
 Terry Graham, Communities Directorate
 Adrian England, HealthWatch Barnsley
 Dr Richard Jenkins, Chief Executive, Barnsley Hospital NHS Foundation Trust
 Salma Yasmeen, Director of Strategy, South West Yorkshire Partnership NHS Foundation Trust
 Helen Jagger, Chief Executive, Berneslai Homes

24 Declarations of Pecuniary and Non-Pecuniary Interests

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

25 Minutes of the Board Meeting held on 2nd October, 2018 (HWB.04.12.2018/2)

The meeting considered the minutes of the previous meeting held on 2nd October, 2018.

RESOLVED that the minutes be approved as a true and correct record.

26 Minutes from the South Yorkshire and Bassetlaw ICS Collaborative Partnership Board held on 10th August, 14th September and 19th October, 2018 (HWB.04.12.2018/3)

The meeting considered the minutes from the South Yorkshire and Bassetlaw Integrated Care System Collaborative Partnership Board meetings held on 10th August, 14th September and 19th October, 2018.

RESOLVED that the minutes be received.

27 Public Questions (HWB.04.12.2018/4)

The meeting received a question received from Councillor Malcolm Clements, as follows:-

In the light of a series of adverse CQC Inspection reports, which question whether the Barnsley Health Care Federation is a fit and proper organisation to provide healthcare to Barnsley residents, will the Board request reports on the effectiveness of the Federation in delivering against Health and Wellbeing Strategy priorities?

Lesley Smith, Barnsley CCG Chief Officer, responded to the question, noting that the Inspection took place in February 2018 as part a CQC pilot on the inspection regime for GP federations. A subsequent re-inspection in November 2018 had resulted in extremely positive feedback on progress that had been made, with the provider immediately removed from special measures. Although the draft report had yet to be received, no initial concerns were fed back to the CCG, with the Federation commended for the rapid work undertaken to address the findings in the previous Inspection.

The response also noted that the Health and Wellbeing Board did not have a role in considering whether a service provider was a fit and proper organisation, and did not previously consider CQC reports or requested reports on the effectiveness of care providers. The meeting noted the role that statutory partners had in doing this, as part of a comprehensive regime of regulation and scrutiny of performance. If the Health and Wellbeing Board was to take a view on the quality of provision, this needed to be done in a fair and consistent way, although the meeting noted that there may be merit in Board members discussing where the consideration of quality sits and the responsibility of system leaders to drive this through on a whole system approach as part of the Board's development session.

RESOLVED:-

- (i) that the response to the question be noted, in particular:-
 - the significant improvements made by the Federation against all of the issues raised by the CQC;
 - that Barnsley Health Care Federation has been removed from special measures and is awaiting a follow-up CQC report;
 - the specific contributions, as highlighted in the response, that the Federation has made to the delivery of the Health and Wellbeing Strategy; and
- (ii) that the detailed response given be incorporated in the meeting papers and circulated to Board members.

28 Barnsley Wellbeing Service Business Case (HWB.04.12.2018/5)

This item was withdrawn from the agenda for further discussion with partners.

29 Health and Wellbeing Performance Report (HWB.04.12.2018/6)

The meeting received a report providing an update on performance and progress against the priorities in the 2016-2020 Health and Wellbeing Strategy. The report provided a performance summary for each priority, identifying areas for improvement and areas of strength. The report identified those activities that were supporting the progress against those priorities, together with those areas where further enquiries were required.

The meeting noted the increase in the number of permanent admissions to residential care identified in the report, but noted that this had resulted in part from the method of recording to include self-funders. The meeting noted that this was an area for attention, although in-year remedial action had improved the position.

The meeting discussed the importance of developing intelligence from the data that would assist in predicting the outcome of actions as part of an overall outcome framework. It was acknowledged that this was an area for further work, both in respect of the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.

RESOLVED:-

- (i) that the performance report and action plan updates be noted; and
- (ii) that the work to develop an outcomes framework to assist in predicting the impact of interventions be welcomed.

30 Barnsley Hospital NHS Foundation Trust Strategy (HWB.04.12.2018/7)

The meeting received the Barnsley Hospital NHS Foundation Trust Strategy for 2018-2021, outlining the vision, aims and objectives of the Trust over that period. The document outlined what the Strategy would mean for patients, partners and the people who work for the Trust, together with a range of performance initiatives over the period. The meeting also received a Clinical Strategy for 2018-2021 to develop services consistent with the vision, and the People's Strategy 2018-2021 to ensure that employees had the necessary knowledge, skills, experience and attitudes to deliver outstanding health care.

The meeting noted a particular focus on understanding the reasons for the high levels of hospital admissions in Barnsley and to work with partners on preventative measures to avoid admissions in the first place. The meeting noted the work of the Urgent Care Board in driving this analysis to identify what interventions would have the biggest impact.

AGREED that the Trust Strategy for 2018-2021 be received.

31 Delivery of Cancer Priorities Across the Barnsley Locality (HWB.04.12.2018/8)

The meeting received a report providing information on the key priorities of the South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance, and providing some examples of how these are being delivered locally to meet the needs of the Barnsley population.

The meeting noted the particular importance in Barnsley of encouraging early diagnosis and providing easy access to screening services, for example on extended hours. Encouraging patients to act as advocates for screening throughout the treatment pathway was identified as the best approach in "recruiting" champions.

RESOLVED:-

- (i) that the contents of the report and the work already underway in this area be noted;
- (ii) that partners provide support and promotion of the cancer priorities in their respective organisations and sectors as appropriate; and
- (iii) that, in early 2019, a person affected by cancer be invited to attend the Board to share their lived experience of some of the improvement work that is underway.

32 Healthwatch Barnsley Annual Report 2017-18 (HWB.04.12.2018/9)

The meeting received the Healthwatch Barnsley Annual Report for 2017-18, setting out activities through the year and plans for 2018/19. The report identified in particular work in relation to “did not attend” for GP appointments, engagement with young people regarding sexual health and Healthwatch’s work with other organisations to influence services on behalf of Barnsley residents. The meeting noted Healthwatch’s plans for 2018/19, particularly in respect of the South Yorkshire and Bassetlaw Hospital services review, child and mental health services, young carers and health equality.

The meeting noted proposals from the Council’s Communities Directorate to commission services for people with a learning disability during early 2019 and that the input of Healthwatch to this work would be welcomed.

RESOLVED:-

- (i) that the Healthwatch Barnsley Annual Report for 2017-18 be received and the important contribution made by Healthwatch to health and wellbeing in Barnsley be acknowledged; and
- (ii) that the opportunity for Healthwatch to be involved in commissioning of services for people with a learning disability be welcomed and the Communities Directorate make appropriate arrangements for this.

Chair



**Children and Young People's Trust Executive Group Meeting
14 September 2018, from 9.30 – 12.30
Westgate Plaza Boardroom, Level 3, Room 3**

Present

Core Members:

Mel John-Ross (Chair)	BMBC, Service Director of Children's Social Care and Safeguarding
Cllr Tim Cheetham	Cabinet Member: People (Achieving Potential)
Bob Dyson	Barnsley Safeguarding Children Board
Margaret Gostelow	Barnsley Governors Association
Phil Hollingsworth	BMBC Service Director, Stronger Safer and Healthier Communities
Gerry Foster-Wilson	Executive Headteacher representing Primary Schools
Cllr Margaret Bruff	Cabinet Member: People (Safeguarding)

Deputy Members:

Nick Bowen	Executive Principal, Horizon Community College on behalf of Dave Whittaker
Lisa Phelan,	Barnsley CVS, Head of Community Services
Adrian England	Healthwatch Chair, on behalf of Sue Womack
Chris Foster	South Yorkshire Police, on behalf of Scott Green

Advisor:

Richard Lynch	BMBC Head of Service, Barnsley Schools Alliance
Sarah Sinclair	BMBC Head of Commissioning, Governance and Partnerships
Anna Turner	BMBC Schools Models and Governor Development Manager

In Attendance:

Dawn Fitzpatrick	BMBC, Partnerships and Project Officer
Claire Strachan	SWYPFT, General Manager, Barnsley CAMHS
Lisa Loach	BMBC, Improvement Programme Manager
Cathryn Egginton	Headteacher, Wellgate Primary School
Cllr Tattersall	Cabinet Member

		<u>Action</u>
1.	<u>Apologies</u> The following apologies were received: Rachel Dickinson BMBC Executive Director, People Amanda Glew BMBC Organisation Development Manager Phil Briscoe Barnsley College Vice-Principal Quality and Student Experience Jess Leech Barnsley College Dave Whitaker Executive Headteacher representing BACCUS and Secondary Schools Martine Tune Barnsley CCG, Chief Nurse Scott Green South Yorkshire Police Chief Superintendent Sue Womack Healthwatch Manager, Healthwatch Dr Clare Bannon Barnsley Local Medical Committee	

		<u>Action</u>
	<p>Laura Rumsey Interim Associate Director of Nursing/Head of Midwifery Margaret Libreri BMBC, Service Director for Education, Early Start and Prevention. Dave Ramsay South West Yorkshire Partnership Foundation Trust, Deputy Director of Operations</p> <p>Nick Bowen will be replacing Dave Whittaker as a member representing BACCUS and Secondary Schools going forward.</p>	
2.	<p><u>Feedback from the front line</u></p> <p>Colleagues shared feedback from front line:</p> <ol style="list-style-type: none"> 1. Update was provided with regards to work currently ongoing organising the Christmas dinner for Care Leavers, there has been support from across the partnerships including VAB. 2. CAMHS – Update was provided with regards to a CAMHS Choir being launched via an NSPPC bid to promote resilience and positive group activity. 3. Update was provided on a recent visit by Rachel, Mel & Cllr Bruff to CYP teams, regarding CP plans and strengths based approaches. 	
3.	<p><u>Identification of confidential reports and declarations of any conflicts of interest</u></p> <p>It was noted that item 6, & 9 should be treated as confidential.</p> <p>There were no conflicts of interest declared.</p>	
4.	<p><u>Minutes of the Trust Executive Group meeting held on 13 July 2018</u></p> <p>The minutes of the previous meeting were agreed as an accurate record.</p>	
5.	<p><u>Action log / matters arising</u></p> <p>The following updates to the action log were noted:</p> <p>Actions from 8 June 2018.</p> <ul style="list-style-type: none"> • 10 i - This action is still ongoing. • 15 i - This action to be closed. <p>Actions from 13 July 2018.</p> <ul style="list-style-type: none"> • 11iv - Meetings to be arranged with individual TEG members to discuss priorities. This action to be closed. • 11v - This action to be closed. <p>Action: Action log to be updated.</p>	Dawn Fitzpatrick
Agenda Items and Updates on Progress		
6.	<p><u>Barnsley Safeguarding Children's Board Meeting held on 20 July 2018 - Highlights - CONFIDENTIAL</u> (Bob Dyson)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	

		Action
7.	<p><u>Foster Carer Recruitment</u> (Jon Banwell)</p> <p>Jon provided an update report on Foster Carer Recruitment emphasising that it is a very positive picture regarding the development of this provision. Nationally and within the Barnsley area however there still continues to be a shortage of foster carers to provide local placements.</p> <p>Jon explained the marketing and recruitment activities that have been taking place to encourage prospective foster carers in Barnsley. The way foster care was promoted has been changed, using local people and places for images, using two focussed areas such as social media and local community discussions. It also required targeted efforts around hard to place groups, including older teenagers, sibling groups and children with specific, challenging and complex needs.</p> <p>The initiative was to flood one area ward (North East Area) with Barnsley foster carer messages, using community events and displaying on noticeboards. It had a good success rate. Adverts played by Dearne FM and placed in the Barnsley Chronicle played a key part in raising awareness as well as at Barnsley Football Club and Cannon Hall.</p> <p>Last year saw 37 foster carers recruited which exceeded any previous year in the Barnsley Service.</p> <p>Work began with potential and existing carers to encourage them to widen their age ranges and to encourage them to work with more difficult to place children and this is continuing in the 18/19 campaign, as well as building in support, dialogue and experiences of foster carers in recruiting campaigns. The real key was that the foster carers were right at the centre of the campaign acting as positive advocates. We are one stage forward in the process. A hub model is being developed in which a group of foster carers supports each other.</p> <p>Approval processes have been reviewed and streamlined. Barnsley's performance exceeds the national averages in terms of the number of approvals relative to expressions of interest.</p> <p>Following the success of the North East Area Council targeted campaign; it will be rolled out to the rest of the Borough. Fostering Area Council Champions are in place leading the campaigns across each Area Council.</p> <p>The 2018/19 Qtr 1 Placement financial report shows a break even position. Q2 is going the same way. Showing a positive story.</p> <p>A discussion around working with schools took place to help promote fostering, this is currently an untapped area but more discussions will be held as this moves forward. Various TEG members provided suggestions to further expand the communication around fostering via School Governors, Area Council, Police and Schools for both staff and parents.</p> <p>A conversation with regards to rates of pay for Foster Carers took place, noting that the Foster Carer Handbook had been updated and the rates could be found there. It was suggested that from a child's point of view it could be upsetting to see these figures.</p>	

		<u>Action</u>
	<p>Action – Jon to send information / details / posters to partners to display or forward via newsletters. Members were happy to support the campaign wherever possible.</p> <p>It was noted that this is really positive and helpful comments and feedback had been received from members at TEG.</p> <p>Thanks were offered on behalf of TEG to Jon and his team.</p>	Jon Banwell
Agenda items		
8.	<p><u>CYP Plan Strategic Priority Themes Performance Highlights / Risks</u></p> <p>There were no items raised.</p>	
9.	<p><u>Continuous Service Improvement Plan</u> - CONFIDENTIAL (Mel John-Ross)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
10.	<p><u>TEG Work Programme Review</u> (Richard Lynch/Sarah Sinclair)</p> <p>Members were asked to check if the governance and reporting timescales are in line. Are there any items that require changing? The work programme will be rationalised due to quarterly meetings and the CYP Plan.</p> <p>Action: Work programme to go out with the minutes.</p> <p>The Joint TEG/BSCB will take place on Friday 23rd November 2018.</p>	<p>Members</p> <p>Dawn</p>
11.	<p><u>Review of Partnership Working and the Children and Young People's Plan</u></p> <p>Richard and Sarah raised with members the review and refresh of the CYP Plan and it was agreed that the members would identify key areas for prioritisation and aligned effort to have the most impact across the Trust.</p> <p>A discussion took place looking at how TEG works and how previous discussions with members will be reflected via refreshed TOR and work programme to be presented at TEG in March. Some duplication with regard to governance and accountability to address with regards to Early Help due to cross Directorate governance.</p> <p>Barnsley has always been committed to producing a CYP Plan as the vehicle to drive the vision for the CYPFT even though it is no longer a Statutory Duty.</p> <p>The Outcomes in the current plan were discussed and in particular the outcome 'earning a good living', it was suggested that this be rephrased. It was noted that the Trust covers from 0 to 25 years (re. SEND). It was highlighted that a strong element and what is key for schools is the preparation of young people for adulthood and work, ensuring that young people are on an appropriate pathway to earn a good living.</p> <p>In addition to the 365 focus, the three areas identified in the last plan as key</p>	

		<u>Action</u>
	<p>priorities to achieve impact were:</p> <ul style="list-style-type: none"> • Behaviour & Attendance (Inclusion) • Early Help • Access to Children's Therapies <p>It was agreed that they still remain key areas for focus but the actions to drive change would need to be reviewed as progress has been made. SEND has been added as a key priority.</p> <p>Mindspace/Thrive are now in place. An update was supplied with regards to Early Help and the All Age Early Help Strategy. Early Help requires embedding to give a sharper focus to children, young people and families on the edge of intervention and the sustainability of this. The real benefit is preventing intervention/escalation of need. Providing the right support at the right time.</p> <p>Work of the Alliance was discussed highlighting that work re exclusion / attendance / provision and FAP seems to be the bulk of conversations with schools. Attendance was discussed especially around persistent low attendance, and the need to tackle the casual attitude to attendance, i.e. taking holidays during term time, noting that there is a correlation related to results and attendance. In order to help tackle casual non-attendance some schools have implemented a minimum attendance target which pupils are required to meet to access activities such as the school prom.</p> <p>A discussion with regards to Elected Home Education, increase in EHE and lack of contact with these CYPF took place. It was suggested the Alliance could do some work around this issue. Consistency and a common approach across schools is required. The conversation continued with regards to demographics, housing and the increase in population and ensuring there is the appropriate infrastructure in place including medical need and transport. It was noted that the M1 link could be creating a need for more homes.</p> <p>Questions were asked with regards to SEND & Transitions, in a broader way, how we prepare young people for adulthood. Transitions were discussed right across the system and in particular in terms of Early Help, schools and children's disability/complex need.</p> <p>It was noted that it was a broad aim last time, the consensus of members are that these are still the main areas of focus. The aims may require improving.</p> <p>Ongoing challenges highlighted included:</p> <ul style="list-style-type: none"> • Everyone has a school place. • Progress of standards and attainment. • Tighten up on attendance • EHE • Improve inclusion • Change of practice and culture re key themes. • Parenting offer <p>With regards to TEG, the following points were briefly raised.</p> <ul style="list-style-type: none"> • Mechanisms and reduction of meeting • How the meeting is used 	

		Action
	<ul style="list-style-type: none"> • More discussion • Duplication in governance to be addressed • Value of champions – outcomes frameworks – monitoring of priorities • Joint event TEG /BSCB – how can this be used. <p>It was highlighted that the review of case studies/story telling was really useful as it brings practice to life and helps to identify areas for development. Story telling. It was proposed to hold quarterly TEG meetings (January, March, June, Sept/Oct).</p> <p>A further discussion around key groups and agenda items and how this is important that we get it right as this is a big part of the work going forward took place. With regards to the CYP Plan, we need to look at how to develop this and include broad Stakeholder involvement. A multi-agency task and finish group was suggested. The Ask is for key members of staff to be identified to be involved in the Task & Finish Group. Could Members to go back to their agencies for nominations.</p> <p>The aspiration is to have one encompassing version of the CYP Plan aimed at professionals, children and young people.</p> <p>It was noted that this had been very helpful, and a proposal was that the CYP Plan doesn't require a massive re-write but must reflect key priorities and vision.</p>	Members
12	<p>Any Other Urgent Business</p> <p>12.1 Cllr Tattersall raised Smokefree at school gates and asked if primary & secondary schools would support this. Further conversation with regards to tobacco and E-Cigs and why we want children to have a smokefree zone took place. It was noted that this could be implemented in the town centre as well. It was stated that they would anticipate that school will support this. Gerry will take this to the Primary Heads meeting.</p>	Gerry
	Date and time of next meeting: 9.30pm – 12.30pm on 23 November 2018, this will be the Joint TEG/BSCB meeting. Venue to be confirmed.	
<p>Proposed agenda items for next meeting on 23 November 2018 – Please note this is now the Joint TEG / BSCB meeting</p> <ul style="list-style-type: none"> • Tackling Child Poverty and Improving Family Life • Supporting Children, Young People and Families to make healthy lifestyle choices update • Stronger Communities Partnership Update 		

Proposed meetings for 2019.

Meeting day has changed to Thursday.

Date of meeting	Time	Venue	<i>Deadline dates for reports</i>
Thursday 31 January 2019	13.00 – 15.00	Westgate Plaza, Level 3, Room 3 (Boardroom)	<i>Mon 21 January 2019</i>
Thurs 28 March 2019	13.00 – 15.00	Westgate Plaza, Level 3, Room 3 (Boardroom)	<i>Mon 18 March 2019</i>
Thurs 13 June 2019	13.00 – 15.00	Westgate Plaza, Level 3, Room 3 (Boardroom)	<i>Mon 3 June 2019</i>
Thurs 12 September 2019 Please note change of time for this meeting.	14.00 – 1600	Westgate Plaza, Level 3, Room 3 (Boardroom)	<i>Mon 3 September 2019</i>
Thurs 12 December 2019	13.00 – 15.00	Westgate Plaza, Level 3, Room 3 (Boardroom)	<i>Mon 2 December 2019</i>

Meetings will be held quarterly.

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Safer Barnsley Partnership Board

Monday 12 November 2018

10:00am – 12:00noon

Town Hall MR11

Minutes

	<p><u>Attendees</u> Wendy Lowder, Executive Director Communities – BMBC (Chair) Sarah Poolman, Superintendent – South Yorkshire Police Cllr Platts, Cabinet Spokesperson for Communities – BMBC Lennie Sahota, Service Director, Adults' Assess & Care Management – BMBC Cllr Martin Dyson, Police & Crime Panel Representative – BMBC Cllr Lamb, Chair - SY Fire & Rescue Authority Liz Mills, Head of Barnsley & Sheffield LDU – Prison & Probation Service John Hallows – Neighbourhood Watch/Safer Communities Forum Dave Fullen, Director of Customer & Estate Services – Berneslai Homes Rebecca Clarke, Public Health Principal - BMBC Steve Fletcher, Barnsley District Commander – SY Fire & Rescue Andrew Sinclair, Deputy Director – SY CRC Martine Tune, Chief Nurse - Barnsley CCG Erika Redfearn, Head of Governance - OPCC Jill Jinks, Business Unit Manager for Specialist Mental Health - SWYPFT</p> <p><u>In Attendance</u> Harriet Hirst, Intelligence Analyst - SYP Elizabeth Steele, Intelligence Advisor - BMBC Malachi Rangecroft, Head of Business Improvement & Intell – BMBC Tracey Binks, Business Support – BMBC (Minutes) Gill Holland, Business Support - BMBC</p> <p><u>Apologies</u> Scott Green, District Commander – SY Police Phil Hollingsworth, Service Director – Stronger, Safer & Healthier – BMBC Mel John-Ross, Service Director Children's Social Care & Safe – BMBC Carrie Abbott, Service Director Public Health – BMBC Linda Mayhew – SY Criminal Justice Board and on behalf of OPCC Chris Lennox, Deputy Director Mental Health Service - SWYPFT Shiv Bhurtun, Strategic Gov Partnership & Transformation Manager - BMBC</p>
1.	Apologies and Introductions
	The Chair welcomed everyone to the meeting and introductions were made.

	<p>Apologies were noted from the above members.</p> <p>Lennie Sahota also attended on behalf of Mel John-Ross – Children’s SC. Rebecca Clarke attended on behalf of Carrie Abbott – Public Health. Jill Jinks attended on behalf of Chris Lennox – SWYPFT.</p>
2.	<p>Minutes and matters arising from meeting held on 08/08/18</p> <p>There was a request to change the final sentence on item 6 to read;</p> <p>“It was also reported that one authority had taken a number of asylum seeking unaccompanied children and placed them within homes in another authority.”</p> <p>ACTION: Tracey Binks to make amendment to minutes</p> <p>Following which, the minutes were agreed as accurate.</p> <p>Actions were dealt with as follows;</p> <p>Item 6. Sarah Poolman confirmed that the Commissioner is aware and in ongoing discussions with SY Police. Erika Redfearn confirmed this. The Chair asked for feedback to be brought back to the Board, once discussions are concluded.</p> <p>ACTION: Erika Redfearn to feedback to the Board</p> <p>Item 7. It was confirmed that Town Spirit has now been launched.</p> <p>Item 9. ASB Report: The Chair asked Sarah Poolman for an update on this action. Sarah reported that there has been a reduction in anti-social behaviour, which is attributable to improvements in crime recording practices and a genuine reduction in ASB.</p> <p>Item 9. Domestic Incidents Figures: Harriet Hirst confirmed that she has sent this information to Jayne Hellowell. Sarah Poolman confirmed that there is an issue around whether the relationships are recorded correctly, but the overall data is accurate.</p> <p>Item 11. Early Intervention Youth Fund: Erika Redfearn advised that they had been successful in gaining additional funding to support work on preventing child exploitation. They are awaiting news on the bid.</p>
3.	<p>Performance & Delivery Exception Report</p> <p>Sarah Poolman talked through the report and confirmed that there was no cause for concern around the totality of the data. There has been a gradual increase in overall crime in Barnsley and this is smaller than the national average. Consistent reductions have been seen since Christmas. Although there was an increase in October 2018, this is still down on last year. Sarah asked the group to note that, where violence is recorded this includes other</p>

offences such as stalking, etc.

Concerns have been raised around partnership attendance at the crime group and Sarah will be informed if this doesn't improve.

Annual Knife Campaign: Sarah reassured the group that there is no major issue in Barnsley and that the data tends to be domestic violence related.

PVP: Sarah highlighted that the Home Office implemented changes in April 2018, requiring forces to record stalking and harassment offences alongside the primary offence (e.g. criminal damage) if there are indications that this behaviour is part of a course of conduct. The data is expected to normalise year on year.

MARAC: Sarah confirmed that the coordinator maternity leave post is now being recruited. With regards to Point 3, Andrew Sinclair will bring back an update when this has been running for a while.

DV Case Study: Dave Fullen raised concerns about the Berneslai Homes case study in this report, as the matter hadn't been referred to them. He has already discussed the negative reflection on the Homes Tenancy Support Worker with Phil Hollingsworth. Sarah agreed that the wording on the report should be changed.

ACTION: Shiv Bhurtun to amend the case study on Page 7

ASB: Sarah advised that she had received information from a recent PAD meeting about the Courts getting tougher on civil injunctions, so SY Police are having difficulty using these (also CBOs). Sarah will take this up with the Justice Department. Also, the decommissioning of Holden House has escalated the use of dispersal orders and this situation will be monitored closely for the duration of the decommissioning period.

CCE: There was a concern about a street gang, but a civil injunction has helped us put a stop to it.

MAAG meetings: Work is ongoing to reconfigure the process.

John Hallows asked if there had been an increase in drug offences. Sarah clarified that these are only recorded when people are caught, so it's difficult to show whether there's been an increase. There's a perception of an increase due to the use of "spice" making it very visible. A tasking team (half-funded by BMBC) is looking at tackling drug dealing and organised crime by targeting intell around suppliers, rather than the street dealers, and their new Sergeant (who started in July 2018) is getting good results. We are trying to be more proactive about publicising this. John asked if there is a message he can get out to his groups. Sarah responded that the most important thing is to ask people to continue to feed intelligence to the police.

Jill Jinks asked about the 'normalising' of substance misuse. Sarah responded that people mis-read the media coverage about the legalisation of cannabis.

	<p>The Chair felt that the performance of service providers is good, but it is mostly top-end focussed and we need to understand why people do these things at a street level.</p> <p>CTR: Sarah asked Harriet to check and amend the “declining” figure in the diagram on page 12, as she felt this should be zero. Sarah has scrutinised hate crime levels and advised that Barnsley has seen a slight reduction over last quarter. Sarah noted good engagement with the recent awareness week and community groups. Sarah advised that the Law Commission are currently reviewing hate crime legislation.</p> <p>ACTION: Harriet Hirst to amend the figure on Page 12</p>
4.	JSIA Update
	<p>Harriet Hirst tabled the Barnsley Joint Strategic Intelligence Assessment 2018/19 and presented an update.</p> <p>Harriet reported that a 23.3% increase had been seen in crime, but this was in-line with the rest of the country. Harriet pointed out that the MoRiLE chart is a guidance-only tool.</p> <p>The Chair felt that it was helpful to see the MoRiLE against public perception and thanked the group for their support. Sarah suggested that the benefit of this public consultation is getting the lower level figures, which can be fed into the PVP. The partnership thanked Harriet and the team for the progress.</p> <p>The Chair felt that the plan for 2019 is for us to learn and understand more around this theme and bring other regions into the conversation to see what we can learn.</p> <p>Lennie Sahota felt there was some really rich data in this report.</p>
5.	Our Borough Profile
	<p>Malachi Rangecroft tabled a report and demonstrated the Our Borough Profile pages on the BMBC website. This can be located by searching “Our Borough Profile” on the main webpage or using the link below. https://www.barnsley.gov.uk/services/our-council/research-data-and-statistics/our-borough-profile/</p> <p>Malachi talked through the report. Our Borough Profile has taken publicly available information, took a cut of the data and used it to create a reference document with a snapshot in time of the questions that the team get asked most often. It should be accessible to all. As it’s a snapshot, the data will be out of date soon after release, so the plan for next year is to use a dashboard tool which allows the data to be updated in real time. This should be in place by August 2019, with the intention to update more often than annually. The team will be going back out to key customers to find out what information they</p>

	<p>want to see. Malachi will bring this next iteration back to board.</p> <p>Malachi asked the group for any feedback or comments. The group agreed that this was a helpful document. The Chair asked the group to make use of it and feedback to the Board.</p> <p>Cllr Lamb reported that he has used it in his Ward and for his own information. He found what he needed and it was easy to access. He noted a gap in the data and wondered if all partners could get data in one place? He looks forward to seeing the next version. Malachi agreed and responded that a strategic and intelligence group who are meeting to discuss this. The Chair agreed that we need to be intelligence-led and this is a step in the right direction.</p> <p>Steve Fletcher asked if it would be possible to link-in with data sets with other organisations in real time. Malachi felt that there would need to be a landing ground to ensure all data was captured in one place.</p>
6.	Public Health Strategy
	<p>Rebecca Clarke tabled the refreshed public health strategy for 2018/21 for the borough. She explained that the refreshed strategy not only demonstrates our commitment to work with partners to actively improve the health and wellbeing of residents, but also provides an opportunity to reflect on how we have worked collectively across the borough to reduce inequalities since the publication of the previous public health strategy. The priorities included in the previous public health strategy (tobacco control, physical activity and oral health) have all been reviewed. Each of these work areas all have well established programmes in place, with a number of significant results achieved over the past three years. This work will continue as 'business as usual' for public health in Barnsley.</p> <p>The refreshed public health strategy includes three new priorities: food, alcohol and emotional resilience. Each priority will have a comprehensive action plan developed in consultation with partners and other stakeholders.</p> <p>The Board thanked Rebecca for sharing the Strategy. Lennie Sahota commented that it was an accessible document. The Chair liked the focus of it and noted that the smokefree schools work is shortlisted for an LGC award.</p>
7.	Serious Violent Crime
	<p>Sarah Poolman talked through a report around on action around homicides in Barnsley.</p> <p>Sarah noted that there have been 4 this year, which is higher than normal for Barnsley. Sarah advised that it wasn't possible to discuss the circumstances, as they are all subject to criminal proceedings, but confirmed that the cases are completely disparate. Sarah noted spikes in the figures, which have now returned to normal. Sarah advised that the increase in drug offences will be</p>

	<p>due to the big push around stop-search, which is a good tactic to use. Sarah highlighted that 35% arrests is a positive conversion rate.</p> <p>Cllr Platts informed the group that the Community Challenge Board have been asked to scrutinise some of the stop searches. Sarah confirmed the usefulness of independent scrutiny. The Chair felt that the paper was reassuring given the quick increase in numbers.</p>
8.	Update on Re-offending Figures
	<p>Andrew Sinclair presented a Reducing Re-offending update, but noted that the next round of data isn't due out until after this meeting. It has been discovered that it's the older age groups that need to be targeted as opposed to younger people, which are the caseloads that are usually focussed on. Six months' ago a team was put together specifically to work at a more in-depth level with a reduced caseload. Andrew feels that this is increasing the number of arrests, but most of these are shoplifting-related. A significant proportion of the cohort have accommodation issues. Also, a specialist team are working with the Benefits Office to look at the number of people who aren't working nor claiming benefits. With regards to the monitoring of the high level of people leaving care, there is now a dedicated data analyst who is in contact with police, so this data capture is quicker.</p> <p>Martine Tune asked why care leavers weren't included in the high frequency cohort/critical pathways. Andrew agreed this should be included.</p> <p>Cllr Lamb agreed that this is a difficult to capture. The Chair advised that she had a similar discussion at a recent Safer Neighbourhood Group. They had started to think about if we should be looking at a small group to get detailed understanding of their situation, and come up with different solutions. Andrew confirmed that the reduced caseload team were trying to do this and it is being monitored.</p> <p>Steve Fletcher asked about the 10 high frequency reoffenders in Barnsley. Andrew confirmed that it had been narrowed down to people who are in a number of cohorts (at least 4) as they are consistently reoffending. Liz Mills felt that the critical starting point is accommodation, as it's difficult to assess anything else if offenders don't have anywhere to live.</p> <p>The Chair asked if the homeless figure on slide 11 is self-reporters. Andrew responded that this wasn't self-reported, but validated as having no accommodation status.</p> <p>Cllr Platts has heard from the lead of the Housing Options team that people are still presenting as homeless, straight from prison, without any prior referral. Andrew was surprised by this, as the department work with other organisations that have people in prison. Cllr Platts felt that we need an update around whether this is still happening. The Chair felt it would be useful if the group could see information about the 'Through the Gate' scheme.</p> <p>It was reported that CRC have been given funding to provide more staff to</p>

	<p>support this and this is going live April 2019. Andrew invited the Board members to contact him with any other incidents they hear about, similar to Cllr Platts' example. The Chair felt that the Board should understand how we work together in the hub, particularly around the focus cohort.</p> <p>ACTION: Wendy Lowder to circulate the 'Through the Gate' presentation slides to the Board</p>
9.	Forward Plan
	<p>It was agreed that a drill down into a better understanding of substance misuse would be necessary and therefore the agenda for the February 2019 meeting will mostly focus on this issue. Items identified for discussion;</p> <ul style="list-style-type: none"> • Targeted session on substance misuse • Mental Health (Chair to check on timings for what scrutiny are doing about this)
10.	Any Other Business
	None
11.	Date, Time & Venue of Next Meeting
	<p>Monday, 11 February 2019 14:00 – 16:00 Town Hall MR2</p>

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Safer Barnsley Partnership Board

Monday 11th February 2019

2pm - 4pm

Town Hall MR2

Minutes

Attendees

Scott Green, District Commander – SY Police (**Chair**)
Wendy Lowder, Executive Director Communities – BMBC
Phil Hollingsworth, Service Director – Stronger, Safer & Healthier – BMBC
Sarah Poolman, Superintendent – South Yorkshire Police
Cllr Platts, Cabinet Spokesperson for Communities – BMBC
Cllr Lamb, Chair - SY Fire & Rescue Authority
Liz Mills, Head of Barnsley & Sheffield LDU – Prison & Probation Service
Carrie Abbott, Service Director Public Health – BMBC
John Hallows – Neighbourhood Watch/Safer Communities Forum
Andrew Sinclair, Deputy Director – SY CRC
Martine Tune, Chief Nurse - Barnsley CCG
Darren Asquith, Berneslai Homes
Erika Redfearn, Head of Governance – OPCC
Janette Hawkins, SY Liaison and Diversion Alliance Coordinator, SWYPFT
Chris Neal, Station Manager, SY Fire & Rescue
Shiv Bhurtun, Strategic Gov Partnership & Transformation Manager – BMBC

In Attendance

Joe Minton, Professional Manager, Barnsley Health and Care Together, CCG
Rebecca Clarke, Public Health Principal, BMBC
Jo Ekin – Commissioning Manager, Healthier Communities, BMBC
Diane Lee, Head of Public Health, BMBC
Tracey Binks, Business Support – BMBC (Minutes)

Apologies

Lennie Sahota, Service Director, Adults' Assess & Care Management – BMBC
Mel John-Ross, Service Director Children's Social Care & Safe – BMBC
Dave Fullen, Director of Customer & Estate Services – Berneslai Homes
Chris Lennox, Deputy Director Mental Health Service - SWYPFT
Jill Jinks, Business Unit Manager for Specialist Mental Health – SWYPFT
Cllr Martin Dyson, Police & Crime Panel Representative – BMBC
Steve Fletcher, Barnsley District Commander – SY Fire & Rescue

	Linda Mayhew – SY Criminal Justice Board and on behalf of OPCC
1.	Apologies and Introductions
	The Chair welcomed everyone to the meeting and introductions were made. Apologies were noted from the above members.
2.	Minutes and matters arising from meeting held on 12/11/18
	<p><u>Accuracy of previous minutes</u></p> <p>The following changes were requested to the minutes of the last meeting;</p> <ul style="list-style-type: none"> • P.2 - Item 9, ASB Report: this should read that there has been a reduction in anti-social behaviour, which is attributable to improvements in crime recording practices and a genuine reduction in ASB. • P.3 - PVP: this should read that the the Home Office implemented changes in April 2018, requiring forces to record stalking and harassment offences alongside the primary offence (e.g. criminal damage) if there are indications that this behaviour is part of a course of conduct. The data is expected to normalise year on year. • P.3 - Question re increase in drug offences: this should read that a tasking team (half-funded by BMBC) is looking at tackling drug dealing and organised crime by targeting intell around suppliers, rather than the street dealers, and their new Sergeant (who started in July 2018) is getting good results. <p>Following which, the minutes were agreed as accurate.</p> <p><u>Matters Arising</u></p> <p>P.6 - Reducing Re-offending: In response to the query around why care leavers weren't included in the high frequency cohort, Andrew Sinclair advised that they are now being included and he will have more information for his next update.</p> <p><u>Actions from previous minutes</u></p> <p>All actions have been completed and Erika Redfearn updated the group on the following;</p> <p>P.2 - Actions from August 2018 Meeting: with regards to children's care homes getting partners to work together, this has now been discussed at the PCC's Countywide Community Safety Forum and is referenced in the refresh of the Police and Crime Plan 2017-2021 (renewed 2019).</p> <p>The Chair added that the District Commander for Doncaster has carried out some detailed work with children's care homes, which raised concerns about</p>

	<p>staff. Therefore, Offsted have been consulted and a memorandum of understanding put in place. The county-wide partnership has also discussed this. The Chair and Rachel Dickinson (BMBC Executive Director, People) don't have those concerns for Barnsley, but the Board should raise any issues they come across within these meetings or via email to Scott or Rachel.</p>
3.	<p>Performance & Delivery Exception Report (Q3)</p> <p>The Chair announced that he would welcome feedback about the effectiveness of the this reporting system, as he felt that it had been successful in helping the Board to understand performance and challenges at a strategic level, without duplicating the work of the sub-groups. An example of this achievement is the Dark Nights campaign, which had the lowest levels of crime seen for a decade.</p> <p>The Chair also noted that there had been issues highlighted around low attendance at the Crime Sub Group meetings and attendance monitoring would now be included in the report across all of the groups.</p> <p><u>OPERATION SCEPTRE</u></p> <p>Knife crime week takes place in March and it has recently come to light that knife crime was the number one concern of young people in Barnsley. This has brought about revised priorities for the Children's Plan and a connection to this will now be built into the SBP Annual Plan 2019/20.</p> <p><u>DOMESTIC ABUSE</u></p> <p>Successful events were held over Christmas and the Speak Up Conference will take place in March. The group were asked to contact Healthier Communities if they had not received an email invitation.</p> <p><u>ASB</u></p> <p>Operation Dark Nights was a huge success, with a very low number of incidents reported. There is an ongoing public consultation about reintroducing the PSPO scheme, which will be going to cabinet shortly.</p> <p>Joining Forces branding scheme will be added to the forward plan for the next meeting and the group should expect an email to ask for their views in the meantime. We are expecting a greater social media presence connected to safer neighbourhoods. There will also be a review of Safer Neighbourhood services and we are looking to reconvene this group to see if anything can be improved.</p> <p><u>CTR</u></p> <p>Tensions within communities around the Brexit negotiations were highlighted.</p>
4.	<p>SBP Annual Plan 2019/20 refresh update</p>

	<p>Shiv Bhurtun introduced the Annual Plan 2019/20 and highlighted key points as follows;</p> <ul style="list-style-type: none"> • Comprehensive information of activities accomplished. • More connectivity with the public experience. • 'Plan on a Page' section, which gives a summary of the main elements. • Branding icons that are more recognisable to the audience in terms of activities undertaken by priority groups. • Clear links to Town Spirit themes and young adult & children priorities. <p>The target for publishing is 1st April 2019.</p> <p>Shiv thanked the Priority Leads and Board members for their contributions, which was reiterated by the Chair.</p> <p>Erika Redfearn felt that it sits well together with the Police and Crime Plan.</p> <p>Members fully supported the annual plan and gave approval to proceed to the next stage; i.e. production of a fully designed draft to be approved by the Chair.</p>
5.	<p>Integrated Care Outcomes Framework</p> <p>Joe Minton and Rebecca Clarke introduced the background to this scheme and noted that it had moved on significantly in the last year, but isn't ready to be commissioned yet. It has been shared with the Health and Wellbeing board, who are keen to adopt it as an overarching framework in the long term. Joe and Rebecca are visiting all of the different partnership groups to seek comments.</p> <p>The key points from today's presentation were;</p> <ul style="list-style-type: none"> • The scheme is aligned with public health and other boards. • It is focussed on health and wellbeing in a broader sense, not just health. • It looks at the whole population, from infant to older person. • Most of the measures are routinely collected already, so there is a history to benchmark against. • The awaited update of the public health outcomes framework will have a bearing on this, which may not be positive. <p>Joe and Rebecca summarised the outcome measures and advised that they might change over time, but this can be a mechanism for how to contract for services and will underpin work programmes.</p> <p><u>Group comments</u></p> <p>Martine Tune was pleased that carers had been taken into account and asked if parenting and care homes for older people could be included.</p> <p>ACTION: Martine Tune to speak to Joe/Rebecca about adding outcomes for parenting and care homes for older people</p>

	<p>Wendy Lowder would welcome a further discussion around carers.</p> <p>ACTION: Wendy Lowder to speak to Joe/Rebecca further about the measures for carers</p> <p>The group discussed whether it was appropriate to narrow down the suicide measures to “young people”. All agreed it would be good to broaden this category to include all suicides, plus attempted-suicide.</p> <p>The Chair felt that the system-wide framework would enable collective thinking about commissioning services (for example, investigating suicides isn’t currently a ‘requirement’ for the Police).</p> <p>ACTION: Joe Minton to consider broadening the suicide measures</p> <p>Wendy asked why children’s social care hadn’t been included in the outcome for high quality services. Joe replied that the CCG improvement and assessment framework doesn’t give indicators for childrens social care, but he will look into this (potential to use CQC/offsted ratings).</p> <p>ACTION: Joe Minton to look into potential indicators for children’s social care</p> <p>Cllr Lamb commented that for different partners, this is ‘business as usual’ and asked if it is still to be determined what it will look like. Joe responded that it hasn’t been decided yet.</p>
6.	Substance Misuse (targeted session)
	<p>a) <u>Substance Misuse Presentation</u></p> <p>Jo Ekin presented the local picture of substance misuse and what is being done to tackle it by the sub groups.</p> <p>The key points were;</p> <ul style="list-style-type: none"> • 56% of estimated drug users in the Borough are accessing treatment. • Only 14% of estimated dependent drinkers are accessing treatment. • 1031 opiate users accessed treatment in 2018. • A high rate of opiate users access and stay in treatment. • Testing On Arrest figures indicate an increase in cocaine use. • Treatment provider data has been mapped and the highest areas are central ward and Kingstone. • The use of spice is highly visible, so seems more prevalent, but numbers are relatively small in comparison to other drug use (although these users have also started using spice). • Mental and physical health problems also make the problems worse. • Of those accessing treatment, a large number also have mental and physical health problems.

- A multi-agency strategic response is required to tackle substance misuse.

Jo summarised that the following will be used to inform the strategic approach;

- Needs assessment.
- Comprehensive service review.
- Findings of the alcohol CLeaR Assessment.
- Other relevant documents (e.g. JSIA).
- Crime, anti social behaviour and the impact on users' families will also be considered.

The findings from these will identify local priorities/commissioning intentions and assist in developing a multi-agency substance misuse plan.

The needs assessment and service review are planned for June 2019.

Group comments

Cllr Platts asked if the figures included the town centre. Jo confirmed this, but advised that people come in to town for several reasons (e.g. to access service providers) and not necessarily because they live there.

John Hallows reported that Neighbourhood Watch meetings regularly raise issues of young people hanging around on streets and the perception that they are drug dealing. Despite his advice to report things, he finds that people won't call 101 due to how long it takes for the service to respond. John asked what other advice they could give to the public. The Chair advised that people should keep trying the 101 service, but report back if they are delayed for more than 5mins (they need to know the time of their call and the number they called from). People can also report directly to Police Officers and BMBC staff. Sarah suggested people email the neighbourhood teams. John felt that work is needed to inform the public that action is being taken, so that they feel reporting is worthwhile.

ACTION: Scott Green to contact John Hallows about advice for reporting gangs on streets/potential drug dealing

Cllr Platts offered to pass on the relevant contact details to the public.

ACTION: Cllr Platts to inform the public of neighbourhood team contact details for reporting of possible drug dealing

Martine Tune offered to speak to Jo Ekin's contact at the CCG about the plan.

ACTION: Martine Tune to link in with Patrick Otway re substance misuse plan

Andrew Sinclair had concerns about how treatments are viewed by offenders with chronic substance misuse (they won't engage). Jo confirmed she would be speaking to partners about issues such as this.

Sarah Poolman highlighted that substance misuse wasn't mentioned in the outcomes framework presentation (agenda item 5).

ACTION: Martine Tune to feedback to Joe Minton that substance misuse needs to be added to the outcomes framework

Sarah Poolman asked if the substance misuse plan would capture people from cradle to grave. Jo confirmed she would liaise with Children's services and commissioning to ensure inclusion.

Carrie Abbott informed the group of a recent project carried out by York Public Health, where partnerships and universities had been unable to find a solution for people who had been 6 years or more in-treatment for opiate addiction, so it is recognised that this is a difficult problem.

Wendy Lowder felt that sometimes it's just about being there for people at the right time.

Martine Tune questioned the high statistic of people who've been arrested and tested positive for drug use. The Chair clarified that this is people who have been arrested, presented grounds for testing for opiate use and were tested (not everyone who's been arrested is drug tested).

Cllr Lamb asked if other organisations would be given the opportunity to offer contributions to the strategy. Jo confirmed they would.

The Chair highlighted the difference between spice and cocaine users, in that cocaine use tends to be behind closed doors (by people with responsible jobs), whereas spice is visibly problematic.

The Chair also highlighted the sizeable challenge of tackling spice use and welcomes this plan, as arresting people isn't the answer. At a recent spice conference, a former addict said that the key to his recovery was that the outreach service came to him (he wouldn't have got to the town centre) and was delivered by former addicts.

ACTION: Jo Ekin to link in with partner agencies as above

b) Alcohol Plan Verbal Update

Diane Lee advised that Public Health are in the process of setting the strategic direction of tackling alcohol misuse and highlighted the key points as follows;

- Alcohol consumption has a positive effect on the local economy which needs to be balanced with the health harms.
- Consumption has doubled in the last 40 years.
- 1 in 4 people drink at risky levels.
- Liver disease is increasing.
- The impact on vulnerable people is more serious than those in affluent

	<p>areas, although the most regular drinkers are professionals so this needs to be addressed too.</p> <ul style="list-style-type: none"> Alcohol related crime costs approximately £30 million per year in Barnsley. <p>There are 6 key priorities being addressed in the plan;</p> <ul style="list-style-type: none"> Night time economy (pushing for the purple flag scheme to be implemented in September 2019). Availability (e.g. licensing, stopping the sale of single cans). Affordability (implementing a minimum unit price). Acceptability (e.g. drinking to get drunk). Admissions to hospital (data suggests young people are drinking less, but alcohol related admissions for under 18 females is an issue locally). Trade (promoting sensible retail and discouraging irresponsible promotions). <p>We have completed the CLear (Challenge Leadership And Results) self and peer assessment, which has resulted in an improvement plan. We are also recommending a repeat of the exercise in 18 months' time.</p> <p>Diane proposed the creation of an Alcohol Alliance and asked the Board for their support and comments.</p> <p>All agreed to support the Alcohol Alliance.</p> <p>Martine Tune felt that communications need to reflect that young people are drinking less than previous generations, so as not to stereotype young people. Diane responded that the issue has to be addressed, because our hospital admission rates are double the regional average, but a campaign and discussion with young people will take place (avoiding encouraging more drinking). Diane will also discuss Martine's comments with colleagues.</p> <p>Wendy Lowder asked about the government alcohol strategy. Diane advised that it had been pushed back, due to Brexit, and the government has been reluctant to date to set a minimum unit price in England. There is talk of running a project in the North East and Diane will share any learning with Barnsley and Y&H.</p> <p>Martine Tune asked if alcohol was the primary causative issue of liver disease. Diane responded that this was the case and they are engaging with the treatment service available in the hospital. More work is needed to analyse the data available. Wendy Lowder suggested that services could flag people who are at periods in their lives which might raise their alcohol intake (e.g. bereavement). Diane advised that harm caused by non-dependant drinkers is equally as bad.</p>
7.	Forward Plan
	Shiv Bhurtun advised that the Performance & Delivery Group have invited

Priority Leads to put forward items for future Board meetings, so the forward plan will be more comprehensive in future.

Shiv highlighted the items for discussion at the next meeting and invited other suggestions.

Mental Health

Janette Hawkins asked what this item was about and if anyone had been approached from SWYFT. Wendy Lowder clarified that a potential mental health alliance had been discussed at the Health & Wellbeing Board. Carrie Abbott has also spoken to Diane Lee about this and will liaise with Shiv Bhurtun to bring back to Board.

ACTION: Shiv Bhurtun to speak to Carrie Abbott about when to put the mental health alliance on the forward plan

CCE Early Intervention

The Chair was keen to see the Child Criminal Exploitation presentation from Andy Hood at the May meeting and explained that this is a collective regional bid (led by Doncaster Children's Trust), using funding from MMJ, which will hopefully go live in April 2019.

Homelessness Strategy

Phil Hollingsworth will bring a presentation about the ongoing work to the August meeting and the group will discuss more thoroughly at the November meeting.

Best Bar None

Carrie Abbott advised that Barnsley have won an award for Best New Scheme around alcohol licensing, which is good news for the partnership (Public Health were particularly commended).

Purple Flag

Carrie Abbott advised that another overnight assessment will take place in May and the key findings could be presented at a future meeting.

Night Life Marshalls Service

Carrie Abbott advised that they are identifying future funding and will circulate information.

L triple A

Carrie Abbott advised that there is going to be a formal national evaluation and feedback from Diane Lee has been very positive.

	<p><u>Alcohol Plan</u></p> <p>Carrie Abbott suggested that Diane Lee come back to Board with a more indepth presentation about this.</p> <p><u>Berneslai Realignment with SNS</u></p> <p>Darren Asquith advised that the realignment will take full effect from the 1st April and he will bring an update to a future meeting.</p> <p><u>Safe & Well Checks</u></p> <p>Cllr Platts asked if this would be useful and Chris Neal agreed to bring to a future meeting.</p>
8.	Any Other Business
	None.
	<p>Next Meeting; Tuesday 21st May 2019 2pm to 4pm Town Hall MR11</p>

SUMMARY OF ACTIONS FROM SBP BOARD MEETING 11.2.19

Page	Action	Responsible	Deadline
4	Speak to Joe/Rebecca about adding outcomes to ICOF for parenting and care homes for older people.	Martin Tune	None set
5	Speak to Joe/Rebecca further about the ICOF measures for carers.	Wendy Lowder	None set
5	Consider broadening the suicide measures in the ICOF.	Joe Minton	None set
5	Look into potential indicators for children's social care.	Joe Minton	None set
6	Contact John Hallows about advice for reporting gangs on streets/potential drug dealing.	Scott Green	None set
6	Inform the public of neighbourhood team contact details for reporting of possible drug dealing.	Cllr Platts	None set
6	Link in with Patrick Otway re substance misuse plan.	Martine Tune	None set
7	Feedback to Joe Minton that substance misuse needs to be added to the outcomes framework.	Martine Tune	None set
7	Link in with partner agencies (as per today's discussion) re substance misuse plan.	Jo Ekin	None set
9	Speak to Carrie Abbott about when to put the mental health alliance on the forward plan.	Shiv Bhurtun	None set

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MINUTES OF THE HEALTH AND WELLBEING PROVIDER FORUM

12 DECEMBER , 2018



Present

Helen Jaggar	-	Berneslai Homes
Phil Parkes	-	SYHA
Chris Lennox	-	SWYFT
Hayley Brotherton	-	Centrepont
Mark Goodhead	-	BPL
Jo Clarke	-	Citizens Advice Bureau
Lynn Hirst	-	Barnsley Futures
Emma White	-	Public Health BMBC (Item 5)

<p><u>Item 1 – Apologies</u> Apologies were received from Julie Ferry, Barnsley Hospice; Jane Holliday, Age UK, Anne Simmons, Alzheimers; Stephen Gallagher, Barnsley Futures; Andrew Peace, Caremark; Graham Harris, Royal Voluntary Service – Item 6</p>	<p>ACTION</p>
<p><u>Item 2 – Minutes of previous meeting held 12 September 2018</u> The minutes were agreed as an accurate record.</p>	
<p><u>Item 2 a – Matters Arising</u> <u>Item 2.1 Matters Arising Item (4) Safe and Well Checks</u> HJ reported that South Yorkshire Fire and Rescue had advised that the Safe and Well Checks were now live and a pilot would be run until May 2019 followed by some evaluation. Information for any organisations wishing to make a referral is contained in the document below.</p> <div data-bbox="588 1245 799 1361" data-label="Image"> </div> <p><u>Item 7 – Increasing Levels of Physical Activity (Adam Norris) – contact details for Adam Norris to be forward to Centre point as previously expressed an interest in arranging a separate meeting to discuss being involved in some of the projects.</u></p>	<p>JT</p>
<p><u>Item 3 – Health and Well Being Board Update</u> HJ reported that following a review it had been agreed that the Health and Wellbeing Board will continue to meet 6 times per year however 3 of the sessions will allow more time for early stage strategic discussions that shape the Health and Wellbeing agenda. The first session in January will consider one of the public health priorities around Emotional Resilience. The forum felt that this was an area that they could consider and contribute towards. The salient items from the meetings held on 4/10/18 and 4/12/18 were noted as: <u>4/10/18</u> Sign off of annual reports from the Safeguarding Adults and Childrens Boards, the Public Health Strategy for 2018-2021.</p>	

<p>The meeting received information and discussed the progress of the Hospital Services Review. The document set out the overall direction for the South Yorkshire and Bassetlaw Integrated Care System. The document also considered reconfiguration for maternity, acute ill children and gastroenterology services through better joint working. The arrangements for better joint working between Trusts in South Yorkshire and Bassetlaw have already commenced and it is likely that work on reconfiguration will start in January 2019 with progress being reviewed through the Health and Wellbeing Board. HJ flagged to the forum that this may impact on some of the people providers deal with in terms of provision/advice.</p> <p>The meeting received a report and presentation on tackling excess winter deaths</p> <p>4/12/18:</p> <p>Debate held regarding the CQC report in respect of Barnsley Health Care Federation. Concern was expressed regarding the IHeart Barnsley Service. Re-inspection has taken place with a positive outcome from the report.</p> <p>Cancer priorities across Barnsley with focus on prevention on early diagnosis and supporting people living with cancer</p> <p>HJ stated that the minutes of the Health and Wellbeing Board were available on BMBC's website if providers wished to look at any of the items in further detail.</p>	
<p><u>Item 4 – Stronger Communities Partnership Update</u></p> <p>PP reported that the minutes of the meeting held on 26/11/18 had not yet been received and agreed to circulate these when available.</p> <p>Salient points from the meeting were noted as:</p> <ul style="list-style-type: none"> - Stronger Communities Q2 Narrative Report (enclosed below). This provides an update from each area council area therefore providers working in a specific area can check the priorities for the locality. - Age Friendly Barnsley Action Plan. The Board agreed to sign up to Barnsley being an age friendly town. Key areas of the Plan where it was felt the forum as a whole or individual providers could add value were: <ul style="list-style-type: none"> - Social Participation, Respect and Inclusion (members of the forum involved in the Love Later Life Event) - Transport – speeding off, change in routes - Housing options for older peoples - How do we make outdoor spaces for older people - Employment – perception that older people don't want to work <p>It was agreed that the Age Friendly concept summary note and Action Plan be received by the forum for information (enclosed below).</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  <p>Age Friendly Barnsley Action Plan I</p> </div> <div style="text-align: center;">  <p>Becoming Age friendly.pdf</p> </div> </div>	<p>PP</p>

<ul style="list-style-type: none"> - Warm Homes & Hospital Discharge Project – paper delivered from BMBC Communities Directorate looking at how best to support customers on discharge from hospital with a co-ordinated pathway. Some funding has been received from Warm Homes to look at home environment. This works ties in with the strategic system wide review of assisted delivering services. Felt there is more focus on prevention and delaying escalation of care/support needs. - Public Health Strategy - Public Health outlined the new Public Health Strategy for 2018– 021. Partners will have a key role in delivering certain elements. Felt that if bidding for external funding 6 key areas will be looked at these being: <ul style="list-style-type: none"> - Food – but both too much and too little - Alcohol use – development of alcohol strategy - Smoking – Barnsley 5% more smokers than England average - Oral health – specifically younger people - Physical activity – increase this - Ambitious but positive development around ‘emotional resilience’ especially focussed on preventing and improving mental health 	
<p><u>Item 5 –Prevention of falls, frail & elderly - Emma White, People Directorate, BMBC</u></p> <p>EW gave an overview of the Frailty Programme (slides below). EW highlighted and the forum discussed the collaborative work that is taking place across the borough.</p> <div data-bbox="261 1182 325 1249" data-label="Image"> </div> <p>Frailty%20Work%20Programme.pptx</p> <p>EW requested members of the forum to consider any areas where they could contribute into the work being undertaken. The forum felt that 2 particular workstreams within the programme relating to prevention and advanced planning were the most pertinent areas for them to feed into. Providers raised how linkages could be made to existing services such as social prescribing and strategies such as Barneslai Homes Vulnerability Strategy ‘Something doesn’t look right’ which supports and refers vulnerable customers. HJ agreed to forward copy to EW. MG said that BPL could promote the benefits of strength and balance training when advisors are developing exercise programmes to assist in preventing falls. EW agreed to forward the data evidencing this and said that a separate discussion could be held if BPL required any further detail.</p> <p>Providers felt the Rockwood scoring mechanism which gave a rating on the frailty scale together with support services available was a useful tool to highlight within services and requested a copy (enclosed below).</p>	<p>HJ</p>

<p>EW extended an invite to providers to attend the Frailty Workshops held every 6 months which oversee the Frailty Programme. The last workshop held on 6/12/18 had showcased the services and organisations that support older people from across Barnsley. EW agreed to circulate an invite when the date for the next workshop has been set.</p> <div style="text-align: center;">   </div> <p>201812%20Integrated%20Service%20Gi 20171211%20Frailty %20scale.pdf</p> <p>The forum noted the Older Persons Strategy being developed and led by Jayne Sivakumar, Barnsley CCG and flagged the need to try and avoid duplication with existing strategies. EW said that as Public Health was involved in this an update could be given to the forum as this progresses.</p>	
<p>Item 6 – Barnsley Penpal – G. Harris, Royal Voluntary Service Due to apologies from G. Harris HJ provided an outline of the concept which has been developed with care homes in Leigh. The penpal type scheme looks to match residents in care homes who have no family with people who have similar interests. HJ to ask G. Harris if information could be provided to circulate to the forum with a view to exploring whether this could be promoted within the Barnsley area.</p>	HJ
<p>Item 7 – Future Agenda Items HJ reported on the items scheduled for future meetings: <u>13 March 2019</u></p> <ol style="list-style-type: none"> 1. Public Health Alcohol Plan – presentation by Garreth Robinson, BMBC 2. Neighbourhood Development work – presentation by Phil Hollingsworth, BMBC <p><u>12 June 2019</u></p> <ol style="list-style-type: none"> 1. Emotional Resilience Plan, Anna Tummon, BMBC - the forum agreed it would be beneficial to consider what providers contribute in terms of Emotional Resilience in advance of this presentation. PP agreed to facilitate a workshop session at the meeting on the 13th March 2019. Providers to prepare in advance of the meeting a short summary of what they undertake in terms of Emotional Resilience, identify any gaps or barriers they encounter if looking to make a referral. It was agreed that a representative from the Recovery College Team be invited to the workshop. 2. Food Plan, Anna Tummon, BMBC 3. Human Kind Services, Sam Higgins, IDAS 	PP/ All
<p>Item 8 – Date of next meeting - 13 March 2019 at 10.00, Board Room Berneslai Homes, Gateway Plaza LH reported that as Barnsley Futures service was being decommissioned at the end of January 2019 Stephen Gallagher would no longer attend future meetings. Humankind would attend as the new service provider.</p>	

MINUTES OF THE HEALTH AND WELLBEING PROVIDER FORUM

13 MARCH 2019

Present

Helen Jaggar	-	Berneslai Homes
Phil Parkes	-	SYHA
Jill Jinks	-	SWYFT
Sam Higgins	-	Humankind
Kat Allott-Stevens	-	Berneslai Homes (Item 5)
Phil Ainsworth	-	BMBC (Item 5)

<u>Item 1 – Apologies</u>	ACTION
Apologies were received from Andrew Peace, Caremark; Jo Clark, VAB; Anne Simmons, Alzheimers; Mark Goodhead, BPL; Jane Holliday, Age UK	
<u>Item 2 – Minutes of previous meeting held 12 December 2018</u>	
The minutes were agreed as an accurate record.	
<u>Item 2 a – Matters Arising</u>	
<u>Item 6 – Barnsley Penpal</u> – HJ reported that information should be available shortly from G. Harris at the Royal Voluntary Service who is spearheading this project. HJ to circulate when received.	HJ
<u>Item 7 – Future Agenda Items – Humankind Services</u> – SH agreed to arrange for the relevant representative from Humankind Services to attend the forum on the 11 th September to give an outline of the organisation’s work and highlight any links with Barnsley in respect of contracts they have been commissioned to undertake.	SH
<u>Item 3 – Health and Well Being Board Update</u>	
HJ reported that following a review it had been agreed that the Board will meet 6 times per annum. The public facing Health and Wellbeing Board agenda will deal with business items requiring sign off with a focus on patient stories and what impact the Board will make. The private Health and Wellbeing Board will be re-named as development sessions. A number of these sessions will take place where the Board will discuss in detail the “so what” of some of the policies and strategies that are being worked through. The first development session was held in February looking at Emotional Resilience and provided clarity and focus, the Board is keen to focus on prevention and young people. The outcomes from the Health and Wellbeing Provider Forum’s workshop on Emotional Resilience will feed into this work.	

The next formal meeting of the Board will be held on the 9 th April 2019.	ACTION
<u>Item 4 – Stronger Communities Partnership Update</u> PP reported that he had been unable to attend the last meeting held on the 28 th February 2019. Minutes to be circulated to the forum when available.	PP
<u>Item 5 – Emotional Resilience Workshop</u> – PP facilitator. Phil Ainsworth, portfolio holder in BMBC for Emotional Resilience which also encompasses mental health and suicide prevention attended for this item. Due to the low number of attendees it was agreed that the workshop and presentation elements be re-scheduled to the next meeting of the forum on the 12 th June with focus purely on this item. This would give the forum time for good debate and ensure that the provider's voice is fed into these important areas of work. Jane Taylor, Recovery College Team to be invited to the workshop so that their work can be integrated into the discussion.	
<u>Item 6 – Public Health Alcohol Plan 2018 - 2021</u> – item deferred to 12 th June due to low number of attendees. PA agreed to pass on apologies to Garreth Robinson, BMBC who was presenting this item.	PA
<u>Item 7 – Future Agenda Items</u> 12 th June – Emotional Resilience Workshop/Public Health Alcohol Plan (Phil Parkes, Phil Ainsworth to facilitate) 11 th September – Food Plan (Anna Tummon, BMBC), Neighbourhood Development work (Phil Hollingsworth, BMBC) Humankind Services (representative from Humankind)	
<u>Item 8 – Date of next meeting</u> – 12 th June 2019 - 10.00 – 12.00 at Gateway Plaza.	



Stronger Communities Partnership Board

26th November 2018

14:00-16:00

Town Hall, Meeting Room 2

Minutes

Attendees

Cllr Chris Lamb, BMBC Elected Member – BMBC (Chair)
 Wendy Lowder, Executive Director Communities - BMBC
 Phil Hollingsworth, Service Director Communities - BMBC
 Carrie Abbott, Service Director Public Health – BMBC
 Margaret Libreri, Service Director Education & Early Start Prevention – BMBC
 Lennie Sahota, Services Director Adults - BMBC
 Cllr Jenny Platts, Cabinet Member Communities – BMBC
 Cllr Roya Pourali, Support Member Communities - BMBC
 Marie Hoyle, Barnsley Healthcare Federation
 John Marshall – Voluntary Action Barnsley
 Adrian England – Healthwatch
 Dave Fullen – Berneslai Homes
 Phil Parkes, SYHA on behalf of H&WBB Provider Forum
 Tom Smith, Head of Employment & Skills – BMBC
 Chris Neal, Station Manager – South Yorks Fire & Rescue
 Jayne Hellowell, Head of Commissioning & Healthier Communities - BMBC
 Paul Hughes - SWYPFT

Apologies

Gill Stansfield, Deputy District Director Community Services – SWYPFT
 Sarah Drafz, Business Intelligence - BMBC
 Sue Wing, Deputy District Director Community Services - SWYPFT
 Paul Clifford, Head of Economic Generation – BMBC
 Phil Spurr, Place Service Director, Culture Housing & Reg – BMBC
 Alison Wilkes, Education - BMBC
 Steve Fletcher, Group Manager Barnsley District – SY Fire & Rescue
 Lisa Phelan – Voluntary Action Barnsley
 Shiv Bhurtun, Partnership & Transformation Manager – BMBC

In attendance

Julie Hammerton, Family Centre Development Manager, People - BMBC
 Laura Hammerton, Early Intervention & Prevention Service Manager - BMBC
 Andrea Hoyland, Think Families Manager, Healthier Communities – BMBC
 Jo Ekin, Commissioning Manager, Healthier Communities – BMBC
 Rebecca Clarke, Public Health Principle – BMBC
 Tracey Binks, Business Support Officer – BMBC (minutes)

1.	Apologies and Introductions – Councillor Lamb
	<p>The Chair welcomed everyone to the meeting and introductions were made.</p> <p>Apologies were received and noted from the above members.</p>
2.	Minutes of last meeting/Matters Arising – Councillor Lamb
	<p>Page 1: Cllr Pourali noted that her surname had been spelt wrong.</p> <p>Page 1: Marie Hoyle advised that her apologies had not been noted.</p> <p>ACTION: Tracey Binks to amend minutes</p> <p>Following these amendments, the minutes were then accepted as accurate.</p>
3.	Q2 Narrative Report – Information Only
	<p>Phil Hollingsworth introduced the report and informed the Board members that the breadth and strength of the work which is being carried out is putting Barnsley on the map.</p> <p>The Chair felt that the report brings to life the work that everyone is engaged in and puts it into an effective document, which is easy to read. He asked Phil to pass on the Board's thanks to everyone involved.</p> <p>ACTION: Phil Hollingsworth to feedback to staff</p> <p>Dave Fullen asked if there were any plans to incorporate the Town Spirit work which is currently happening. Phil responded that this will be picked up in next year's business planning processes.</p>
4.	Progress Report – Phil Hollingsworth
	<p>Phil Hollingsworth introduced the report and advised that the individual workstreams will be highlighted in the rest of today's agenda.</p> <p>Phil advised that colleagues will soon be attending an event in London around food access and are hoping to bring back more ideas about how we address the challenges. Phil highlighted the decline in use of food banks in Barnsley, but noted that this is only part of the picture based on the information available.</p> <p>Wendy Lowder suggested that it might be useful for partners to see the Livewell Barnsley report. Jayne Hellowell felt that this might be more timely after the Adults Delivery Group meeting, as this will raise questions which would be useful to address before the Board. All agreed.</p> <p>ACTION: Jayne Hellowell to bring a Livewell Barnsley update to the February 2019 Board meeting.</p>

5.	Age Friendly Barnsley Action Plan – Jayne Hellowell
	<p>Jayne Hellowell introduced the report and confirmed that no cost would be incurred by signing-up to this network, but it would raise Barnsley's profile, as well as giving gravitas to the work of Age Concern's in our region. Jayne asked if the Board members would like to join the UK Network of Age-friendly Communities.</p> <p>The Chair felt that a lot of the work should already be taking place within Barnsley and wondered if there was cause for concern about why we need to engage with this network. Jayne highlighted that it would involve being audited, which is positive in terms of focussing our services and performance. Lennie Sahota agreed with this and felt that if it would make things easier for our older residents, we should take part.</p> <p>Cllr Pourali asked if we have any current workstreams to use to embed ourselves in this partnership. Jayne responded that there is some important work taking place around communication and not alienating people within the Digital-First challenge.</p> <p>Marie Hoyle asked how it would work in terms of organisational structure. Jayne advised that we would join as the Stronger Communities Partnership Board.</p> <p>The Chair felt that all of the partners around the table should be able to evidence work and identify areas for improvement.</p> <p>Phil Hollingsworth asked if this would involve the Integrated Frailty Group. Jayne agreed that this should be involved, but would check that this wouldn't duplicate work.</p> <p>All agreed to commit to the network.</p>
6.	System Wide Review of Assisted Living Services Update – Jayne Hellowell
	<p>Jayne explained the report and noted that the service name may change in the new year. A lot of the functions are now delivered under one service provider and the processes will be improved over the next 12 months.</p> <p>Dave Fullen highlighted that the Handy Person Service which ended in October is still listed on the Livewell Barnsley website. Jayne agreed that the resource needs to be kept up to date and will look into this.</p> <p>ACTION: Jayne Hellowell to ensure Livewell Barnsley website is kept up to date</p> <p>Chris Neal asked if there had been any progress with regards to carrying out Safe & Well checks at the same time as Warm Home checks. Jayne advised</p>

	<p>that this is progressing and the team are currently looking at assessment forms to tighten up the process. The Chair asked how this would work. Chris advised that it would be a service pathway, where the service provider would send a referral to South Yorkshire Fire & Rescue, who would carry out the assessment. Jayne noted that the first phase of work has significantly improved the way the services work together.</p>
7.	<p>Warm Homes and Hospital Discharge Project – Jayne Hellowell</p> <p>Jayne Hellowell introduced the report and advised that the service will be re-named before commencement. We are also tendering for an organisation to evaluate this service.</p> <p>The Chair asked how we ensure that all providers are aware and felt it was important that one service takes overall responsibility for the individuals taking part. Jayne responded that there will be a coordinator at the hospital that partners link-in with and the pilot will be evaluated to see what works well and what doesn't.</p> <p>Marie Hoyle felt that the Board should ensure that all teams know that this role is in place and highlight that people will be visited in their own homes. Lennie agreed that this lower-level approach should be addressed, but ideally before people are sent home. Jayne advised that a brochure will be published and circulated, which addresses this issue.</p> <p>Adrian England pointed out that there was an error in the report (key milestone 2 on page 4). Jayne advised that this should read "2018, not 2017".</p>
8.	<p>Social Prescribing Report – Phil Parkes</p> <p>Phil Parkes introduced the report and noted that the challenges around Universal Credit and financial hardship won't be new to the board, but a signposting service has been put in place.</p> <p>Marie Hoyle asked if there was a reason for referral rates being much higher in the South, compared with other areas. She wondered if there was anything that could be done to even this out. Phil explained that a few options are being considered for targeting to address this. The Chair questioned if the high uptake in the South might be due to having extra services (such as the One Stop advice service) referring in. Phil commented that the number of referrals per year is as expected.</p> <p>Cllr Pourali asked if it would be possible to get more specific figures, such as disabled people accessing the service, etc. Phil advised the Board members that the data can be broken down as required.</p> <p>Cllr Platts felt that the reason for the different uptake could be lack of referrals from GPs in particular areas. Marie agreed with this and advised that the South Yorkshire Board is looking at asking questions in care pathways which should</p>

	<p>even out referrals. Marie will take today's feedback to the CCG North East practices. Phil advised that patient numbers will also be included in future reports.</p> <p>Wendy Lowder felt it would be useful to see the onward referrals relative to the contact, to see which areas of the voluntary community sector are receiving referrals. Phil agreed that this could be provided. It was noted that Wendy and Phil are going to do some joint sessions with the Social Prescribers, as we have a joint responsibility to help them understand the universal offer. Adrian England agreed and described an example that had come to light at a recent Neighbourhood meeting. He felt that it was about making every contact count and that linking across services would help this system work better. Phil will feed this example back to his team.</p> <p>The Chair noted the amount of time/money which will be saved by doing this and wondered about a future social return on investment. Phil agreed that this calculation can be done and will also look at some costing around quality of life.</p>
9.	<p>Early Help for Children, Young People and Families Report – Laura Hammerton/Julie Hammerton</p> <p>Laura and Julie presented the report and wanted to remind the Board members about their service offer. There is a wide range of opportunities available, but always tailored to the family's individual needs.</p> <p>Cllr Pourali commented that the service is fantastic and asked if there were any strategies for dealing with families who are difficult to engage. Laura responded that there are public activities, avenues for other services to refer-in and Social Care/Police will direct people to the service if their problems don't meet the Social Care threshold. Also, relationships are being built with families via Schools, through schemes such as the Rose Vouchers (children under 4 receive vouchers for fruit and veg) - this has linked into communities which we weren't already involved with.</p> <p>Marie Hoyle wondered if the figures could be profiled by Neighbourhood. Laura will send that information to the Board members.</p> <p>ACTION: Laura to forward Neighbourhood figures for circulation</p> <p>Wendy Lowder asked if there were any partner relationships that could be strengthened in terms of this service. Laura felt that Adult Services was a consistent challenge and that, although some work is already taking place, more could be done. Julie felt that schools are a continuing challenge, especially around pupils who aren't in school full time.</p> <p>Laura and Julie thanked the Board members for their time and advised that any further information could be obtained by contacting them at earlyhelp@barnsley.gov.uk.</p>
10.	<p>Healthy Holidays Work Feedback Report – Andrea Hoyland</p>

	<p>Andrea Hoyland introduced this report and advised that the project had overachieved on targets and noted that the figures are based on unique child attendances. Feedback from families showed that they valued the programme and hadn't expected such lovely food.</p> <p>The Chair commented on what a huge success story it had been. The Chair pointed out that Stephanie Peacock MP has taken a particular interest in this project and suggested that Andrea tries to get her involved in the national pilot. Cllr Platts asked if we could send her the report. Andrea commented that she had also visited Fairshare, so we can send her the report as feedback from her visit. All agreed.</p> <p>ACTION: Andrea to send report to Stephanie Peacock MP</p> <p>Marie Hoyle asked if the Board members could publicise this story. Andrea noted there had been publicity in the media. All agreed to share the story amongst communities.</p>
11.	<p>Barnsley Carer's Service – Briefing Paper – Jo Ekin</p>
	<p>Jo Ekin introduced the report for information and also noted that the Service Manager recently presented at a GP forum, which has already started yielding referrals.</p> <p>The Chair asked about interface with the voluntary and community sector. Jo responded that part of the service is to reach out to as many carers as possible and to work with agencies to build partnerships.</p> <p>Cllr Platts asked how this is being conveyed to the community. Jo responded that there are social media pages and that it is being promoted to Area Councils.</p> <p>Cllr Pourali noted that a previous consultation with carers had found that it was difficult to direct people to the service at that time, as there was no directory. Jo commented that the information is now on the Livewell Barnsley website and that leaflets are being distributed. Also the message is becoming easier to relay, due to it being an integrated service.</p> <p>Wendy Lowder noted that the project is still quite new and it would be great to hear more next year (e.g. what life is like as a Carer, are they communicating with adult social care when they can't cope). All agreed this should be discussed at the next meeting.</p> <p>ACTION: Shiv Bhurtun to add to forward plan</p> <p>Jo advised the Board members that comms and a campaign plan is being developed for next year and that she would take comments on board about difficult to reach clients.</p>

12.	Public Health Strategy – Rebecca Clarke
	<p>Rebecca presented the report and advised that the strategy is now available on the council website. Strategies have been reviewed and the well-established programmes have yielded good results over the last 3 years.</p> <p>Carrie advised that the team are currently doing Alcohol Clear Assessments and baseline feedback is due shortly. The Chair felt that the smoking strand of this work had been really successful and wondered if the same would happen with the alcohol strand. Carrie felt the smoking work is a good example of partnership engagement, as Public Health wouldn't have been able to achieve those results on their own and are very grateful for the engagement. However, Carrie noted that alcohol is a more difficult issue to manage and felt it was important to find messages that will work.</p> <p>The Chair asked what approaches the team had around social norms and changing public perception. Carrie responded that the team are keen on this approach, as it works well to give strong messages. Carrie/Rebecca will take these thoughts back to the team.</p> <p>Adrian England commented that the report shows people who are overweight, but not underweight and asked how they are addressing people who don't have enough food to eat in the strategy. Adrian also noted the importance of making changes from early school years upwards. Carrie felt the food plan for the borough was carefully developed and suggested that this was brought back to the Board. Rebecca agreed to look into this. Carrie advised the board members that things can be built into the action plan as they arise.</p> <p>ACTION: Rebecca to bring the food plan back to the Board Shiv Bhurtun to add to the Forward Plan</p>
13.	Forward Plan – Phil Hollingsworth
	<p>Items identified for further discussion;</p> <ul style="list-style-type: none"> • Safe & Well checks update – Chris Neal • Refresh Safer Barnsley annual plan – Shiv Bhurtun • Livewell Barnsley – Tom Smith • Barnsley Carer's Service – future update on implementation – Jo Ekin • Wendy Lowder also suggested development of Local Care Networks – Marie Hoyle <p>The Chair invited the Board members to email any further suggestions to saferb-strongerc@barnsley.gov.uk</p>
14.	Any Other Business

	<p>Marie Hoyle advised the Board members that she would be retiring at the end of this year and the Board wished her well.</p> <p>Phil Hollingsworth raised the work which is taking place in the Barnsley Homeless Alliance. This sits under the Safer Barnsley Partnership, but is a cross-cutting issue. Phil advised that a new rough-sleeping strategy has been published and a website developed; www.barnsleyhomelessalliance.org.uk</p>
15	Date of Next Meeting
	<p>Date: Thursday 28th February 2019 Time: 14:00 – 16:00 Venue: Town Hall MR14</p>



STRONGER COMMUNITIES PARTNERSHIP

SCP Board Meeting
Thursday 28th February 2019
14:00pm-16:00pm
Town Hall, MR 14

Minutes

Attendees

Phil Hollingsworth – Service Director Communities – BMBC (Chair)
Carrie Abbott – Service Director Public Health - BMBC
Tom Smith – Head of Employment and Skills - BMBC
Councillor Jenny Platts – Cabinet Member Communities - BMBC
Dave Fullen – Berneslai Homes
Margaret Libreri – Service Director Education and Early Start Prevention - BMBC
Shiv Bhurtun – Partnership and Transformation Manager - BMBC
Adrian England - Healthwatch
John Marshall – Voluntary Action Barnsley
Spencer Rowland – Station Manager – SY Fire and Rescue
Louise Beaumont – Business Support Officer – BMBC (minute taker)

Apologies

Councillor Chris Lamb – Elected Member - BMBC
Steve Fletcher – Barnsley District Manager - SY Fire and Rescue
Philip Parkes – SYHA on behalf of HWBB Provider Forum
Paul Clifford – Head of Economic Generation - BMBC
Lennie Sahota – People (Adults) Service Director Social Care and Health - BMBC
Wendy Lowder – Communities Executive Director - BMBC
Gill Stansfield – Deputy District Director Community Services – SWYFT
Jayne Hellowell – Head of Commissioning, Healthier Communities - BMBC

In Attendance

Cath Bedford – Public Health Principle, Communities - BMBC
Gareth Robinson – Public Health Practitioner, Communities - BMBC
Christus Ferneyhough – Health and Well Being Officer, Public Health - BMBC
Emma O'Grady – Digital Service Development Manager - BMBC
Joe Minton – Professional Manager – Barnsley CCG
Dr Andy Snell – Consultant in Public Health – Barnsley Hospital/BMBC

<u>Action Summary</u>		
Item 4	Shiv Bhurtun to take comment around the different partners that attend the Anti-Poverty group back to Jayne Hellowell. To schedule a paper for the next board meeting in May to update.	Shiv Bhurtun
Item 9a	Margaret Libreri to contact all schools that are eligible for free school breakfasts to ensure they are accessing what is available to them.	Margaret Libreri
Item 9b	To bring a full report on Food Access and present to the SCP Board in May.	Jayne Hellowell
Item 10	To share the All Age Early Help Strategy indicators with Joe Minton, to enable cross referencing.	Shiv Bhurtun
Item 12	Members of the board to inform Carrie Abbott if they would like to be part of the Alcohol Alliance but have not yet received an invite. The first meeting being 1st April	All
Item 12	To add Berneslai Homes to the list of Stakeholders for the Alcohol Alliance.	Gareth Robinson
Item 13	To confirm with Julian Horsler how the LGBT part of the equality and diversity plan will be driven forward now that this community forum no longer exists.	Shiv Bhurtun/Louise Beaumont
1.	Apologies and Introductions	
	<p>The Chair welcomed everyone to the meeting and introductions were made. Apologies were received and noted from the above members.</p> <p>Spencer Rowland attended on behalf of Steve Fletcher – SY Fire and Rescue Tom Smith attended on behalf of Paul Clifford – BMBC Cath Bedford attended on behalf of Jayne Hellowell to deliver the SSS item – BMBC</p>	
2.	Minutes from the last meeting/matters arising	
	<p>Previous minutes were agreed as a true copy and confirmed that all previous actions were complete.</p>	
3.	For info only	
	<p>Q3 SCP Narrative Report – Phil Hollingsworth PH noted that the narrative report captures good examples of the work taking place throughout the Stronger Communities Service and that it demonstrates the great partnership work that is taking place.</p> <p>Refresh of Safer Barnsley Annual Plan – Update – Shiv Bhurtun</p>	

	<p>The updated Safer Barnsley Annual plan, (circulated with the meeting papers), was for information only to ensure members across both the Safer Barnsley Partnership Board and Stronger Communities Partnership Board had sight of the document.</p>
4.	<p>Performance Report – Shiv Bhurtun</p> <p>SB gave a summary of the performance report, for information, with key points being as follows:</p> <p><u>Early Help Adults</u> There have been good results overall around performance indicators for Q3. The general direction of travel has been as expected, although there have been seasonal dips over the Christmas period. This should be shown to pick up in Q4.</p> <p><u>Early Help Children's</u> Again, strong overall performance in this area, signalling a high level of engagement with children, young people and families; also highlighting the fact that early help support is available at the right time and in the right place.</p> <p><u>Anti-Poverty</u> Performance indicators in this area show an 'on track' or 'maintaining' trajectory with any increases or decreases expected at this time of year. This group will change in configuration; the PI's will be revised and aligned to the Early Help Adults delivery group. An update around this will be given at the next board meeting in May</p> <p>Case studies for each area are included within the progress report.</p> <p>Councillor Platts raised concern over where the different partners that attend the Anti- Poverty group; job centre plus, housing benefit, credit union etc, will fit in following the reconfiguration of this group. PH advised that there is an update paper scheduled to be brought back to the board at the next meeting in May.</p> <p>ACTION: Shiv Bhurtun to take this comment back to Jayne Hellowell, Jayne is attending the next Anti-Poverty Group meeting. To schedule a paper for the next board meeting in May to update.</p>
5.	<p>Stop Smoking Business Case – Cath Bedford</p> <p>Cath gave an overview of the Stop Smoking Business Case and confirmed this paper has also been to a number of different groups. The key points to note were as follows:</p> <ul style="list-style-type: none"> • The service is due to be recommissioned 1st November 2019. • The Stop Smoking Service is a small element of the whole tobacco control agenda which will build on what is already in place. • The 4 priority cohorts that have been identified nationally and locally and upon which the SSS will focus are:

	<ul style="list-style-type: none"> - Routine and Manual as a result of low income - Secondary care – as a result of presenting illnesses - Pregnant Women - Mental Health <ul style="list-style-type: none"> • The service includes a universal offer to people outside of the 4 priority cohorts, which is available through online services, national campaigns, recommended quitting aids and community and family support. • Consultations have taken place with NHS and Public Health partners to ensure the business case is in line with other developments in Barnsley. • The business case will be going to Cabinet in April with the service going out to tender at the end of April/beginning of May. <p>Members around the table agreed the support of the business case.</p>
6.	<p>Safe and Well Checks Update – Spencer Rowland</p> <p>Spencer attended on behalf of SY Fire and Rescue and updated the board on the Safe and Well Checks that are being carried out throughout the borough:</p> <ul style="list-style-type: none"> • The Safe and Well Checks take the current home safety checks to another level; crews are able to refer to different agencies dependant on the type of assistance needed for the householder. • The checks are carried out by Community Safety Officers and are an enhancement of the current home safety checks. • There had been a slight delay in regards to questionnaires not automatically triggering referrals but this issue has been rectified and the service is now fully up and running. <p>Statistical data around the checks:</p> <ul style="list-style-type: none"> • Between June 2018 and the end of January 2019 SYFR completed 1853 home safety checks within the Barnsley area with 102 being classified as 'high risk' and a referral in place. • Of the 102, 17 were reassessed and classified at a lower risk, leaving 85 classed as very high risk households which were revisited by specialist officers 121 times over the 7 month period. • All of these households will have been referred where necessary. • During the same time period 79 households received help to improve safety with no further intervention required. <p>Councillor Platts enquired where the referrals came from; there are around 100 referral partners from Age UK to blue light responders, the local authority, local churches etc. It was noted as a positive that referrals are received from a number of different areas with Spencer confirming that referrals are continuously being actively promoted.</p> <p>Dave Fullen of Berneslai Homes commented that there has been an awful lot of good operational work that has taken place between Berneslai Homes and SYFR. A number of visits to properties have led to the householder receiving fire retardant furniture/bedding/nightwear etc. There are also significant benefits to people living in LA housing coming out of this partnership working.</p>

	<p>Phil Hollingsworth asked the members around the table to push these referrals to clients and asked if there was any promotional material that could be used to promote this service to partners:</p> <p>SYFR would usually go into a partners place of work, to deliver training and educate how to identify fire risks and refer to SYFR. Refresher training is also provided along with a credit card sized card that includes a unique referral code. This enables the monitoring of how successful partnerships are and highlights any significant drops in referrals, which may indicate a need for further training. SYFR chase up 2 partners a month to try and increase referrals.</p> <p>Adrian England thanked SYFR for everything that they do and noted the positive difference this work is making, although this is not always recognised. As progress is made with integrated care and neighbourhood working it was suggested that SYFR should be sat around the table to embed them in the issue and to make every contact count.</p>
7.	Live Well Barnsley Update – Emma O’Grady
	<p>Emma gave an update on the Live Well Barnsley website, progress so far and future sustainability:</p> <ul style="list-style-type: none"> • The site is currently in the process of being brought in house to provide and in house directory. • The current cost of a third party host is £37000. • The decision to build a new in house directory was made following feedback from users of the site. • The current site is struggling with the content; there are over 1300 providers on there at the present time. • The volunteering directory section of the new site will be launched at the end of March. <p>There was a reassurance for partners around the table that the new directory will be the same brand with the same name but the service offered will be improved. The search facility will be more intuitive as this proved to be a problem with the original Live Well site. The option of bringing the directory in house will also release money to enable the local authority to retain the development officer post. A lot of the success of the Live Well Barnsley site can be attributed to the community development officer due to identifying and engaging with community groups and organisations, encouraging them to register on the site.</p> <p>Approval has already been received from DMT and the Early Help Adults Delivery Group, this has been brought to the board to inform of the progress so far.</p> <p>The new directory will launch at the beginning of September and will be a seamless transition.</p>

	<p>Key benefits of the new directory will be:</p> <ul style="list-style-type: none"> • Providers will only have to give their information once, all current information on the site will be transferred across to the new directory by the local authority. • The significant saving to the council. • The search facility will be more intuitive. • Information will only need to be updated once, not multiple times in a number of different places. • Inactivity will remove data in order to prevent obsolete information being present on the site. <p>Phil Hollingsworth commented that continued growth can be seen, which is positive, and asked if hits on the website can then show data relating to the subsequent visiting/use of services. Emma advised this information is currently unavailable due to being a third party product but when things have moved in house the product will be more analytical. Emma also pointed out that the benefit for partners around the table will be the early help offer.</p>
8.	<p>Local Integration Board – Tom Smith</p> <p>It was acknowledged that Health and Work need integrating and bringing together and that work needs undertaking with partners across Barnsley to enable the integration of the health agenda and the work agenda, particularly in relation to young people and vulnerable adults.</p> <ul style="list-style-type: none"> • Over the last 12 months there has been a focus on looking at the health and work agenda and helping people to become work ready, get into work and to stay in work. The 'More and Better Jobs' plan looks at key elements in this area. • Employment figures are currently looking positive; 16+ are making positive moves, NEET figures are reducing, (currently 4.9%), the skills level of the working population are improving. • A lot of effort and focus has been around young people with barriers. • An 'Employers Promise' has been developed, working with employers across the borough to ensure they can provide opportunities to help with what we are trying to achieve. • Integrated working is being encouraged and people have been brought together who have provided employment support. • We need to move out to partners and businesses to help create more opportunities and sign up to the promise. Support and help will be offered in order to deliver this. • Funding has been secured in order to continue focus within target groups. <p>The ask of the board is:</p> <ul style="list-style-type: none"> • To note and support the future direction and alignment of the Health and Work arrangements, to support the work of the Local Integration Board and the More and Better Jobs Taskforce.

	<ul style="list-style-type: none"> • To commit the Employers Promise; creating more opportunities for Barnsley residents to be Work Ready, Get into Work and Stay in and Get on in Work. • To promote and make appropriate referrals through the pathways to the employment support available. <p>Thanks were given to partners round the table who are supporting this and asked to use this as an opportunity to have individual conversations to sign up and help move this on.</p> <p>There is a target of 100 organisations to be signed up to enable the creation of as many opportunities as possible for vulnerable people; to ensure they are aware of opportunities and help them to move on in employment. Public Health have been supporting the good work and working with businesses to ensure the workforce is healthy and remain in work.</p> <p>Adrian England pointed out that it would be positive to see mental health first aid within the workplace on top of the traditional first aid.</p> <p>The chair noted that what has been achieved over a short space of time is positive; along with the ESF funding that has been secured and advised that the confirmation of the pathways is going to be reported back at a later date.</p>
9.	Public Health Food Plan – verbal update – Carrie Abbott
	<p>Anna Tummon, the lead for Food within Public Health, was unable to attend today's meeting but provided a written update to bring to the Board, which was verbalised by Carrie Abbott:</p> <ul style="list-style-type: none"> • Food is a priority for Public Health; the Food Plan has been approved by HWBB and Cabinet, with Food Access being noted as a priority. • The ambition of the Food Access Plan is for all residents to have access to food that is nutritious, affordable, diverse and that benefits health and well-being. • There is currently a Barnsley Food Access Network and Steering Group which sits under the Communities Directorate Governance Structure. <p>Adrian England raised the issue of underweight people and asked how we are addressing this:</p> <ul style="list-style-type: none"> • Barnsley CCG commission South Yorkshire Eating Disorders Association to make changes in early years within school. SYEDA are a specialist service that support behaviour change and psychological support and deliver counselling on eating disorders, within the school setting. This counselling includes those who are underweight. (This is commissioned until March 2019). • SYEDA also deliver psychological services to adults in Barnsley who are underweight and overweight as a result of an eating disorder. (This is funded by the National Lottery). • Children that are identified as being underweight through the National

	<p>Childhood Measurement Programme will be supported but Public Health's in house service. Subsequent referrals will be made, dependant on the results of clinical investigations.</p> <ul style="list-style-type: none"> • If a shortage of food is identified, Public Health Nursing Service will work with families to improve their understanding of a healthy diet or, if necessary, social investigations such as an Early Help Assessment or Graded Care Profile Tool would be conducted. • Programmes such as the Holiday Hunger Programme, which runs over the summer holidays is an example of how the Public Health Food Plan addresses food access for those at risk of being or becoming underweight. • Barnsley and Sheffield are currently working on a joint bid, which if successful, would fund a borough wide holiday hunger project over the 2019 summer holidays. <p>Adrian England noted that the number of impoverished families within Barnsley is rising.</p> <p>ACTION: Margaret Libreri to contact all schools that are eligible for free school breakfasts to ensure they are accessing what is available to them.</p> <p>ACTION: To bring a full report on Food Access and present to the SCP Board in May.</p>
10.	<p>Integrated Care Outcome Framework – Joe Minton</p> <p>Joe Minton and Dr Andy Snell attended to deliver the Integrated Care Outcome Item with key points being as follows:</p> <ul style="list-style-type: none"> • The context of the draft outcomes framework – goes back over a year of thinking about commissioning integrated care for Barnsley. What does this need to look like based on what it needs to deliver. • Feedback has led to the HWBB asking for a framework that sits at the top to show what needs to be delivered. • The 5 domains of the framework are: <ul style="list-style-type: none"> - Overarching - Lifestyle and Wider Determinants - Resilience and Emotional Well Being - High Quality Coordinated Care - Improving Quality Of Life <p>The above 5 domains were discussed in further detail, focusing on 'Outcome', 'Indicator' and 'Rationale'.</p> <p>Feedback from recent engagement was discussed and focus will be around the following points:</p> <ul style="list-style-type: none"> • All suicides and attempted suicides • Care Homes • Substance Misuse • Special Educational Needs and Disability

	<ul style="list-style-type: none"> • Persistent Attendance or Total Attendance • Early Years Indicator should drill down to disadvantaged <p>The framework will be taken to the Health and Well Being Board in April for ratification.</p> <p>Following discussion, Margaret Libreri welcomed the emphasis on persistent attendance/total attendance as this is a real barrier to achieving excellence in education.</p> <p>Dr Andy Snell advised this is not just about health care, but about the system that affects health and it is essential to make it relevant to health and social care providers. Anything that can influence this can support, e.g. education, should the quality of education be captured. If there are faults in the education system, health can support on this. Anything broader than health would be welcomed.</p> <p>Why health isn't working closely with the education systems to improve needs to be looked at.</p> <p>ACTION: Shiv Bhurtun to share the All Age Early Help Strategy indicators with Joe Minton, to cross reference.</p>
11.	<p>Neighbourhood Development (Development of Local Care Networks) Phil Hollingsworth</p> <p>An update was given on the work taking place around the development of Local Care Networks:</p> <ul style="list-style-type: none"> • A recent event was held which CCG hosted, where the concept of 3 networks was looked at. • A proposal is being worked on to go to the Board, which is the main focus of the Integrated Care Delivery Group. • A new GP contract was published in January, which throws in a further element of development of Integrated Care which can be merged with work that is already being thought through; particularly within the Dearne. • In terms of the primary care world, a structure is required that sits above this for Barnsley as a whole and it has been agreed that there will be one 'super network' with 6 areas feeding into this. • The proposal of how work is currently being done within the Dearne will be rolled out to the remaining 5 areas within the coming months. <p>It was agreed that it makes much more sense to have 6 established areas as this provides better governance.</p> <ul style="list-style-type: none"> • The work currently being undertaken within the Dearne, which is working well, can be used as proof of concept. The remaining 5 areas can then develop their own plan on how they want to work. • Space will be given to allow the different areas to develop and enable partners to come together and work collectively.

	<ul style="list-style-type: none"> • A blue print of how to roll this out to the remaining areas is currently being worked on. • From each area there will be a link officer back to the Integrated Care Delivery Group. <p>It was agreed that there has been a lot of progress to cement the direction of travel.</p>
12.	<p>Alcohol Public Health Plan – Gareth Robinson/Christus Ferneyhough</p> <p>Gareth gave an overview of the alcohol priority of the refreshed Public Health Strategy:</p> <ul style="list-style-type: none"> • The focus of the plan is people living in deprived areas as these prove to be the highest admittance to hospital, although efforts will also be directed to professional people. • Public Health England have been trying to get people on board to undertake the CLear Peer Assessment with Barnsley being the first LA to do so. • The results that came out of the CLear self-assessment gave an idea of work that is being undertaken in Barnsley with other partners and enabled a plan to be established with a clear strategic direction. • More work needs to be carried out closely with partners around data in this area. • The 6 priorities of the alcohol plan were discussed: <ul style="list-style-type: none"> -Night time economy -Availability -Affordability -Acceptability -Young People -Industry • The alcohol alliance is an important part of the plan with the first meeting being 1st April. If members would like to be involved but have not yet received an invite they are to inform Carrie Abbott. • It was noted that the Alcohol Plan and the All Age Early Help Strategy complement each other, with links between the 5 key priorities. <p>Dave Fullen noted the importance of Berneslai Homes being included as a Stakeholder but this currently is not the case. Gareth to rectify this.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • Members of the board to inform Carrie Abbott if they would like to be part of the Alcohol Alliance but have not yet received an invite. (The first meeting being 1st April) • Gareth to add Berneslai Homes to the list of Stakeholders.
13.	<p>Forward Plan – Phil Hollingsworth</p> <p>The items on the forward plan for the May SCP Board meeting were discussed and agreed.</p> <p>Carrie Abbot noted that it may be useful to talk about the suicide prevention</p>

	<p>work that is being undertaken.</p> <p>ACTION: To confirm with Julian Horsler how the LGBT part of the equality and diversity plan will be driven forward now that this community forum no longer exists as this is something Berneslai Homes are struggling with.</p>
14.	Any Other Business
	No other business was identified.
15.	Date of Next Meeting
	<p>Wednesday 22nd May 2019 14:00pm-16:00pm Westgate, L3 Boardroom</p>

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South Yorkshire and Bassetlaw Shadow Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

19 October 2018

**The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU**

Decision Summary

Minute reference	Item	Action
88/18	Matters arising Place Update – Microsystem Coaching Richard Jenkins agreed to undertake a scoping exercise and report back to the Executive Steering Group.	RJ
91/18	Development of Integrated Care in Places The Board requested that the slides be circulated to members following the meeting.	MM

South Yorkshire and Bassetlaw Shadow Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

19 October 2018

The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU

Name	Organisation	Designation	Present	Apologies	Deputy for
Sir Andrew Cash CHAIR	South Yorkshire and Bassetlaw ICS	Chief Executive, SYB ICS	✓		
Adrian England	Healthwatch Barnsley	Chair		✓	
Ainsley Macdonnell	Nottinghamshire County Council	Service Director	✓		
Alison Knowles	Locality Director North of England,	NHS England	✓		
Alan Davis	South West Yorkshire Partnership NHS FT	Director of Human Resources	✓		
Andrew Hilton	Sheffield GP Federation	GP		✓	
Ann Gibbs	Sheffield Teaching Hospitals NHS FT	Director of Strategy		✓	
Anthony May	Nottinghamshire County Council	Chief Executive		✓	
Ben Jackson	Academic Unit of Primary Medical Care, Sheffield University	Senior Clinical Teacher		✓	
Catherine Burn	Voluntary Action Representative	Director		✓	
Chris Edwards	NHS Rotherham Clinical Commissioning Group	Accountable Officer	✓		
Chris Holt	The Rotherham NHS FT	Deputy Chief Executive and Director of Strategy and Transformation		✓	
Clare Hodgson	EMAS	Assistant Director of Strategy Development and Commercial Services	✓		
Clare Morgan	Sheffield Teaching Hospitals NHS Foundation Trust	Programme Director (Chief Executives Office)		✓	
David Pearson	Nottingham County Council	Deputy Chief Executive		✓	
Des Breen	South Yorkshire and Bassetlaw ICS	Medical Director	✓		
Dominic Blaydon	Rotherham Hospital FT	Associate Director of Strategy and Transformation		✓	
Diana Terris	Barnsley Metropolitan Borough Council	Chief Executive		✓	
Giles Ratcliffe	Public Health England	Consultant Specialised Commissioning	✓		Frances Cuning
Greg Fell	Sheffield City Council	Director of Public Health		✓	
Frances Cuning	Yorkshire & the Humber	Deputy Director – Health		✓	

	PHE Centre	and Wellbeing			
Helen Stevens	South Yorkshire and Bassetlaw ICS	Associate Director of Communications and Engagement	✓		
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	✓		
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer		✓	Hayley Tingle
James Scott	South Yorkshire and Bassetlaw ICS	Senior Programme Manager		✓	
Janet Wheatley	Voluntary Action Rotherham	Chief Executive		✓	
Jeremy Cook	South Yorkshire and Bassetlaw ICS	Director of Finance	✓		
John Mothersole	Sheffield City Council	Chief Executive		✓	
John Somers	Sheffield Children's Hospital NHS Foundation Trust	Chief Executive	✓		
Jo Miller	Doncaster Metropolitan Borough Council	Chief Executive		✓	
Julia Burrows	Barnsley Council	Director of Public Health	✓		
Kathryn Singh	Rotherham, Doncaster and South Humber NHS FT	Chief Executive		✓	
Kirsten Major	Sheffield Teaching Hospitals NHS FT	Interim CEO	✓		
Kevan Taylor	Sheffield Health and Social Care NHS FT	Chief Executive	✓		
Lesley Smith	NHS Barnsley Clinical Commissioning Group	SYB ACS Deputy System Lead, Chief Officer NHS Barnsley CCG	✓		
Linda Crofts	HEE	Workforce Transformation Lead	✓		Mike Curtis
Lisa Kell	South Yorkshire and Bassetlaw ICS	Director of Commissioning Reform	✓		
Louise Barnett	The Rotherham NHS Foundation Trust	Chief Executive	✓		
Maddy Ruff	NHS Sheffield Clinical Commissioning Group	Accountable Officer	✓		
Mags McDadd	South Yorkshire and Bassetlaw ICS	Corporate Committee Administrator, Executive PA and Business Manager	✓		
Matthew Groom	NHS England Specialised Commissioning	Assistant Director	✓		
Matthew Sandford	Yorkshire Ambulance Service NHS Trust	Associate Director of Planning and Development		✓	
Mike Curtis	Health Education England	Local Director		✓	
Moir Dumma	NHS England	Director of Commissioning Operations		✓	
Neil Priestley	Sheffield Teaching Hospitals NHS FT	Director of Finance		✓	
Neil Taylor	Bassetlaw District Council	Chief Executive		✓	

Paul Moffat	Doncaster Children's Services Trust	Director of Performance, Quality and Innovation		✓	
Patrick Birch	Doncaster Metropolitan Borough Council	Strategic Lead for Adult Transformation		✓	
Paul Smeeton	Nottinghamshire Healthcare NHS Foundation Trust	Executive Director	✓		
Richard Henderson	East Midlands Ambulance Service NHS Trust	Chief Executive		✓	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust	Chief Executive	✓		
Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS FT	Chief Executive	✓		
Richard Stubbs	The Yorkshire and Humber Academic Health Science Network	Chief Executive	✓		
Rob Webster	South West Yorkshire Partnership NHS FT	Chief Executive		✓	
Rod Barnes	Yorkshire Ambulance Service NHS Trust	Chief Executive		✓	
Rupert Suckling	Doncaster Metropolitan Borough Council	Director of Public Health	✓		Jo Miller
Ruth Hawkins	Nottinghamshire Healthcare NHS FT	Chief Executive		✓	
Sandra Crawford	Nottinghamshire Healthcare NHS FT	Associate Director of Transformation Local Partnerships Division		✓	
Sarah Halstead	NHS England Specialised Commissioning	Senior Service Specialist and RightCare Associate		✓	
Sharon Kemp	Rotherham Metropolitan Borough Council	Chief Executive		✓	
Simon Morritt	Chesterfield Royal Hospital NHS FT	Chief Executive	✓		
Steve Page	Yorkshire Ambulance Service	Executive Director Quality, Governance & Performance Assurance / Deputy CEO	✓		Rod Barnes
Steve Shore	Healthwatch Doncaster	Chair		✓	
Teresa Roche	Rotherham Metropolitan Borough Council	Director of Public Health	✓		
Tim Moorhead	NHS Sheffield Clinical Commissioning Group	Clinical Chair		✓	
Will Cleary-Gray	South Yorkshire and Bassetlaw ICS	Chief Operating Officer	✓		
Yvonne Elliott	Primary Care Sheffield	Deputy Chief Executive Officer		✓	

Minute reference	Item	Action
85/18	<p>Welcome and introductions</p> <p>The Chair welcomed members to the meeting.</p> <p>The Chair informed the Board that no decisions were required at the meeting and the main focus of today's meeting were:</p> <ul style="list-style-type: none"> • National update on the Long Term Plan • Cancer – 62 day performance and 31 day performance • SYB ICS Governance review update 	
86/18	<p>Apologies for absence</p> <p>The Chair noted the apologies for absence.</p>	
87/18	<p>Minutes of the previous meeting held 14th September 2018</p> <p>The minutes of the previous meeting were agreed as a true record and will be posted on the website after this meeting. www.healthandcaretogethersyb.co.uk</p>	
88/18	<p>Matters arising</p> <p>Place Update – Microsystem Coaching Richard Jenkins agreed to undertake a scoping exercise and report back to the Executive Steering Group.</p> <p>All other matters agenda arising were actioned or noted on the agenda.</p>	RJ
89/18	<p>National Update</p> <p>CEO ICS Report</p> <p>The Chair presented the Chief Executive Officer's report to the meeting.</p> <p>The monthly report provided an update on:</p> <ul style="list-style-type: none"> • The work on the ICS CEO over the last month • Update on a number of key priorities not covered elsewhere on the agenda <p>The report gave a concise update to the Board regarding the following:</p> <ul style="list-style-type: none"> • ICS Performance Scorecard • South Yorkshire and Bassetlaw Integrated Care System official launch • ICS ways of working / governance review • Memorandum of Understanding (MOU) • Public Engagement Workshop • Long Term Plan • Local Health Care Record Exemplar (LHCRE) • Sharing systems good practice – North of England <p>The Chair informed the Board that the ICS performance scorecard highlighted the collective position at July 2018 as compared with other areas in the North of England and other ICSs. It was noted that the two areas underachieving are; 31 day cancer standards (currently 95.3% - the standard being 96%) and Cancer 62 day standard (currently 82.9% - standard being 85%).</p> <p>The Board noted that a big emphasis has been put on the increasing number of urology referrals, predominantly influenced by the high media attention from celebrities and this has been felt locally, as well as an increase in breast symptomatic referrals.</p>	

	<p>The Board was advised that a number of recovery incentives are in place and additional transformation funding has been allocated nationally to support improvements of which the North will receive a proportion. The Chair added that the system is working with colleagues across NHSI and NHSE on an overall plan to support the Cancer Alliance to achieve a more stable position and get a long term sustainable result in trust performance.</p> <p>The Chair informed the Board that the governance review is progressing within the timeframe, with the ambition to have a draft proposal for discussion in December 2018 and new arrangements commencing from April 2018. It was noted that any new arrangements would be within the current legal framework and would not change any of the statutory accountabilities of organisations.</p> <p>The Board was asked to consider the proposal of an ICS place based meeting in Q3 and Q4 to identify improvement issues at a system level. The meeting would be chaired by Sir Andrew Cash with representation from NHSE and NHSI. This meeting would be in addition to place meetings already scheduled with NHSE/I. Alison Knowles added that a report will be presented to the Senior Executive Team on 23rd October for consideration.</p> <p>The Chair concluded that the proposal required careful consideration and would take on board the views of the members.</p> <p>The Chair asked the Board to note that Yorkshire and the Humber have received funding of £7.5m for the Local Health Care Record Exemplar (LHCRE) – the ambitious objective is to integrate health and care records across the region to improve care.</p>	
90/18	<p>ICS Highlight Report</p> <p>The Collaborative Partnership Board received the ICS Highlight Report from Lisa Kell, Director of Commissioning, SYB ICS.</p> <p>The report provided a summary identifying progress and key risks in relation to each of the SYB ICS workstreams.</p> <p>SROs were asked to consider the report and identify recommendations to future reports. Comments should be forwarded to Lisa Kell.</p> <p>The risks identified relate to the following workstreams – Cancer Alliance performance; Children and Emergency, Digital, Elective and Diagnostics, Mental Health and Learning Disabilities, Prevention and Radiology.</p> <p>This new format of reporting was welcomed by the Board.</p> <p>The Chair thanked Lisa Kell for her report.</p>	
91/18	<p>Development of Integrated Care in Places</p> <p>The Collaborative Partnership Board received a report and powerpoint presentation from Alison Knowles, Locality Director – NHS England North (Yorkshire and Humber).</p> <p>Alison Knowles presented the current position on digital priorities, bids and funding. The digital vision is for all residents in South Yorkshire and Bassetlaw to have access to and to use digital technology and information in order to improve or maintain their own health and wellbeing.</p> <p>The Board noted that Mark Janvier is leading this project and will be contacting each place for representation to join the working group.</p> <p>The Board requested that the slides be circulated to members following the</p>	MM

	<p>meeting.</p> <p>Alison Knowles proceeded to present her report on Development of Integrated Care in Places.</p> <p>The Board noted that following verbal updates for each place at the previous Collaborative Partnership Board, it was agreed to produce a report capturing a structured, standardised approach at place, next steps and key priorities.</p> <p>The report provided updates on:</p> <ul style="list-style-type: none"> • The development of the national policy around integrated care as part of the forthcoming NHS Long Term Plan • The progress made within each of the five places. <p>It was noted that a quarterly update in this format will be produced so that the wider ICS can understand the progress in each place and consider the opportunities for collaborative working as a system.</p> <p>The report provided detailed updates from each place structured around five domains: Governance; Population health; Data and information; Payments and incentives, Co-ordinated delivery.</p> <p>The next steps for the five places were noted as follows:</p> <ul style="list-style-type: none"> ➤ Focus on Population Health ➤ Payments and incentives ➤ Governance ➤ Co-ordinated delivery <p>Following discussion, the Board agreed for Alison Knowles to attend the Programme Director's meetings at each place to support the data collection for future reports.</p> <p>The Collaborative Partnership Board was asked to note the contents of report.</p> <p>The Chair thanked Alison Knowles for her report.</p>	AK
92/18	<p>Long Term Plan</p> <p>The Collaborative Partnership Board received this report from Helen Stevens, Associate Director Communications and Engagement STB ICS.</p> <p>The report provided the high level overview of the key themes from system partners as part of the engagement on the Long Term Plan for the NHS.</p> <p>The Board was asked to note that the Long Term Plan is due to be published in late November / beginning of December 2018. From December 2018 – March 2019 staff, patients, the public and other stakeholders will have the opportunity to help local health and care organisations determine what the plan means for their area, and how best the ambitions it sets out can be met. Partners within SYB ICS will want to determine how this will work in each place and at a system level.</p> <p>The Chair asked the Board to note the dates of the Long Term Plan Engagement Event taking place in London on 22nd October and York on 29th October. The Board was encouraged to attend where possible to ensure representation from SYB ICS.</p> <p>The Chair thanked Helen Stevens for her report.</p>	
93/18	<p>Population Health Management</p> <p>The Collaborative Board received this report from Lisa Kell Director for Commissioning, SYB ICS, Maddy Ruff, SYB Chief Executive System Lead for</p>	

	<p>Primary Care, Population Health and Prevention and Dr Rupert Suckling Director of Public Health, Doncaster.</p> <p>The Board was informed that NHSE had mandated through its 2018/19 MOU with the ICS, the development of a population health function that facilitates the integration of services focused on populations across each place that are most at risk of developing acute illness and hospitalisation. Systems will build skills and capacity to implement population health management and make significant progress towards full maturity of the three NHSE population health management capabilities through a system-wide plan setting out locally determined population health priorities.</p> <p>The report provided an overview of the approach being taken to introduce population health in South Yorkshire and Bassetlaw and the next steps.</p> <p>Maddy Ruff asked the Board to note that engagement with Health and Care partners was imperative and that population health approaches should underpin all ICS workstreams. A PHM delivery group has been established with representation from the five places.</p> <p>The Board was informed that a progress report will be presented at the next meeting.</p> <p>The Chair thanked Maddy Ruff, Dr Rupert Suckling and Lisa Kell for their report.</p>	
94/18	<p>Prevention and Social Prescribing</p> <p>The Collaborative Board received this report from Dr Lisa Wilkins, Consultant in Public Health Medicine, SYB ICS.</p> <p>The report provided an update on progress of the three agreed priority areas within the ICS Prevention Workstream as follows:</p> <ol style="list-style-type: none"> 1. Embedding tobacco treatment dependency in secondary care – the QUIT programme 2. Systematic quality improvement in the identification and management of clinical risk factors for cardiovascular disease (Atrial fibrillation,, hypertension and cholesterol) 3. To increase access for a wider range of residents for South Yorkshire and Bassetlaw to social prescribing; a gateway to accessing non-medical forms of support and to empower clients to enhance their own well-being. <p>The Board noted that as part of the QUIT programme, Tackling Tobacco Dependency in Secondary Care Event is taking place on, 7th November 2018, 9-12 noon, St Mary's Conference Centre, Sheffield. The event is supported by a number of executive and senior executives. The Board was asked to encourage representation from their organisations.</p> <p>The Board was informed that all five places in South Yorkshire and Bassetlaw have a social prescribing service, Although all the services have developed differently to meet local needs, all have the same core principles. The objective is to further increase the social prescribing offer through collaborative partnership, stakeholder engagement including the voluntary and community sector and citizens, volunteers and the public; building on existing services and sharing best practice.</p> <p>The Board noted the contents of the report and the recommendations listed within the report in order to progress with the three prevention workstream priorities.</p> <p>The Chair thanked Dr Lisa Wilkins for her report.</p>	
95/18	<p>Hospital Services Programme Update</p> <p>The Collaborative Board received the Hospital Service Programme update report from Alexandra Norrish, Hospital Services Programme Director.</p>	

	<p>The Board was informed that all CCG Governing Bodies have signed off the Strategic Outline Case (SOC) of the Hospital Services Review (HSR) and the SOC will be published following ratification at this meeting. The report included details of feedback received from the governing bodies and trusts.</p> <p>Following discussion the Collaborative Partnership Board agreed the sign off of the SOC and the plans for publication.</p> <p>Alexandra Norrish informed the Board that in light of feedback received from Boards, governing bodies, and various groups and organisations around the final HSR report, a small number of changes was proposed in the following areas:</p> <ol style="list-style-type: none"> 1. Access – Transfers of Care / Choice / Bed capacity 2. Quality – Out of area transfers / Improving or maintaining quality 3. Equality <p>Following discussion, the Collaborative Partnership Board agreed to the refresh of the evaluation criteria for the Hospital Services Programme as detailed within the report.</p> <p>The Board received an update on the progress of the HSP Reference Group from their meeting on 22nd September 2018 and the Board will continue to receive progress reports.</p> <p>The Board was asked to formally approve the new name for the HSP going forward as “Working Together on Hospital Services”. The Board approved the recommendation.</p> <p>The Chair thanked Alexander Norrish for her reports.</p>	
96/18	<p>Finance Update</p> <p>The Collaborative Partnership Board received the report from Jeremy Cook, Finance Director SYB ICS.</p> <p>The Board noted that the planning guidance for 2019/20 is due in November 2018. A System Efficiency Board workshop was held on 29th September with a further workshop scheduled for 16th November.</p> <p>The Board was advised that the financial position at month 5 is a favourable variance against plan of £2.3m with all organisations forecasting achievement against plan. This is despite efficiency savings showing an adverse variance against plan at month 5 of £1.8 m and a forecast adverse variance of £2.7m. The key financial risks are in delivery of the efficiency savings in the second half of the year as a number of plans are back end loaded.</p> <p>The Board received an update on the financial framework 2019/20 and the workshop attended by Jeremy Cook on 21st September. A co-ordinated response collated from feedback from South Yorkshire and Bassetlaw Directors of Finance and Chief Operating Officers was submitted to NHSE/I on 4th October for consideration. The planning guidance for 2018/20 is due to be published in November.</p> <p>The Chair thanked Jeremy Cook for his report.</p>	
97/18	<p>Any Other Business</p> <p>There was no other business to consider.</p>	
98/18	<p>Date and Time of Next Meeting</p> <p>The next meeting will take place at 9.30am to 11.30am on 9th November 2018 in the Boardroom, 722 Prince of Wales Road, Sheffield, S9 4EU.</p>	

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REPORT TO THE HEALTH AND WELLBEING BOARD

9th April 2019

Draft Health & Wellbeing Board Terms of Reference

Report Sponsor:	SSDG
Report Author:	Karen Sadler
Received by SSDG:	18 th March 2019
Date of Report:	28 th March 2019

1. Purpose of Report

A. To propose the Health Wellbeing Board (HWB) draft terms of reference.

2. Delivering the Health & Wellbeing Strategy

2.1 The primary focus for the HWB is to develop and deliver the Health & Wellbeing Strategy. The detail behind this process is set out in the HWB terms of reference.

2.2 The current health & wellbeing strategy “Feel Good Barnsley” (2016 – 2020) is due to be reviewed throughout 2019 and renewed in early 2020. Pertinent elements for this process, including the responsibility for the JSNA are set out within the current draft terms of reference.

2.3 The health & wellbeing strategy will encompass and reflect the recently agreed strategic outcome framework for health and wellbeing. The current draft terms of reference refers to this framework as a key tool to assess progress for population health, health inequalities and the integration of health and care services.

3. Recommendations

3.1 Health and Wellbeing Board members are asked to:-

- Consider and agree the draft terms of reference, subject to any identified changes.

4. Introduction/ Background

4.1 The HWB was established under the Health and Social Care Act 2012. Locally the HWB has been in place since April 2013, and the terms of reference have been considered and reviewed annually.

4.2 The Board has evolved in line with ministerial expectation, including the responsibility for signing off the Better Care Fund, and has progressed alongside other relevant national strategic plans.

4.3 Most recently, the introduction and evolution of 'Sustainability and Transformation Plans' into Integrated Care Systems, have led the HWB to reflect and consider its position within both local and regional health and wellbeing systems.

4.4 Discussions at recent HWB development sessions have etched out a new way of working for the HWB in the future, based on system leadership and collaboration, rather than system governance.

4.5 Going forward the HWB will need to assert Barnsley's position on a regional platform, whilst delivering in its role to inspire, add value and future proof the local system.

5. Summary of changes to the Terms of Reference

5.1 The change made in the current draft terms of reference (Appendix 1) include:

- I. Section 3.1 - sets out the HWB's statutory duties and notes the responsibility to adhere to future ministerial expectations.
- II. Section 3.3 – refers to the development and use of a strategic health & wellbeing outcome framework.
- III. Section 3.6 – 3.7 – refer to the development of a work plan for the HWB, that will be reviewed regularly and owned by members.
- IV. Section 3.9 – refers to the HWB asserting its position at a regional level, and seeking opportunities to future proof services for Barnsley people.
- V. Section 4.1 – includes the following additional members: South Yorkshire Fire Service, Barnsley Healthcare Federation, Strategic Housing and the Third Sector.
- VI. Section 5.7 - commits members of the HWB to share the work of the Board with their organisation, networks of associates, other partnership groups; making requests and providing updates where relevant, to support the delivery of the vision/strategy for a healthier future for Barnsley.
- VII. Section 6.1 – introduces co-chairing arrangements by the Executive Leader of Barnsley MBC and the Chair of Barnsley CCG.
- VIII. Section 6.2 – 6.3 - set out the number of public meeting and development sessions per year.
- IX. Section 6.5 – refers to the process for other partnerships to raise matters of expectation to be considered by the HWB.
- X. Section 6.10 – refers to the development of collaborative relationships with other strategic partnerships and working groups within the system, to harness collective action for a healthier future for Barnsley.
- XI. Section 6.13 – suggests the HWB will share its work programme with the relevant scrutiny committees, and vice versa at regular intervals.
- XII. Section 7.3 – clarifies that support will be made available by the Council Governance Unit for members of the public who have literacy

difficulties to formulate their question for the consideration by the Health and Wellbeing Board.

6. Conclusion/ Next Steps

6.1 If agreed, the current draft terms of reference will stand for 12 months and then be reviewed. By April 2020 it is anticipated that the new health & wellbeing strategy will be in place for Barnsley, and the HWB position/voice will be stronger in the South Yorkshire and Bassetlaw's Integrated Care System.

7. Financial Implications

7.1 There is no financial implications

8. Consultation with stakeholders

8.1 The Senior Strategic Development Group have been consulted and support the ethos and content of the draft terms of reference.

9. Appendices

9.1 Appendix 1 – Health & Wellbeing Board Draft Terms of Reference 2019.

Officer: Karen Sadler, HWB Programme Manger

Date: 28/03/19

BARNSELEY HEALTH AND WELLBEING BOARD

DRAFT TERMS OF REFERENCE

(April 2019)

1.0	Purpose
1.1	<p>The Health & Wellbeing Board believes in a healthier future for Barnsley, and believes that all residents, communities, organisations, and partnerships have the capability, passion and drive to make this happen. The role of the health & wellbeing Board is to:</p> <ul style="list-style-type: none">• to improve population health, reduce inequalities and encourage the integration health and social care services• inspire and encourage all stakeholders to work collaboratively as a system, enabling innovative approaches and driving the conditions for health.
2.0	Background
2.1	<p>Established under the Health and Social Care Act 2012, Barnsley's Health and Wellbeing board has been in place since April 2013.</p>
2.2	<p>The Health & Wellbeing Board is a formal committee of the local authority, but operates as a multi-agency board of equal partners.</p>
2.3	<p>The HWB has evolved considerably over the last 6 years, with more rapid developments around system leadership taking place in the latter 2 years.</p>
2.4	<p>The introduction and development of regional NHS systems have led the Board to reflect and consider its position within both local and regional health and wellbeing systems.</p>
2.5	<p>Central to the Health & Wellbeing Board's development has been the drive to strengthen and assert Barnsley's position on a regional platform, whilst delivering in its role to inspire and add value to the local system</p>
3.0	Functions
3.1	<p>The Board is statutorily required to carry out the following functions:</p> <ul style="list-style-type: none">a) To undertake a Joint Strategic Needs Assessment (JSNA)ⁱ;b) To undertake a Pharmaceutical Needs Assessment (PNA)ⁱⁱ;c) To develop and publish a Joint Health and Wellbeing Strategy (JHWS) for Barnsleyⁱⁱⁱd) To provide an opinion on whether the Council is discharging its duty to have regard to the JSNA, and the JHWS, in the exercise of its functions^{iv};e) To review the extent to which the Clinical Commissioning Group (CCG) has contributed to the delivery of the JHWS^v; to provide an opinion to the CCG on whether their draft commissioning plan takes proper account of the JHWS^{vi}; and, to provide an opinion to NHS England on whether a commissioning

	<p>plan published by the CCG takes proper account of the JHWS^{vii};</p> <p>f) To support joint commissioning and encourage integrated working and aligned budget arrangements^{viii} in relation to health, health-related or social care services;</p> <p>g) To discharge all functions relating to the Better Care Fund that are required or permitted by law to be exercised by the Board; and</p> <p>h) To receive and approve any other plans or strategies which are required either as a matter of law or policy to be approved by the Board.</p> <p>i) To carry out new functions as requested by the Secretary of State and as advised in issued guidance.</p>
3.2	The work of the Health and Wellbeing Board is guided by the Barnsley Health and Wellbeing Strategy, which is based on an understanding of the health and wellbeing needs, assets and voice of the community in Barnsley, as set out in the Joint Strategic Needs Assessment (JSNA).
3.3	The Health and Wellbeing Board will consult with other strategic partnerships and communities to agree a strategic health & wellbeing outcome framework for the system. This outcome framework will be used by the Health and Wellbeing Board as a tool to assess improvements in population health, health inequalities and service integration.
3.4	The Health and Wellbeing Board will encourage commissioners of health and wellbeing services, to use the strategic health & wellbeing outcome framework to inform their commissioning plans.
3.5	The Health and Wellbeing Board will encourage plans for strategic developments to improve health and wellbeing outcomes in Barnsley, to be informed by the voice of communities/residents/service users, and be co-designed and co-produced.
3.6	The Health and Wellbeing Board will develop a work plan, which details the developments the Board will be focusing on in the months ahead. The work plan will be 'live' and owned by members of the Board.
3.7	The Health & Wellbeing Board work plan will be regularly reviewed and updated to allow the Board to respond to new information or changes to local, regional and national demands.
3.8	The Health & Wellbeing Board will provide a united voice on matters of strategic importance for the delivery of the Health and Wellbeing Strategy and to future proof services for Barnsley people.
4.0	Membership
4.1	<p>The Barnsley Health and Wellbeing Board brings together political, clinical, professional and community leaders in Barnsley; some are mandatory appointments to adhere to the national requirements for all Health and Wellbeing Boards and some are additional members who have been invited to join the Board.</p> <ul style="list-style-type: none"> • Executive Leader of Barnsley MBC • Council Cabinet Spokesperson (Communities)

	<ul style="list-style-type: none"> • Council Cabinet Spokesperson (People: Safeguarding) • Council Cabinet Spokesperson (Public Health) • Executive Director (People) Barnsley MBC • Executive Director (Communities) Barnsley MBC • Director of Public Health, Barnsley MBC • Chair, Barnsley NHS Clinical Commissioning Group • Chief Officer, Barnsley NHS Clinical Commissioning Group • Chief Executive, Barnsley Hospital NHS Foundation Trust • Chief Executive, South and West Yorkshire Partnership NHS Foundation Trust • Chief Operating Officer, Barnsley Healthcare Federation • Group Commander, South Yorkshire Fire & Rescue Service • Chief Superintendent (Barnsley District) South Yorkshire Police • A representative nominated by NHS England • Chair, Barnsley Healthwatch • A representative for Housing • A representative for the Third Sector
4.2	In addition the Health & Wellbeing Board will be supported by the Service Director Governance, Member and Business Support together with the Public Health Principal, Barnsley MBC and the Health and Wellbeing Board Manager.
4.3	Each member of the Board will nominate a designated deputy to represent his/her organisation at meetings of the Group when the permanent member is unable to attend. This is to ensure continual and unfettered engagement of all partner organisations in developing a healthier future for Barnsley.
4.4	Additional officers, particularly from the partner organisations represented on the Board, may attend its meetings to present specific reports, subject to the prior approval of the Chair of the Board.
5.0	Roles and Responsibilities
5.1	Attend Board meetings whenever possible and fully and positively contribute to discussions, reading and digesting any documents and information provided prior to meetings
5.2	Create a shared and inspiring vision/strategy for a healthier future for Barnsley, and be a strong advocate of this vision/strategy locally, regionally and nationally.
5.3	To act as system leaders and inspire others, including their own organisations, networks of associates, other partnership groups, and service users to contribute and do all that they can to deliver the vision/strategy for a healthier future for Barnsley.
5.4	Consider and contribute the Health & Wellbeing Board work plan to ensure the right items are considered by the Board at the right time, so that the Board can: influence and add value to strategic development and plans; consider challenges that require a system response; support the delivery of the vision/strategy for a healthier future for Barnsley.
5.5	Contribute positively to discussions using their insight, knowledge, perspective and strategic capacity, and act within the interests of Barnsley as a whole, to support the delivery of the vision/strategy for a healthier future for Barnsley.

5.6	Seek and consider diverse opinions as a process for driving innovation, maximising assets and making best use of available resources.
5.7	Share the work of the Board with their organisations, networks of associates, other partnership groups; making requests and providing updates where relevant, to support the delivery of the vision/strategy for a healthier future for Barnsley.
6.0	Governance and Accountability
6.1	The Board will be co-chaired by the Executive Leader of Barnsley MBC and the Chair of Barnsley CCG, with chairing of meetings generally alternating between them.
6.2	The Health & Wellbeing Board will meet in public approximately every 8 weeks, with a minimum of 6 per calendar year.
6.3	The Health & Wellbeing Board will also have approximately 6 development sessions per year, which may not always be in public. These sessions will be themed around specific topic areas pertinent to the Health and Wellbeing Strategy, and will also act as review points for the work of the Board.
6.4	The Health & Wellbeing Board will be supported by the Senior Strategic Development Group, who will propose and advise on the work programme for the Board and coordinate the themed development sessions.
6.5	The Health & Wellbeing Board Chair will invite matters of exception to be reported from the Chairs of other partnerships, where there is a shared agenda. When matters of exception are reported, the Board will consider and take agreed action.
6.6	Agendas and papers will be circulated to all members and be available on the Council's website 5 clear days in advance of any meeting.
6.7	The quorum or minimum attendance for meetings of the Board will be one quarter of its membership and should include at least one Council Cabinet Spokesperson and one representative from the Clinical Commissioning Group
6.8	The Board's meetings are open to the public and both the Council's Standing Orders and the highest ethical standards of public service will apply to its proceedings.
6.9	Draft minutes will be circulated to all members as soon as possible after the meeting. Minutes will be published on the website once confirmed by the subsequent meeting.
6.10	The Board will seek to develop collaborative relationships with other strategic partnerships and working groups within the system to harness collective action for a healthier future for Barnsley.
6.11	For the purpose of the Health and Social Care Act and Borough wide governance arrangements, the Barnsley Health and Wellbeing Board will be regarded both as a committee of Barnsley MBC and as a strategic partnership.
6.12	As a Council committee, the Board will be formally accountable to the Council. Its

	work may be subject to scrutiny by any of the Council's relevant scrutiny committees.
6.13	The Health & Wellbeing Board will share its work programme with the relevant scrutiny committees, and vice versa at regular intervals.
7.0	Probity and Transparency
7.1	The Health & Wellbeing Board is a meeting in public. A member of the public may ask a question at a meeting of the Health and Wellbeing Board that, in the opinion of the Council's Executive Director, Core Services, is relevant to the business of the Board and has been notified to the Council Governance Unit in writing or by email no less than 10 clear days in advance of the meeting in question.
7.2	Questions relating to items on the agenda for a specific meeting of the Board may be submitted by 7.00 pm on the day after the agenda's publication. Questions shall be no longer than 100 words.
7.3	If required, support will be made available by the Council Governance Unit for members of the public who have literacy difficulties to formulate their question for the consideration by the Health and Wellbeing Board.
7.4	All questions shall be answered by the relevant Board member, who may reserve the right to indicate that the answer is given within a specific paper on the Board's agenda or reply in writing after the meeting.
7.5	The Executive Director, Core Services reserves the right to reject questions that are libellous or vexatious, or simply repeat questions answered at previous meetings.
7.6	Each member of the Barnsley Health and Wellbeing Board is subject to the Ethical Standards requirements of Chapter 7 of the Localism Act 2011. Members will ensure the registration of any personal, professional or pecuniary interests with the Monitoring Officer and declare at meetings any relevant interests in any matter being considered by the Board.
7.7	Financial contributions are made on an annual basis from Barnsley Council, Barnsley Clinical Commissioning Group, Barnsley NHS Foundation Trust, South and West Yorkshire NHS Partnership Foundation Trust and South Yorkshire Police and Crime Commissioner; for the effective delivery of the Health & Wellbeing Board.
8.0	Review
8.1	The Board is recommended to review these Terms of Reference on a 12 monthly basis.

References

1. Section 116 Local Government and Public Involvement in Health Act 2007 (the LGPIHA 2007)
2. Section 128A National Health Service Act 2006 (the NHSA 2006).
3. Under Section 116A LGPIHA 2007

4. Under Section 116B LGPIHA 2007
5. Under Section 14Z15(3) and Section 14Z16 NHSA 2006
6. Section 14Z13(5) NHSA 2006
7. Section 14Z14 NHSA 2006
8. In accordance with Section 195 Health and Social Care Act 2012. This includes encouraging arrangements under Section 75 NHSA 2006.

ⁱ Section 116 Local Government and Public Involvement in Health Act 2007 (the LGPIHA 2007)

ⁱⁱ Section 128A National Health Service Act 2006 (the NHSA 2006).

ⁱⁱⁱ Under Section 116A LGPIHA 2007

^{iv} Under Section 116B LGPIHA 2007

^v Under Section 14Z15(3) and Section 14Z16 NHSA 2006

^{vi} Section 14Z13(5) NHSA 2006

^{vii} Section 14Z14 NHSA 2006

^{viii} In accordance with Section 195 Health and Social Care Act 2012. This includes encouraging arrangements under Section 75 NHSA 2006.

REPORT TO THE STRATEGIC SYSTEM DEVELOPMENT GROUP

9 April 2019

Integrated Care Outcomes Framework

Report Sponsor:	Julia Burrows, Director of Public Health, BMBC
Report Author:	Joe Minton, NHS Barnsley Clinical Commissioning Group
Received by SSDG:	18 March 2019

1. Purpose of Report

- 1.1. Over the last 12 months partners have been developing a local outcomes framework for integrated care.
- 1.2. At a recent development session, the Health and Wellbeing Board expressed an appetite to adopt this outcomes framework a tool to assess improvements in population health, health inequalities and service integration.
- 1.3. This report describes the engagement that has been undertaken with different organisations and groups over the last 12 months and includes the draft outcomes framework.

2. Recommendations

- 2.1. Barnsley Health and Wellbeing Board is asked to -
 - Note the engagement undertaken to develop the outcomes framework
 - Agree to adopt to the outcomes framework subject to any changes that HWB requires
 - Note the proposed next steps to further develop the outcomes framework and its use across the Barnsley system

3. Introduction/Background

- 3.1. The work to create a local outcome framework for integrated care was instigated by the Barnsley Integrated Care Partnership (then known as Barnsley Accountable Care Partnership) and the local clinical senate. The aim was to -
 - To set out what we want to achieve through greater collaboration between organisations
 - Support accountability to local people and communities
 - Help to define the services required and how they need to be delivered
 - Underpin future programmes of work and contracting – commissioning for outcomes

4. Principles

4.1. The following principles have guided the development of the outcomes framework.

- **Partnership working** – the outcomes framework aims to describe the ambitions of the local system to improve the health and wellbeing of the local population and there has been extensive engagement with different parts of the system to develop the framework.
- **Build on existing strategy (HWB, PH, strategic partnerships and individual organisations)** – the outcomes framework does not seek to replace existing strategy but build on local priorities and plans to describe the collective ambition.
- **Health and wellbeing: not just healthcare** – the determinants of health and wellbeing are much broader than the quality of health and care services commissioned and provided by statutory health and care organisation and therefore a wider system focus is required to positively impact on health and wellbeing in Barnsley.
- **Life course** – the framework should comprise outcomes and indicators that cover the whole life course from maternal and infant health to older people and end of life.
- **Measures that are routinely collected and reported already** – wherever possible the indicators included should be routinely collected and reported. The advantages to this are -
 - There is already a baseline to show progress made
 - It is easier to benchmark with other areas
 - to avoid the need to create new information flows that could be onerous
 - the indicators are well understood.
- **Adopt/adapt good practice** – to use examples from other areas such as work undertaken by Northumberland Clinical Commissioning Group with the Kings Fund.
- **Be ambitious** – the outcomes framework includes areas where we know there is a real need to make improvements and where this has been difficult to date.

5. Any stakeholder engagement/ co-production

5.1. There has been significant engagement with different stakeholders in the system. As well as individual statutory organisations the following groups have contributed to the outcomes framework -

- | | |
|---|---------------------------------------|
| • Barnsley Clinical Senate | • Stronger Communities Partnership |
| • Barnsley Community and Voluntary Sector | • Safeguarding Adults Board |
| • Barnsley Integrated Care Partnership | • Safeguarding Children's Partnership |
| • Safer Barnsley Partnership | • Children and Young People's Trust |

6. Barnsley Integrated Care Outcomes Framework

6.1. See appendix 1.

7. Limitations

7.1. Whilst there are lots of indicators available from various national frameworks it has not always been possible to find a strong indicator for the outcome we would like measure. Areas include -

- Alcohol-related harm
- Mental health
- Learning disabilities
- Person-reported

7.2. This is not a new issue. In each case we have selected what we believe to be the best available.

8. Next steps

8.1. The current draft only contains some targets where the indicators are already in use locally and targets have been through other strategies and programmes of work for example there is a target for reducing smoking prevalence as part of the public health strategy. It is proposed that HWB agrees targets for all the indicators included in the framework in the future.

8.2. The outcomes framework will form an integral part of the Joint Strategic Needs Assessment (JSNA) when it is published later in the year.

8.3. The current draft uses a simple design that will be enhanced to better show trends, comparators and highlight potential issues of concern.

8.4. It is intended that the outcomes framework is produced at a neighbourhood level (Area Council) in the future. Not all of the indicators selected are available at that level so this will include working with the local teams to agree suitable proxies.

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REPORT TO THE HEALTH AND WELLBEING BOARD

9th April 2019

ALCOHOL PLAN

Report Sponsor: Julia Burrows, Director of Public Health, BMBC
Report Author: Diane Lee, Head of Public Health, BMBC
Received by SSDG: 18th March 2019
Date of Report: 26th March 2019

1. Purpose of Report

1.1 Alcohol is one of three priorities in the refreshed public health strategy along with food and emotional resilience. This report provides:

- an overview of the issue from a national and local perspective;
- results from the alcohol CLear self-assessment;
- the alcohol plan on a page; and
- details of the alcohol improvement plan.

This suite of documents forms the Alcohol Plan for the borough.

2. Delivering the Health & Wellbeing Strategy

2.1 The Alcohol Plan will improve the health and wellbeing of Barnsley's residents and address the health inequalities associated with alcohol use.

Prevention is a golden thread throughout the plan which, through six priority areas, will ensure:

- Children start life healthy and stay healthy
- People live happy, healthier and longer lives
- People have improved mental health and wellbeing
- People live in strong and resilient families and communities
- People contribute to a strong and prosperous economy

3. Recommendations

3.1 Health and Wellbeing Board members are asked to:-

- support the strategic direction of the Alcohol Plan including the vision, priorities, outcomes and targets.

4. Introduction/ Background

- 4.1 Alcohol plays a significant role in our social lives and in our economy: it provides employment, generates tax revenue and stimulates the night-time economy.
- 4.2 Although the majority of people who drink do so moderately, alcohol consumption has doubled over the past 40 years. As a result, alcohol is the leading risk factor for deaths among men and women aged 15–49 years in the UK (PHE, 2018¹) and there are more than one million alcohol-related hospital admissions every year. The harm from alcohol goes far beyond individual health affecting families, friends and communities; it contributes to violent crime, domestic abuse and absence from work.
- 4.3 The impact of alcohol harm falls disproportionately on the more vulnerable people in society. Those in the lowest socioeconomic groups are more likely to be admitted to hospital or die from an alcohol-related condition compared to those in higher socioeconomic groups, so action that supports local work to prevent or reduce alcohol-related harm can also help reduce health inequality.
- 4.4 However, it is important that we do not neglect our efforts to those in the higher socioeconomic status groups. A study released by the [Office for National Statistics](#) (ONS²) has found that the most regular drinkers are those in professional jobs, with 69.5% of professionals reported having drunk in the last week compared with 51.2% of people in routine or manual occupations.
- 4.5 Although the relationship between alcohol consumption and socioeconomic status is complex there is a need to dismantle the stereotype around those who are problem drinkers.
- 4.6 The new national alcohol strategy is due to be published late 2019 and will focus on the need to reduce alcohol related harm in the home and community as well as the balance with the night time economy. In addition to a focus on behaviour change, marketing, NHS interventions and treatment, it is understood that the strategy will include longer term ambitions around fiscal policies including taxation, duties and reformulation.

5. Challenge, Leadership, Results (CLearR)

- 5.1 The alcohol CLearR (Challenge, Leadership, Results) self-assessment tool has been produced by Public Health England (PHE) to support an evidence-based response to preventing and reducing alcohol-related harm at a local

¹ <https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health>

² <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/bulletins/opinionsandlifestylesurveyadultdrinkinghabitsingreatbritain/2017#main-points>

level and builds on experience and successes from the tobacco control CLeaR model.

- 5.2 CLeaR helps place-based alcohol partnerships to assess local arrangements and delivery plans providing assurance that resources are being invested in a range of services and interventions that meet local need and which, the evidence indicates, support the most positive outcomes.
- 5.3 The CLeaR self and peer-assessment have been completed in Barnsley and 40 areas of improvement have been identified.

6. Alcohol Health Needs Assessment

- 6.1 A health needs assessment for alcohol was produced in 2017.
- 6.2 Key findings include:
 - 1 in 4 residents are drinking too much.
 - 56 – 80 year olds with a high socioeconomic status are most likely to drink daily at home.
 - Audit scores in GP records show 1 in 7 Barnsley residents are drinking at 'increasing risk' levels.
 - Treatment services for dependent drinkers are performing better than the national average.
 - Alcohol related mortality is in line with national average but there is a significant non-specific health burden from alcohol, shown by high alcohol hospital admissions.
 - Alcohol is widely available at a high density per head of population.
- 6.3 The results from the CLeaR self and peer assessment and alcohol Health Needs Assessment for Barnsley allows an evidence based approach to forming an alcohol partnership with a remit to: challenge services; provide leadership; develop and review pathways; establish information sharing protocols; and examine results all with a view to reducing the availability, affordability and acceptability of alcohol misuse across the population.

7. Implications for local people/service users

- 7.1 The local alcohol health needs assessment has identified that 1 in 4 residents drink more than recommended levels and GP records show that 1 in 7 residents are drinking at 'increasing risk' levels.
- 7.2 There are a high number of alcohol related hospital admissions in Barnsley.
- 7.3 The alcohol plan aims to create a sensible drinking culture across the borough to ensure that everyone who chooses to drink alcohol does so sensibly.

8. Conclusion/ Next Steps

- 8.1 The Barnsley Alcohol Alliance has been established and is meeting for the first time on 10th April 2019.

9. Financial Implications

- 7.1 There are no immediate financial implications from implementation of the Alcohol Plan.

10. Consultation with stakeholders

- 10.1 A workshop was held in December 2018 to which all Health and Wellbeing Board members were invited. This was an opportunity to discuss local need and to engage with partners on the development of priorities.
- 10.2 The alcohol plan has been presented to BMBC SMT and was shared, for information, with SSDG on 18th March. The alcohol plan has been received and approved by Cabinet.

11. Appendices

- 11.1 Alcohol Plan
11.2 Targets

Officer: Diane Lee, Head of Public Health, BMBC

Date: 26th March 2019

ALCOHOL PLAN 2018-2021

OUR VISION: TO CREATE A BOROUGH WHERE ALCOHOL IS ENJOYED SENSIBLY

OUR PRIORITIES

NIGHT TIME
ECONOMY

AVAILABILITY

AFFORDABILITY

ACCEPTABILITY

YOUNG
PEOPLE

INDUSTRY

OUTCOMES

- We will achieve Purple Flag accreditation and expand the Best Bar None awards
- We will assess the health impacts of each licensing application building an evidence base for cumulative impact policy where appropriate
- A reduction in the number of people diagnosed with alcohol-related liver disease
- A reduction in the number of alcohol-related hospital admissions
- A reduction in young people's alcohol consumption
- A reduction in alcohol-related crime and disorder
- A reduction in the number of dependent drinkers
- To stop the sale of high strength, low cost alcohol
- Increased awareness and understanding of alcohol-related harm across the whole population
- An informed workforce that feels empowered to have meaningful conversations about alcohol
- That people who are vulnerable due to alcohol are supported and kept safe (children, young people and adults)
- Developing better intelligence to achieve our vision
- Self-regulate local alcohol marketing and promotions to protect the under 18s from advertising

QUICK WINS

Establish an alcohol
alliance / partnership

To undertake CLeaR
peer assessment
and implement
improvement plan

Develop
communications plan
which aims to promote a
sensible drinking culture

Raise awareness of
alcohol units with wider
Barnsley's workforce
#whatsyourtotal

INDICATORS

- Hospital admission episodes for alcohol- related conditions
- Under 75 mortality rate from alcohol-related liver disease
- Hospital admission episodes for alcohol-related unintentional injury
- Violent crime (including sexual violence) – hospital admissions for violence
- Alcohol-related mortality
- Admission episodes for alcohol-specific conditions – Under 18s (Male & Females)
- Emergency hospital alcohol specific readmissions

DIGITAL

- Education & training
- Campaigns

HOW WE'LL GET THERE

- Partnership Approach
- Alcohol Alliance
- Action Plan



Executive Summary

Alcohol plays a significant role in our social lives and in our economy: it provides employment, generates tax revenue and stimulates the night-time economy.

Although the majority of people who drink do so moderately, alcohol consumption has doubled over the past 40 years. As a result, alcohol is the leading risk factor for deaths among men and women aged 15–49 years in the UK (PHE, 2018), and there are more than one million alcohol-related hospital admissions every year.

The harm from alcohol goes far beyond individual health affecting families, friends and communities; it contributes to violent crime, domestic violence and absence from work.

The impact of alcohol harm falls disproportionately on the more vulnerable people in society. Those in the lowest socioeconomic groups are more likely to be admitted to hospital or die from an alcohol-related condition compared to those in higher socioeconomic groups, so action that supports local work to prevent or reduce alcohol-related harm can also help reduce health inequality.

However, it is important that we do not neglect our efforts to those in the higher socioeconomic status groups. A study released by the Office for National Statistics (ONS) has found that the most regular drinkers are those in professional jobs, with 69.5% of professionals reported having drunk in the last week, compared with 51.2% of people in routine or manual occupations.

Although the relationship between alcohol consumption and socioeconomic status is complex there is a need to dismantle the stereotype around those who are problem drinkers.

National context

The new national alcohol strategy is due to be published in late 2019 and will focus on the need to reduce alcohol related harm in the home and community as well as the balance with the night time economy. In addition to a focus on behaviour change, marketing, NHS interventions and treatment it is understood that the strategy will include longer term ambitions around fiscal policies including taxation, duties and reformulation.

Local context

The alcohol CLear (Challenge, Leadership, Results) self-assessment tool has been produced by Public Health England (PHE) to support an evidence-based response to preventing and reducing alcohol-related harm at a local level and builds on experience and successes from the tobacco control CLear model.

CLear helps place-based alcohol partnerships to assess local arrangements and delivery plans providing assurance that resources are being invested in a range of services and interventions that meet local need and which, the evidence indicates, support the most positive outcomes.

The CLear self and peer-assessment has been completed in Barnsley and the results, along with a recently completed health needs assessment, now allows an approach to forming an alcohol partnership with a remit to: challenge services; provide leadership; develop and review pathways; establish information sharing protocols; and examine results all with a view to reducing the availability, affordability and acceptability of alcohol misuse across the population.

Key findings from the Barnsley HNA include:

- 1 in 4 residents drink too much
- By aged 15, almost 4 in 5 Barnsley young people have tried alcohol, and Barnsley has the highest prevalence in the country for 15 year olds who have ever had a drink
- 56 – 80 year olds with a high socioeconomic status are most likely to drink daily at home
- Audit scores in GP records show 1 in 7 Barnsley residents are drinking at 'increasing risk' levels
- Treatment services for dependent drinkers are performing better than the national average
- Mortality is in line with national average, however there is a significant non-specific health burden from alcohol, shown by high alcohol hospital admission
- Alcohol is widely available at a high density per head of population, particularly in the town centre

The HNA makes a number of recommendations as follows:

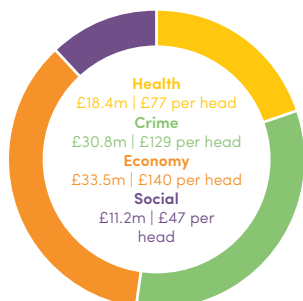
- Different approaches are needed for the different 'types' of drinkers – such as differently marketed communication and health messaging
- Build on previous local work with young people to delay drinking or provide social opportunities with alternatives to drinking
- Use Audit scores in GP records to gain a better understanding of local drinking behaviours and risk
- Limit alcohol outlet density through planning and licensing powers
- Consider the possibilities of local application of minimum unit pricing, which has the potential to reduce the amount of alcohol consumed

Making the case for continued investment in reducing alcohol related harm

Cost of alcohol harm in Barnsley

In 2015/16 the overall cost to the borough was 93.9million estimated to be: £392 per head of population.

OVERALL COST BREAKDOWN



NHS & HEALTHCARE: £18.4M

Hospital admission costs:

Wholly attributable to alcohol
1,462 admission cost **£2.6m**

Partially attributable to alcohol
4,572 admission cost **£7.5m**

All alcohol related admissions
6,034 admission cost **£10.1m**

CRIME & DISORDER: £30.8M

Anticipation of crime **£1.3m**

Consequence of crime **£28.4m**

Response to crime **£1.1m**

Estimated number of alcohol related crimes in 2015/2016 **17,600**

4,900 for criminal damage

1,300 for violence against the person

10,600 for theft

WIDER ECONOMY: £33.5M

Presenteeism:

(at work but reduced productivity)

63,200 days at a cost of £6.7m

Absenteeism:

(not at work due to illness)

51,700 days at a cost of £5.4m

67 alcohol related deaths resulted in
859 potential years of working life
lost with associated costs of **£14.9m**

SOCIAL SERVICES: £11.2M

Local authority budget estimated to be attributable to alcohol:

Children

Social services **£10.5m**

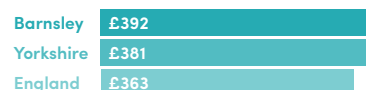
Substance misuse services **£39,700**

Adults

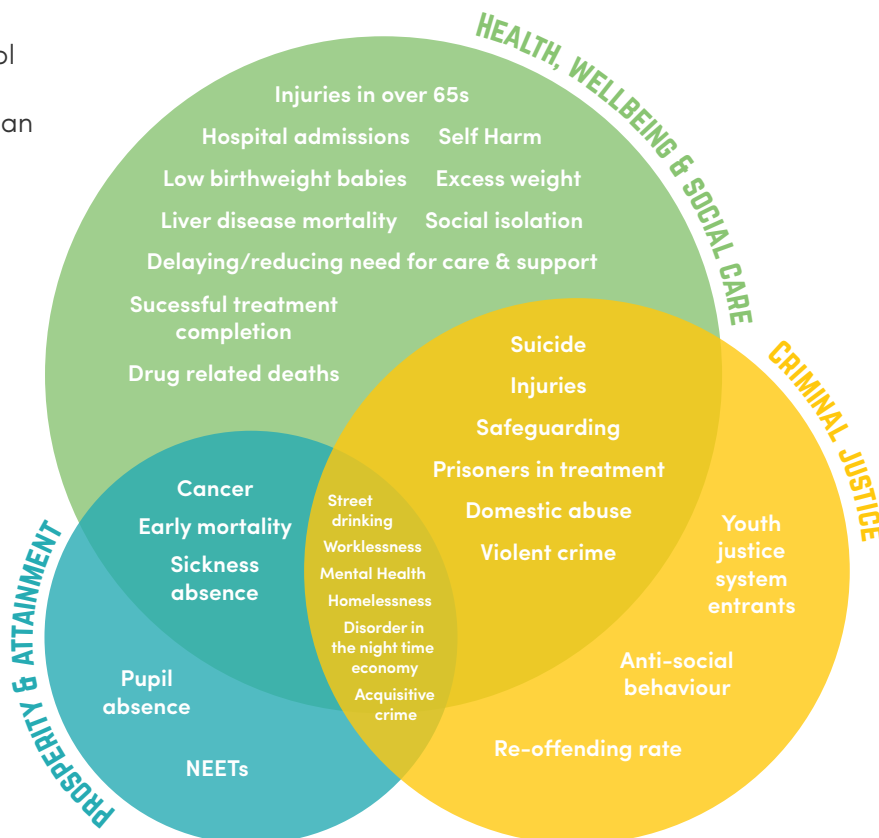
Substance misuse support and alcohol misuse services **£701,000**

(based on Local Authority returns published by DCLG)

COST PER HEAD



The public health burden of alcohol is wide ranging, relating to health, social or economic harms. These can be tangible, direct costs (including costs to the health, criminal justice and welfare systems), or indirect costs (including the costs of lost productivity due to absenteeism, unemployment, decreased output or lost working years due to premature pension or death). The consequences of alcohol misuse are borne by individuals, their families, and the wider community. The figure to the right sets out the range of Public Health Outcomes Framework indicators that alcohol impacts upon. By taking action to reduce alcohol-related harm at the local level, it is possible to improve the positive outcomes achieved across systems.





The alcohol plan will complement other strategic plans where alcohol is a key issue, including, but not limited to:

- Health and Wellbeing Strategy
- Food strategy
- Safer Barnsley Partnership Plan
- Suicide Prevention Plan
- Children and Young People's Plan
- Neglect Matters Strategy
- Statement of Licensing Policy
- Local Authorities Corporate Aims and Objectives

The extent of alcohol harm in Barnsley

Alcohol-related health risk is determined by the volume of alcohol consumed and the frequency of drinking occasions. Broadly, the more someone drinks, the greater the risk. As such, understanding levels and patterns of alcohol consumption in your local area can help you plan the activity needed to reduce alcohol-related harm. Dependent drinkers have a particularly high impact on NHS, police, criminal justice, and social care service costs per head.

In Barnsley it is estimated that alcohol consumption is currently at 7.7 litres per capita, representing an annual average expenditure on alcohol of £402.70 per person.

AT A GLANCE...

Consumption of pure alcohol per capita per year (based on off-trade sales)	8 LITRES
Proportion of the adult population estimated to be abstainers	14.5%
Proportion of the adult population drinking above low risk guideline	25.8%
Rate of alcohol-related hospital admission episodes (narrow measure)	773 PER 100,000
Estimated number of alcohol dependent adults	3,458
Estimated number of children living with an alcohol dependent adult	1,320
Proportion of children in need assessments that record alcohol as a contributory factor	8.6%

WE WILL WORK TOGETHER TO PROVIDE STRATEGIC VISION AND LEADERSHIP IN THE DRIVE TO PREVENT AND REDUCE ALCOHOL-RELATED HARM.

WE WILL ENSURE EVERYONE IS SUPPORTED TO MAKE INFORMED CHOICES ABOUT THEIR ALCOHOL USE.

ALCOHOL IS TAKEN FOR GRANTED IN THE UK TODAY.

IT IS EASY TO GET HOLD OF, INCREASINGLY AFFORDABLE, ADVERTISED EVERYWHERE AND ACCEPTED BY MANY AS AN INTEGRAL PART OF DAILY LIFE.

How we will deliver the Alcohol Plan

1. Action Plan

An action plan has been developed which lists the steps needed to achieve our vision. The action plan includes specific interventions, resources and timescales and will be continuously updated according to local need and national evidence.

2. One Council

The alcohol plan will be delivered in partnership with all council directorates and external partners. Although the plan will be led by public health, the alcohol agenda has relevance to all council business plans and strategies: therefore success will only be made possible through collaboration and shared responsibilities.

3. Alcohol Alliance

Progress and achievements will be monitored by public health DMT but it is proposed that an alcohol alliance be established with learning gained from the success of the tobacco control alliance.

Given the diversity of alcohol, developments will also be reported into other stakeholder groups as and when required – some of which are listed below.

4. Stakeholders

Alcohol is of interest to a number of different services in the community and departments within the Council, with many initiatives already addressing alcohol misuse and alcohol-related harm. To be successful, however, the alcohol plan will need support from all stakeholders who have an interest in this area and these stakeholders will need to work together to form an alliance and achieve shared priorities and outcomes.

Internal Stakeholders	External Stakeholders
Early Help Adults Delivery Group Area Councils Business Intelligence Barnsley Safeguarding Board Events and Culture Adult Commissioning Children's Commissioning Family Centres Planning Public Health Nursing Service Safer Neighbourhood Service Licencing Youth Offending Team Town Centre Management Trading Standards	CRC and Probation Yorkshire Ambulance Service Barnsley CCG Barnsley GP Federation Barnsley Hospital Healthwatch Schools & Colleges South West Yorkshire NHS Foundation Trust Voluntary Sector South Yorkshire Police South Yorkshire Fire and Rescue Berneslai Homes

**Town
Spirit**

Liveit

Looking after
yourself and others

Alcohol Plan 2018 – 2021

No.	Indicator Title	Definition	Latest performance	Target 2019/20	Target 2020/21	
1.	Admission episodes for alcohol-related conditions (narrow) (male) <i>All ages, per 100,000 population</i>	Admissions to hospital where the primary diagnosis is an alcohol-related condition or a secondary diagnosis is an alcohol-related external cause	2017/18 (2008/9) 978 (942) Y&H 887 (776) Eng 809 (793)	930	880	10% decrease over 2 years
2.	Admission episodes for alcohol-related conditions (narrow) (female) <i>All ages, per 100,000 population</i>	Admissions to hospital where the primary diagnosis is an alcohol-related condition or a secondary diagnosis is an alcohol-related external cause	2017/18 (2008/9) 628 (482) Y&H 527 (472) Eng 473 (440)	595	565	10% decrease over 2 years
3.	Admission episodes for alcohol-specific conditions – Under 18s (male) <i>Per 100,000 population</i>	Admissions to hospital for under 18s where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition	2015/16 – 17/18 (2006/7) 27.5 (91) Y&H 28.3 (65.6) Eng 26.4 (62)	25	22.5	Stretch decrease of approximately 10% per year
4.	Admission episodes for alcohol-specific conditions – Under 18s (female) <i>Per 100,000 population</i>	Admissions to hospital for under 18s where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition	2015/16 – 17/18 (2006/7) 58.5 (84) Y&H 38.8 (81.5) Eng 39.6 (82.7)	53	47.5	Stretch decrease of approximately 10% per year
5.	Emergency alcohol-specific readmission to any hospital within 30 days of discharge following an alcohol-specific admission	Indirectly age and sex standardised ratio of emergency readmissions with a primary diagnosis or an external cause code of an alcohol-specific condition within 30 days of a previous discharge following an alcohol-specific admission, with 95% confidence intervals (CI).	2015/18 (2011/14) 98.2 (83.4) Y&H - n/a Eng – n/a	93	88	10% decrease over 2 years

We have to be mindful with any projected target as nationally published figures for all four measures have a time lag of two years and 3 & 4 being subject to a rolling average across a three year period (ie, the last figures were for 2015/16 – 2017/18). This means that any change in performance for 2019/20 will not be tangibly detected in the statistics until 2021/22. Therefore, we will need to rely on local measures in the short to medium term to give an indication on the effectiveness of any new initiatives and interventions.

Data includes inpatient admissions only.

Narrow definition - where the main reason for admission is caused in full or in part by alcohol e.g. alcohol poisoning, alcoholic liver disease

Broad definition – where the main or secondary reason for admission is caused in full or in part by alcohol e.g. cardiac arrhythmia, hypertension, breast cancer

REPORT TO THE HEALTH AND WELLBEING BOARD

9th April 2019

Director of Public Health Annual Report 2018

Are you Contactless? Changing the way we connect in a digital world

Report Sponsor:	Julia Burrows, Director of Public Health, BMBC
Report Author:	Diane Lee, Head of Public Health
Received by SSDG:	18 th March 2019
Date of Report:	26 th March 2019

1. Purpose of Report

1.1 To provide Health and Wellbeing Board members with information about the Director of Public Health 2018 annual report.

2. Delivering the Health & Wellbeing Strategy

2.1 The 2018 annual report aims to improve the health and wellbeing of Barnsley's residents and address the health inequalities associated with loneliness.

The report's recommendations will contribute to the following Health and Wellbeing strategy priorities:

- People live happy, healthier and longer lives
- People have improved mental health and wellbeing
- People live in strong and resilient families and communities

3. Recommendations

3.1 Health and Wellbeing Board members are asked to:-

- note the contents and recommendations of the annual report and support their implementation throughout 2019.

4. Introduction/ Background

4.1 The Director of Public Health (DPH) is an independent advocate for the health of the population and system leadership for its improvement and protection. The independence is expressed through the DPH Annual Report – an important vehicle for providing advice and recommendations on population

health to both professionals and public – providing added value over and above intelligence and information routinely available.

- 4.2 The annual report is the DPH's professional statement about the health of local communities, based on epidemiological evidence, and interpreted objectively. However it is not just the annual review of public health outcomes and activity. The annual report is an important vehicle by which the DPH can identify key issues, flag up problems, report progress and thereby serve their local populations.
- 4.3 It is a valuable process for internal reflection and team prioritisation as well as external engagement and awareness raising.
- 4.4 The 2017 Director of Public Health report in Barnsley, *A Day in the Life of* captured a snapshot in time to illustrate the health and wellbeing of Barnsley's residents. Through the completion of a diary, residents told us about their physical and mental health on 7 November 2017 and what might have made it better or worse.
- 4.5 More residents wrote about loneliness, social isolation and the importance of connections with others than any other subject. An eighty-four year old female resident wrote: "I'm going out today – looking forward to this, even if it is to a hospital appointment." This diary entry was a stark reminder of the importance of our connections with other people, no matter how brief they may be.
- 4.6 Loneliness is one of the greatest public health challenges of our time and so public health welcomes the Government strategy for tackling loneliness, '*A Connected Society*', which was published in October 2018. The strategy suggests how we must all lay the foundations for change which are described in the recommendations of '*Are You Contactless?*'
- 4.7 The report aims to be clear and relevant to a wide audience. It will take a Digital First approach and will be web based.

5. Conclusion/ Next Steps

- 5.1 The report will be used to communicate the work of the public health team within BMBC to the public, BMBC staff and partners. The public health team will work with partners, both internal and external, to coordinate delivery of the recommendations throughout 2019 which will be reported in the next DPH annual report.

7. Financial Implications

- 7.1 There are no financial implications.

8. Consultation with stakeholders

- 8.1 *'Are you contactless?'* has been presented to BMBC SMT and supported at cabinet. As in previous years, the majority of content was provided by residents of Barnsley through their engagement in a variety of focus groups and forums to discuss social isolation and loneliness.

9. Appendices

9.1 Appendix 1 – Are You Contactless?

Officer: Diane Lee, Head of Public Health, BMBC Date: 26th March 2019

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“WHEN THE CULTURE AND THE COMMUNITIES THAT ONCE CONNECTED US TO ONE ANOTHER DISAPPEAR, WE CAN BE LEFT FEELING ABANDONED AND CUT OFF FROM SOCIETY. IN THE LAST FEW DECADES, LONELINESS HAS ESCALATED FROM PERSONAL MISFORTUNE INTO A SOCIAL EPIDEMIC. MORE AND MORE OF US LIVE ALONE. WE WORK AT HOME MORE. WE SPEND A GREATER PART OF OUR DAY ALONE THAN WE DID 10 YEARS AGO. IT SOMETIMES FEELS LIKE OUR BEST FRIEND IS THE SMARTPHONE.”

Rachel Reeves MP, Co-chair,
Jo Cox Commission on Loneliness

ARE YOU CONTACTLESS?

Changing the way we connect in a digital world



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FOREWORD

I am the Director of Public Health in Barnsley and every year I am required by law to produce a report about the health of people who live in our town. This report helps me, my team and our wider partners to identify any key issues, flag up any problems, make new recommendations and describe how we are helping residents, their families and their friends to live healthier, happier lives.

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In our 2017 annual report, we captured a snapshot in time to illustrate the health and wellbeing of Barnsley's residents. Through the completion of a short diary, residents told us about their physical and mental health on 7 November 2017 and what might have made it better or worse. The response from residents was overwhelming and details of how we have responded to the issues raised can be found in chapter 1 of this report.

More residents wrote about loneliness, social isolation and the importance of connections with others than any other subject in the diary entries we received. I remember in particular one diary entry from an eighty-four year old female resident who wrote:

“I’M GOING OUT TODAY – LOOKING FORWARD TO THIS, EVEN IF IT IS TO A HOSPITAL APPOINTMENT.”

“JO ALWAYS LOOKED FORWARDS, NOT BACK: SHE WOULD HAVE SAID THAT WHAT MATTERS MOST NOW ARE THE ACTIONS, BIG AND SMALL... THAT’S A RESPONSIBILITY FOR ALL OF US.”

Seema Kennedy MP and Rachel Reeves MP, Co-chairs of the Jo Cox commission on Loneliness

This diary entry was a stark reminder of the importance of our connections with other people, no matter how brief they may be. A ten minute conversation during a hospital appointment might be the only human contact someone has that day or sadly, that week.

During a conversation about social isolation last year, a local resident told us how it was great that her bus pass was now contactless but it meant she did not even need to speak to the driver anymore. This example illustrates how the world is changing and it is important we continue to embrace digital and technological advances. Our report will provide examples of how this can improve our connections with others but it will also discuss how we need to change in the way we connect with other people in our communities.

Loneliness is one of the greatest public health challenges of our time. No-one should live unknown or feel alone. Everyone should have the social contact they need. We welcome the Government strategy for tackling loneliness, ‘A Connected Society’, which was published in October 2018. The strategy suggests how we must all lay the foundations for change and you can read how this plan will be implemented locally in the recommendations included in chapter 6.

We are the most digitally connected generation in history but if our society is to address the growing loneliness epidemic, we need to rethink how we connect with others in this new world.

Julia Burrows

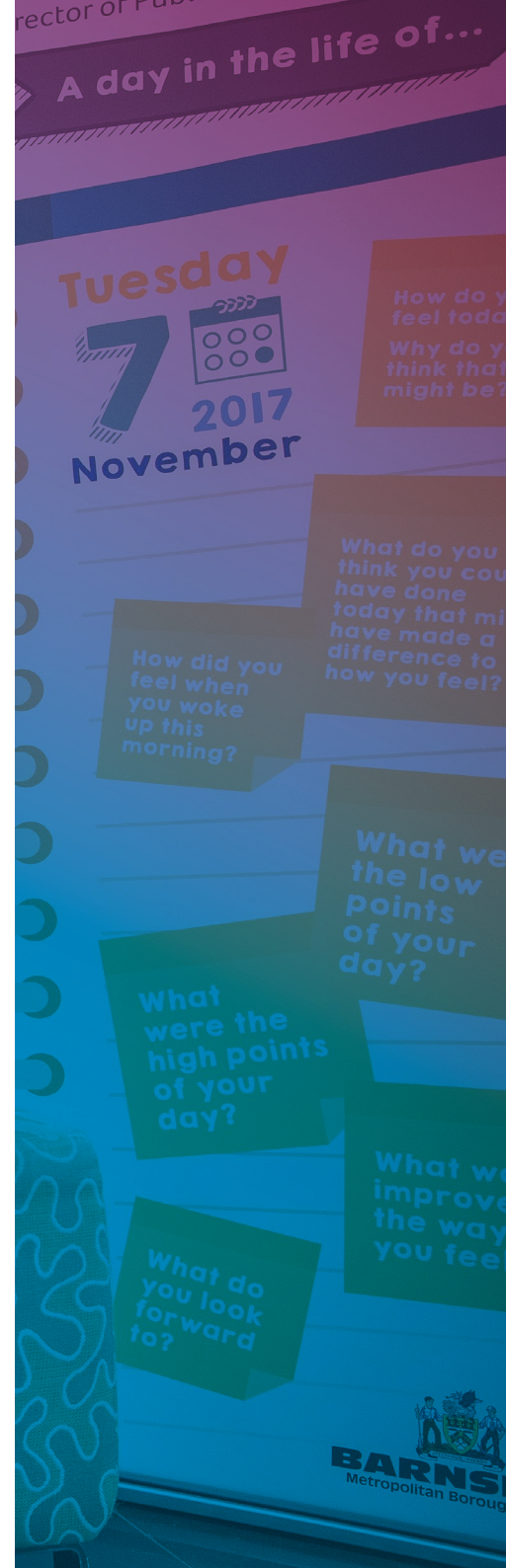
Director of Public Health, Barnsley Metropolitan Borough Council

I. OUR PROGRESS SINCE MY 2017 ANNUAL REPORT

Page 104

I would like to thank the residents of Barnsley who took part in 'A day in the life of'. Along with colleagues across the council, I was overwhelmed by the response we received and I am incredibly grateful to all those who took the time to share their thoughts, feelings, worries and aspirations with us. This chapter summarises what we have done since November 2017 and describes the programmes of work we will continue to deliver in response to what you told us.

From all the diaries we received, in addition to our connections with others, four other key themes were identified where we have focussed our efforts over the past 12 months.



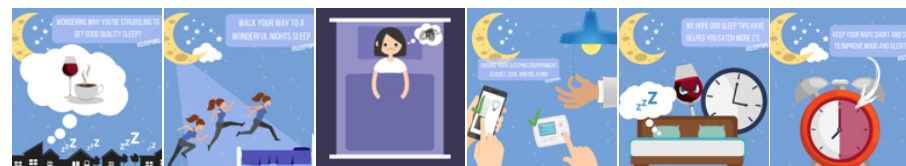
I. RESILIENCE

Put simply, resilience is the ability to cope with and rise to the inevitable challenges, problems and set-backs you meet in the course of your life, and to come back stronger from them. It is having the ability to bounce back in the event of adversity. Building personal resilience is one of three public health priorities in the refreshed public health strategy for Barnsley www.barnsley.gov.uk/services/health-and-wellbeing/barnsley-public-health-strategy. Over the next three years, we will examine what tests our own resilience and what major moments in life have the most impact, for example, separation, retirement, bereavement and illness. We will support residents to grow their own resilience through focussing on what can be done now, tomorrow, next week; next month and beyond. We are working with our primary schools to improve the resilience of future generations. The Thrive Programme is currently delivered in 32 schools, with 113 staff trained to date and aims to improve the social and emotional mental health and resilience of young people.

2. SLEEP

Sleep is crucial to our health and wellbeing. An occasional night without sleep makes you feel tired and miserable the following day, but prolonged nights with poor sleep can lead to more serious issues and undoubtedly makes us feel down and our mood low. Unfortunately, too many people in Barnsley are suffering from a lack of, or poor sleep. Therefore, using an evidence-based toolkit we have launched a local campaign to help people understand the importance of sleep, sharing hints and tips on how to improve both the quantity and quality of our sleep. Key messages include cutting down on caffeine, less technology use before bed and having a regular bedtime routine. We will continue to evaluate this campaign to identify the difference it has made to residents' sleep.

Smoking, alcohol and a poor diet can also affect how we sleep and significant progress has been made in tackling these other public health priorities. We are continuing to work with residents to 'make smoking invisible' and thereby protecting children and young people from the harms of tobacco in addition to helping smokers to stop. Through programmes such as Best Bar None, Reducing the Strength and Purple Flag, we are working to tackle the affordability, availability and acceptability of alcohol; and a food plan which aims to nourish our town with good food for all, was launched in October 2018.





3. WORK

We are working with Barnsley employers across the borough as part of our Healthy Workplace Awards scheme and our first awards ceremony was held in September 2018 recognising the excellent contribution organisations are making to the health and wellbeing of their employees.

Our workplace health offer to businesses includes signposting to services; provision of training; support with health needs assessments; and advice on how small changes can make a big difference to an employer's bottom line. There are over 50 businesses in Barnsley that are actively engaged with workplace health reaching in excess of 18,000 employees. We will continue to encourage businesses to further improve their employment offer by implementing additional measures that will improve the health and wellbeing of their employees and to help keep them in work.



Best Workplace Health and Wellbeing Intervention Award - Amalgamated Construction Ltd



Workplace Health Champion Award - Paul Hewkin, Distinction Doors



Healthiest Barnsley Business Award - XPO LOGISTICS

4. FIVE WAYS TO WELLBEING

In our last report, we recommended that we continue to build the Five Ways to Wellbeing (connect, be active, take notice, learn and give) into our daily lives as a way of improving our overall wellbeing and growing our resilience.

There are many examples we could share to illustrate this further but we have chosen to focus on the programmes which have been implemented over the past twelve months to provide opportunities to increase activity levels for everyone.

We have published a new Active Travel strategy which is committed to improving cycling and walking across the borough. Following the Tour de Yorkshire in May 2018, we have worked with a number of cycle clubs and community groups to maximise the legacy of this fantastic event. We have continued to support schools to join the growing Daily Mile movement and now have over 30 schools in the borough delivering this or a similar scheme. Walk Well Barnsley has gone from strength to strength delivering 12 regular walks with over 1,827 attendances throughout the year.

2. INTRODUCTION: WHAT'S OUR PROBLEM?

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Loneliness and social isolation are damaging our health, both mentally and physically. There are links between health and social inequality and social isolation; many factors associated with social isolation are unequally distributed in society. Social disadvantage is linked to many of the life experiences that increase risk of social isolation, including poor maternal health, teenage pregnancy, unemployment, and illness in later life. In addition, deprived areas often lack adequate provision of good quality green and public spaces, creating barriers to social engagement.

Being cut off from social interaction is not only a problem for the elderly but also younger people, and the impact it has on our bodies is thought to be equivalent to smoking over a dozen cigarettes a day. Recent studies have shown that social isolation and loneliness are associated with a 50% excess risk of heart disease (Public Health England, 2015).

Social Isolation is the inadequate quality and quantity of social relations with other people at an individual, group, community and larger social environment, whereas loneliness is an emotional perception that can be experienced by individuals regardless of the breadth of their social networks (Public Health England, 2015).

“
I GO OUT TO WORK
WHICH I ENJOY BUT I
SOMETIMES FEEL LONELY.
I COULD IMPROVE THIS
BY GOING OUT MORE BUT
I FIND THIS DIFFICULT ON
MY OWN.”

Barnsley resident aged 57
(A Day in the Life of, 2017)

Other national studies have found that adequate social relationships increase the likelihood of living longer. Although the true cost of social isolation is difficult to determine, studies have found that interventions to improve someone's social contact can provide a substantial return on investment up to the value of £5.96 for every £1 invested (PHE, 2015).

The Campaign to End Loneliness (2018) has described how loneliness places individuals at greater risk of cognitive decline. Lonely individuals are more prone to depression and loneliness and low social interaction are predictive of suicide in older age.

Lonely individuals are more likely to visit their GP, have a higher use of medication, higher incidence of falls and increased risk factors for long term care and chronic illness.

The Campaign to End Loneliness wants loneliness to be a public health priority at a local and national level and we hope our report goes some way to addressing this issue across Barnsley. Over the next 12 months we will work with colleagues, partners and local communities to ensure that:

- people most at risk of loneliness are reached and supported;
- services and activities are more effective at addressing loneliness; and
- a wider range of loneliness services and activities are developed.



The Jo Cox Foundation was established so Jo's friends, family and colleagues could continue her work and and highlight the issues she cared about so deeply, including the despair caused by loneliness in the UK.

The Foundation has supported the continuation of the work of the Loneliness Commission that Jo established before her death in summer 2016. This advocated for a UK wide strategy to tackle loneliness and social isolation across the lifecycle and across all society. Therefore, it was welcomed when the government published 'A Connected Society': a strategy for tackling loneliness in October 2018.

Whilst successfully campaigning for national action, the Loneliness Commission has been running their "Happy to Chat" campaign which aims to strengthen relationships by encouraging people and businesses to start a conversation. The objective is to connect people, and by wearing the "Happy to Chat" badge as a visual indicator so people would feel comfortable to stop and chat. The campaign is part of a bigger movement which is being led by national charities and organisations and one that we will work hard to promote across Barnsley throughout 2019.

Sadly, loneliness can happen to anyone, at any time and too many residents are lonely or isolated, suffering ill health as a result. How many times during one day do we ask "are you contactless?" when buying goods or services and have we ever really thought what that means? It is now possible to spend a day working, shopping or travelling without speaking to another human being and for some people this can be repeated day after day (HM Government, 2018).

We want to ensure that nobody living, working or studying in Barnsley feels lonely and we all have a role to play. Small things can make a big difference and we would ask everyone to think about their neighbours, their friends and their family.

Our society is changing and we are experiencing a digital revolution which brings innovation, opportunities and possibilities to communicate and connect with others in ways that we have never seen before. However, too many residents in Barnsley do not have the social connections they need or want.

**“
MY TIP FOR A HAPPY
LIFE IS TO VOLUNTEER
AND HELP ONE ANOTHER.
IT GIVES YOU A GOOD
FEELING AND MAKES
YOUR DAYS HAPPY. ”**

**Barnsley resident aged 44
(A Day in the Life of, 2017)**

**“
MY TIP FOR BEING HEALTHY
IS KEEPING REGULARLY
ACTIVE AND CONNECTING
WITH COMMUNITIES AND
GROUPS, REMAINING
SOCIAL. ”**

**Barnsley resident aged 53
(A Day in the Life of, 2017)**

3. THE EVIDENCE: WHAT DO WE KNOW?

We are the most digitally connected generation in history and technology has changed the way we communicate and connect with other people...

We can communicate faster and more cost-effectively than ever before. If you're in the same room with someone, there's certainly nothing faster than just opening your mouth and talking. But in our global economy, many of the people we need to communicate with are in different locations.

Technology has created limitless opportunities for us to connect with our friends and family across the world. It allows us to keep in touch with those who live far away and makes it easy to arrange social events through group chat and discussion. It can also help those with caring responsibilities in providing a quick and simple communication method.

Most people may have experienced more efficient services as a result of technology. From booking a holiday to ordering a bus ticket, there is little that can't be done via technology.

...but not always in a good way...

We make less telephone conversations, instead relying on text messaging and other smart phone applications. There is no doubt that these can make life easier by being able to communicate with large groups of family or friends at the same time, but when was the last time you called a friend or family member purely for a chat?

Messaging technology has created pressure to reply as quickly as possible which can often create anxiety. Those sending a message can not only identify if their message has been delivered but also at what time it was read.

Technology has reduced the number of conversations we now have on the high street as part of our day to day life. For example: self-serve check outs in supermarkets (which at times can be the only pay point available); self-service in banks and building societies; and contactless bus passes which remove the need to even speak to the driver.

It is now commonplace to see people of all ages wearing head phones in public spaces which could give a signal to other people of "do not talk to me". This is a particularly familiar sight on public transport which traditionally might have been a place for people to start a conversation.

Tablets, screens and other electronic devices are contributing to a loss in the art of conversation and commonly used to pacify children. Many fast food restaurants now feature these as a way of encouraging families and young people to visit.

We should continue to embrace technology and the many benefits and advantages this brings. But alongside this, reconsider how we connect with each other and never forget the importance of human warmth.

It is difficult, if not impossible to know how many residents feel lonely or how many are socially isolated. That's why it is so important that we all take the time to look out for our friends, families and neighbours and that we work hard to keep our own social relationships strong, so that we are better protected at vulnerable points in our lives which might include separation, illness or bereavement.

FEELING LONELY IS OFTEN LINKED TO EARLY DEATHS

on a par with smoking or obesity. It is also linked to increased risk of coronary heart disease and stroke, depression, cognitive decline and an increased risk of Alzheimer's.

It is estimated that between 5% and 18% of UK adults feel lonely often or always. This could mean that approximately, between...

10,000 AND 35,000 ADULTS IN BARNSELY FEEL LONELY OFTEN OR ALWAYS

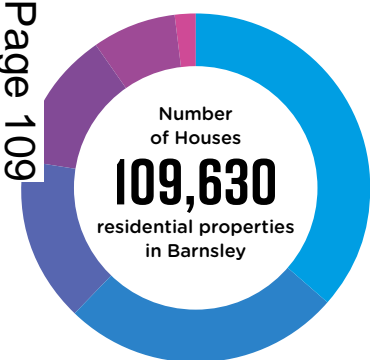


One focus of the Government's strategy for tackling loneliness is to improve the evidence base so we better understand what causes loneliness, its impact and what works to tackle it.

National data available to us locally provides an indication as to the extent of loneliness and social isolation experienced in Barnsley.

- In 2017, there were 109,630 residential properties in Barnsley. Although the percentage of people living alone in Barnsley is currently lower than the regional and national averages, projections suggest that this will change and that by 2039, 32.3% of the adult population in Barnsley will live alone.
- Approximately 13% of residents aged over 65 years in Barnsley live alone and could be at risk of social isolation.
- Many people in Barnsley depend on work for their social contact and feelings of wellbeing; residents told us this in the diaries they shared as part of A Day in the Life of. Although trends are declining over time, 1 in 5 households were workless in 2016 and are, therefore, at risk of loneliness and social isolation.

In December 2018, the Office for National Statistics published some worrying statistics about children's and young people's experiences of loneliness. Although these are national figures, we can make some assumptions about their relevance locally.

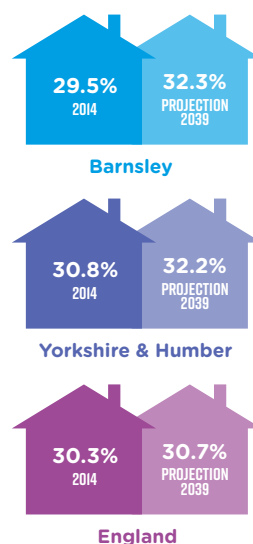


TYPES OF HOUSES

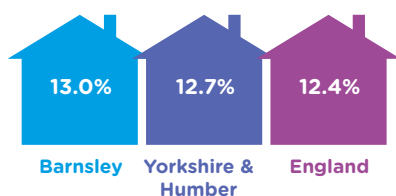
Semi-detached 36.4%
Terraced 25.8%
Bungalow 15.3%
Detached 12.9%
Flats 7.6%
Other 3.9%

MID-2014 BASED HOUSEHOLD PROJECTIONS - RESIDENTS LIVING ALONE

From the 2014 base year, Barnsley has slightly fewer one person households compared to both the regional and national rates. If recent trends continue, the number of one person households will increase to a high 32.3% by 2039.

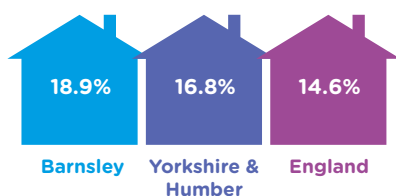


RESIDENTS LIVING ALONE AND AGED 65+ YEARS



The 2011 Census showed that 13.0% of households in Barnsley contained residents aged 65+ years that were living alone and could be at risk of social isolation.

% OF HOUSEHOLDS THAT ARE WORKLESS



Trends show that the numbers of workless households are declining over time; however, in 2016 almost 1 in 5 households in Barnsley were workless.

CHILDREN (AGED 10 TO 15 YEARS)

- 11.3% of children said that they were "often" lonely; this was more common among younger children aged 10 to 12 years (14.0%) than among those aged 13 to 15 years (8.6%).
- 27.5% of children who received free school meals said they were "often" lonely, compared with 5.5% of those who did not.

YOUNG PEOPLE (AGED 16 TO 24 YEARS)

- 9.8% of young people said that they were "often" lonely.
- Nearly half of young men reported that they "hardly ever or never" felt lonely, compared with 32.4% of young women.

QUALITATIVE RESEARCH WITH CHILDREN AND YOUNG PEOPLE FOUND THAT:

- A range of predictable transitions linked to schooling and the move on from secondary education can trigger loneliness in children and young people.
- Children and young people described embarrassment about admitting to feeling lonely, seeing it as a possible "failing".
- Practical, social and emotional or mental barriers to participating fully in social life and activities can also contribute to loneliness.
- The intersection of multiple issues and triggers to loneliness, or more extreme and enduring life events such as bereavement, disability, being bullied or mental health challenges, may make it more difficult for children and young people to move out of loneliness without help.
- Their suggestions for tackling loneliness included: making it more acceptable to discuss loneliness at school and in society; preparing young people better to understand and address loneliness in themselves and others; creating opportunities for social connection; and encouraging positive uses of social media.

SOCIAL ISOLATION

Only 45% of adult social care users have as much social contact as they would like; less than both the regional and national averages (meaning 55% of adult social care users in Barnsley feel lonely).

Only 33.5% of adult carers have as much social contact as they would like, less than both the regional and national averages (this means that over two thirds of carers in Barnsley feel lonely).

There are many other contributing factors which impact on our connections with other people:

- The 2011 Census reported that 26.9% of households in Barnsley do not own a car or a van and are therefore dependent on public transport to access wider community neighbourhoods.

People’s access to woodland within 500 metres of where they live

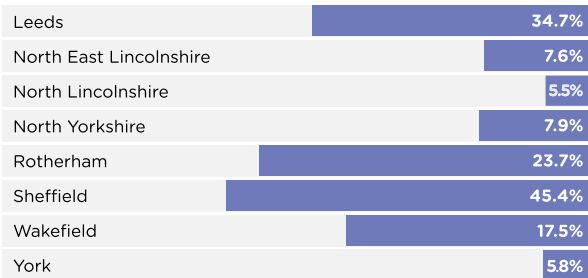
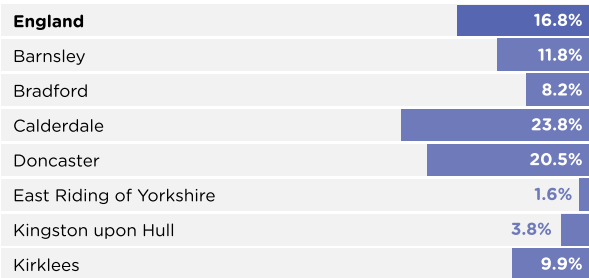
- Access to green space such as woodland, supports wellbeing and allows people to engage in physical activity and to connect with other people. Both the presence of a woodland and the number of people who can readily access the space represents a significant asset to that community. Woodlands provide spaces for community activities, social connectedness, volunteering as well as employment. Woodlands provide spaces for community activities, social connectedness, volunteering as well as employment.

The positive impact our pets can have on the way we feel – both physically and mentally – was made clear in the diary entries we received for a day in the life of:

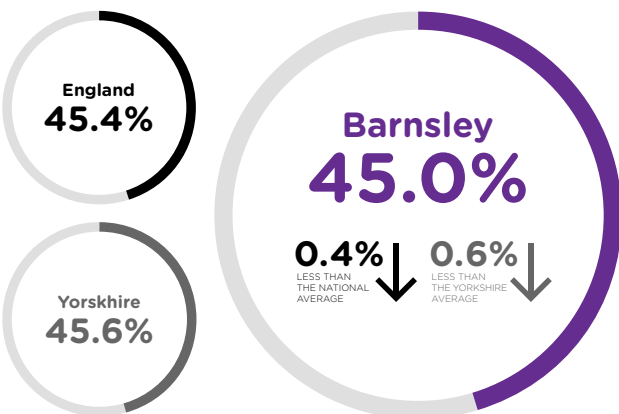
“Get a dog and go out for a walk (borrow one if you don’t want one permanently). Strangers will talk to you and become your friend.” Female, 57

A dog walk in the fields. This is the best part of the day, so peaceful, just listening to the birds and enjoying the countryside.” Male, 64

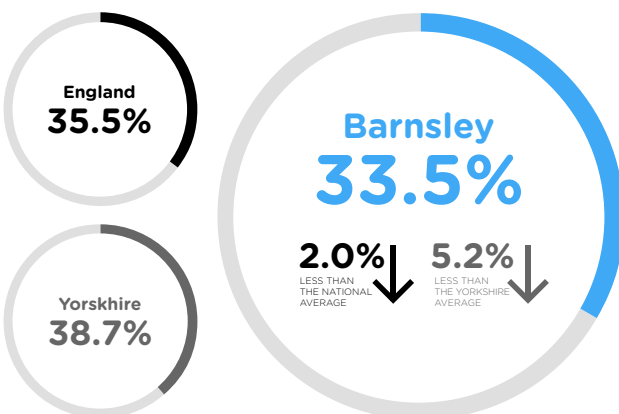
People’s access to woodland within 500 metres of where they live



Percentage of adult social care users who have as much social contact as they would like



Percentage of adult carers who have as much social contact as they would like (18+ years)



4. WHAT YOU TOLD US...



Our 2016 annual report was a short film which aimed to find out what being healthy means to those living and working in Barnsley and how our approach to promoting good health might need to change, from the decisions we make, to the services we provide. Making this video taught us that if we want to succeed in raising health and wellbeing to be the best it can be, we need to get out more and listen and engage with what matters to people who live, work and learn in Barnsley.

The public health team spent October and November of 2018 talking with local residents, young people and community groups about their connections with other people and how this might impact on their feelings of loneliness and social isolation. In particular, we asked residents to think about how technology has improved their communication and where it might have had a positive or negative impact.

Here is a summary of the community groups who participated in the production of this report and we would like to express our sincere gratitude to each person who shared their thoughts and feelings with us and helped to shape our future response.

We have included some of the comments we received over the next few pages.

CHITTY CHATTY BUS

'Hattie' is a retired bus from the original Skegness Seaside which was transformed into a community bus, kitted out with seating areas, tea and coffee making facilities, games and activities. 'Hattie' is supporting Stagecoach in their efforts to bring communities together and promote health and wellbeing around the area. As part of 2018 National Inclusion Week, members of the public were encouraged to stop by and have a chat with light refreshments and to have a look onboard the child friendly bus. In partnership with Age UK Barnsley, 'Hattie' was on tour in Barnsley to bring people together to promote social inclusion to show that no one needs to be alone.

KIDDY WINX PLAY CAFÉ

Kiddy Winx Play Café is a learn and play facility in Thurnscoe and is dedicated for parents and carers with children under 5. There is a cafe and activity room that hosts classes and regular activities suitable for babies and toddlers. The café is one of ten locations for the breastfeeding drop-in groups offered by Barnsley infant feeding team.

KEYRING

KeyRing is a supported living network made up of a number of ordinary homes. People who need support live in all but one of them. These people are KeyRing members who help each other out and meet up regularly, gaining greater independence, improvements in their wellbeing and stronger social connections.

HUMANKIND

Recovery Steps Barnsley is an integrated drug and alcohol recovery service for Barnsley. Their aim is to help as many people as possible to recover from and be free from drug and alcohol dependency and to reduce the harm that is caused to individuals, families and communities. Many of HumanKind's clients are vulnerable adults, many of whom are detached from communication in the tech era we currently live in.

CENTREPOINT

Young people in Barnsley become homeless for lots of reasons, including relationship breakdown and mental health problems. Centrepont works with Barnsley Council and our partners to provide support and accommodation. Along with a safe place to stay, their services include technical and practical support to help young people to live independently.

SOCIAL CARE FORUM

A professional forum made up of Barnsley Council's social workers who work on a daily basis with the borough's most vulnerable families and young people and those that don't often access or connect with other services.

DIAL

Established in 1985, DIAL is an information, advice and support organisation for disabled people and carers in Barnsley. The charity is an independent user-led organisation which works with local people to coproduce and design services, raise awareness amongst the community of the abilities and rights of disabled people and represent their views with local service planners and providers.

OUR RELATIONSHIP WITH SOCIAL MEDIA

“

My best friend emigrated but I don't do Skype or Facebook. We send written letters which I find very therapeutic.

”

“

I don't speak that much to my dad unless I go to his. Every so often he will send me a photo of his tea ... he likes to be sarcastic because I take photos of my food sometimes and he just sends me a picture of a sandwich which makes me laugh, so I suppose that keeps me connected to him.

”

“

Social media is sometimes negative because of online bullying.

”

“

I use my games console and 'go live' online with people across the world. I play games and speak with the same people, we have built a network. I have even made friends with some of them on Facebook.

”

“

I bet I sound a lot like my grandad here because he hates social media, but I agree with him on one thing which is that pretty much every young person's life revolves around social media and the internet and games. What would happen to the world if all of it wasn't there anymore?

”

“

Social media has helped us all to keep in touch with people more regularly than we would have done and also to speak to people who we would not normally speak to.

”

“

Technology and definitely social media is replacing 'normal' communication.

”

“

People are isolating themselves and not getting out anymore, instead just staying in on social media.

”

“

It's not like you can walk away from it on social media ... it's just constant.

”

“

I think it's a relief when you don't have your phone because I remember mine getting taken off me for a week because I wouldn't come off it. It was just that relief of not knowing what's going on.

”

“

Social media makes it easy (and cheap) to have relationships and friendships with people who are out of town. I use it to talk to my sister, brother, parents and cousins who live in other countries.

”

“

Group chats on Facebook means we can support each other as new parents.

”

“

People often express emotion through social media e.g. emojis rather than talking to people. They seek instant gratification.

”

“

You connect less with people if you see their life through social media and compare it to yours. Theirs is perfect; you're not as good as them.

”

“

It's good for friendship making. It makes you feel more accepted by people, so you go onto social media if you're not very good at being social so you can make friends and maybe meet up with those new friends. You can have more people to hang about with which makes you more happy and interactive with people.

”

KEEPING CONNECTED BY GETTING OUT AND ABOUT

“

Everything can be done at home which is very sad. Dad's dog died but now he is older he didn't want another one which also means he doesn't get out anymore.

”



“

I like the women's group. I can make friends and get out of the house. My children like it as they can mix with others and do activities. It improves their social skills which they wouldn't get at home.

”

“

There are voluntary groups within services that enable people to come together like here at HumanKind - the walking group. We meet weekly and only use our phones to take photos.

”

“

Markets are a great way to help people to communicate in person. People go there not only to shop but to meet and talk to people.

”

“

At KeyRing we have our hub where we all come and do things. We share the room with other groups. We have made friends and all know each other by name.

”

“

Coming to the Women's group has improved my mental health. Coming here is a good distraction; I can engage with the activities and talk to people. It brings people together. If the group was not here I would be isolated and go into my shell and stay at home. Coming here provides self-relief; I can relate to other women that are here which makes me realise that there are other women like me, in similar situations, it makes you realise you aren't the only one.

”

“

I recently took part in 'my dancing town' which encouraged people to come out during the evening. People had a good time and got involved.

”

“

Community shops are a really good starting point.

”

OUR RELATIONSHIP WITH TECHNOLOGY

“

Technology allows me to contact old friends from school and old colleagues who I would have lost touch with otherwise.

”

“

Not everyone has access to technology which further isolates them.

”

“

I use my phone to video our group trips and share this with our network. We can laugh at the memories we've made.

”

“

Technology has changed the way we communicate; it's made communication instant and in real time.

”

“

My sister (aged 7) sits on YouTube and other stuff and doesn't engage for hours while she is on it; it's scary.

”

“

Technology has isolated people which may result in more mental health problems.

”

“

The internet and social networking and buying online is making global communication an everyday thing for most people, although some people at the older end remain in fear of even learning the technology.

”

“

My kids are at University and it feels good that I can contact them at any time to check how they are.

”

“

We don't communicate in person anymore; even sending birthday greetings by text message.

”

“

Communication through technology helps to get information quicker. It's made the world smaller. I was in the army and I was able to keep in touch with my kids from far away and have video calls with them. This helped us all.

”

“

Technology has enabled people to communicate all hours of the day. If people are lonely or need support they can now talk to someone online during the evening or night. Previously this wasn't possible.

”

“

The use of technology is disconnecting some groups of people from society, those who can't afford, unable to use (the blind) or older people who don't think they can use it.

”

“

It leaves my parents out who are not technology literate and makes them feel isolated when everyone is using phones.

”

“

I don't use self-checkouts anymore because of the less human contact side of things.

”

SOCIAL ISOLATION AND LONELINESS AFFECTS EVERYONE

“

There are lots of voluntary groups for old older people but nothing for younger.

”

“

We need better signposting to groups for families.

”

“

People just don't talk to each other face to face anymore.

”

“

We need more groups and other things where young people can get together and just talk about what's happened to them in their life. There isn't anything anymore.

”

“

Have more intergenerational projects which allow older and younger people to learn more about each other and develop skills which both groups are losing out on.

”

“

I have teenagers and their generation doesn't connect with people as much face to face. I feel that they are losing skills such as social etiquette. My son is back from university and he never leaves the house because everything he needs is online and especially now that his friends all live out of town.

”



In April 2018, we held a number of focus groups with older residents to find out more about how they were feeling. The discussion focussed on what more could be done to tackle loneliness and social isolation in Barnsley.

We asked two key questions:

WHAT ARE THE MAJOR ISSUES CONTRIBUTING TO SOCIAL ISOLATION IN OLDER PEOPLE?

WHAT COULD WE DO TO MAKE IT EASIER FOR OLDER PEOPLE TO ENGAGE WITH OTHERS AND SOCIAL ACTIVITIES?

“**THERE ARE CLIQUES AND I WOULDN'T KNOW ANYBODY.**”

“**TAKING THE FIRST STEP TO GET OUT IS HARD BUT I'VE DONE IT TODAY.**”

TRANSPORT AND GEOGRAPHY

Transport and geography was the most common answer. Many of the participants explained that poor public transport prevented them getting involved with local activities and events. The majority of the residents involved in the focus groups had journeyed to the activities by a lift in a car or by organised transport. The vast geographical spread of Barnsley, coupled with poor transport in some areas, is an obstacle for older people. Furthermore, in relation to travel and transport, residents with a disability have an additional barrier to overcome.

AWARENESS AND INFORMATION

A lack of awareness about activities and events was mentioned countless times. Residents reported that they did not know about the social activities happening in their local area and that they don't always see things advertised. Word of mouth is a popular form of promotion for this age group.

CONFIDENCE AND REASSURANCE

Some of the older people explained that they often felt nervous about going out on their own. The majority of people who attended the focus groups had not come on their own. Women in particular said that if they did not have anybody to go with they would not attend, as they did not feel confident to attempt new things on their own.

When asked why some people don't attend these types of activities, several participants explained that often older people just get used to being on their own at home and don't like going out.

From these discussions it became clear that the need for reassurance or a friendly face made the difference between people getting out of the house and staying home alone. Having reassurance or familiarity increases their confidence to participate.

TECHNOLOGY

Some of the participants believed that technology is making people become more isolated.

“We are constantly told to do it online or go to the self-service machine. I used to like to go out and enjoy the little conversations with people working in the shops and banks but we no longer get that. We don't even get the chance to speak to the bus driver as our bus passes are electronic.”

FRIENDLY FACE

Encouragement to attend activities was also discussed as a positive enabler. Some of the older people, especially women would appreciate a friendly face or a buddy to accompany them to events. They were clear that if a person 'buddied' them to an activity it would not be forever; just for the first couple of sessions until they felt more confident to attend on their own. Positive family encouragement and good neighbours were also considered helpful.

5. EXAMPLES OF KEEPING CONNECTED IN BARNSELEY

Our engagement with residents highlighted a number of projects and initiatives across the borough which tackling social isolation and loneliness. Here are just a few...

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KeyRing
... We're Life Changing



Pictured are KeyRing Barnsley Members

KeyRing was established in London in 1990 to support people with Learning Disabilities to live the lives they want including a home where they are safe and an income to support themselves. KeyRing's Living Support Network creates the opportunity for its Members, volunteers and people in the community to use their skills and experiences to help each other.

The KeyRing network in Honeywell, Barnsley was established in 2000 and was the first network outside of London.

Through commitment to its vision, KeyRing has helped around 60 residents in Barnsley to achieve great things and have helped people become more independent.

The Hub is a place for Members to meet, talk about what's happening, share interests and discuss and arrange social events and activities. It's also a place to learn new skills and connect with other community groups.

"As a support worker I used to meet one of the Members in a café in Wombwell. After several weeks, other Members had heard about this and started to come along and soon there was a group of about 8 people meeting every week for lunch. The café was across from a Barber shop and one day, a member wanted a haircut so a group of Members decided to go together. Several of them still use this barber.

Steve Pritchard

Support Manager, KeyRing Barnsley

“

DEVELOPING YOUR PLACE IN THE COMMUNITY IS ABOUT CONNECTIONS. KEYRING DO THIS IN BARNSELEY THROUGH 1-1 TIME SPENT WITH MEMBERS, SUPPORT PLANNING, ENCOURAGING AND FACILITATING MUTUAL SUPPORT AND WEEKLY HUBS. ”

Support Manager,
KeyRing Barnsley

“

WE'VE MADE A FACEBOOK PAGE AND ALL THE KEYRING MEMBERS FROM ACROSS YORKSHIRE USE THIS TO KEEP IN TOUCH AND SHARE PHOTOS OF OUR TRIPS OUT. ”

Member, Keyring Barnsley

DIAL-A-RIDE

Dial-a-Ride service is provided by Travel South Yorkshire representing a number of organisations and operators that work in partnership to provide residents with access to public transport.

The service provides accessible transport to residents who are disabled and elderly; helping them to lead an independent life. Residents are collected from their home in fully accessible vehicles and driven to destinations around Barnsley; making their travel experience as easy and convenient as possible.

Dial-a-Ride operates on weekdays, and customers are asked to ring two days in advance of the day they would like to travel to secure their booking. Journeys start from £2.50 per single journey.



**Barnsley Dial-a-Ride:
01226 732096**

Pictured is Joan being picked up from her home by Dial-a-Ride driver, Fred

Page 118

“

I like how the drivers collect you from your front door. They are kind, patient and help me walk to the bus. The drivers will even help with seat belts if needed. Fred is my favourite driver but he's retiring soon. I don't want him to leave. He's very helpful, carries my shopping bags and make sure I get in safe.

Joan is 82 and a frequent user of Dial a Ride

“

All the drivers have cheerful smiles and are always very helpful and obliging. They are friendly, they have a laugh with you, and they make me smile. The drivers really pay attention to older people. I think the service is value for money, the bus is always full.

“

Dial a ride helps older people get out and about. Without it I'd be stuck in the house going crazy, home alone. If Dial a Ride didn't exist I wouldn't be able to get out. I wouldn't get to meet people or socialise. I'd miss luncheon club. Without it I wouldn't be able to talk to the friends I've made on the bus. I use the service every week and have done for 7 years, ever since moving to Silkstone. I like the social aspect of it.

COMMUNITY GARDEN AT SPRINGVILLE, PENISTONE



Springvale Community Garden is a vibrant community asset which is becoming increasingly well known for the opportunities for volunteering as well as excellent seasonal vegetables, fruit and plants. It is a 4 acre site on 2 sides of the River Don in Springvale, Penistone.

Springvale Community Garden has an aim of providing:

- Education about healthy eating, growing and wildlife
- Conservation of the 4 acre site for the benefit of the community and wildlife
- Purposeful recreation. Springvale Community Garden is run entirely by volunteers. The act of volunteering as beneficial not just to the garden but also to themselves and visitors.

The community garden is now growing into a place where the whole community can find something that gives them a better quality of life. The garden has been supported by Penistone Ward Alliance funding which has helped with materials for renovations and equipment. Local businesses have helped too. The garden is run entirely by volunteers who look after the site and grow the plants and vegetables.

Volunteers have many different reasons for being involved. Some enjoy getting stuck into physical tasks others play a role with administration. Some enjoy being part of a group and a worthwhile cause, or just coming to the garden for relaxation.

You don't need expertise or experience; just be willing to give it a go. There is always someone to support or guide and everyone can join in.

GPs are now able to signpost to Springvale Community Garden through the social prescribing service, My Best Life, and people can volunteer as much or as little time as they like.

“

I LOVE BEING PART OF A PROJECT THAT IS DOING SOMETHING WORTHWHILE FOR THE COMMUNITY.”

For this annual report, we asked volunteers at the Community Garden how their involvement had affected their mental wellbeing. Here are the key words they used to describe their experience:

- Relaxing
- Laughing is the best tonic
- Camaraderie, friendship, social connection, supportive
- You are not alone
- Positivity
- Mental agility, problem solving
- Having a purpose
- Rewarding
- Meeting likeminded people
- Mindful
- Builds your confidence

One volunteer, Lyn, said: “...no one judges and when you are doing purposeful tasks there's no room in your head for all the rubbish. It fills up your senses. People tolerate your quirks. It should be prescribed by the doctor.”

Another volunteer, Anne said: “there's something fundamental about growing that connects you to what's real.”

Volunteer, Margaret said: “it's so positive and satisfying to see seeds become something you can eat.”

Maureen commented that for her the garden has been a lifeline. Feeling useful even in a small way has built her self-esteem after illness.

Adam commented that he noticed a “great sense of belonging” and a “warm family feel.”

springvalecommunitygarden@yahoo.co.uk

“

I LIKE TO BE PART OF A TEAM. IT'S A SOCIAL THING AND IT'S GREAT WHEN WE ACHIEVE TASKS TOGETHER.”

MEN IN SHEDS

Men in Sheds is a place where like-minded older men can come together and have a chat over a cup of tea whilst learning new skills such as woodworking, IT, art and much more...

It is a safe, supportive and friendly place to meet, where men can socialise, do a bit of light work or busy themselves doing a hobby or learn new skills. 'Shedders' will have access to facilities and workshop space where they can share and learn skills.

We received this following letter from a relative of a member of Age UK Barnsley Men in Sheds which speaks volumes about the impact of schemes like this which aim to grow new connections.



For more information please contact Malcolm Poskitt on 01226 730412 or by email: m.poskitt@ageukbarnsley.org.uk

“

I feel Peter has been much happier since he has been going to the Barnsley Men in Sheds. Peter really enjoys going and always comes home with a big smile on his face.

Right from the very first day, Peter has thoroughly enjoyed going to the Barnsley Men in Sheds. Peter loves the happy atmosphere where he can relax, have a good chat, share jokes and funny stories, have a good laugh and have fun. Peter has made new friends who have made him feel very included in everything. It is very important to Peter that he has that level of social interaction.

I feel going to Men in Sheds has been very beneficial for Peter. Following retirement, he has needed that level of companionship and friendship which he has found there. He feels he has found somewhere where he can be happy and have that sense of being included in everything. The feedback I get from Peter is always very positive. Peter is always telling other people about Men in Sheds and how much he enjoys going there.

I feel Peter has really improved since going to Men in Sheds. I can see the difference it has made to him. Peter is now much happier and more relaxed. As I said, he always comes home with a big smile on his face. For this I would like to say a big thank you to Men in Sheds.

”

*Names have been changed to protect anonymity

BARNSELY ARMED FORCES AND VETERANS BREAKFAST CLUB

Armed Forces and Veterans Breakfast Clubs are free. There are no subscription or joining fees. All any veteran or service personnel will ever have to pay for is their own breakfast. Involvement aims to end isolation, giving veterans particularly a sense of belonging.

The original concept started in 2007 based on a 'brew' and a 'butty' and has since expanded with more than one new breakfast club starting every week. There are now over 260 clubs and 26,000 members worldwide.

The breakfast clubs are having huge benefit on the lives of many veterans and their families. The mutual support they offer and the connections they are making is incredible.

Ray was a Royal Engineer and at aged 60, he joined the Barnsley Armed Forces and Veterans Breakfast Club 18 months ago which has helped him to reconnect with colleagues he had not seen for almost 30 years.

Between 30 and 40 veterans attend the breakfast club every week and in addition to fund raising, the group organise lots of other social activities including museum trips, meals, nights out and boat trips.

Ray described how he didn't have much of a social life before joining the breakfast club but now told us "I'm happier now; I have more things to occupy myself. I don't want to be sat at home doing a jigsaw. I don't know what I'd be doing if I had not found the club. We meet up and have a laugh; it's great. With all the eating and drinking we do the club isn't doing my waistline any good but it's certainly helping my mental health!"

The Barnsley Armed Forces and Veterans Breakfast Club is held every Saturday, starting at 9.30am, at The Joseph Bramah, 15 Market Hill, Barnsley, S70 2PX.

For further information visit the AFVBC website:

www.afvbc.net



Here is what some veterans from across the country have to say about the Armed Forces and Veterans Breakfast Clubs they attend across the country...

“

THE AFVB IS A GREAT PLACE TO MEET UP WITH OTHER EX-MILITARY PERSONNEL (AND THEIR OTHER HALVES) FROM ALL SERVICES. I LOOK FORWARD TO ATTENDING WHEN I CAN BUT THERE IS NO COMMITMENT TO ATTEND EVERY TIME. ”

“

I ENJOY GOING TO THE BREAKFAST CLUB AS IT GIVES ME CHANCE TO MEET UP WITH LIKE-MINDED PEOPLE. WE HAVE A LAUGH AND CHAT ALL OVER A GOOD BREAKFAST. ”

“

GREAT WAY TO SPEND A MORNING WITH OLD FRIENDS, GOOD FOOD AND REMEMBERING GOOD TIMES. THE BREAKFAST CLUB IS AN EXCELLENT WAY TO BRING US TOGETHER AFTER MANY YEARS. ”

6. RECOMMENDATIONS

Our aim for this year's annual report was to examine how we can help everyone who lives, works or studies in Barnsley to support and grow our connections with other people. We all have a role to play and as a borough I believe we can be very proud of everything that our communities and volunteers are already doing.

Personal support networks are so important for our quality of life and wellbeing. Knowing someone you can ask for advice or practical help, being involved in a group or community association and feeling that you can make your views heard and influence local decisions are all indicators of health and happiness (Think Local Act Personal, 2011).

Live Well Barnsley is a place where you can find information about help and support services within the borough. The website contains information and contact details about all types of services and activities that can help you look after yourself, stay independent and get involved in your community, including making connections with other people.



www.livewellbarnsley.co.uk

WHAT WE WILL DO

A connected society: a strategy for tackling loneliness recognises that nationally, while we increasingly understand the impact of loneliness; there is less certainty about its drivers and what works to reduce it (HM Government, 2018). We recognise this in Barnsley which is why I have not recommended we set a target to reduce loneliness and social isolation locally; although we must continue to work extremely hard to do so. Instead, using what we do know and proposals within the new Government strategy, I recommend the following:

- That we work with the Government to establish a clearer picture of the prevalence of loneliness through the development of a new national measure that we monitor locally and set a target to reduce.
- Ensure local social prescribing service My Best Life helps residents to connect with community support to restore social contact in their lives.
- That any evaluations from the many projects established to improve our connections with others within Area Councils are shared for future learning and to help build our local knowledge around what works.
- We will develop a local campaign which aims to reduce stigma and raise awareness of the importance of our connections with others, on our physical and mental health and wellbeing, for example it costs nothing to say 'hello'.
- We will work with local employers to develop business champions who can tackle loneliness in the workplace.
- We will consider how tackling loneliness can be embedded in all our strategic plans and decision making through the Health and Wellbeing Board.
- Ensure that the Health and Wellbeing Board is fully sighted on loneliness locally and the steps we need to take to improve our connections.
- Step up our public health support to Area Councils to continue growing community spaces to encourage social connections including chatty cafes and gardens.
- Develop the evidence-base around the impact of different initiatives in tackling loneliness, across all ages and within all communities

In addition to asking for your views on why so many people feel lonely and isolated, we also asked for your ideas on how we can work together to tackle this public health issue. As always, I was overwhelmed by your interest, enthusiasm and ideas for us to take forward as a community. These included:

“
We need to create space to encourage people to interact.”

“
We need to work with young people who might spend too much of their time gaming.”

“
Running activities like family picnics would be good. If everybody brought some food to contribute that would be nice. Perhaps at Locke Park. This would help people to mix, make friends and spend time together. It would help with people's knowledge, understanding and respect.”

6. RECOMMENDATIONS

WHAT YOU CAN DO:

- Connect with Live Well Barnsley to find out how you can meet new people and make connections with others.
- Be Happy to Chat - each of us can tackle loneliness by starting a conversation whether with a neighbour or in the supermarket queue. As Jo Cox said, we can all help by "Looking in on a neighbour, visiting an elderly relative, or making that call or visit we've been promising to a friend we haven't seen in a long time."
- Volunteer; there's good evidence that volunteering helps both the person who volunteers as well as the people and cause they support.
- Advise; if you or someone you know is experiencing loneliness, take a look at the advice from The Campaign to End Loneliness www.campaigntoendloneliness.org or log onto www.livewellbarnsley.co.uk

If we work together we can achieve so much more and build a brighter future and a better Barnsley. Through Town Spirit, we have introduced a new way of connecting with our communities, customers and businesses.

#LiveIt helps us to support the most vulnerable people, making sure they can access support at the earliest possible stage. Own it by keeping your employees', your own and your family's health at its best, asking for support when you need it and looking out for your friends and neighbours.

Town Spirit

Working together for a better Barnsley

Buildit

Building a better Barnsley

Loveit

Having pride in where you live

Achieveit

Helping you realise your potential

Changeit

Having your say on things that matter

Developit

Helping businesses to thrive

Protectit

Protecting our wonderful borough

Liveit

Looking after yourself and others

Imagineit

Creating a brighter future

7. REFERENCES



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Barnsley Safeguarding Children Partnership

Our New Arrangements

Implementing the Requirements

Of

Working Together 2018

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Introduction

The purpose of this document is to set out Barnsley's response to Working Together 2018 which changes the arrangements that are required locally to ensure that agencies are working together in partnership to keep children and young people safe. It will set out how Barnsley Local Safeguarding Children Board will transition to become the Barnsley Safeguarding Children Partnership (BSCP) with effect from 1st April 2019.

The background to the change is that in 2015, in response to a number of disappointing outcomes of Local Safeguarding Children Boards (LSCBs) inspections, the Government commissioned Alan Wood, a former President of the Association of Directors of Children's Services and ex-Director of Children's Services in Hackney, to lead a review of LSCBs. This review took place between January and March 2016.

In total, the review considered over 600 responses and came to the overall conclusion that LSCBs were not sufficiently effective. Alan Wood recommended the abolition of LSCBs and their replacement by a stronger statutory partnership of the key statutory agencies - police, CCGs and local authorities – who would in turn determine local safeguarding arrangements.

In its May 2016 response, the Government said that it agreed with Alan Wood's analysis, and that "current arrangements are inflexible and too often ineffective. Meetings take place involving large numbers of people, but decision-making leading to effective action on the ground can be all too often lacking" ('Review of the role and functions of local safeguarding children boards: the government response to Alan Wood CBE', Department for Education, May 2016, page 5).

Instead, it proposed a stronger but more flexible statutory framework to support local partners to work together more effectively to protect and safeguard children and young people, embedding improved multiagency behaviours and practices.

The Children and Social Work Act 2017 received Royal Assent in April 2017. Section 30 of the Act removes the requirement for local areas to have LSCBs. Sections 16 – 23 introduce a duty on 3 key partners (local authorities, police and CCGs) to make arrangements with other partners as locally determined to work together in a local area to protect and safeguard children. These arrangements must identify and respond to the needs of children in the area and also identify and review serious child safeguarding cases which raise issues of importance in relation to the area.

Here in Barnsley, we see this as an opportunity to build on the existing strengths of the existing arrangements and to look to reinforce our commitment to keeping children and young people safe.

How the plan was developed

The Children and Social Work Act 2017 places the responsibility on the three 'Safeguarding Partners', the Police, the Local Authority and Health to formulate the local arrangements for partnership arrangements for Safeguarding Children.

The Independent Chair of the Barnsley Safeguarding Children Board was asked to prepare a briefing paper setting out the requirements of Working Together 2018 and making recommendations as to how they might be best achieved. That paper was then discussed at a meeting of senior leaders from each of the three Safeguarding Partners.

This was followed by a development day that involved the wider membership of the Barnsley Safeguarding Children Board and the Children's Trust Executive Group. That development day coincided with 'Take Over Day' which sees local young people working alongside senior leaders and local elected councillors to give them an insight and experience of the roles they shadow for the day. This facilitated involving young people in the debate on the future of local partnership arrangements for Safeguarding Children.

It was agreed, that in common with other LSCBs in South Yorkshire, that we will continue to operate on the same geographical area, that is the borough of Barnsley. This allows a truly local focus that enables partner agencies to be aware of, and to address, issues that concern local children and families.

The Independent Chair of Barnsley Safeguarding Children Board was tasked with writing this document which will describe the local arrangements going forward.

It has been agreed that the BSCP will be constructed in a way that enables the Partnership to meet the 'Components of Successful Partnerships' as identified by Ofsted:-

- An environment in which effective multi agency practice can flourish.
- Wide and active engagement in multi-agency safeguarding arrangements with the right shared priorities.
- Agencies understanding their respective roles and thresholds.
- Support and challenge within the multi-agency system.
- Continuous learning and development.
- Good systems for information sharing, which professionals are confident and knowledgeable about.
- Effective, ambitious child focussed leadership within and across partners.

Shared Vision and Priorities

The BSCP vision is that:

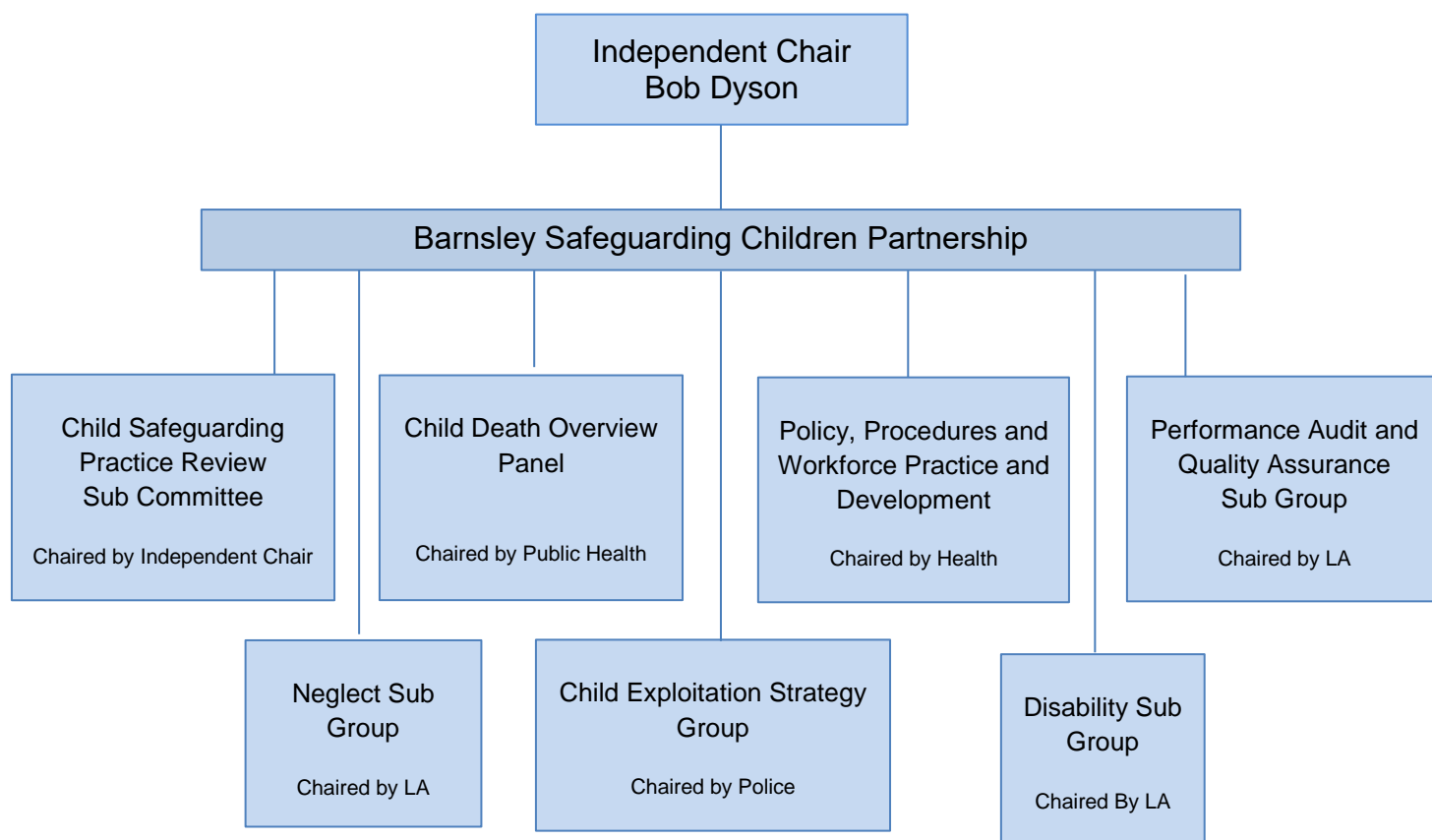
Every child and young person should be able to grow up safe from maltreatment, neglect, accidental injury/death, bullying and discrimination, crime and anti-social behaviour. Children are entitled to a strong commitment from the BSCP and its constituent agencies to ensure that they are safeguarded from exploitation and abuse. 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 interagency 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 agreed priorities are:

- **Sharing and Engaging**, The Partnership will monitor service improvement through the Continuous Service Improvement Plan and a schedule of regular audit activity. The Partnership will continue to seek the views of children and young people to inform what we do and how we do it. **Safeguarding Awareness Week** provides an opportunity for all of the partnership and community to come together with the message **"Safeguarding is Everybody's Business"** This is an important feature in our communication plan aimed at raising the public awareness of Child Safeguarding and providing the workforce with the skills and training they need to deliver the best possible service. There will be active involvement of schools, in recognition of the vital role they play in keeping children safe; we will deliver training to all school designated safeguarding leads.
- **Helping to Empower and Support**: Ensure the availability of quality multi-agency child protection training and the provision of quality safeguarding services. Supporting children and young people to have a voice to help shape services and support best practice. Ensure accessibility of information via the website and other resources. Ensuring that children and families are involved, wherever appropriate, in decision making.
- **Prevention**: Prevention is a primary aim, helping to ensure that children do not suffer neglect or abuse. There is a strong early help offer to provide support to children and families as soon as they come to notice aimed at improving lives and preventing issues escalating. The synergy obtained from strong partnership working remains an essential element of effective safeguarding. The continuing effectiveness of the work of the Partnership will continue to be subject to close scrutiny. Ensure partners are kept up to date with emerging themes and key messages. Support learning and development through Child Safeguarding Practice Reviews and Lessons Learned Reviews.
- **Accountability**: Continue 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. The Partnership will continue to strengthen and evidence its own effectiveness through rigorous challenge, participation and engagement

Governance

The structure chart below sets out the BSCP and its sub committees.



The BSCP will set the strategic direction for local arrangements with the sub committees being responsible for driving forward their specific areas of responsibility in line with the BSCP priorities. The active involvement of the three Safeguarding Partners is evidenced by their involvement in providing the chairs of some of the sub committees.

The BSCP cannot act in isolation, it will have a strong and clearly defined relationship with other strategic partnership boards including the Barnsley Community Safety Partnership and the Barnsley Safeguarding Adults Board. A partnership protocol has been developed that sets out the responsibilities of individual boards and how they interact. This is supported by a meeting structure that brings together the chairs of the respective boards to discuss priorities and cross cutting issues. The purpose of the protocol and meetings is to ensure clarity of purpose, to prevent any gaps in approach and to eliminate any duplication of effort. Where appropriate, we have been looking to more closely align the work of the BSCB with the Barnsley Safeguarding Adults Board, an example being the Safeguarding Awareness Week, and will continue to do so when we transition to the BSCP.

The changes, prompted by WTG 2018, are being implemented across the country. A number of Local Safeguarding Children Boards volunteered to act as early adopters. We will continue to look to learn from outside of Barnsley by participating in regional meeting structures and looking to learn from the early adopter sites. WE will commit to reviewing our arrangements annually.

The BSCP will produce an annual report that will be public facing.

Independent Scrutiny

Barnsley recognises and welcomes the added value that Independent Scrutiny brings to ensuring that local arrangements are effective. Independent Scrutiny is a strong feature in Working Together 2018.

The Barnsley Safeguarding Children Partnership will have the following aspects of Independent Scrutiny:

- It will retain the services of an Independent Chair. It is considered that there is benefit in having Partnership Board meetings chaired by an individual who is not the representative of any single agency and is able to bring their experience of acting as a critical friend, who encourages appropriate challenge, and plays an important role in holding agencies to account.
- It will have an annual programme of independent case file audits. This will take the form of both single agency and multi-agency audits targeted at specific issues, for example Neglect and Child Sexual Exploitation, which will review cases against agreed criteria to independently assess if contact with children and families was in accordance with policies and procedures and that it was appropriate to the circumstances thereby producing the right outcomes.
- The BSCP commits to an active involvement in the Barnsley Metropolitan Borough Council Scrutiny arrangements.
- The BSCP is committed to involving children and young people in having an active role in local arrangements. This includes the continued development of a young advisors panel that draws upon young people from across the borough to advise the BSCP on how policies and procedures impact on young people.
- The BSCP will welcome observers at meetings who will be able to give direct feedback.
- Local elected members will attend the BSCP as part of ensuring that local people are involved and have a voice.
- The BSCP will commission Independent Authors to conduct Safeguarding Children Practice Reviews in appropriate cases that meet the criteria set out in WTG 2018.
- The Partnership will take part in Peer Reviews when appropriate.

Timetable

This document will be presented for consideration at the BSCB meeting scheduled for 15 February 2019. Any feedback or amendments can be incorporated before the document is submitted to the DFE.

It is intended that the BSCB will cease to exist on 31.3.2019 and that the BSCP will arrangements will commence on 1.4.2019.

A separate plan will be created to ensure that we complete the necessary administrative actions, including amending the web site, policies and procedures and to publish the plan to the public of Barnsley.

Barnsley Safeguarding Children Partnership

The Roles and Responsibilities of the Barnsley Safeguarding Children Partnership are:

Ensure that safeguarding children and young people is at the centre of everything we do.

Hold members to account – are we/they doing enough to keep children and young people safe?

The co-ordination of what is done by each Member for the purposes of safeguarding and promoting the welfare of children within the Borough and to ensure the effectiveness of multi-agency working and what is done by each Member for those purposes, in line with Working Together to Safeguard Children 2018.

Collect and share information about how well we are keeping children and young people safe and what more we could do.

Make sure our workers and volunteers get the training they need to provide safe services and to share concerns if they think a child or young person is being hurt or abused

Review our policies and guidance to make sure we are constantly improving.

Publish a Strategic Plan – what we will achieve Publish an Annual Report – detailing what we have done to keep children and young people safe

Developing policies and procedures for safeguarding and promoting the welfare of children in the Borough

The Structure of The Barnsley Safeguarding Children Partnership

Safeguarding Partnership Board with Independent Chair

Performance Audit and Quality Assurance Sub Group

Child Death Overview Panel

Child Safeguarding Practice Review Sub Group

Policies, Procedures and Workforce Practice

Development Sub Group

Children with Disabilities and Complex Health Needs

Sub Group

Child Exploitation Strategic Sub Group

Neglect Sub Group

The priorities of the Barnsley Safeguarding Children Partnership for 2019 – 20 are:

Strategic Priority 1 Engaging and Engaging

The Partnership will monitor service improvement through the Continuous Service Improvement Plan and schedule of regular audit activity. The Partnership Board will continue to seek the views of children and young people.

Safeguarding Awareness Week provides an opportunity for all of the partnership and community to come together with the message “**Safeguarding is Everybody's Business**”

Strategic Priority 2 Helping, empowering and supporting

Ensure the availability of quality multi-agency child protection training and the provision of quality safeguarding services. Supporting children and young people to have a voice.

Help shape services and support best practice via the Designated Safeguarding Leads and other Forums.

Ensure accessibility of information via the website and other resources.

Strategic Priority 3 Prevention

The synergy obtained from strong partnership working remains an essential element of effective safeguarding.

The continuing effectiveness of the work of the Board will continue to be subject to close scrutiny. Ensure partners are kept up to date with emerging themes and key messages.

Support learning and development through Child Safeguarding Practice Reviews. Lessons Learned.

Strategic Priority 4 Prevention

The synergy obtained from strong partnership working remains an essential element of effective safeguarding.

The continuing effectiveness of the work of the Board will continue to be subject to close scrutiny. Ensure partners are kept up to date with emerging themes and key messages.

Support learning and development through Child Safeguarding Practice Reviews. Lessons Learned.

Barnsley Safeguarding Children Partnership Strategic Plan 2019-20

What we will do:

1. Raise public and workers awareness of Child Safeguarding through the Communication and Engagement Plan.
2. Let people know how to get help or report harm
3. Design and deliver effective training for all staff and volunteers
4. Provide children and young people and their families who have been harmed with support and information
5. Evaluate children and young people's views of safeguarding and demonstrate if we have helped them to reduce risk
6. Carry out Child Safeguarding Practice Reviews and Lessons Learned Reviews to improve the way we keep children safe
7. Continue to provide Performance Information to the Partnership Board to evidence that we are working together to prevent harm
8. Regularly challenge processes and performance at Partnership Board level to show all organisations are being held to account for the safety of children in Barnsley
9. Identify any gaps for young people moving from children's to adult services that may leave them at risk of harm
10. Ensure synergy and a joint response to shared themes such as Contextual Safeguarding, Child Exploitation, Bullying etc

Appendix 1

Membership of the Barnsley Safeguarding Children Partnership 1st April 2019

Independent Chair

Barnsley Metropolitan Borough Council (BMBC)

Barnsley CCG

South Yorkshire Police

South West Yorkshire Partnership NHS Foundation Trust

NHS England

National Probation Service

CAFCASS

Barnardo's

South Yorkshire Community Rehabilitation Company

South Yorkshire Fire & Rescue

IDAS

Barnsley Hospital NHS Foundation Trust

Berneslai Homes

Legal Services – BMBC

Children's Social Care – BMBC

Public Health - BMBC

Youth Offending Team – BMBC

Barnsley College

Voluntary Action Barnsley

Healthwatch Barnsley

Head Teacher Representative – Barnsley Primary Schools

Head Teacher Representative – Barnsley Senior Schools

Barnsley Council - Cabinet Spokesperson (Participant Observer)

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REPORT TO THE HEALTH AND WELLBEING BOARD

9TH APRIL 2019

JOINT STRATEGIC NEEDS ASSESSMENT

Report Sponsor:	Julia Burrows
Report Author:	Rebecca Clarke
Received by SSDG:	18 March 2019
Date of Report:	7 March 2019

1. Purpose of Report

1.1 To provide an overview of the approach to the Barnsley Joint Strategic Needs Assessment (JSNA).

2. Recommendations

2.1 Health and Wellbeing Board members are asked to note the:-

- streamlined approach to developing the JSNA.
- stock take of intelligence products and outputs across all partners.
- approach in developing a 'one-stop' website for Barnsley information and intelligence (including the JSNA).
- process for the identifying of topic areas for 'deep dives' using an agreed prioritisation tool.

3. Introduction/ Background

3.1 The Local Government and Public Involvement in Health Act (2007) required upper tier Local Authorities and Primary Care Trusts to produce a JSNA of the health and wellbeing of their local community.

2.2 The Health and Social Care Act (2012) gave this duty to H&WBs, with an additional statutory duty to prepare a joint health and wellbeing strategy to meet the needs identified in the JSNA.

2.3 In Barnsley, our last JSNA was published in December 2016 and focused on:

- [an executive summary report](#) including a 1 page [infographic](#) of the health and wellbeing issues in Barnsley
- [a report](#) of the main health and wellbeing issues within Barnsley

2.4 Using the principles of a Population Health Management (PHM) approach to develop and deliver a refreshed Barnsley JSNA supports the "Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies" published

by the Department of Health in March 2013. This guidance set the scope of the JSNAs; to identify health and social care needs that can be met or affected by the local authority (Barnsley Council) in collaboration with the clinical commissioning group (Barnsley CCG). The development of a JSNA programme supports the H&WB in discharging their duty to produce a JSNA. It will increase the Board's visibility and oversight of the process.

3. JSNA process

- 3.1 Work to develop and update a JSNA takes several months to complete as the task requires significant engagement with stakeholders, together with identification of capacity across a range of local organisations to collect and provide information and evidence. Given the current pressures on health and care systems and the potential for relatively rapid change it is recommended that our local approach to the JSNA is pragmatic and streamlined.
- 3.2 There is no single document that can summarise the JSNA, therefore it is suggested that the JSNA is developed as an online resource as part of a Barnsley data hub website. The JSNA will be structured into themes, for example one suggested approach would be starting and developing well, living well, working well and ageing well. We will make extensive use of existing open data, consultation findings, combined with intelligence reports and infographics to tell multiple stories for a wide range of end users, each of whom may have different needs and expectations. We will aim to continually update and individual topics will be added as they are developed. To achieve this aim the following steps need to be undertaken:
 - A business case for a Barnsley data hub website is being developed by the Business Improvement and Intelligence (BII) team and will be submitted to Barnsley Council's Information Technology team for consideration on the 2nd April 2019. This JSNA would be positioned as part of this website and would be a structured collection of data, intelligence, information documents and area profiles relating to Barnsley. The hub would be a publicly available resource maintained by the BII team. It would also bring together nationally available data and local intelligence documents, identified from a stock take exercise and data from other partner organisations into one accessible website.
 - A stock take exercise will be carried out to map our existing intelligence products (e.g. Integrated Care Outcomes Framework and related narrative, electoral ward profiles, needs assessments) with support from all partners. Once the products have been identified they would provide the framework for the JSNA. The output and products will be categorised and made available on the data hub website. A summary of the intelligence would be created to establish 10 key facts about people's health and wellbeing in Barnsley.
 - Any gaps identified in intelligence for all partners will be considered as priority topic areas and that a comprehensive needs assessment or 'deep dive' be undertaken. This approach will involve the H&WB discussing suggested topics and potentially scoring them against a number of factors, such as the numbers of the population affected, scale of the impact and the economic costs associated with the issue. This process will identify a small number of priority areas to focus our data analysis and intelligence capacity and expertise. It will also allow H&WB members to focus on where we can work together to improve outcomes for our population.

- Future work will focus on developing JSNA data dashboards to allow interactive easy access to meaningful and high quality data to support all partners to analyse and act upon such data.

3.3 Developing the JSNA as a web-based reference resource / evidence base for anyone wanting to know about health and wellbeing in the area is an approach has being adopted by a number of other areas. Examples of good practice include <http://www.wakefieldjsna.co.uk/> and https://www.cheshireeast.gov.uk/council_and_democracy/council_information/jsna/jsna.aspx. There are also examples of data hub websites, which incorporate the JSNA as a specific section, such as <https://observatory.leeds.gov.uk/>

4. Conclusion/ Next Steps

- 4.1. The JSNA approach aims to be a positive opportunity to identify and build on existing PHM work and relationships in order to continue developing a joint understanding of our communities and of future shared priorities.
- 4.2. Ultimately the test of this approach will be the extent to which the JSNA will be used and become fully embedded in local structures and partnerships, local commissioning strategies – genuinely impacting on future services and hence on outcomes for local people.

5. Financial Implications

- 5.1 ... There are no financial implications. The Barnsley data hub website will be developed by the Council's Web Team and updated by the Business Improvement and Intelligence Team.

6. Consultation with stakeholders

- 6.1. The approach has been discussed and agreed by Barnsley Council's Business Improvement and Intelligence Team, Barnsley CCG and the Population Health Management Unit.
- 6.2. In December 2018 a JSNA workshop was held to seek suggestions and ideas for producing the JSNA. A number of partners attended this and key themes from the session highlighted the need to have relevant, usable data published at different geographical levels and that access to the JSNA should be via a website and data repository.

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Date: 27 March 2019

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