

Public Document Pack

MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 8 October 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 June, 2019 (HWB.08.10.2019/2)
(Pages 3 - 6)
- 3 Minutes from the Children and Young People's Trust Executive Group held on 28th March, and 13th June, 2019 (HWB.08.10.2019/3) *(Pages 7 - 22)*
- 4 Minutes from the Safer Barnsley Partnership Board held on 21st May, and 12th August, 2019 (HWB.08.10.2019/4) *(Pages 23 - 38)*
- 5 Minutes from the Stronger Communities Partnership held on 22nd May and 21st August, 2019 (HWB.08.10.2019/5) *(Pages 39 - 60)*
- 6 Public Questions (HWB.08.10.2019/6)

For Decision/Discussion

- 7 Barnsley Children & Young Peoples Plan 2019 -2022 (HWBB.08.10.2019/7)
(Pages 61 - 80)
- 8 Barnsley Safeguarding Children Board Annual Report (HWB.08.10.2019/8)
(Pages 81 - 96)
- 9 Barnsley Safeguarding Adults Board Annual Report (HWB.08.10.2019/9) *(Pages 97 - 114)*
- 10 Health and Wellbeing Board Review (HWB.08.10.2019/10) *(Pages 115 - 140)*
- 11 Joint Strategic Needs Assessment (HWB.08.10.2019/11)
- 12 Better Care Fund 2019/20 Submission (HWB.08.10.2019/12) *(Pages 141 - 192)*
- 13 Advancing our health: prevention in the 2020s – consultation document (HWB.08.10.2019/13) *(Pages 193 - 194)*
- 14 South Yorkshire and Bassetlaw Integrated Care System 5 year Plan (HWB.08.10.2019/15) *(To Follow)*

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 – Children’s
Councillor Jenny Platts, Cabinet Spokesperson – Adults and 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
Mark Janvier, NHS England Area Team
Adrian England, HealthWatch Barnsley
Dr Richard Jenkins, Chief Executive, Barnsley Hospital NHS Foundation Trust
Rob Webster, Chief Executive, SWYPFT
Amanda Garrard, Chief Executive Berneslai Homes

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

Monday, 30 September 2019



MEETING:	Health and Wellbeing Board
DATE:	Tuesday, 4 June 2019
TIME:	4.00 pm
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present

Councillor Sir Stephen Houghton CBE, Leader of the Council (Chair)
 Councillor Margaret Bruff, Cabinet Spokesperson - Childrens
 Councillor Jenny Platts, Cabinet Spokesperson - Adults and Communities
 Wendy Lowder, Executive Director Communities
 Julia Burrows, Director Public Health
 Adrian England, HealthWatch Barnsley
 Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group
 Andy Snell (BHNFT)
 James Barker, Director of Business Development
 Sue Wing (SYWFT)
 Alicia Morcroft (BMBC)
 David Armitage (BMBC)
 Rebecca Clarke (BMBC)
 Stuart Rogers (BMBC)
 Julie Tolhurst (BMBC)

1 **Declarations of Pecuniary and Non-Pecuniary Interests**

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

2 **Minutes of the Board Meeting held on 9th April, 2019 (HWB.04.06.2019/2)**

The meeting considered the minutes of the previous meeting held on 9th April, 2019.

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

3 **Minutes from the Children and Young People's Trust Executive Group held on 31st January, 2019 (HWB.04.06.2019/3)**

The meeting considered the minutes from the Children and Young People's Trust Executive Group held on 31st January, 2019.

RESOLVED that the minutes be received.

4 **Public Questions (HWB.04.06.2019/4)**

The meeting noted that no public questions had been received for consideration at today's meeting.

5 Health and Wellbeing Board Membership: engagement review of wider providers (HWB.04.06.2019/5)

A joint report of the Chief Executive, Berneslai Homes, and BMBC Executive Director, People setting out proposals as to how the Health and Wellbeing Board would engage with wider providers, stakeholders and partners and in particular the Provider Forum and the Barnsley Schools Alliance. This followed a discussion at the last meeting of the Board around membership. Following consultation and further evaluation on the most effective means of maintaining and building on the effective dialogue already established with stakeholders, it had been concluded that the Board be requested to support the proposal that the Chair of the Provider Forum remain a member of the Health and Wellbeing Board.

RESOLVED that the Health and Wellbeing Board support the proposal that the Chair of the Provider Forum remain a member of the Board.

6 Health and Wellbeing Strategy: Review & Development Proposal (HWB.04.06.2019/6)

The Board considered a report which provided an overview, suggested approach and timescales in reviewing the current Health and Wellbeing Board Strategy 2016-2020 and the proposals in relation to the development of the next Health and Wellbeing Board Strategy for the period 2020-2023.

The Board considered its statutory role aligned to the findings set out in the Joint Strategic Needs Assessment (JSNA). Members in particular welcomed the community voice input and planned community conversations which would assist in the development of improvement to integrated care systems. Wider stakeholder engagement would commence in late October/early November and the outcomes would help inform the draft Strategy ready for formal consultation which would take place in early 2020.

RESOLVED:-

- (i) that the Board support the proposed approach to review the current Health and Wellbeing Board Strategy (2016-2020) and welcome the findings to be presented to the Health and Wellbeing Board in July 2019; and
- (ii) that the Board supports the proposed approach for the development of the next Health and Wellbeing Board Strategy (2020-2023) and agreed that the next Development Session would be used to discuss a proposed strategic approach.

7 Implementing the Physical Activity Plan (HWB.04.06.2019/7)

The Board were given a presentation and considered a report which provided an opportunity to discuss the Active in Barnsley partnership approach and implementing the Physical Activity Plan and more generally improve physical activity levels in Barnsley. It was noted that physical activity had been one of the Board's public health strategic priorities for the past three years, delivered through the Sport and Active Lifestyle Strategy. The Board noted the low levels of physical activity amongst

adults in Barnsley and that the town ranked fifth highest for levels of inactivity compared with similar statistical neighbours.

RESOLVED:-

- (i) that the Health and Wellbeing Board noted the Physical Activity Plan 2018-2021; and
- (ii) supported the proposals to improve figures in relation to physical activity amongst adults and young children.

8 Sexual Health Needs Assessment (HWB.04.06.2019/8)

The Board received a presentation and considered a report highlighting recommendations from the Sexual Health Needs Assessment and Service Review, the challenges it provided and the future direction of the service.

The Board noted in particular that whilst improvements had been made in some areas greater emphasis was required in others most notably under 18's contraception.

RESOLVED that the Health and Wellbeing Board:-

- (i) recognised the investment in a mandated sexual health offer that required a partnership approach and resource prioritisation based on evidence needs and intervention effectiveness;
- (ii) support evidence based interventions and amplify sexual health "truths" in relation to local investment (for example this was not solely a young people issue, just under 60% of people attending Level 3 service are aged 25 or over); and
- (iii) recognised amplify that choices would need to be made in 2019 in order to inform a new contract in 2020.

9 Health Protection Board Update Report (HWB.04.06.2019/9)

The Board considered an update report from the Barnsley Health Protection Board setting out its activity over the last year as a means of providing reassurance that the health of the residents of Barnsley was being protected in a pro-active and effective way.

The Board considered in particular areas of success in relation to infection prevention and control and TB. It also noted those areas where further action was required, most notably flu vaccination for over 65s and acknowledged at risk groups and HIV. The Health and Wellbeing Board welcomed the HPB's continued programme of work and receipt of the minutes of their meetings.

RESOLVED that the work of the Health Protection Board over the last year be noted and those areas requiring further action and the interventions recommended be supported.

Chair



**Children and Young People’s Trust Executive Group Meeting
Thursday 28th March 2019, from 1pm – 4pm
Westgate Plaza Boardroom, Level 3, Room 3**

Present

Core Members:

- | | |
|--------------------------|---|
| Bob Dyson | Barnsley Safeguarding Children Board |
| Margaret Gostelow | Barnsley Governors Association |
| Cllr Margaret Bruff | Cabinet Member: People (Safeguarding) |
| Rachel Dickinson (Chair) | BMBC Executive Director, People |
| Margaret Libreri | BMBC, Service Director for Education, Early Start and Prevention. |
| Adrian England | Healthwatch Chair |
| Gerry Foster-Wilson | Executive Headteacher representing Primary Schools |
| Mel John-Ross | BMBC Service Director of Children’s Social Care and Safeguarding. |
| Alicia Marcroft | BMBC, Head of Public Health |

Deputy Members:

- | | |
|------------|---|
| Jess Leech | Barnsley College, on behalf of Phil Briscoe |
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Advisor:

- | | |
|----------------|---|
| 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 |
|------------------|--|

		Action																
1.	<p><u>Apologies</u> The following apologies were received:</p> <table border="0"> <tr> <td>Phil Hollingsworth</td> <td>BMBC Service Director, Stronger Safer and Healthier Communities</td> </tr> <tr> <td>Amanda Glew</td> <td>BMBC Head of Organisation & Workforce</td> </tr> <tr> <td>Martine Tune</td> <td>Barnsley CCG, Chief Nurse</td> </tr> <tr> <td>Dave Ramsay</td> <td>South West Yorkshire Partnership Foundation Trust, Deputy Director of Operations</td> </tr> <tr> <td>Nick Bowen</td> <td>Executive Principal, Horizon Community College representing BACCUS and Secondary Schools</td> </tr> <tr> <td>Phil Briscoe</td> <td>Barnsley College Vice-Principal Quality and Student Experience</td> </tr> <tr> <td>Dave Whitaker</td> <td>Executive Headteacher representing BACCUS and Secondary Schools</td> </tr> <tr> <td>Scott Green</td> <td>South Yorkshire Police Chief Superintendent</td> </tr> </table>	Phil Hollingsworth	BMBC Service Director, Stronger Safer and Healthier Communities	Amanda Glew	BMBC Head of Organisation & Workforce	Martine Tune	Barnsley CCG, Chief Nurse	Dave Ramsay	South West Yorkshire Partnership Foundation Trust, Deputy Director of Operations	Nick Bowen	Executive Principal, Horizon Community College representing BACCUS and Secondary Schools	Phil Briscoe	Barnsley College Vice-Principal Quality and Student Experience	Dave Whitaker	Executive Headteacher representing BACCUS and Secondary Schools	Scott Green	South Yorkshire Police Chief Superintendent	
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Scott Green	South Yorkshire Police Chief Superintendent																	
2.	<p><u>Feedback from the front line</u> Colleagues shared feedback from front line:</p>																	

		Action
	<p>1. Adrian informed members about the ongoing work in the Dearne, which will be rolled out to the other areas in time. Healthwatch have been currently training volunteers with regards to Engagement.</p> <p>2. Mel provided feedback about outcomes for Education & Employment. Mel was pleased to announce that one of our young people has been put forward for the Apprenticeship of the Year Award.</p>	
3.	<p><u>Identification of confidential reports and declarations of any conflicts of interest</u></p> <p>It was noted that items 5, 7, 8, 10 & 13 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 31st January 2019.</u></p> <p>The minutes of the previous meeting were agreed as an accurate record.</p>	
4.1	<p><u>Action log / matters arising.</u></p> <p>The following updates to the action log were noted:</p> <p>Actions from 13th June 2018</p> <p>6ii This action is now closed. The action is being taken forward by Martine Tune.</p> <p>Actions from 14th September 2018</p> <p>7i This action is now closed.</p> <p>11i This action is now closed.</p> <p>Actions from 31st January 2019</p> <p>6 Ongoing.</p> <p>8 This action is now closed. On the agenda (28/03/2019) to discuss.</p> <p>10a This action is now closed.</p> <p>10b Ongoing. Sarah Sinclair has a meeting planned with Patrick Otway 29/03/2019 and will receive an update.</p> <p>Action: Action log to be updated.</p>	Dawn
Agenda Items and updates on Progress		
Keeping Children & Young People Safe		
5	<p><u>Barnsley Safeguarding Children's Board Meeting held on 15th February 2019 - Highlights - CONFIDENTIAL</u> (Bob Dyson)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
6.	<p><u>Safeguarding Awareness Week & Update on Safeguarding Governance.</u> (Bob Dyson)</p> <p>Bob updated members with regards to Safeguarding Awareness Week. The Programme is published on the website with the full week set out.</p>	

		Action
	<p>It will open on 8th July 2019 and Cllr Stephen Houghton will be the lead speaker. Tables will be available for staff to display information.</p> <p>It was mentioned that some of the events are already full and others have been extended which included:</p> <ul style="list-style-type: none"> • Neglect Conference - full. • Presentation about Operation Yewtree re. Jimmy Savile and others has now been extended to allow more people to attend. <p>Mel raised the issue of Online safety and had spoken to Nigel Leeder in providing some activities around this for schools. Action: Gerry and Mel to discuss outside the meeting.</p> <p>A discussion took place with regards Online safety and suggestions that this should be a theme. The following comments were noted:</p> <ul style="list-style-type: none"> • Bob suggested he would like to see a slogan designed which reflected “it only takes seconds but lasts forever” • Young People speak highly of the training they get from schools. • Challenge: How do we share this message with parents and carers and get them actively involved. How do we control the dark side of the internet? • Phones are the same as laptops and computers but are subject to less security, concern or oversight. • List of Apps re online safety to be sent out to safeguarding leads. • A package was suggested for children and young people in the borough, also something to provide to parents. • Prevention is right but we also need to hear from young people who have been exploited online to understand the issue well and how it has affected them (posting images etc). We also need to ensure these young people are supported. <p>Action: Bob to pass suggestions and comments to Nigel Leeder.</p> <p>Link below is to the SAW19 Programme on the BSCB website. https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-news/ Then click on ‘this year’s events’</p> <p>All of the events on the BSCB website have a briefing sheet attached and they explain how to book on to events, which is mostly via POD.</p> <p>Another way to find the information is simply to type ‘news’ into the search engine on the BSCB website and then click on ‘safeguarding news’.</p>	<p>Gerry/ Mel</p> <p>Bob / Nigel</p>
Improving Education, Achievement & Employability		
7.	<p><u>SEND SEF</u> – CONFIDENTIAL (Margaret Libreri)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
8.	<p><u>Children & Young Peoples Plan Update</u> – CONFIDENTIAL (Sarah Sinclair)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	

		<u>Action</u>
9.	<p><u>Young People’s Careers and employability – Employers Promise</u> (Dave Benbow)</p> <p>TEG welcomed Dave Benbow to the meeting. Dave presented the report with the focus being to raise awareness with regards to the More and Better Jobs Strategy and Employer Promise - the wider national context for careers education. This fits well with the CYP Plan objectives.</p> <p>The following points were noted.</p> <p>The Government have tried to address issues through a number of new policies in recent years including:</p> <ul style="list-style-type: none"> • the Post-16 skills plan • the Apprenticeships Reforms, the Apprenticeship standard is written with employers. • the National Careers Strategy including Curriculum plan <p>An update with regards to the Lord Gatsby report and the eight benchmark standards which the Government is asking schools and colleges to meet was highlighted. One of the benchmarks is around Linking curriculum learning to careers.</p> <p>Increased opportunities to be provided to focus on meaningful encounters with employers and structured work place visits as part of schools’ and providers’ statutory duties will be delivered within a cohesive careers programme due to start in September 2019.</p> <p>The IKNOWICAN (IKIC) Programme is available to support schools and provide additional employability activities which they can do.</p> <p>More and Better Jobs, has established a More and Better Jobs Task Force which involves colleagues from Public Health, Education (including the Alliance Board and College) and the Private sector to address the 3 priorities:-</p> <ol style="list-style-type: none"> 1. Getting Ready for work 2. Getting into work 3. Getting on (and staying in) Work. <p>A list of 10 Work Readiness Competencies has been developed through consultation with employers across the borough. These have been shared with schools, providers and agencies across Barnsley to underpin their careers offer.</p> <p>Employer promise; whilst a number of larger employers have been successfully engaged, the small and medium sized businesses which form the majority of employers particularly in Barnsley are currently least likely to offer employability opportunities. A challenge to local businesses is to ask what they are willing to offer to support young people into work and how it can be coordinated as well as building it into the IKIC programme. Through Enterprise in Barnsley, there are some smaller businesses coming through. The Promise is now being built as part of Procurement’s Social Value Policy.</p> <p>If the application for European funding to establish an infrastructure of support</p>	

		Action
	<p>across the Sheffield City Region is successful it will help to increase the volume of employers able to contribute to The Employer's Promise.</p> <p>Action: Dave Benbow to check who is contacting the big nationals – big employers have a wide range of positions e.g. marketing etc...</p> <p>Discussion took place with regards to apprenticeships for CYP with SEND, there are 28 places this year and the ambition is to have the opportunity for 50 places intime. Discussions are taking place with other IAG providers. Work is also ongoing with regards to Carer Leavers apprenticeships, which is an area of ongoing development.</p> <p>An update about the Enterprise Advisers programme which Helen Valentine is involved in was highlighted, and the 'Big Challenge' award discussed. The award allows young people an opportunity to get their business idea off the ground and learn about running a business at the same time.</p> <p>Comments and feedback from members included:</p> <ul style="list-style-type: none"> • Updates to be presented to TEG to highlight developments which are linked to the CYP Plan. This will be scheduled within the work programme. • Berneslai Homes are planning to help with apprenticeships. • Companies used by PFI schools, Gerry to discuss with them and ask them to get in touch. • Small businesses who would like an apprenticeship, can we develop that quickly. We are in a strong position to get them involved in work placement within schools. <p>Actions for TEG members</p> <ul style="list-style-type: none"> • To commit to the Employer's Promise where possible and promote it to further enhance the breath of opportunities underpinning this offer. • To promote and where appropriate, encourage services and partners to refer vulnerable young people and adults on to the pathways to employment in Barnsley <p>Further actions:</p> <ul style="list-style-type: none"> • TEG distribution list to be sent to Dave Benbow • Dave B to distribute the banner out to Primary Heads & Future Directions • Dave B to speak to Ian Ruth who is a member of the BEP Board to follow up Effectiveness through the BEP. • Sarah to speak to commissioned services. 	<p>Dave B</p> <p>Gerry</p> <p>TEG members</p> <p>Dawn Dave B Dave B</p> <p>Sarah</p>
Encouraging Positive Relationships and Strengthening Emotional Health		
10.	<p><u>Healthwatch Barnsley, Child and Adolescent Mental Health Services – Parents and Carers User Experience Report, December 2018</u> – CONFIDENTIAL (Mark Smith – Vice Chair Healthwatch Barnsley)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
General		

		Action
11.	<p>Active Travel Strategy (Mark Anderson)</p> <p>Mark Anderson welcomed and introduced were provided.</p> <p>Mark highlighted the need for a strategy noting three pressures:</p> <ul style="list-style-type: none"> • The Barnsley Local Plan, which will see just over 21,000 new homes being built and a substantial expansion of the local economy up to 2033. Congestion impacts on the bus network and now that this has been deregulated and runs for profit, there is a danger that bus services could be reduced. • Increasing concerns about levels of excess weight and obesity, especially in young people, and the role that sedentary lifestyles play in obesity has stimulated interest in active travel; • Mayor Dan Jarvis (Sheffield City Region (SCR) has committed to promote and increase active travel. To assist with this an Active Travel Commissioner will be appointed to work with Local Authorities in South Yorkshire <p>The vision is to create a borough where active travel is a preferred choice, supported by a connected network of high quality, safe and inviting cycling routes and footpaths for all people to use.</p> <p>Comments from members included the following:</p> <ul style="list-style-type: none"> • Timeframe: 2033 is a long way into the future for development – why not sooner? It was stated that the implementation plan will set out the specifics and all areas which contribute to achieving strategy outcomes. • There is no green cycle route in Barnsley. Other areas have cycle routes on every major route. Mark highlighted that they are keen to get cycle routes into the town centre but this presents challenges due to space. • Where schools are close to homes, is there a possibility to plan cycle routes in. • Could there be a horse riding path as well. <p>Various concerns were raised and noted:</p> <ul style="list-style-type: none"> • Members voiced their concerns with regards to the safety of young people cycling to school and around Barnsley – congested and dangerous roads. • The additional problem of parking and restrictions on parking around the borough was highlighted and discussed including concerns with regards access to pavements which are congested by parked cars. • Air pollution and effects on cyclists. • Whilst supporting cycling, there has to be an acceptable compromise with regards to a cycle route around town centre and to schools; possibility of a joint footpath for pedestrians and cyclists, although it was emphasised that this would require both parties to learn to share and give consideration. It was suggested that young people could be educated at schools to use a joint facility. Mark noted that it was something that can be looked at as part of the Bikeability training being rolled out to schools. <p>Action: Mark to note members' comments and feedback into his team making specific note to safeguarding concerns.</p>	Mark

		Action
Standard Agenda Items		
12.	<p><u>CYP Plan Strategic Priority Themes Performance Highlights / Risks</u></p> <p>No items were raised. It was agreed to take this item off the agenda as a standard item and any items can be raised under AOB.</p>	
13.	<p><u>Continuous Service Improvement Plan (CSIP) - CONFIDENTIAL</u> (Lisa Loach)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
14.	<p><u>TEG Work Programme Review</u> (Dawn Fitzpatrick)</p> <p>The TEG work programme was presented. It was suggested to revise this collectively.</p> <p>Discussion with regards what items should come to TEG took place and it was suggested these should be items of concern for TEG members/ issues which are partnership wide and require a whole systems approach.</p> <p>Once the CYP Plan has been signed off this will help to shape the ongoing work programme.</p> <p>The SEND Plan to come to the next meeting in June. Action: Margaret and Dawn to meet outside this meeting with regards to SEND</p> <p>Action: TEG members to review and discuss with Sarah any items they feel need to be presented at TEG.</p>	<p>Margaret / Dawn</p> <p>TEG Members</p>
15.	<p><u>Any Other Urgent Business</u></p> <p>None was discussed.</p>	
Date and time of next meeting: Thursday 13th June 2019 1pm – 4pm		
<p>Proposed agenda items for next meeting on 13th June 2019.</p> <ul style="list-style-type: none"> • Barnsley Safeguarding Children's Board (BSCB) minutes • CYP Plan • Continuous Service Improvement Framework & Plan • TEG Work Programme review • Safeguarding Awareness Week • Adolescent Review • SEND Inspection Readiness • SEND Strategy • 0-19 Public Health - General Update • Access to therapeutic support and waiting times • CiC CAMHS Pathway Update • Transport Strategy refresh 		

Future 2019 meetings.

Meetings will be held quarterly and have been changed to Thursday.

Date of meeting	Time	Venue	<i>Deadline dates for reports</i>
Thurs 13 June 2019	13.00 – 16.00	<i>Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>Mon 3 June 2019</i>
Thurs 12 September 2019 <i>Please note change of time for this meeting.</i>	14.00 – 17.00	<i>Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>Mon 3 September 2019</i>
Thurs 12 December 2019	13.00 – 16.00	<i>Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>Mon 2 December 2019</i>



**Children and Young People's Trust Executive Group Meeting
13 June 2019, from 1pm
Westgate Plaza Boardroom, Level 3, Room 3**

Present

Core Members:

Alicia Marcroft (Chair)	BMBC, Head of Public Health
Mel John-Ross	BMBC, Service Director of Children's Social Care and Safeguarding
Bob Dyson	Barnsley Safeguarding Children Board
Cllr Margaret Bruff	Cabinet Member: Spokesperson for Children's Services
Margaret Gostelow	Barnsley Governors Association
Scott Green	South Yorkshire Police Chief Superintendent
Margaret Libreri	BMBC, Service Director for Education, Early Start and Prevention.
Dave Ramsay	South West Yorkshire Partnership Foundation Trust (SWYPFT), Deputy Director of Operations
Nick Bowen	Executive Principal, Horizon Community College representing BACCUS and Secondary Schools
Adrian England	Healthwatch Chair
Jamie MacInnes	Barnsley CCG, Governing Body Member

Deputy Members:

Lisa Phelan,	Barnsley CVS, Head of Community Services
Angela Fawcett	Barnsley CCG, Designated Nurse Safeguarding Children and Looked After Children
Jess Leech	Barnsley College, Assistant Principal Students
Cathryn Eggington	Headteacher, Wellgate Primary School

In Attendance:

Dawn Fitzpatrick	BMBC, Partnerships and Project Officer
Cheryl Devine	BMBC, Health & Wellbeing Officer
Jon Banwell	BMBC, Head of Children in Care Services
Kate Jones	SWYPFT, Acting General Manager, Barnsley CAMHS
Mellissa Mackell	KIDS, Parent Participation Coordinator (Barnsley)
Gill Heyworth	BMBC, Strategic Transport Manager

		Action
1.	<p><u>Apologies</u> The following apologies were received:</p> <p>Phil Hollingsworth BMBC Service Director, Stronger Safer and Healthier Communities</p> <p>Gerry Foster-Wilson Executive Headteacher representing Primary Schools</p> <p>Rachel Dickinson BMBC Executive Director, People</p> <p>Amanda Glew BMBC Organisation Development Manager</p> <p>Dave Whitaker Executive Headteacher representing BACCUS and Secondary Schools</p> <p>Martine Tune Barnsley CCG, Chief Nurse</p>	

		<u>Action</u>
	<p>Sarah Sinclair BMBC Head of Commissioning, Governance and Partnerships</p> <p>Anna Turner BMBC Schools Models and Governor Development Manager</p> <p>Jayne Hellowell Head of Commissioning – Healthier Community</p> <p>Introductions were provided.</p>	
2.	<p><u>Feedback from the front line</u></p> <p>Colleagues shared feedback from front line:</p> <p>Bob informed members of his recent involvement in a Serious Case Review and noted that he was very impressed by the thoroughness of the record keeping by the Health Visitors from the PHN Service and Midwives. Further noting that both their record keeping and their attitudes were exemplary.</p>	
3.	<p><u>Identification of confidential reports and declarations of any conflicts of interest</u></p> <p>It was noted that item 5, 10, 11 and 12 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 28th March 2019</u></p> <p>The minutes of the previous meeting were agreed as an accurate record with the following amendment:</p> <p>Alicia Marcroft, BMBC, Head of Public Health attended the previous meeting on 28th March 2019.</p>	
4.1	<p><u>Action log / matters arising</u></p> <p>The following updates to the action log were noted:</p> <p>Action from 14 September 2018</p> <p>6 – This is now closed</p> <p>12 – This is now closed. Gerry has received an email re schools who are smokefree and will raise this at the next leadership meeting on 12 June 2019. Take up by Primary Schools (78%) has been good so far.</p> <p>Action from 31 January 2019</p> <p>6 – This is now closed - Schools have been targeted in the pre-opening week, in particular those in the Dearne Area, and they have been invited to look around the Lightbox. Further school visits will be conducted in the weeks after the opening.</p> <p>10 b – Action to be followed up.</p> <p>Actions from 28 March 2019</p> <p>6a – Meeting still to be arranged.</p> <p>6b – Complete</p> <p>7b – Complete– Branded with Trust branding now on V5.8</p> <p>7c & 7d – Complete – Post 16 pathways to adulthood, meeting with Communities Directorate & Post 16 to discuss early July 2019.</p>	

		Action
	<p>7e – Complete - linked to work programme. 7f – Received comments from Rachel Dickinson. 7g – Closed. 8a – Complete. 8b – To be arranged – discussed with Targeted Youth Support (TYS) 8c & 8d – Completed. 8e – Final Plan is on the agenda and a copy has been circulated. 8f – To agenda at HWB after Cabinet with Karen Sadler. 9b – This has been passed to Tim (Business Director) who deals with PFI so this is ongoing. 9c – Closed. Members to continue to promote. 9g – Still to complete 10 b & 10C – Closed – now on both ECG & TEG work programmes 13a – Complete 13b – Launched on BMBC website / Care leavers website. 13c & 13d – Actioned. 14b – Closed.</p> <p>Action: Action log to be updated.</p>	Dawn
Agenda Items and Updates on Progress		
5.	<p><u>Barnsley Safeguarding Children's Board Meeting held on 24th May 2019 - Highlights - CONFIDENTIAL</u> (Bob Dyson)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
Supporting Children, Young People & Families to make healthy lifestyle choices		
6.	<p><u>0-19 Public Health Update Report</u> (Cheryl Devine)</p> <p>Cheryl was welcomed to the meeting and presented the 0-19 Public Health update report informing members of work that had taken place since the last annual report in July 2017 and to ask members to provide support from their service area where appropriate, and in particular support was requested to engage secondary schools around key public health initiatives.</p> <p>The following points were noted.</p> <p>0-5's</p> <ul style="list-style-type: none"> • Neonatal mortality rate is significantly better than both the regional and England rate. • MMR vaccinations for 2 year olds is 97.9% which is very positive • The Alexander Rose Voucher Scheme has supported a large number of families on low incomes to access vouchers for fruit and vegetables to spend in Barnsley Market. • There have been good campaigns re breast feeding. • Alicia noted that there had been issues with regards to breastfeeding data sharing which should now improve. <p>Oral health</p> <p>Cheryl informed members of the recent dental epidemiological survey which had taken place. The data from this will not be available until the end of 2019.</p>	

	Action
<p>Tooth decay in five year olds is significantly worse than the England average. 2% of hospital episodes for six to ten year olds were for tooth extraction due to decay. A break down by ward was provided. The 0-19 Service is continuing to promote tooth brushing clubs to schools.</p> <p>Alcohol and Substances There is a newly formed Alcohol Alliance group in Barnsley and targeted work is ongoing via a number of initiatives. Available data discussed.</p> <p>Bob queried if there is a crossover re alcohol and substance misuse. It was suggested that there may be some crossover. Rates of under 18 hospital admissions due to substance misuse in Barnsley are higher than both the regional and England rate however work is being undertaken to determine if this includes multiple presentations.</p> <p>Emotional Health and Wellbeing Mental health is a concern for Barnsley's children and young people as highlighted in the Make your Mark Survey. Barnsley is one of highest with regards to self-harm for 15-19 year olds.</p> <p>Healthy Weights Significantly better than regional and national averages.</p> <p>Under 18 conceptions There has been a significant drop; it is less than half the rate in 1998, although it is still the highest in South Yorkshire. Data was provided by ward. Work is ongoing targeting young people at risk, promoting relationships and sex and health education in areas with high rates. 2020 will see mandatory changes implemented for schools around relationship, sex and health education including schools teaching SEND students and PRUs.</p> <p>Cheryl updated members with regards to the School Offer. Noting that the first PHSE Network on 12th June was well attended and received good feedback, allowing people to network and share best practice. Training and support including online resources will be available. A children and young people's survey will take place. Cheryl discussed the survey logistics and noted that the LA will analyse and create a report highlighting the data and explained what the data could be used for.</p> <p>Nick asked if it was a national survey and if members can have sight of the survey, especially with regards to the questions put forward to young people. Cheryl clarified that the survey was only for Barnsley. Cheryl was invited to attend a Secondary Heads meeting either on 25th June or 16th July and have a 10-15 minute section on the agenda to promote this and explain in more detail.</p> <p>Dave raised the question with regards to what is happening around college, is there a focus on the 16-18 year group. Cheryl noted that the college is very influential in the school focus group and there are 0-19 drop in sessions available.</p> <p>Cllr Bruff asked if there was any input from young people, Cheryl stated that currently there isn't but it will be going out to children and young people for consultation.</p>	<p>Cheryl/Nick</p>

		Action
	<i>Item 10 was discussed next.</i>	
Encouraging positive relationships and strengthening emotional health		
7.	<p><u>CiC (Children in Care) CAMHS Pathway Update</u> (Kate Jones and Jon Banwell)</p> <p>Kate and Jon were welcomed to the meeting. Kate provided members with an update on the CiC CAMHS pathway explaining the process starting from the initial referral, noting that the pathway provides timely access to mental health services. There is an expedited route for CIC and there are a wide range of therapeutic offers. The service target is to ensure consultation is undertaken within 6 weeks. It is designed to create effective partnership and multiagency working. This meeting is also good for skill sharing and social workers are invited to develop skills to help embed into their own practice.</p> <p>Kate provided and discussed the data for Q4 which detailed the numbers of young people within the service broken down to Barnsley CiC and out of area CiC placed in Barnsley. Monthly CiC tracker meetings are now in place between CAMHS and the LA, which gives assurance that the cases are being tracked and provides opportunities for continuous collaboration and development with LA.</p> <p>The Fostering Lasting Attachments Group (FLAG) for foster carers currently meets twice a year and receives good feedback and has been identified as an area of good practice.</p> <p>Kate updated members with regards to staffing capacity for the pathway, which currently is one psychologist but through discussion with commissioners and the submission of a business case the service are hoping this will increase. The hope of creating a dedicated team is something which commissioners are supportive of and it is hoped to increase the offer of the pathway to 25 years of age.</p> <p>Jon Banwell joined the conversation and continued with the update of the Tracker, noting that it has been in place for 6 months now and other services are also involved and SDQ's (questionnaires) are completed as a combined effort. Jon informed members of who attends the group, including the Head of Service for Commissioning, Governance and Partnerships. Discussion continued around what services CAMHS can provide the young person with and additional support from other providers.</p> <p>Jon mentioned the Local Offer developed by Children's Social Care which has its own dedicated website.</p> <p>Mel stated that it is a good piece of joint work but developments are still needed to maximise data and intelligence. Mel suggested that Jon circulates dates of consultation clinics to social workers. The recognition of older young people 18+ was discussed as well as the large amount of CIC from other areas placed in Barnsley which is a substantial challenge.</p> <p>The impact of the number of young people placed into Barnsley and how this affects timeliness of treatment to Barnsley children was raised. Jon noted that this piece of work is the first point, going forward we can look at including some</p>	Jon

		Action
	<p>outcome measures.</p> <p>Scott queried risk assessments and the 6 week target, asking if it was achievable and where it had originated. Kate provided a brief update of the process and timescales.</p> <p>Cllr Bruff asked about waiting time for treatment to which Kate explained it was based on needs assessment.</p> <p>Cllr Bruff queried if the young person were on the wrong pathway and moved to onto another pathway, would they have to wait again. Kate clarified that they do not have to wait again.</p>	
Improving Education, Achievement & Employability		
8.	<p><u>SEND Strategy & Co-production Models</u> (Margaret Libreri / Mellissa Mackell)</p> <p>Mellissa was welcomed to the meeting. Margaret provided a brief update, with regards to the SEND Strategy 2106 -2018 which had been extended to 2019 with the agreement of TEG. It was highlighted that a meaningful strategy needs to be coproduced and a model of coproduction needs to be agreed to enable this development.</p> <p>Work is taking place with children and young people regarding the SEND strategy and this will be followed by wider work with parents/carers in September/October/November 2019. Aiming for a full strategy by December 2019.</p> <p>TEG commissioned KIDS to progress the coproduction agenda/partnership. Three possible models for coproduction for Barnsley have been provided and KIDS would like to go out to consultation with parents/carers. It was felt that it needed to come to TEG as part of the consultation process. Members acknowledged that the levels of trust are low and it is a very emotive issue.</p> <p>Melissa was welcomed to the meeting and continued with the update on coproduction including the process and engagement which has taken place so far with both parents/carers and professionals.</p> <p>Melissa described how each model would work, noting that whichever model was agreed after the consultation, the parents/carers would own.</p> <p>Margaret informed members that no meaningful work on the strategy could be completed until the consultation has taken place and a way of moving forward was identified.</p> <p>The pros and cons of each of the three models were thoroughly discussed. Members stated that it is a very welcome opportunity as it was highlighted that we have a mechanism for effective coproduction with young people but we have still to develop a robust mechanism for working co-productively with parents and carers. Members agreed that parents are an essential partner and should be invited onto key Boards.</p> <p>TEG members highlighted and raised concerns with regards to Model 3 in relation to being able to meet facilitation expectations and the appropriateness</p>	

		Action
	<p>of TEG members chairing the group.</p> <p>Action: Melissa to provide a Swot analysis for each model for parents capturing the meeting discussion.</p> <p>It was agreed by all members that it would be the wrong decision to commit to something that could not be delivered. Members agreed that as the expectations for model 3 could not be met, KIDS should go out to consult on the remaining two models.</p> <p>Action: Margaret & Mellissa to prepare the response for parents/carer together.</p>	<p>Mellissa</p> <p>Margaret / Mellissa</p>
General		
9.	<p><u>Transport Strategy Refresh</u> (Gill Heyworth)</p> <p>Gill was welcomed to the meeting and updated members on the Transport Strategy refresh and the principle drivers. This included wider changes at regional and national levels, including a long term programme to connect cities using public transport, including priorities from Sheffield City Region (SCR) Mayor Dan Jarvis MP MBE. There have been a lot of changes since its last strategy update in 2014. The draft Strategy and Implementation Plan will be live documents subject to review. The Strategy goes to all Strategy Boards and comes under the Place Directorate.</p> <p>Gill updated members on the need to align the Barnsley transport vision and fully exploit opportunities to support economic growth. The process of gaining a deeper and wider understanding of how people are moving in the borough is underway, including community transport schemes, walking and cycling to try and help improve road speed / congestion issues, the benefits of which will help to reduce the Borough's carbon footprint and promote more sustainable, socially inclusive and healthy travel options.</p> <p>Adrian noted that it had been fully discussed at HWB with regards to the health and wellbeing of people in Barnsley.</p>	
10.	<p><u>Children and Young Peoples Plan – Review of 2016 -19 Plan & TEG Work Programme Review</u> – CONFIDENTIAL. (Margaret Libneri / Dawn Fitzpatrick)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p> <p><i>Item 7 was discussed next.</i></p>	
11.	<p><u>Executive Commissioning Group (ECG) Work Programme Highlight Report</u> – CONFIDENTIAL (Dawn Fitzpatrick)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	

		Action
12.	<u>Continuous Service Improvement Plan - CONFIDENTIAL</u> (Mel John-Ross) <i>This item was confidential and is therefore not included in the published minutes.</i>	
13.	<u>Any Other Urgent Business</u> AOB Item 1 Adrian provided an update with regards to the Neighbourhood work in the Dearne and work ongoing with secondary school pupils with regards to issues from their perspective. AOB Item 2 Paediatricians have now taken over a space in one of our local schools where they can see pupils.	
Date and time of next meeting: Time and date and venue		
Proposed agenda items for next meeting on Thursday 12 September 2019.		

Proposed meetings for 2019.

Meeting day has changed to Thursday.

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

Meetings will be held quarterly.



Safer Barnsley Partnership Board

Tuesday 21st May 2019

2pm – 3.30pm

Westgate Level 3 Boardroom

Minutes

Attendees

Scott Green, District Commander – SY Police (**Chair**)
 Phil Hollingsworth, Service Director – Stronger, Safer & Healthier – BMBC
 Sarah Poolman, Superintendent – South Yorkshire Police
 Cllr Jenny Platts, Cabinet Spokesperson for Communities – BMBC
 Carrie Abbott, Service Director Public Health – BMBC
 Cllr Robert Frost, Chair - SY Fire & Rescue Authority
 Luke Shepherd, Head of Reducing Re-Offending & Compliance – SY CRC
 Lennie Sahota, Service Director, Adults' Assmnt & Care Management – BMBC
 Liz Mills, Head of Barnsley & Sheffield LDU – Prison & Probation Service
 Martine Tune, Chief Nurse - Barnsley CCG
 John Hallows – Neighbourhood Watch/Safer Communities Forum
 Darren Asquith, Housing Management Group Manager– Berneslai Homes
 Fiona Topliss, Comms & Engagement Manager – OPCC
 Shiv Bhurtun, Strategic Gov Partnership & Transformation Manager – BMBC
 Debbie Mercer, Head Of Children & Family Social Care – BMBC

In Attendance

Rosemary Clewer, Commissioning Manager, Healthier Communities
 Julie Hammerton, Early Intervention & Prevention Manager, Family
 Angela Kelly, Early Intervention & Prevention Manager, Family
 Tracey Binks, Business Support – BMBC (Minutes)

Apologies

Wendy Lowder, Executive Director Communities – BMBC
 Mel John-Ross, Service Director Children's Social Care & Safe – BMBC
 Andrew Sinclair, Deputy Director – SY CRC
 Dave Fullen, Director of Customer & Estate Services – Berneslai Homes
 Chris Lennox, Deputy Director Mental Health Service – SWYPFT
 Erika Redfearn, Head of Governance – OPCC
 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

SUMMARY OF ACTIONS FROM TODAY'S MEETING

Item	Action	Responsible	Deadline
3.1	Anti Social Behaviour Perceptions Seminar - develop plan & email to Board	Scott Green / Wendy Lowder	ASAP
3.2	ASB seminar - narrow down results of last year's YOYO baseline assessment survey & send to Scott Green/Wendy Lowder	Fiona Topliss	ASAP
4.1	YOT Board Update - adjust forward plan so that it coincides with latest YOT data release	Shiv Bhurtun / Tracey Binks	29/7/19
4.2	Youth Justice Service inspection – advise when taking place, for update to come to SBP Board	Nina Sleight	When appropriate
6.1	PCC Sub Regional CCE Project - ensure a named D.I. links-in with the CCE Police Officer, to inform and agree an appropriate cohort	Scott Green / Sarah Poolman	None set

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 previous meeting (11/2/19)
	<p>The minutes of the previous meeting were agreed as accurate.</p> <p>All actions were completed, with the following updates;</p> <p><u>Item 5/6a: Integrated Care Outcomes Framework</u> Joe Minton has confirmed that all suggestions have been incorporated into the framework, with the exception of attempted suicides which isn't possible to benchmark currently due to the absence of relevant data.</p> <p><u>Item 6a: Neighbourhood Watch issues re reporting gangs, etc.</u> Scott Green has advised John Hallows re importance of using new localised contact numbers.</p> <p><u>Item 6a: Link to Patrick Otway re substance misuse plan</u> Martine Tune confirmed that Patrick is linking-in with partners.</p>
3.	Performance & Delivery Exception Report (Q4)
	<p>Phil Hollingsworth presented the report and highlighted;</p> <ul style="list-style-type: none"> • Burglary offences – the decline has continued into this quarter. • Arson incidents – are being addressed by the relevant services. • Operation Sceptre – successful campaign took place this quarter. • Drug treatment - the low successful completion rate for opiate users is being reviewed by the PVP sub group. • Anti Social Behaviour – continued reduction in recording does not seem to be reflected in public perception (see item 7 on today's agenda). • Hate crimes – no increase on the run up to Brexit, but more media work will take place in the run up to the new deadline. <p>Phil also advised that there are now monitoring tables for Sub Group representation at the back of the report.</p>

Questions & Comments

The Chair explained that the recent increase in burglary offences were due to an organised crime group from Bradford stealing high value cars to order. Sarah Poolman confirmed that the Barnsley district offences were low compared to other areas and that South Yorkshire Police worked closely with West Yorkshire Police in deploying tactics and assets to tackle this. Although the wider investigation is ongoing, these crimes have reduced in Barnsley due to deterrent policing around its borders, which will remain vigilant.

The Chair advised that South Yorkshire Police have met with the Home Secretary around the issue of knife crime. South Yorkshire has seen an increase, although Barnsley isn't affected as significantly. A short-term investment has been secured to tackle this and the Board were asked for suggestions on best use of this.

A discussion followed;

- Metal detectors and police presence wouldn't be ideal, as evidence shows it can make the public feel more vulnerable.
- Work is already being done in schools, but messages need to be consistent.
- Linda Mayhew has emailed various partners regarding the Home Office consultation.
- NHS England has written to provider trusts advising that they are expected to comply with police around knife crime (although not an issue in Barnsley).
- Young people are getting information from the national media, which makes it feel prevalent.
- A seminar was suggested, to join up all of the different forums and give young people a consistent message.
- A survey was suggested to ascertain concerns, which can then be addressed at the seminar as well as giving examples of the reality in Barnsley.
- The seminar could be widened to include anti social behaviour and themed around "perceptions of young people".
- Consider including the work of the Safeguarding Children Partnership (although the young people they meet aren't necessarily on the peripheries of crime).
- Consider including findings from the Children's Trust Exec Group, where it was highlighted that despite significant town centre investment, residents from outlying areas are still afraid to come into the centre.
- Ask a local MP to front the campaign, with involvement from the Youth Council.
- Assess the influence of media coverage between last year's survey and this year (baseline assessment YOYO).

ACTION 3.1: Scott Green/Wendy Lowder to develop plan & circulate to Board members via email

ACTION 3.2: Fiona Topliss to narrow down results of last year's YOYO baseline assessment survey & send to Scott Green/Wendy Lowder

4. YOT Report

Phil Hollingsworth presented this update and advised that the data is historic, which was discussed by the Board. It was agreed that, although the data will always be historic (due to the amount of time required for evaluation), the 6 monthly update to the SBP Board should coincide with the latest data release to give a clearer view of progress.

ACTION 4.1: Shiv Bhurtun/Tracey Binks to adjust forward plan to coincide with latest YOT data release

Key points from the report;

- First time entrants;
 - Slight increase, although still low
 - YOT Board considering appropriate target
 - Joint SYP/YOP case review panel is a positive step forward
- Reoffenders;
 - Continues to reduce
 - Performance now comparable with national average
 - Remains below comparable benchmarks
- Custodial sentences;
 - Continues to reduce
 - Performance remains above national benchmark
- YOT Board taking a view of priorities, to support writing the Youth Justice Plan.
- Draft Youth Justice Plan to be considered at YC&ASB Board early June.
- The Partnership are preparing for inspection of service.

Questions & Comments

The Chair asked for the results of the inspection to come back.

ACTION 4.2: Nina Sleight to advise when Youth Justice Service inspection takes place, for update to come to SBP Board

5. Domestic Homicide Review

Rosemary Clewer explained the process for reviewing domestic homicides and advised that the report and action plan for this case ('Anne') is published in full on the BMBC website. The purpose of today's presentation is to keep the Board aware of responsibility and impact.

The main issues highlighted in the action plan, and being incorporated by agencies, are;

1. Training - to inform and understand the complexities of domestic abuse profiles and how symptoms might not always be seen as physical abuse.
2. Pathways - should be reviewed and reinforced to increase the connectivity of communication between agencies.
3. Response - in the absence of any other joint case management infrastructure around the couple, improving the response to domestic abuse by specific and generic agencies should facilitate clearer communication and therefore a more combined response, making what is now termed 'professional curiosity' a model of conduct supported through management.

It was also concluded that no agency, responding singly, would have achieved a different outcome in this case.

Questions & Comments

Martine Tune asked how the data was distributed at a strategic level. It was confirmed that members of the Case Review Panel are instructed to take this report and action plan back to their strategic leads/groups, reports go to the PVP Sub Group in terms of structure and governance, the Case Review Panel consider requests for safeguarding adult reviews (the Chair of the panel also chairs the Safeguarding Adults Board) and the Executive Director must sign-off the report before it can be published. In addition, Rosemary has responsibility to ensure that learning outcomes are consistent across organisations and the Chair summed up that patterns between reviews could be easily identified at all levels.

The Chair thanked Rosemary for her report.

6.	<p>Child Criminal Exploitation early intervention fund</p> <p>Julie Hammerton and Angela Kelly introduced a brief on BMBC’s involvement in the Child Criminal Exploitation (CCE) bid, funded by the Police and Crime Commissioner (PCC) ‘Early Intervention and Serious Youth Violence’ fund. The purpose of today’s report is to seek advice in relation to the involvement of wider partners in the governance arrangements.</p> <p>Key points from the report were;</p> <ul style="list-style-type: none"> • Strategic approach by Doncaster, Rotherham and Barnsley to ensure consistency in tackling CCE. • Focus on early identification of young people at risk of becoming involved in CCE. • South Yorkshire has a high number of Organised Crime Groups. • Doncaster, Barnsley and Rotherham have experienced ‘county lines’ issues in relation to young people being targeted for CCE. • Potential for the young person to be both victim and perpetrator. • Operating framework across each area will be unique, due to local governance, demographics and resources. <p>Strategic sub-regional activity will include;</p> <ul style="list-style-type: none"> • Local intel/cohort mapping. • Street based teams employed in local areas, driven by SYP intel. • Forensic Psychologist support attached to programme. • Evidence-based approaches to be used. • Training to be developed across all agencies across the sub-region. • Education programme roll out to school children. • Fund for local community groups (long term approach on the ground to divert young people away from this activity). <p>It is intended that governance will report via the Safeguarding Children’s Board and that the scheme will work with local structures (not duplicate them). Information sharing plans are still in progress and legislation/operational arrangements for support are being tested. Sheffield Hallam University will be carrying out an independent evaluation.</p> <p>Expected outcomes;</p> <ul style="list-style-type: none"> • Reduction in young people entering care system. • Reduction in active organised crime. • Reduction in first time entrance into youth offending system. • Reduction in reoffending. • Increase in young people’s perception of safety. <p>Next steps;</p> <ul style="list-style-type: none"> • Presentation delivered by National Crime Agency today to assist in the exploration of the use of a vulnerability tracker. • Local steering group will be established re tracker. • Local partners pledge to commit. • Expand regional steering groups (Julie invited members of the SBPB to contact her if they’d like to become representatives). • Legacy work to be in place by end of scheme (March 2020). <p><u>Questions & Comments</u></p> <p>Martine Tune felt that evaluation of success would be challenging. Julie advised that this is still being scoped.</p> <p>Luke Shepherd suggested that the gap between what staff on the ground understand and</p>
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	<p>the legacy, could be joining between adult and youth.</p> <p>Debbie Mercer asked about the cohort. Julie advised that they are still working to identify this.</p> <p>Lennie Sahota asked about vulnerable young adults. Julie confirmed that issues such as cuckooing will be taken into account.</p> <p>The Chair asked what was in place in Barnsley and how they are linking-in to SYP locally. Angela confirmed that the team are based in Doncaster, but are aligning to locality/neighbourhood teams and will be attending MAAG meetings in the identified hotspot areas.</p> <p>The Chair was concerned about whether the targets were achievable and asked if the team needed anything from the SBPB. Julie advised that their seconded Police Officer (Emma Bloodworth) would need to link-in re cohort mapping.</p> <p>ACTION 6.1: Scott Green/Sarah Poolman to ensure a named DI links with the CCE team Police Officer to inform & agree appropriate cohort</p> <p>Debbie Mercer highlighted the need to ensure that any messages which come out of this project don't falsely suggested that Barnsley are involved because of high levels of problems.</p> <p>The Chair asked if consistent messages for young people were being monitored. Fiona Topliss confirmed that the PCC are being kept in the loop around this. Julie is keeping an eye locally on how this is rolled out and schools should get the same messages. Julie suggested that the education side of the bid needs a designated group to plan an approach to this. Barnsley has an alliance board which key education stakeholders attend.</p> <p>The Chair thanked Julie and Angela for their report.</p>
7.	<p>SYPC Funding / Town Centre Uniform</p> <p>Phil Hollingsworth explained that the Safer Barnsley Partnership receives funding from the PCC to support delivery of priorities and today's report seeks to recommend use of this funding to the Board.</p> <p>Despite significant reduction of anti social behaviour, perception is still not reassured. Therefore, the proposal to address this includes;</p> <ul style="list-style-type: none"> • Relocating joint resources into the Glassworks building. • Providing a new common uniform for all town centre council staff, to give a uniformed presence. • Improving communications. • Installing a new future-proof CCTV system in the town centre. • Moving the Police Assessment Team into the town centre. • Introducing weekly partnership briefings (intel-led). <p>The relocation and launch (including publicity roll out) will take place w/c 15 July 2019.</p> <p>It has also been suggested that a team of dedicated town centre wardens (responders) be put in place with match-funding from BMBC.</p> <p><u>Questions & Comments</u></p> <p>Fiona Topliss reported a decline in negative comments around town centre anti social</p>

	<p>behaviour recently. Phil agreed and noted that council staff often receive negative perceptions from the public.</p> <p>The Chair felt that the proposal shows reasonable and equitable spending, given the investment that BMBC put into policing. Also, feels that a uniformed presence will give the feel of a secure shopping mall environment. All agreed.</p>
8.	Forward Plan
	<p>Shiv Bhurtun reviewed upcoming items and advised that he will be meeting with members individually to populate this further, ensuring that items are worked up through the delivery groups.</p>
9.	Any Other Business
	<p><u>Probation Service</u> Liz Mills advised that the government's response to the public consultation ("Strengthening probation, building confidence") will involve significant change going forward. All offenders will be managed by the National Probation Service. There will continue to be a role for the voluntary and private sector in delivery of interventions. Work to commission services is currently in development. The dynamic framework will mean that more local interventions can be drawn down and the co-commissioning fund will mean further opportunities. The Chair noted that staff will be affected by this and asked Liz to get in touch if any help is required from Board members.</p> <p><u>Durham Safeguarding Investigation</u> Martine Tune advised that a Panorama programme regarding this will be aired and that Barnsley will be cited (around a Barnsley resident at Whorlton Hall).</p> <p><u>Neighbourhood Watch</u> John Hallows announced that neighbourhood watch involvement has increased recently, including young people.</p>
	<p>Next Meeting; Monday 12th August 2019 10:30 to 12:30 Town Hall MR11</p>

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Minutes of the Safer Barnsley Partnership Board

Monday 12 August 2019, 10:30-11:50, Town Hall MR11

ATTENDANCE

Organisation	Name	Position
BMBC (Co-Chair)	Wendy Lowder	Executive Director, Communities
BMBC Communities	Phil Hollingsworth	Service Director, Safer Stronger Healthier Communities
BMBC Cabinet Spokesperson	Cllr Jenny Platts	Cabinet Spokesperson for Communities
BMBC Adult's Care	Kwai Mo	Head of Service, Mental Health & Disability
SYP	Julie Mitchell	Acting Chief Inspector
BMBC Public Health	Carrie Abbott	Public Health Service Director
Fire & Rescue Service	Chris Mee	Station Manager, Barnsley Fire Station
Fire & Rescue Authority	Cllr Robert Frost	Chair, South Yorkshire Fire & Rescue Authority
Neighbourhood Watch / Safer Communities Forum	John Hallows	Neighbourhood Watch/Safer Communities Forum Representative
Berneslai Homes	Dave Fullen	Director of Customer & Estate Services, Berneslai Homes
PCC	Marie Carroll	Partnerships & Commissioning Manager, South Yorkshire Police & Crime Commissioner
BMBC Strategy & Governance	Shiv Bhurtun	Strategic Governance Partnership & Transformation Manager

In Attendance

BMBC (minutes)	Tracey Binks	Business Support Officer
BMBC Safer Communities	Ray Powell	Cohesion & Prevent Officer, Safer Communities
BMBC ASB Sub Group	Paul Brannan	Head of Safer Barnsley
BMBC Public Health	Diane Lee	Head of Public Health
BMBC Performance Improvement	Anna Marshall	Scrutiny Officer (observing only)
BMBC Public Health	Helen Watson	Public Health Registrar (observing only)

Apologies

SYP (Co-Chair)	Scott Green	Barnsley District Commander, SY Police
SYP	Sarah Poolman	Barnsley Police Superintendent
BMBC Adult's Care	Lennie Sahota	Service Director, Adults Assessment & Care Management, People Directorate
BMBC Children's Care	Mel John-Ross	Service Director, Children's Social Care & Safeguarding, People Directorate
BMBC Education Early Start Prevention	Margaret Libreri	Service Director, Education & Early Start Prevention, People Directorate
National Probation Service	Liz Mills	Head of Probation, Sheffield & Barnsley
Community Rehabilitation	Andrew Sinclair & Luke Shepherd	Director & Deputy Director, South Yorkshire Community Rehabilitation Company
PCC	Erika Redfearn	Head of Governance, South Yorkshire Police & Crime Commissioner
Fire & Rescue Service	Steve Fletcher	Barnsley District Commander, South Yorkshire Fire & Rescue Service
Police & Crime Panel	Cllr Martin Dyson	Police & Crime Panel representative
NHS Barnsley CCG	Jayne Sivakumar	Chief Nurse, Barnsley Clinical Commissioning Group
Criminal Justice Board	Linda Mayhew	Business Manager, SY Criminal Justice Board
Mental Health Service (SWYPFT)	Chris Lennox	Deputy District Director, Barnsley & Wakefield Business Delivery Unit, South West Yorkshire Partnership NHS

ACTIONS

Item	Action	Responsible	Deadline
3.1	Misquote in Chronicle hate crime article: Email Wendy Lowder with the outcome of challenging this.	Julie Mitchell / Sarah Poolman	None set
3.2	Discuss complex lives and mental health resource.	Phil Hollingsworth & Kwai Mo	None set
3.3	Raise at next PADG that Priority Leads should be ensuring attendance levels at sub groups.	Phil Hollingsworth	28/10/19
4.1	Violence Reduction Unit bid: Commence scoping of potential bids for a distributed fund.	Phil Hollingsworth & Carrie Abbott	None set
6.1	Town Centre Improvements: Bring an impact update back in 1 year.	Paul Brannan	August 2020
6.2	Joining Forces brand expansion: Bring back an update around roll-out of local business accreditation and community safety.	Paul Brannan	None set
6.3	Crime and Anti-Social Behaviour Public Perceptions Survey: Circulate survey to Board members.	Tracey Binks	19/8/19
7.1	Alcohol Plan: Bring back results of affordability impact modelling after October.	Diane Lee	None set
7.2	Correct Safe & Well Check data.	Phil Hollingsworth	Mid-Sept
7.3	Ensure insights gathered from Area Council Social Isolation commissions in respect of alcohol.	Phil Hoillingsworth & Diane Lee	None set

MINUTES

1.	Apologies & Introductions
	Introductions were made and apologies received as above.
2.	Minutes & Actions from previous meeting (21.5.19)
	<p>The minutes of the last meeting were agreed as accurate, with the following amendment requested;</p> <p><u>AOB: Probation Service</u> Sentence changed from <i>“Offenders will be brought back into the probation service and commissioning starts soon”</i> to;</p> <ul style="list-style-type: none"> • All offenders will be managed by the National Probation Service. There will continue to be a role for the voluntary and private sector in delivery of interventions. Work to commission services is currently in development. <p>Actions were completed, with the following updates;</p> <p><u>Items 3.1 & 3.2 Anti Social Behaviour Perceptions Seminar</u> This action may be superseded by the PCC Violent Crime Reduction Unit workstream, which will begin to inform the public. This was discussed in item 4 of today’s agenda.</p> <p><u>Item 4.1 YOT Board Update - adjust forward plan to coincide with latest YOT data release</u> The Youth Justice data release is out of synch with the Safer Barnsley Partnership data collection and meeting timetable, but they are trialling a new local data set, which should provide more relevant results at Board updates. This will come to the November board.</p> <p><u>Item 4.2 Youth Justice Service inspection – update to come to SBP Board</u> This will be covered under one of the regular YOT updates, after the inspection has taken place.</p>

3.	Performance & Delivery Exception Report (2019/20 Q1)
	<p>Phil Hollingsworth presented the report and highlighted;</p> <ul style="list-style-type: none"> • Burglary offences: rates have now returned to normal. • Knife crime: the rise is attributed to the intelligence-led targeted approach through robust stop-searching, rather than an increase in knife crime incidents. • New women’s centre: work is progressing, with an aim to open by the end of April 2020. In addition, there will be accommodation located around the borough for female offenders leaving prison, who are victims of domestic abuse. • Complex lives team: work is underway to continue the development of increased integration within the complex lives team, with a view to the further co-location of key agencies and continued development of the case-management approach. • Off-road biking: looking to fund a specialised off-road motorcycle, to be used by police officers in order to assist in the identification of those responsible. • Hate crimes: incidents remain low with no obvious affect from brexit, but this will continue to be monitored. • Data: the CONNECT system came into effect in December 2017, so this year’s Q1 data is now a more accurate reflection. <p>Phil pointed out an error on appendix 6.2 of the Performance Report (Agreed Performance Measures – Protecting Vulnerable People), whereby the figures in the ‘month’ columns are correct, but the totals in the commentary column are incorrect.</p> <p><u>Questions & Comments</u></p> <p>Hate crime: Dave Fullen highlighted that the Chronicle had recently published an article which stated that there had been a spike in brexit-related hate crime. This contradicts the Performance Report. Julie Mitchell advised that SYP are aware of the article, in which they were misquoted, and Sarah Poolman is addressing this.</p> <p>ACTION 3.1: Julie Mitchell/Sarah Poolman to email Wendy Lowder with the outcome</p> <p>New women’s centre: Cllr Platts noted concern over the location, due to the Dearne being a difficult area to reach. Phil confirmed that the accommodation chosen was the best available during the given timescale and transport was considered in the plan. It was found to be as easily accessible as elsewhere in the Borough.</p> <p>Complex lives team: The Chair felt it would be helpful for the Board to have a briefing on progress to date. The challenges in achieving a solution to the continued integration of mental health resource into the team were shared with the Board. A dialogue with the Clinical Commissioning Group and the Mental Health provider (SWYPFT) has been scheduled to seek a resolution, and the Police & Crime Commissioner is also to be approached for potential funding. It was suggested that, now that adult social care mental health practitioners have returned to the council, a dialogue between adult social care and SNS is opened. A business case is also being worked up to aid these discussions.</p> <p>ACTION 3.2: Phil Hollingsworth/Kwai Mo to discuss complex lives and mental health resource</p> <p>Sub Group attendance monitoring: The Chair noted the usefulness of the attendance monitoring tables which have been added to the Performance Report and asked everyone to reflect on whether their departments are supporting the sub groups appropriately. She asked for the Performance and Delivery Group to ensure high level of participation.</p> <p>ACTION 3.3: Phil Hollingsworth to raise at next PADG that Priority Leads should be ensuring high attendance levels at sub groups</p>

<p>4.</p>	<p>Violence Reduction Unit (VRU) Bid</p> <p>Marie Carroll briefed the group on the proposed allocation of Home Office funding towards reducing violent crime and highlighted the following;</p> <ul style="list-style-type: none"> • Some of the funding will be allocated to enlist more Police Officers. • Some will be used to create Violence Reduction Units, which will adopt a “public health” approach to addressing serious violence. • Funding will be used to; <ul style="list-style-type: none"> ○ Scale up existing good practice models. ○ Develop new projects, with a view to analysing, assessing and building business cases for the most successful to roll out county-wide. ○ Enhance partnership arrangements (physical resources) to lay the foundations of a sustainable multi-agency approach for future years. • An Elected Members Reference Group met for the first time in July. • A VRU Strategic Board has been established and commences on the 2nd September. • Engagement with stakeholders has taken place, although this was slightly limited due to the short timescale given. • The bid was submitted on time and a decision is expected this afternoon. <p><u>Questions & Comments</u></p> <p>Cllr Platts confirmed that she is involved in the Elected Members Reference Group.</p> <p>Phil Hollingsworth asked if there were any specific new projects proposed at this stage. Marie confirmed that some are included in the bid and there will be a grant scheme (overseen by the Strategic Board) which other proposed projects can apply to.</p> <p>The Chair asked if the Home Office would allow any roll-over of funds post-2020, but Marie clarified that they have been very explicit about not carrying funding forward.</p> <p>The Chair was keen for the Safer Barnsley Partnership to work with the PCC to align outcomes with the Forward Plan and Marie confirmed that there would be a Local Partnership Co-ordinator (Rachel Staniforth) and that other staff posts may be based at local levels, to ensure full benefit.</p> <p>ACTION 4.1: Phil Hollingsworth & Carrie Abbott to commence scoping of potential bids for a distributed fund</p>
<p>5.</p>	<p>PREVENT annual update</p> <p>Ray Powell presented a report on how partnership working is reducing the risk of vulnerable individuals being exploited for the purposes of radicalisation, extremism and terrorism (part of the Government Counter-Terrorism Strategy). Highlights included;</p> <ul style="list-style-type: none"> • The PREVENT programme is still being successfully delivered and continually monitored. • A new category has been added to the assessment of the action plan, specifically focusing upon addressing risks within communities. • Following a recent consultation exercise, partner organisations have developed actions, which will form part of the refreshed plan. • Workshops have been extended to key community support organisations. • Training sessions are being arranged for elective members to raise awareness. <p>Ray reported on the current risk in Barnsley which is being addressed by;</p>

- improved security to public and internal Wi-Fi network infrastructure,
- radicalisation being regularly discussed at the appropriate forums,
- quarterly reviews of referral levels being undertaken
- and work being carried out with Children’s Safeguarding to ensure assessment threshold levels reflect need.

Questions & Comments

The Chair highlighted the following key points for Board members to consider;

- How we embed PREVENT into assessments (Children & Adults Social Care) via Nina Sleight and Kwai Mo.
- How we might raise greater understanding of the counter terrorism profile.
- How to coordinate specific workstreams around vulnerability and ask questions to understand the path individuals have followed to become susceptible, possibly via a Public Health approach.
- What we can learn that helps us be reassured the way services are arranged will reduce the flow of people through the system (right place, right time).

The Chair thanked the PREVENT team for their work, as this is an example of national good practice and involvement in the peer network is helpful.

6. Town Centre Improvements – launch update

Paul Brannan presented a report around the Joining Forces work and displayed examples of the branding. Key points included;

- The launch of the Joining Forces brand took place on the 7th August, which is intended to address public perception about safety in the Town Centre.
- A team of uniformed services (police, market staff, parking, environmental enforcement) have been coordinated into the Glassworks building.
- Branding will be rolled out beyond the Town Centre as part of community safety agendas.

Questions & Comments

The Chair confirmed that the launch was a success and attracted good coverage on social media.

Phil Hollingsworth thanked the team for their hard work, as this has now increased Barnsley’s profile. He suggested it would be good to review the impact in a year’s time.

ACTION 6.1: Tracey Binks to add a one year impact update to the Forward Plan

Paul recommended that the next step would be to explore expansion of the brand across communities and to offer accreditation to businesses who want to become partners. All agreed. The Chair felt that extending the branding across communities would also help to reinforce the message of safety in Barnsley.

ACTION 6.2: Tracey Binks to add an update to the Forward Plan (roll-out of local business accreditation and community safety)

Phil announced that the Safer Barnsley Partnership “Crime and Anti-Social Behaviour Public Perceptions Survey” is now live and encouraged members to promote as widely as possible. This closes on the 3rd September.

	ACTION 6.3: Tracey Binks to circulate the survey link
7.	Alcohol Plan in-depth
	<p>Diane Lee presented an update on progress of the Alcohol Plan, which was supported by the Board at the February 2019 meeting.</p> <p>Key progress;</p> <ul style="list-style-type: none"> • Purple Flag: Application will be submitted in October and peer assessment is expected in November. • Best Bar None: Judging has taken place and there was an increase in accreditations on the previous year. Next year's scheme aims to secure 70% of all Town Centre licensed premises. • Night Life Marshalls: Evaluated very well and further funding is secured up to July 2020. The new Joining Forces brand will also apply to this. • Affordability: The minimum unit price has been the most impactful intervention. The University of Sheffield have carried out impact modelling, from which local results are expected in October. • Acceptability: Barnsley will be trialling the new Public Health England brand - "It's ok not to drink". • Children & young people: Barnsley's rates of alcohol-specific admissions are undergoing a retrospective audit by A&E doctors and electronic survey of all A&E staff. • Alcohol Alliance: Have met for the second time and there is a lot of interest from partners. The latest meeting focussed on older people, fire risk and unmet needs. • Data: Alcohol-specific admissions seem to be increasing, so the alliance are mapping against GP practice areas to look at bigger issues and the primary care offer. Under-18s admission is reducing. <p>ACTION 7.1: Diane Lee to bring back results of impact modelling after October</p> <p><u>Questions & Comments</u></p> <p>Phil Hollingsworth felt that this links well with the Integrated Wellbeing Team and could be taken forward at locality meetings.</p> <p>The Chair felt there would be value in looking at area council commissions to support older people who are socially isolated (discuss the understanding of these prescribers and explore where alcohol features).</p> <p>The Chair noted that the Safe & Well Checks referral data isn't accurate. Once this has been corrected, it would be possible to question gaps in referrals from certain areas.</p> <p>ACTION 7.2: Phil Hollingsworth to correct Safe & Well Check data by mid-September</p> <p>ACTION 7.3: Phil Hoillingsworth & Diane Lee to ensure insights gathered from Area Council Social Isolation commissions in respect of alcohol.</p>
8.	Forward Plan
	The Chair asked members to contact Shiv Bhurtun/Tracey Binks if they would like to add anything.
9.	Any Other Business

The following papers were circulated for information and there were no questions or comments from the group;

- Ministry of Justice public consultation 'Strengthening Probation, Building Confidence' response letter
Presentation to be scheduled for a later date
- Youth Justice Plan 2019/20
Signed off in July, performance to be reported in November
- Information Sharing Protocol update + appendix
Updated to reflect GDPR requirements (review in 12 months)

Neighbourhood Watch

John Hallows emphasised the importance of complying with email etiquette, as this ensures less likelihood for miscommunication. All acknowledged the value and importance of this as a partnership working across the sector.

Date & Time of Next Meeting:	Monday 11 th November 2019 2pm to 4pm Town Hall MR11
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Stronger Communities Partnership Board Meeting

Wednesday 22nd May 2019

14:00pm-16:00pm

Westgate Plaza, L3 Boardroom

Minutes

Attendees

Councillor Chris Lamb – Cabinet Member Place – (Chair) *(CL)*
 Phil Hollingsworth – Service Director Communities – BMBC *(PH)*
 Darren Asquith – Housing Management Group Manager West – Berneslai Homes *(DA)*
 John Marshall – Voluntary Action Barnsley *(JM)*
 Carrie Abbott – Service Director Public Health – BMBC *(CA)*
 Steve Fletcher – Barnsley District Manager – SY Fire and Rescue *(SF)*
 Councillor Jenny Platts – Cabinet Member Communities – BMBC *(JP)*
 Tom Smith – Head of Employment and Skills – BMBC *(TS)*
 Shiv Bhurtun – Partnership and Transformation Manager – BMBC *(SB)*
 Adrian England – Healthwatch Barnsley *(AE)*
 Lennie Sahota – People (Adults) Service Director Social Care and Health – BMBC *(LS)*
 Margaret Libreri – Service Director Education and Early Start Prevention – BMBC *(ML)*
 Gill Stansfield – Deputy District Director Community Services – SWYT *(GS)*
 Jayne Hellowell – Head of Commissioning, Healthier Communities – BMBC *(JH)*
 Louise Beaumont – Business Support Officer - BMBC *(LB)*

In Attendance

Anne Marshall – Scrutiny Officer – BMBC *(AM)*
 Derek Vint – Area Manager Education Services – BMBC *(DV)*
 Jane Allen – Area Manager Education Services – BMBC *(JA)*
 Karen Sadler – Health and Wellbeing Board Project Manager – BMBC *(KS)*
 Karen Walke – Barnsley Funding Development Worker – SYFAB *(KW)*
 Gary Stott – Arena Partners *(GSt)*

Apologies

Wendy Lowder – Communities Executive Director - BMBC
 Paul Clifford – Head of Economic Generation - BMBC
 Dave Fullen – Director of Customer and Estate Services – Berneslai Homes

Action Summary		
<u>Item</u>	<u>Action</u>	<u>Responsible Officer</u>
<u>8</u>	<u>Armed Forces Day</u>	
8	Promotion of the Armed Forces Day through members' networks.	All
<u>10</u>	<u>Service User and Carer Engagement</u>	
10a	JH to look at ensuring the smooth transition between the age groups.	Jayne Hellowell
10b	JH to look to carry out some consultation work with partners around the table.	Jayne Hellowell
<u>11</u>	<u>SCP Annual Plan Refresh</u>	
11	Board members to provide timely feedback to SB when the draft document of the SCP Annual Plan is circulated.	All
1	Apologies and Introductions	
	The Chair welcomed everyone to the meeting and introductions were made. Apologies were received and noted from the above members.	
2	Minutes of last meeting/matters arising – Councillor Lamb	
	<p>Minutes of the last meeting, 28.02.19, were agreed as a true copy with the following comments made:</p> <p>Safe and Well Checks are developing further, it was agreed that data is required to feed up through the Early Help Adults Delivery Group. This will enable the information to be captured within the SCP Annual Plan Refresh. This item is on the EHA forward plan for July.</p> <p>Local Integration Board – A positive session looking at employment support has taken place with confirmation of the commencement of the council pathways programmes. A conversation around inclusive economic growth also took place.</p> <p>It was noted that the final call for European Social Fund is just about to be launched and there has been work taking place around how this is communicated to partners.</p> <p>Local Care Networks - The LCN's are progressing at pace following on from the great progress being made within the Dearne area. Initial discussions within the remaining 5 areas are due to take place in June which will then lead to the rollout in these areas.</p> <p>Actions from the meeting held 28.02.19 were updated as below:</p>	

	<p>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. <i>Item on agenda for today's meeting.</i></p> <p>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. <i>Working on obtaining a list of all eligible schools and also raised the scheme at a recent Head Teachers meeting.</i></p> <p>Item 9b: To bring a full report on Food Access and present to the SCP Board in May. <i>Item on agenda for today's meeting</i></p> <p>Item 10: To share the All Age Early Help Strategy indicators with Joe Minton, to enable cross referencing. <i>Action complete.</i></p> <p>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. <i>Action complete.</i></p> <p>Item 12: To add Berneslai Homes to the list of Stakeholders for the Alcohol Alliance. <i>Action complete.</i></p> <p>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. <i>An update paper on the Equality and Diversity Action Plan is scheduled for the August Board meeting.</i></p>
3	For Information Only: Q4 SCP Narrative Report – Phil Hollingsworth
	<p>Narrative report provided for information to highlight positive work which is taking place.</p> <p>The link to Town Spirit within the report was seen as a positive and agreed that this needs to be adopted within everything that is done.</p> <p>The chair commented on the issue of diminishing funds and the effect this is having. This issue opens up an opportunity to initiate joint network conversations. A conversation followed around opportunities through primary care networks to look at smaller scale projects to use pooled budgets in a different way to enable a more positive way of working.</p>
4	Performance Report – Phil Hollingsworth
	The performance report for Q4 was looked at with the following comments made

	<p>around particular performance indicators:</p> <ul style="list-style-type: none"> • The PI's for Early Help Adults are due to be revised as current ones do not accurately reflect the work that is taking place. • Indicator 3 – a lot of good work is being done around this Social Prescribing indicator. • Indicator 6 – a lot of work across all directorates is taking place in regards to this indicator. Over the last year it has been looked at how to improve this indicator. The Supported Employment pilot has been established, this is a long process but it is being driven forward. The programme that has been created within the council brings people into paid placements to enable them to become work ready. By the end of Q1 there should be 10-12 service users working within this programme. This is also going to be broadened out to care leavers, subject to approval. Timing and recruitment had an impact on this performance indicator. The chair suggested that this could be expanded to external employers and the voluntary sector, with Tom Smith advising about the employment promise that was reported on at February's board meeting. The pilot model has been within BMBC as the council is very diverse so can offer a wide range of placements. Conversations are now taking place within the private sector to broaden the offer. • Indicator 8 – a report is being taken to the Early Help Adults delivery group meeting in July around Excess Winter Deaths. A lot of work has been done in this area, flu vaccines, warm homes/hospital discharge etc, but this now needs to be reflected in the PI's. • Indicator 1 within Early Help Children's was discussed with ML advising that this has been highlighted as an issue and work is being undertaken to improve this PI. There is an action plan in place to ensure families are taking up the offer if they are entitled to the funded early education.
5	Early Help and School Attendance Verbal Update – Derek Vint/Jane Allen
	<p>Derek Vint and Jane Allen attended to give an overview of the early help offer to improve school attendance:</p> <ul style="list-style-type: none"> • There are a number of front line staff based in schools offering a wide breadth of service, carrying out a lot of early help work and training services to support around early intervention. • The service is able to work very closely with schools to identify cohorts of vulnerable young people in order to improve life chances and attendance. • Some of the bespoke work is based on getting out and engaging with parents and building a rapport, identifying needs of the family as a whole, along with the young people within that family. • Assessments such as they early help assessment gather facts and look at what is happening holistically and identify any barriers. Through this assessment implementing targeted work can be looked at; parenting capacity, parenting courses, negotiating plans, liaising between family and school to overcome barriers. • The service deals with a mix of cases in terms of complexity and work with families is undertaken to ensure access to the right support. • Staff are very skilled in regards to engaging families and keeping them motivated within the process. A lot of work is required to make changes

within families while maintaining momentum.

- Officers prove to be a good link between home and schools and they liaise effectively with other relevant agencies, often changing the trajectory of where things are going.
- Officers are still available when schools are closed to ensure needs are continually being met.
- The outcome is to improve attendance so schools have overall better attendance across the borough and to try to raise the standards of aspirations and attainment – to ensure every child attends a good school, to gain better outcomes for children, families, schools, communities etc.
- The service is also strategically supporting the council vision.

Questions/Discussion:

- Is there a universal offer, do all schools buy into the service? – DV and JA advised that not all schools do buy into the service. There has been a drive around having a more substantial service level agreement. Those schools that don't buy into the service still receive the statutory offer and where schools do not buy back, they should provide the early intervention, replicating the offer. If they do not want the business service themselves they will come to the service for the statutory offer.
- A question arose around demand – due to schools restructuring there is a gap in services available. Some schools are good at managing the gap and as a service there has been an improvement in identifying need. Schools are under pressure to improve attendance as this has an impact on Ofsted so it is the school's interest to obtain a holistic service.
- The operational relationship with SNS teams was questioned – The team previously attended NAG meetings, but part of the link may have been lost recently so any detail that can be provided to the team would be welcomed. PH advised the board can definitely help to re-establish this link. It was suggested that this could be picked up at task and finish groups at area level.
- The chair questioned links between Camhs, individual parents may not be as happy with the Camhs service; can this service offer an earlier alternative to Camhs involvement? – Mindspace are based within schools to offer support for lower level issues. It was advised that where families are referred in, communication with Camhs staff and the teams' officers has improved. ML advised that this has been flagged as an issue and data has been requested around the impact of waiting for Camhs appointments. There is a desire to dig deeper to establish the effect this has upon school attendance and exclusions.
- It was confirmed that an independent Camhs review has recently taken place; things are going in the right direction but there is still more to be done.
- Some work has been done within the Dearne area around pathways and escalation route for children being referred into Camhs and looking at other services that could intervene to relieve the pressure on Camhs. This is seen as a positive step forward, recognising that this area requires some investment. The chair enquired if there would be some sort of triage for this, GS advised she hasn't seen the plan yet but will have a discussion with Dave Ramsay.

6	Health and Well-Being Board Governance Verbal Update – Karen Sadler
	<p>Karen Sadler attended to give an update from the Health and Well-Being Board:</p> <ul style="list-style-type: none"> • The HWB Board has recently gone through a period of review and development in regards to governance. There are currently 6 public meetings a year along with a number of closed development sessions. • Due to the board not meeting for a large amount of time throughout the year, a lot of work is done by board members outside of meetings, with a lot of this work being around expectations and statutory outcomes for the borough. • It was advised that the board is not about governance but system leadership; the TOR have been crafted to ensure this is a body that inspires other bodies around connecting the system and collaboration and advocating what needs to be achieved in Barnsley. • The strategy runs until 2020 with the intelligence product being the JSNA, which, this year, will be a lot more focused, user friendly and viable. • There will be a stakeholder engagement event that will be open to board members, and this should take place in October/November. Karen is to keep the board updated going forward. <p>Questions/Discussion:</p> <ul style="list-style-type: none"> • It was noted that it has been very helpful that a review has taken place and responsibilities have been clarified to avoid duplication within the system, as a lot of work already takes place within the strategic groups. • ML asked to ensure the HWB Board are also focused upon Children – KS advised there is some work being undertaken to look at filling any gaps, along with an opportunity to carry out a deep dive around the identified gaps <p>KS concluded by confirming she attends a meeting in relation to strategic boards so if any issues arise they can be fed back.</p>
	SYFAB Health Report – Karen Walke
	<p>Karen Walke attended to give a brief overview of the Health Report that had been circulated prior to the meeting and to welcome any questions/comments:</p> <ul style="list-style-type: none"> • The value of the contract is £35,000 with an estimate of £330,000 being secured by groups Karen has worked with. This is an estimate due to groups not being under obligation to provide data around secured funding, so the accurate figure could be substantially higher. • It was noted that the return on investment was very positive. • A comment of support was made, not only for the value of work done by SYFAB but that work done with groups to empower them and provide them with the confidence and skills to apply for larger amounts of funding. • The chair enquired about capturing outcomes, with KW referencing the 2 case studies included in the Health report which have tried to capture the benefit of collaborative working. • It was pointed out that SYFAB undertake a lot of myth busting which

	<p>helps groups who may incorrectly believe that they are excluded from certain pots of funding.</p> <ul style="list-style-type: none"> • It was noted that there are no significant barriers to SYFAB's success and that they maintain positive relationships with all teams. A lot of support is received from John Marshall and Kate Faulkes. Following this, there was an ask of partners around the table to be sighted of the support offer and to refer into the service where appropriate. Karen advised she would be happy to talk to groups that would like more detail around the support that is on offer from SYFAB. • The chair asked if SYFAB have access to 'Grant Finder', KW confirmed she does not have access. The authority has access to this so it may be useful for SYFAB to make use of this. KW will speak to Kate Faulkes regarding this as she could utilise this but it would not suit the smaller groups. • An enquiry was made in relation to the monitoring of the groups that secure funding and the outcomes of this. KW advised that each group have their own monitoring system but they are not obliged to share this information with SYFAB. • KW advised of the 360giving website, which funders populate with details of what has been awarded. <p>Karen concluded by advising the new contract has just been awarded to SYFAB again, which will ensure momentum is maintained.</p>
8	Armed Forces Day Penistone Show Ground – Jayne Hellowell
	<p>JH gave an overview of the Armed Forces Day which is to take place at Penistone Show Ground, 29th June, advising that there will also be activities planned within the Town Centre on the day. The day will also incorporate more campaigning work around the 'Alright Pal' initiative.</p> <p>It was highlighted that negotiations are still taking place with train and bus companies in relation to providing free transport on the day for veterans, from the Town Centre to the event in Penistone.</p> <p>The promotion of the Armed Forces Day is linked in with the work around the Armed Forces Covenant which is due to be presented to the board in August.</p> <p>The chair asked the group to ensure promotion of the Armed Forces Day through their respective networks.</p> <p>ACTION: Promotion of the Armed Forces Day through members' networks.</p>
9	Revision of Anti-Poverty Group and Food Access Partnership – Jayne Hellowell/Gary Stott
	<p>JH gave an overview of the revision of the APDG and Food Access Partnership alongside Gary Stott with key points being:</p> <ul style="list-style-type: none"> • Work has taken place over the last few months leading to a Finance Group being set up with the first meeting set for June. • Work has also taken place between Healthier Communities, Gary Stott

	<p>and BMBC's Legal Team which has led to the formation of the Community Interest Company 'Good Food Barnsley'.</p> <ul style="list-style-type: none"> • The setting up of the CIC slowed slightly due to work to ensure there were no significant conflicts of interest in relation to the group's membership. • The structure of the CIC should follow in the next couple of weeks. • The possibility of the CIC getting out into the community to take part in 'pop up' food events is being discussed, in order to promote the company. • An aim of the group is to drive forward innovations in order to enable citizens to begin to drive things forward themselves. <p>Questions/discussion:</p> <ul style="list-style-type: none"> • Councillor Platts asked if the Healthy Holidays work will continue – GSt confirmed that this work was so successful last year that there is confidence in matching what has been done previously, if not escalating it. • The CIC will have the full support from the Council and the key contact within the council, for the Food Agenda, will be Jayne Hellowell. • Why a CIC? – GSt advised the long term aspirations are for this to be something citizens can carry forward themselves and also to ensure the directors are to be members of the community. • People coming together to provide food for people that need it and innovative ways of moving forward was welcomed but concern was shown for people that are in poverty. GSt advised of the new innovation of working towards a point before people find themselves in poverty. • The community shop was discussed around trying to educate people, helping to move them away from poverty.
10	Service User and Carer Engagement Progress Report – Jayne Hellowell
	<p>JH presented this item on behalf of Cath Bedford advising this is in an exciting piece of work which will also be brought back to the board at a later date with a further update.</p> <p>The main updates were as follows:</p> <ul style="list-style-type: none"> • The two ways to engage with protected characteristic groups are through Service User involvement and Carer Engagement. • This work will be re-badged under Customer Engagement and Involvement. • The current forums under the protected characteristic groups will still take place as there are some very strong service user groups. • The aim is to pull any duplication together. • Annual Plan of Engagement – any department within the council to advise to engage with those community groups around the areas of business. • An option of taking something to the groups for information or consultation and to ensure meaningful conversations take place rather than just information sitting within the groups. • All progress will be reported back to the board.

	<p>Questions/Discussion:</p> <p>ML – as this work develops, how will the smooth transition between the age groups be ensured? – JH to take this action.</p> <p>AE – advised an independent review of young carers has commenced and will take up to 12 months to complete – JH noted that this was helpful information and advised that the carers’ forum will be managed by Making Space.</p> <p>The chair noted consideration for the future around the different organisations sitting around the table and an opportunity to create some synergy to look at what different partners do. This could be used as a means, from a Barnsley perspective, to glue these things together and make the connections. JH happy to carry out some consultation work with partners.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • JH to look at ensuring the smooth transition between the age groups. • JH to look to carry out some consultation work with partners around the table.
11	<p>SCP Annual Plan Refresh Verbal Update – Shiv Bhurtun</p>
	<p>SB provided an update of the refresh of the SCP Annual Plan and advised that the format and structure of this document was very well received last year, with it being easy to understand; looking back on what has been achieved and looking forward to where things are heading.</p> <p>This year’s plan will also include a ‘plan on a page’ in order to condense the document. In parallel to developing the plan on paper, a video format is being worked on which, when completed, will be available to view in various places. It was highlighted that the video format will not just repeat what is in the paper document, but will include a number of conversations around outcomes etc.</p> <p>Assurance was given to board members for the delivery of this document by August and is included within the forward plan for the August board meeting.</p> <p>The timeline of the plan was shared, highlighting week 2 (10th-16th June), as important to keep to schedule in regards to board members providing input and feedback on the draft document and suggesting any amendments.</p> <p>The chair reiterated to board members and asked to ensure they provide feedback to SB when the document is shared for comments.</p> <p>ACTION: Board members to provide timely feedback to SB when the draft document of the SCP Annual Plan is circulated.</p>
12	<p>Forward Plan – Shiv Bhurtun</p>
	<p>The group looked at and agreed the detail of the forward plan. It was reiterated that the board would be kept up to date with any changes to the forward plan</p>

	<p>through the course of the year.</p> <p>The importance of the work of the delivery groups was also highlighted.</p>
13	AOB
	No other business was identified.
	Date of Next Meeting
	Wednesday 21st August 2019 14:00pm-16:00pm Westgate Plaza, L3 Boardroom



STRONGER COMMUNITIES PARTNERSHIP

Stronger Communities Partnership Board Meeting

Wednesday 21st August 2019

14:00pm-16:00pm

Westgate Plaza, L3 Boardroom

Minutes

Attendees

Councillor Chris Lamb – Elected Member (Chair) (CL)
Phil Hollingsworth – Service Director Safer, Stronger, Healthier Communities – BMBC (PH)
Wendy Lowder – Executive Director Communities – BMBC (WL)
Adrian England – Chair of Healthwatch Barnsley (AE)
Shiv Bhurtun – Strategic Governance Partnership and Transformation Manager – BMBC (SB)
Louise Beaumont – Business Support Officer, BMBC (LB) (Minute Taker)
Dave Fullen – Director of Customer and Estate Services – Berneslai Homes (DF)
Carrie Abbott – Service Director Public Health and Regulation – BMBC (CA)
Jill Jinks – Business Unit Manager Specialist Community Mental Health Services – SWYT (JJ)
John Marshall – Chief Executive – CVS (JM)
Tom Smith – Head of Employment and Skills – BMBC (TS)
Claire Gilmore – Early Start and Families Strat and Service Manager – BMBC (CG)
Chris Mee – South Yorkshire Fire and Rescue (CM) Deputising for Steve Fletcher
Councillor Nicola Sumner – Elected Member (NS) Deputising for Councillor Jenny Platts

In Attendance

Julie Tolhurst – Public Health Principle Place – BMBC (JT)
Tara Ramsden – Team Leader Barnsley Carers Service (TR)
Sam Crowson – Public Health Practitioner – BMBC (SC)
Laura Hammerton – Family Centre Development Manager – BMBC (LH)
Jayne Hellowell – Head of Commissioning, Healthier Communities – BMBC (JH)

Apologies

Gill Stansfield – Deputy Director of Operations – SWYT
Councillor Platts – Elected Member (Councillor Nicola Sumner deputising)
Lennie Sahota – Service Director Adult Social Care and Health - BMBC
Phil Parkes – Area Lead Live Well, SYHA
Jayne Sivakumar – Deputy Chief Nurse, Head of Alliance Working - BCCG

Action Summary		
Item	Action	Responsible Officer
2	BMBC to work collaboratively with SYFR to increase Safe and Well Check referrals.	Wendy Lowder to take away
5	Carrie Abbott to speak to Tracey Turner (who set up the flu vaccination operational group) to see if anything could be added to the picture of flu vaccine uptake.	Carrie Abbott
6	Wendy Lowder is to take away the carers grant funding issue. Phil Hollingsworth/Jayne Hellowell to speak to Tara Ramsden in relation to the impact of the funding to see if there is anything we can do re this.	Wendy Lowder/Phil Hollingsworth/Jayne Hellowell
	Items to be brought back to future meetings	Agenda Item
7	To bring back some tangible evidence in regards to physical activity and mental wellbeing to a future meeting.	(Evaluation Of Wellbeing Services)
8	The board would like to see further details of the data set and how the offer has developed at a later meeting when available.	(Parenting Strategy)
11	LB to move 'Access to Employment – Ladder of Participation' item to November meeting.	(Access To Employment – Ladder of Participation)
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>The full meeting agenda was noted as a positive as it reflects the amount and breadth of positive work that is taking place.</p>	
2	Minutes of last meeting/matters arising – Councillor Lamb	
	<p>Minutes of the last meeting, 22.05.19, were agreed as a true copy with the following comments made:</p> <p><i>Page 2 - Safe and Well Checks – WL commented that a piece of work is required between BMBC and SYFR to overcome the data quality challenges that have become apparent in this area. These challenges can be resolved by working together; contact in SYFR - Steve Helps.</i></p> <p>PH advised that there is some work around systems in sight at present.</p> <p>The chair noted that there could be greater collaboration in regards to exchange and use of data between BMBC and SYFR and that 6/7 fire related deaths, that occurred earlier in the year, could have possibly been prevented if appropriate data had been exchanged.</p>	

	<p>AE advised that this issue will be raised at the care quality board forums. CM agreed that collaborative channels do need opening and would also help SYFR to prevent fire related deaths. WL enquired if there was a more local contact from a prevention point of view with CM advising this would be Steve Fletcher who would then disseminate to station managers.</p> <p>ACTION – BMBC to work collaboratively with SYFR to increase Safe and Well Check referrals.</p> <p><i>Page 6/7 – SYFAB – WL is meeting with the chair and chief officer of SYFAB to explore/review the current funding offer.</i></p>
3	<p>For Information Only:</p>
	<p>3a: Q1 SCP Narrative Report – Phil Hollingsworth</p> <p>The quarterly narrative report is provided for information, to highlight the positive work that is taking place. Case studies are captured to raise awareness and share impact in regards to projects that are currently underway. Feedback/comments are welcome in relation to the projects taking place.</p> <p>AE advised it was positive to see links to Town Spirit with the chair agreeing that the projects outlined in the report give meaning to Town Spirit.</p> <p>The chair enquired about alternative distribution mechanisms beyond the members of the board, with PH advising the information contained within the narrative report is distributed via partners and elected members, with the more local level stories being shared and promoted through individual area social media accounts. This information is also shared at the ICDG which enables distribution across social care partners.</p> <p>WL commented that there are very positive stories contained within the report but it was felt that there is an opportunity to undertake a piece of work around the harder impacts of the work that is taking place and to lift this out at a higher level in the report. After looking at public response on social media, it is apparent that people don't realise who does this sort of work and that BMBC are behind this work. It was agreed that it is about getting the balance right to ensure the correct people are given the right recognition.</p> <p>3b: SCP Annual Plan Refresh – Shiv Bhurtun</p> <p>SB gave an overview of the SCP Annual plan which reports key achievements from the past year, along with assurance in relation to next year's commitments. The annual plan is now complete and SB thanked all members and key partners for their involvement. The plan is to distribute this document in line with the agreed timeline, with an ask of the board to support the document going forward.</p> <p>It was noted that there was previously a commitment to deliver a video alongside the paper version of the plan. This has now changed direction, with the objective of the revised video being to talk more about the impact of the work that has taken place, with a view to sharing the video/an update on this at</p>

	<p>the November board meeting.</p> <p>A discussion followed around the distribution strategy for the annual plan with SB advising that this will be placed onto the SCP intranet site, alongside comms ensuring social media distribution.</p> <p>Following a discussion around when the document will be distributed, it was agreed that it may be useful to wait until after the bank holiday to ensure a higher percentage of people pick the document up. SB is to manage this with comms.</p> <p>The importance of distributing this document to people not just organisations was highlighted with an ask of organisations to forward onto people to enable them to be aware of what is taking place in the different areas.</p>
4	Progress Report – Phil Hollingsworth
	<p>PH updated on some key items within the Early Help Adults section of the Progress report:</p> <ul style="list-style-type: none"> • Live Well Barnsley – this is to be brought back in house and will be improved to become more user friendly. PH advised he would like to improve the metrics around this to look at how many hits are genuine community users as opposed to staff updating the website etc. More intelligence about the use of the site would be valuable. • Age Friendly Barnsley Event – the feedback from this event was positive to see and it was noted that things are progressing well in this area but there is still a lot of work involved in taking this agenda forward. <p>The other key items relating to EHA in the report are part of today’s meeting agenda.</p> <p>Claire Gilmore attended to update on the Early Help Children’s area of the report, advising that performance is in line with expectations. The two key areas of challenge at present are ‘take up of two year old early education entitlement’ and ‘attendance’.</p> <p>Various strategies have been looked at from neighbouring local authorities in relation to the take up of two year old early education. These approaches are being tweaked in response to the unintended barriers in this area.</p> <p>It was also noted that colleagues attended the previous SCP Board meeting to update on work taking place around attendance.</p> <p>The chair asked around issues that are reported on in relation to spiralling costs for nurseries putting on the 2 year old entitlement and enquired if it could be nurseries that are not being as helpful due to this. CG advised it is more cost effective to offer 3-4 year old places and business sense can be seen as a barrier but they are able to shift and respond more flexibly in regards to age ranges. Provision of places is being monitored with this being seen as sufficient for 2/3/4 year olds.</p>
5	Excess Winter Deaths – Julie Tolhurst
	<p>JT provided an update on the multi-agency progress on tackling excess winter</p>

deaths with a look to gain the board's support.

JT gave a background overview and advised this area has been on the agenda for a long time and confirmed there has been a lot of support from partners and Dan Jarvis MP over the years. A successful stakeholder workshop took place in the summer of 2018 to gain support across the system to produce a 3 year action plan.

A summary of the progress made last winter:

- Case workers around the borough have been working to identify residents in fuel poverty, to enable conversations to take place around energy efficiency and switching energy.
- A bespoke service is provided by North Area Council in relation to needs in North area.
- Better Homes Barnsley have installed energy efficiency measures to properties within the borough's private sector.
- A successful Warm Homes Campaign took place Nov 18 to Feb 19 reaching just under 46,000 residents.
- There has been successful collaborative work with BCCG comms team, BMBC and partners to deliver a campaign to address EWD's which leads to a reduction in the pressure on the health system during the winter months.

There is some CCG work to look at aligning bringing care closer to home, utilising the BREATHE services and the Pulmonary Rehab Services, as health issues around these areas contribute heavily to EWD figures.

JT outlined planned next steps (which are highlighted in the report provided to members) and will give some insight into financial savings and what people have benefited from in terms of health.

Questions/discussion:

DF – in terms of the energy tariff element – the council are in strategic partnership with Robin Hood Energy, are there two things working contrary to each other in the approach that has been taken. It was advised that the take up of non Berneslai Homes tenants is low so this needs to be looked at. All empty Berneslai Homes properties are being switched to this supplier prior to being re-let. It may be beneficial to look at the energy tariff and the approach.

JT advised she is happy to have a conversation around this and will speak to Dave Malsom.

WL – could flu uptake figures be collected by areas/wards to see if we could go further in regards to uptake if we adopt a community approach. Can we obtain any more data around locality level. JT advised the data comes from GP practices with the problem being that not all patients live within the area council boundaries. Also many people will have the vaccine at a pharmacy or other outlet that offers the service so these figures would not be included in the data. The GP figures could be looked at but it was pointed out that these would not be definitive figures.

It was advised that there is currently a push around ensuring people take up the flu vaccine offer as it is about care givers being protected, which then, in turn, ensures the cared for person is also protected.

ACTION: Carrie Abbot to speak to Tracey Turner (who set up the flu vaccination operational group) to see if anything could be added to the picture of flu vaccine uptake.

WL advised a note for board members – The Hospital Discharge Service is currently only funded for one year unless extra funding can be secured. Impact and benefits need to be looked at in relation to this.

The chair noted that a lot of vulnerable people are being touched by the safe and well checks with not too much joining up. Where work is being done around falls prevention, workers could ask the question to establish if the person is at risk of fire etc, and vice versa with SYFR workers, establishing if the person is at risk of falls etc.

SM asked if there are any triggers that SYFR crews could look for in their day to day visits; a bullet pointed list of triggers or signs of fuel poverty and information about how to feed this back.

It was agreed that the focus has always been on excess winter deaths but we also need to start looking at excess heat deaths. JT advised there are already discussions taking place around this.

6 Barnsley Carers Service – Tara Ramsden

TR gave an overview of the Barnsley Carers Service:

- The service has recently just passed its first year, with a celebration event being held to acknowledge this. TR advised if any members would like to attend, but are yet to receive an invite, to inform herself or Louise Beaumont.
- The team is made up of 8 staff working alongside 20 volunteers, with 10 spokes based in the community. Regular vision and value meetings take place which involves the volunteers. Some of the volunteers are carers themselves.
- One of the carer support workers is trained in Mindfulness allowing them to deliver in this area.
- The service regularly sends out questionnaires to establish what is going well and what is still required. The move out into the community followed feedback from this questionnaire.
- It was advised that the service would like to tap into 'Incredible Edible'
- Twitter is taking off and the service is receiving referrals through social media platforms, the older generation may not be on social media but families are.
- The service always asked the carers what they would like to see, lots of things on offer have come from carer suggestions.
- The funding for the carers grant has now ceased but the Barnsley Council Carers one off fund is still available, with carers being helped this

way. TR advised the grants have helped carers massively but it also in turn helps the cared for person. The chair noted that this is evidence that a small amount of money can go a long way.

Future Planning – courses that are due to start in October:

- Law and legal matters – workshops around employment rights, housing matters, POA etc, which have been designed in collaboration with Howells Solicitors.
- Carer’s pick and mix course – 6 sessions around the role of the carer. Carers are able to pick the course modules most relevant to them.
- ‘At the end it matters’ – working with Barnsley Hospice to help prepare carers for when the cared for person passes away.

ACTION: Wendy Lowder is to take away the carers grant funding issue. Phil Hollingsworth/Jayne Hellowell to speak to Tara Ramsden in relation to the impact of the funding to see if there is anything we can do re this.

There was a discussion around hidden carers and how they can be found. TR advised the service have tapped into some GP surgeries but they need to look at getting into all of them. It is also about getting people to recognise they are carers and that there is support out there.

AE advised there is a survey of children and YP carers currently underway with a deep dive into this being undertaken. It is hoped by the end of the year there will be something to come back to the board with in relation to this.

Any members that would like to attend the celebration on 11th September to let Tara Ramsden or Louise Beaumont know.

7 Evaluation of Well Being Services – Sam Crowson

SC updated on the present position in regards to Wellbeing services, with the two elements of the service being:

- BPL which offers 1:1/group support with improving mental wellbeing, levels of physical activity and diet and nutrition.
- Area Wellbeing Grants which are allocated to local providers to deliver on the outcomes of the 5 Ways to wellbeing.

In regards to BPL it was advised that the BMI has been set at 25 as opposed to 30 as obesity is one of the highest causes of preventable deaths.

A case study was shared, which will be circulated with the minutes, highlighting positive results from the Barnsley Wellbeing Programme. A discussion followed around evidence of the patient sustaining the results; BPL will undertake follow up calls to establish this information. It was also noted that there is a 6 month wait time for returning to the programme.

BPL have been doing a lot of work with BEST and engaging with GPS to ensure GPs are fully engaged with the service.

All referrals are GP referrals only and the hope is, through targeted work, to build a picture of who isn’t referring. There was an ask from the board to share this information when available with a suggestion to map this against social prescribing.

	<p>It was also suggested that it would be interesting to see some tangible evidence in regards to physical activity and mental wellbeing at a later meeting.</p> <p>Area wellbeing grants are being trialled in a different way in regards to the allocation of monies. Area teams have been allocated a grant on the basis of inequality rather than the money being shared in equal amounts across areas.</p> <p>ACTION: To bring back some tangible evidence in regards to physical activity and mental wellbeing to a future meeting.</p>
8	<p>Parenting Strategy – Laura Hammerton</p>
	<p>LH gave an update in regards to the parenting pathway development:</p> <ul style="list-style-type: none"> • The services provided by family centres aim to support parents in terms of skill to enable them to be the best parent they can be, which in turn supports the best outcomes for children. • The integrated services delivered are for children and young people 0-19 or 0-25 if the young person has a disability. • Developments are underway with significant progress being made over the last 12 months in regards to enhancing the parenting pathway across the service. • There is a significant programme of training underway through collaborative working with the CCG and CAMHS. This has resulted in very positive results in terms of staff training. • A digital toolkit is in the development stage which will lead to a formal launch of the enhanced parenting strategy across the borough. <p>Questions/Comments:</p> <p>The chair asked how this work fits in with work on the Troubled Family agenda, with LH advising that family support workers are well versed in troubled family work, with families being screened and checked for eligibility. Links are also made with Think Family employment advisors with screening taking place and looking at other services that may be appropriate to enable sign posting etc. It was also noted that there is a positive correlation with the service and Berneslai Homes.</p> <p>WL - Do we freely offer online parenting courses? – There is an online license for ‘Solihull’ but this is not being advertised freely, although explorations are underway to establish how this might develop alongside general population licences, with the first area of exploration being ante natal support. It was agreed that it would be positive if a google search could offer this option for people searching for parenting support.</p> <p>AE – Do we have data to back up how many people are being engaged with? - Family centre activity data is available with a self-measuring process due to be launched. There is hope that within the next 6-12 months an extensive data set will be available which will allow the offer to be developed further. It was agreed that the board would like to see this at a later meeting when available.</p>

	ACTION – The board would like to see further details of the data set and how the offer has developed at a later meeting when available.
9	Social Mobility Project – Claire Gilmore
	<p>CG updated on two strands of the Government’s social mobility projects that currently sit within Early Help Children’s:</p> <ul style="list-style-type: none"> • Early Outcomes Fund – Improving outcomes for Speech Language and Communication • Early Years Professional Development Programme <p>Early Outcomes Fund – There has been previous work undertaken in relation to school readiness. The work involved in this current journey will move at pace due to it being a 12 month project. The ambition of the fund is to increase the number of local authorities starting a transformation journey to improve local services to secure good early language outcomes for children. Barnsley are working in partnership with other South Yorkshire LA’s and Sheffield Hallam University, with this partnership being one of only 8 successful bids across England. The project is split into two work streams, being Workforce Development and Strategy Development. The workforce strand will deliver a training strategy and the Strategy development will ensure the continuation of the project beyond the 12 month initial period. The overall focus of the partnership is to improve speech, language and communication outcomes for children across the sub region.</p> <p>Early Years Professional Development Programme – CG advised the role within this project will be a facilitator rather than directly evolving and delivering, as the funding is given directly to the training provider to develop and deliver a comprehensive programme of Continuing Professional Development to nominated CPD champions based in the private voluntary and independent sector childcare providers. This training will then be cascaded to practitioners in Barnsley.</p> <p>These projects support the intervening early help priority and it is hoped that this is the start of positive moulding in terms of the government agenda.</p> <p>The chair asked if there are any indications that the Early Outcome Fund may be rolled over and continued in the future with CG advising that the DfE have not indicated anything further than 12 months at present. It is unknown whether they may review and make the decision to extend if they see evidence of ‘green shoots’ to develop further. There is an expectation to develop our own strategy to take forward.</p>
10	Armed Forces Covenant – Jayne Hellowell
	<p>JH provided an update on the work being undertaken, achievements to date and next steps around the Armed Forces Covenant:</p> <ul style="list-style-type: none"> • There has been a restructuring around key themes, this allows work to be structured around these themes.

	<ul style="list-style-type: none"> • A logo has been redesigned which will appear along with the key themes. • The Barnsley Council website will be changing, allowing all relevant information to be available behind the key themes. • The Armed Forces Day which took place at Penistone Showground was a huge success. There are conversations taking place around the possibility of changing the name from Penistone Armed Forces Day to Barnsley Armed Forces Day, to try and utilise the large capacity of Penistone Showground and attract more visitors on the day. • There is to be a chapter on Armed Forces within the JSNA and JSIA for the first time. There will also be a question within the next census in 2021 around Armed Forces. • Funding of £90,000 has been secured for work around homeless veterans, with 3 areas of development to be put in place; strategy work around 4 local authorities, online learning and seed funding for help for homeless around securing properties for homeless veterans. • The Armed Forces E-Learning package will be available for all to access to enable a constant flow of training. • Approval has now been gained for a Veterans Walkway. Flags will be developed in house and available for veterans to purchase. These will be laid within the walkway and will contain veteran's details. Work is currently underway to establish the criteria for who is able to purchase a flag stone. Yorkshire Regiment are to open the walkway, with a grand opening scheduled. • An app is being developed as part of work with Forces Transition. This app will enable a letter to be sent to a veteran when they leave the forces. The letter is to send a welcome back from Barnsley, along with signposting to relevant services, to help with the transition back into civilian life. <p>The chair and members of the board thanked JH and all people involved in this work for the pace at which things have progressed.</p> <p>It was noted that from February 2020 an ID card is to be issued to help people identify as a veteran when approaching services. JH advised this work is in sight.</p> <p>It was agreed that the E-Learning package can be made available to CVS to add to the sector, which will give the ability to maintain a constant message.</p>
11	Access to Employment – Tom Smith
	<p>It was agreed to defer this item to the November meeting.</p> <p>ACTION: LB to move the 'Access to Employment – Ladder of Participation' item to November meeting.</p>
12	Forward Plan – Shiv Bhurtun
	<p>The items on the forward plan were highlighted to board members, advising that any updates in terms of amendments will be communicated accordingly.</p>

13	AOB
	No other business was identified.
	Date of Next Meeting
	Thursday 21st November 2019 14:00pm-16:00pm Westgate Plaza, L3 Boardroom

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**REPORT TO THE HEALTH & WELLBEING BOARD
8th October 2019**

Barnsley Children and Young People’s Plan

Report Sponsor	Rachel Dickinson Executive Director People
Report Author	Sarah Sinclair Head of Commissioning Governance and Partnerships BMBC Sarahsinclair2@barnsley.gov.uk

1.	<p>Purpose of Report</p> <ul style="list-style-type: none"> To present the newly written Children and Young People’s Plan for Barnsley 2019-2022. To provide an overview of plan content and key priorities.
2.	<p>Recommendations</p> <ul style="list-style-type: none"> To receive for information the new Children and Young People’s Plan. To note the key priorities and the need for partnership working to help the Children and Young People’s Trust to provide significant improvements in outcomes for children, young people and families throughout the Borough.
3.	<p>Introduction/ Background</p> <p>The Barnsley Children, Young People and Families Trust maintain a crucial governance role in coordinating the work of key partners. Its objective is to ensure good outcomes are delivered for children and young people across the Borough. The children and young people’s partnership produces and publishes a Children and Young People’s Plan to ensure connectivity across the system and communicate the vision of the Children and Young People’s Trust.</p> <p>In order to establish a brighter future for our children and young people, Barnsley’s Children and Young People’s Trust strives to make every day count for every child, 365 days of the year. This is the guiding principle of the Trust which is delivered by working towards three (3) key vision statements, six (6) key priorities and five (5) outcomes making up Barnsley’s 365 Offer. This means partners and practitioners working together towards an agreed purpose and building upon the improvements which have taken place to improve outcomes during 2016-19 (<i>the period of the last Children and Young People’s Plan</i>)</p> <p>The vision of the CYP Trust:</p> <ul style="list-style-type: none"> For all Barnsley’s children to attend a school that has been graded as ‘good’ or ‘outstanding’ by Ofsted Success in learning and work Strong resilient families <p>The six strategic priorities for achieving this are:</p> <ul style="list-style-type: none"> Keeping children and young people safe Improving education, achievement and employability Tackling child poverty and improving family life Supporting all children, young people and families to make healthy lifestyle choices

- Encouraging positive relationships and strengthening emotional health
- Improving staff skills to deliver quality services

The Five Outcomes:

- Staying Safe
- Being Healthy
- Enjoying & Achieving
- Prepared to earn a good living:
- Being an Active Citizen

The new Children and Young People’s Plan is attached as Appendix 1 to this report. It is important to note that all key stakeholders have been included in the writing of this report and there have been significant levels of engagement from children and young which is demonstrated throughout the plan. The Youth Council are working towards plan objectives and have made excellent progress on delivering on key priorities within the plan which they reported to the September TEG.

The Barnsley Children and Young People’s Plan (2019-22) will underpin the delivery of a range of plans, policies and strategies aimed at achieving the overall vision, strategic objectives and outcomes of the Trust and ensure continuous improvement across priority areas. Priority areas identified within the plan are:

- Inclusion and Engagement
- Early Help
- Children’s Mental Health, Wellbeing and Access to Therapeutic Services
- Special Educational Needs and Disability (SEND)/Transitions
- Youth Council priority areas (Mental Health, Put an end to Knife Crime and Improve Perceptions of Safety, Equal Pay for Equal Work including; Quality Work Experience and a Curriculum to Prepare Us for Life.

Priority areas remain consistent with the last plan with the addition of SEND and Transitions and the Young People’s issues for action. As demonstrated within the plan a great deal of progress has been made but there is still more to do to ensure we align with national performance and reduce local/national inequalities. The key delivery objectives/strategic priorities within the plan are monitored via the Trust Executive Group and are reflected within the groups’ work programme. Progress is being collated quarterly and an annual progress report will be produced.

6. Evidence of need / Link to Joint Strategic Needs Assessment & Link to the Health & Wellbeing Strategy and/or Barnsley Place Based Plan

Local needs, performance data and vulnerable groups have been considered in the production of the Plan. A key aim of the Plan is to reduce social, health and economic inequality for our children, young people and families.

A key element of the Plan will be to help build resilience and foster improvements in outcomes for children, young people and families at risk of multiple deprivation via early help and targeted support. The Trust Executive Group strive to ensure that every child and young person obtains the start they need, together with ongoing support, to acquire the qualifications and skills required to access the employment market and achieve economic stability.

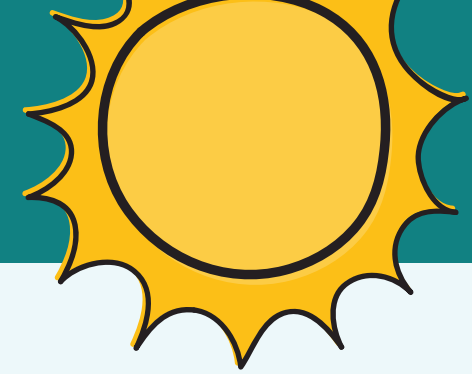
Ensuring the physical and emotional wellbeing of all children and young people in Barnsley, together with closing the gap in health inequality between vulnerable groups

	<p>of children, young people and their peers is a key element in the Plan. Links to the Public Health Strategy 2018-2021 have been identified within the Plan and joint working practice is in place with the Public Health Directorate at an operational level as well as strategic representation at TEG. Joint commissioning arrangements are in place with NHS Barnsley Clinical Commissioning Group and are monitored via the Trust Executive Group where they relate to the provision of children's services and contribute to joint outcomes.</p>
7.	<p>Stakeholder engagement/ co-production</p> <p>Children and Young People have played a central role in the development of the Plan. Key partners have been involved in the plans development both at an individual level and as part of the annual Joint Barnsley Safeguarding Children's Partnership and Barnsley Trust Executive Meeting. Barnsley Youth Council will continue to be involved in the delivery of the plan and the check and challenge activities which will enable Plan objectives to be monitored.</p>
8.	<p>Financial Implications</p> <p>None to be considered by HWB</p>
9.	<p>Conclusion/ Next Steps</p> <p>Implementation of the Plan and Outcomes monitoring</p>
10.	<p>Appendices / Background Papers</p> <p>Children and Young People's Plan</p>

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Children, Young People and Families, a
365 For Every Child... Make Every Day Count

brighter future



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Barnsley Children and Young People's Plan **2019 to 2022**



BARNLSLEY
Metropolitan Borough Council



Foreword

Barnsley Council's vision is to work together for a brighter future, a better Barnsley. We want a thriving and vibrant economy, people to achieve their full potential and strong, resilient communities.



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Barnsley Youth Council has been the driving force behind the writing and development of this plan. They have shown real commitment to this work helping to facilitate discussions at our Annual Joint Meeting of the Barnsley Children and Young People's Trust Executive Group and the Barnsley Children Safeguarding Board. This has provided great insight into how we should deliver our services. They have expressed an ongoing commitment to supporting the Barnsley Children and Young People's Trust and the development of key priority areas through their ongoing campaigns and work as Youth Councillors. The key issues they have raised and their ideas to develop services are included throughout the plan.

“ Professionals know the paper stuff; we know what young people think. ”

As an introduction to this plan they wanted to say:

“ Young people in Barnsley want to be heard, valued and appreciated.

We want to feel safe and better supported to fulfil our career aims and life ambitions, being prepared for what life will throw at us.

We need to tackle the inequalities that exist between young people who live in Barnsley and young people who live elsewhere in the country. ”

“ Reflected in this Children and Young People's Plan is a desire for change with a clear vision, priorities and outcomes. Reflecting on how we can move forward is important to allow services to adapt to the needs and priorities of young people.

In the actions and support provided by all those working with children and young people, what stands out the most is the dedication to the best interests of young people across this fantastic borough.

With your commitment, hard work and support for this plan, we can go some way to building for our young people a brighter future, a better Barnsley, making every day count for children, young people and our families. ”

Dominic Jones, Member of Youth Parliament for Barnsley and Barnsley Youth Councillor.



The ongoing transformation of Barnsley provides strong foundations for the Children and Young People's Plan 2019 to 2022. There is real momentum to drive and grow Barnsley's economy, develop more and better jobs for our residents, and create a thriving town centre which will attract wider investment and provide new opportunities for our children, young people and families. The town centre will be a great, safe space for young people to meet friends and enjoy family time. The Library @ the Lightbox forms part of The Glass Works, the retail and leisure development transforming the heart of the town. It will be a welcoming hub for young people, offering state-of-the-art technology with a sophisticated library and dynamic social and creative space to meet and learn.

This plan outlines how we will build on progress that the Barnsley Children and Young People's Trust and its Partners have made since the launch of our last plan in 2016. It focuses on securing better outcomes for Barnsley families at each stage of their life journey, and what we can do to support our town's ongoing transformation.

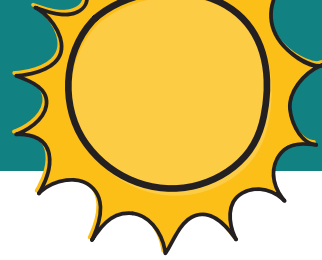
In October 2018 Barnsley children's services were judged to be 'Good' across all areas by Ofsted which endorsed the continuous improvement journey undertaken since the last full inspection in 2014. The report tells us that; Barnsley has effective and principled leadership, strong partnerships, a skilled and motivated workforce who deliver good quality services to children and families across the borough and that children are at the heart of strategic thinking, decision-making and operational practice.

Safeguarding children, young people and families will always remain at the centre of our work. It is our collective ambition to go beyond good and deliver outstanding services.

To achieve our ambition we will need to continue to sustain and further develop our excellent multi-agency partnership arrangements. Equally, we need to be outward looking and able to consider new ways of providing services. We will continue to develop and maintain a high performing, motivated, flexible and diverse workforce which is tenacious in its approach. We will ensure we are a customer focussed children and young people's partnership, and continue to evidence improved, even better outcomes, for children, young people and families.

Rachel Dickinson, Executive Director People
BMBC, Director of Children's Services and Chair of
Barnsley Trust Executive Group





Barnsley Children and Young People's Trust (BCYPT)

The Children and Young People's Trust is a partnership that demonstrates strong commitment from a range of agencies. These agencies work together to focus their efforts and resources on key areas of work that will make a difference to the lives of Barnsley children, young people and families under the governance of Barnsley's Trust Executive Group (TEG). Partners include the NHS, Schools, Police, Healthwatch Barnsley and Barnsley Council. The work of the Barnsley Children Safeguarding Partnership, Health and Wellbeing Board, The Stronger Communities Partnership and The Community Safety Partnership is linked to the work of the Children and Young People's Trust. This ensures a collective effort around safeguarding, the development of resilient and healthy communities, and community safety including working with young people to improve their perceptions of safety and developing a 'One Team' approach to safety in our town.

Barnsley's Children and Young People's Trust strives to make every day count for every child, 365 days of the year. This is the guiding principle of the Trust which is delivered by working towards three (3) key vision statements, six (6) key priorities and five (5) outcomes making up Barnsley's 365 Offer.

3

The Vision of the Barnsley Children and Young People's Trust:

- For all Barnsley's children to attend a school that has been graded as 'good' or 'outstanding' by Ofsted
- Success in learning and work
- Strong resilient families

6

The six strategic priorities for achieving this are:

- Keeping children and young people safe
- Improving education, achievement and employability
- Tackling child poverty and improving family life
- Supporting all children, young people and families to make healthy lifestyle choices
- Encouraging positive relationships and strengthening emotional health
- Improving staff skills to deliver quality services

5

And as this vision is achieved we will see:

- Staying Safe: Children and young people living in a secure environment, where they feel safe, listened to, supported and respected.
- Being Healthy: Children, young people and families will make healthy lifestyle choices reducing health inequalities that exist nationally and within the borough. They will be emotionally well and resilient.
- Enjoying & Achieving: Children and young people will enjoy life, its opportunities and achieve their full potential. There will be many and varied opportunities within communities for children and families from infancy to adulthood.
- Prepared to earn a good living: Young people will demonstrate enterprising behaviours, have access to and secure good jobs so that they are able to contribute to the economy and achieve aspirations for a thriving Barnsley.
- Being an Active Citizen: Children and young people will be and become active citizens who contribute to creating a better Barnsley, achieving Town Spirit.



This vision embraces Town Spirit, which sees the whole of Barnsley working together in a number of different ways to build a brighter future for everyone. There are 8 key themes:

<p>Buildit Building a better Barnsley</p>	<p>Loveit Having pride in where you live</p>
<p>Achieveit Helping you realise your potential</p>	<p>Changeit Having your say on things that matter</p>
<p>Developit Helping businesses to thrive</p>	<p>Protectit Protecting our wonderful borough</p>
<p>Liveit Looking after yourself and others</p>	<p>Imagineit Creating a brighter future</p>

Top Priorities for Barnsley Children and Young People

“
At the heart of this plan is a commitment to deliver on the results of the 2018 UK Youth Parliament 'Make your Mark' campaign, where we are very proud to announce that here in Barnsley we recorded our highest ever turnout, with 11,011 votes cast. This coincided with the highest ever national turnout, of over 1million; meaning young people could truly have their say on what issues matter most to them.”

Dominic Jones, Member of Youth Parliament for Barnsley and Barnsley Youth Councillor.

The 10 issues chosen at the UK Youth Parliament Annual Conference to appear on the Make Your Mark ballot were:

- Mental Health
- End Period Poverty
- Votes at 16
- Put an End to knife crime
- A Curriculum to prepare us for life
- Support our youth services
- Equal Pay For Equal Work
- Let's Tackle Homelessness
- Transport
- Welcome Refugees

The overall top three priorities agreed in the survey for Barnsley and articulated in this plan are:

1 Put an end to knife crime and improve young people's perceptions of safety

2 Mental Health

3 Equal Pay for Equal Work
 With the addition of Quality Work Experience and a Curriculum to Prepare Us for Life.



Progress made over the lifespan of the 2016 to 2019 Children and Young People's Plan

Progress since the last Children and Young People's Plan can be demonstrated in a number of key areas which includes:

Improved education outcomes from early years to key stage 4

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- Children in the Early Years Foundation Stage (EYFS) continuing to make good progress.
- The percentage of children at the end of primary school achieving expected levels in reading, writing and maths has increased from 59% to 64%. This rate of improvement locally was double that seen nationally, and Barnsley now equals national performance.
- The progress rates for pupils between Key Stage 1 and Key Stage 2 remain above national averages in writing and maths, and have improved in reading, narrowing the gap with national performance.
- Outcomes for pupils with special educational needs, including disabilities (SEND) have improved at all key stages.
- A significant rise in GCSE examination results across the borough.

“

In recent years, Barnsley schools, with strong leadership and supported and challenged by the Barnsley Alliance, have significantly raised aspirations for young people across the borough. This has led to a significant rise in GCSE examination results moving Barnsley up the national league tables. Student behaviour, attitudes to learning and engagement with families have also improved significantly.”

Chair of Barnsley Schools Alliance

An established Early Help offer providing families with access to the right services, at the right time, within their own communities

“

Children and families benefit from a good early help offer, which has been redesigned to be delivered through a family centre 0-19 model. This is ensuring a more equitable distribution of targeted support at the heart of communities where it is most needed.”

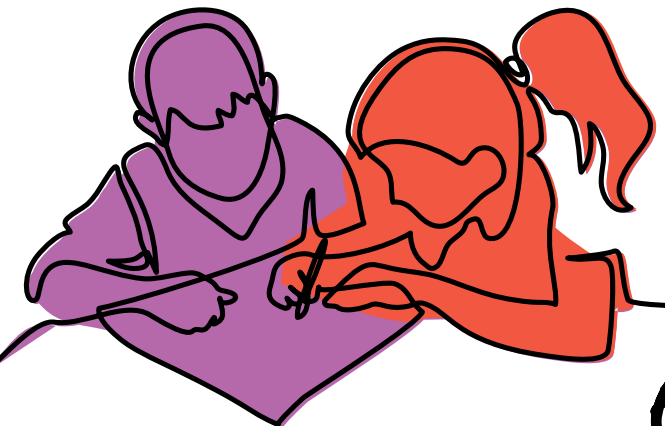
Ofsted Report 2018

An early intervention offer to support the development of children and young people's positive mental health and wellbeing

“

Funding provided in support of the Future in Mind recommendations has enabled significant transformation to services in Barnsley that support the emotional health and wellbeing of our children and young people. This transformation is ongoing and enabling significant, positive changes to the lives of the children and young people and their families who access these services.”

Barnsley NHS Clinical Commissioning Group





About Barnsley

Life for children, young people and families in Barnsley is an improving picture and Barnsley residents have a lot to celebrate and enjoy. Barnsley is proud of its industrial heritage but this legacy has brought with it many challenges that local services have to work to overcome. These challenges range from; high levels of deprivation in relation to health, employment, low paid work, education, skills and training. This means, although there is good progress being made, there is still more to do to ensure we narrow the deprivation gap for Barnsley children, young people and families and achieve good outcomes. Raising aspirations by providing good quality education, life opportunities and developing enterprising behaviours is essential.

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There are...

52,858

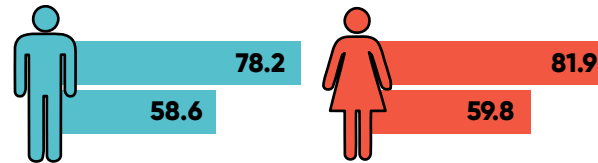
Children between 0 and 18 in Barnsley this is 21.7% of our town's total population.



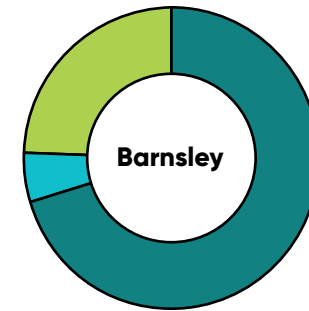
Barnsley is the... 39th
 most deprived Local Authority in England; there are 326 Local Authorities in total.

This ranking is calculated based on seven areas of deprivation, these include:

- **Income Deprivation**
- **Employment Deprivation**
- **Education**
- **Skills & Training**
- **Health Deprivation & Disability**
- **Crime**
- **Barriers to Housing & Services and Living Environment Deprivation**



Life expectancy for females in Barnsley is 81.9 years but healthy life expectancy is 59.8 years. This means that 22.1 years are not spent in good health. Life expectancy for men is 78.2 years and healthy life expectancy 58.6 years so this means that 19.6 years are not spent in good health. The healthy life expectancy gap between the most and least deprived areas in the UK is 18 years.



Employed **70.7%**
 Economically active and unemployed **5.4%**
 Economically inactive **24.5%**



Employed **78.7%**
 Economically inactive **21.3%**

70.1%

of pupils in Barnsley LA are attending a good or outstanding school

78.9%

of schools in Barnsley LA are good or outstanding

Barnsley's Public Health Strategy 2018 to 2021 and Barnsley's Health and Wellbeing Board Strategy 2016 to 2019 outline how our populations' health and wellbeing outcomes will be improved. This includes priority areas of action for children, young people and families.



Support for Young People to Fulfil Career Aims and Life Ambitions

Barnsley's Employment and Skills Strategy: More and Better Jobs aims to raise the ambition of Barnsley businesses, education institutions, people and communities, through three priorities:

- **Getting Ready For Work - Education and Employability**
- **Getting Into Work - Routes into Work**
- **Getting On (and staying in) Work - Businesses and Progression**

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It outlines the need to strengthen collaborative work with schools and colleges, businesses and communities to 'create a shared belief in a brighter future, a better Barnsley, with buoyant business growth, rising productivity, and a more skilled workforce'. It also tells us good jobs are a vital first step to progress and improved life outcomes, including for peoples' health and wellbeing. This agenda is very important to children and young people and we will continue to work together with Barnsley Youth Council to deliver against this strategy.

The new Ofsted framework for schools places a much greater focus on personal development, including careers and enterprise and preparing young people for life beyond school in relation to further education, training and work.

“Barnsley schools are focussing sharply on this area in order to further raise aspirations through better personal guidance and the development of appropriate skills and competencies. Barnsley has responded to the national career and enterprise strategy by ensuring an Enterprise Advisor is assigned to and a Careers Leader appointed in every school, so that all students have an entitlement to meaningful encounters with the world of work, FE and Universities, as part of a stable and strategic Careers Programme.”

Chair of the Barnsley Schools Alliance

Barnsley Children and Young People's Trust is therefore committed to supporting work towards:

- Continuing to improve the attainment of children and young people in school and further education.
- Increasing participation of 16–18 year-olds in education, training and employment.
- Increasing apprenticeships and the uptake of higher education.
- Continued support to schools to develop employability of their students.
- Enhance engagement between the education

and business sectors to increase young people's understanding of the work place and improve work readiness.

- Enhancement of post 16 education, employment and training provision across the borough.
- Clear pathways to enable young people with special educational needs and disabilities prepare for adulthood and successfully for employment.
- A clearly structured pathway to enable care experienced young people to gain and sustain employment.
- Continue to promote the 'Employer Promise' which encourages all types and sizes of organisation to offer what they can to actively help young people and adults prepare for work, find the right job and make good progress when they are in work.
- Work with Barnsley Youth Council to achieve their campaign priorities; Equal Pay for Equal Work, Quality Work Experience, and a Curriculum to prepare us for life.

“Young People have aspirations and we want better employment and work experience opportunities to help achieve them.”

A young member of the CYP Plan working group



Priority Areas for Action 2019 to 2022

To ensure the Partnerships' efforts are targeted appropriately to achieve key areas for development the CYPT have chosen five key priority areas to progress during 2019-2022:

- **Inclusion and Engagement**
- **Continued development of Early Help**
- **Emotional Health and Wellbeing including access to Therapeutic Support**
- **Improved life outcomes for children and young people with Special Educational Needs and Disability (SEND) and Transitions at all key life stages**
- **To work with the Youth Council to deliver on key youth issues and local campaign priorities.**

Inclusion and Engagement

We want children and young people to feel a sense of belonging in their local community and their school. We know that rates of exclusion are too high in Barnsley and schools and services need to continue to work together to ensure that pupils can be supported to remain in school. It is particularly important that we reduce rates of exclusion for children and young people in mainstream school who have additional needs by improving our response to meeting need at the earliest opportunity.

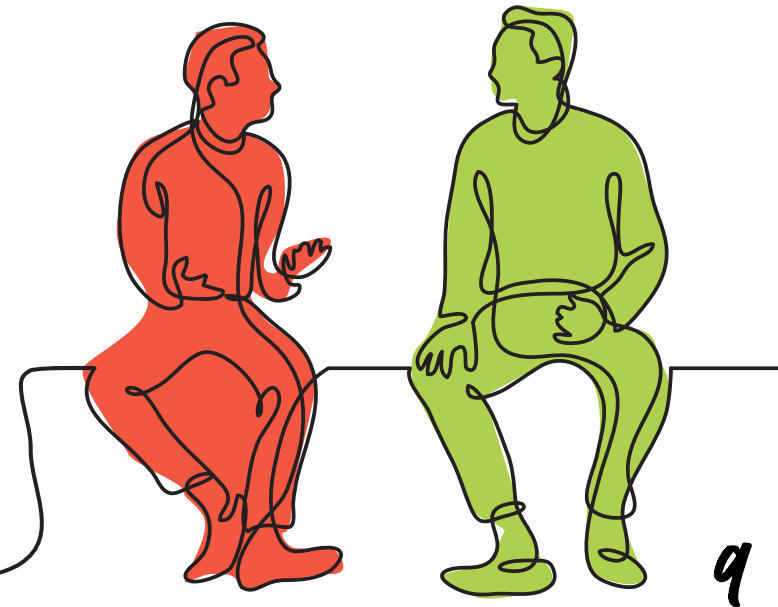
Barnsley Council and the Barnsley Schools Alliance consider that improving school attendance is an integral part of our raising achievement agenda. It is committed to an ongoing programme of support aimed at working in partnership with schools, children, young people, parents and carers, and a wide range of partner agencies to achieve improved attendance levels across the borough, therefore enabling children and young people to have the best chance to fulfil their potential.

Actions to progress

- Continue to work with all relevant services to improve attendance and reduce persistent absence.
- Reduce exclusions from school, particularly for disadvantaged and vulnerable groups of children and young people.
- Support the continued engagement of vulnerable adolescents in education, services and positive activities.
- Enable a strengths based approach when working with vulnerable adolescents.
- Improve arrangements for Alternative Provision to improve match of provision to needs; support better reintegration into mainstream education.
- Support schools as key partners in the delivery of effective Early Help.

Early Help

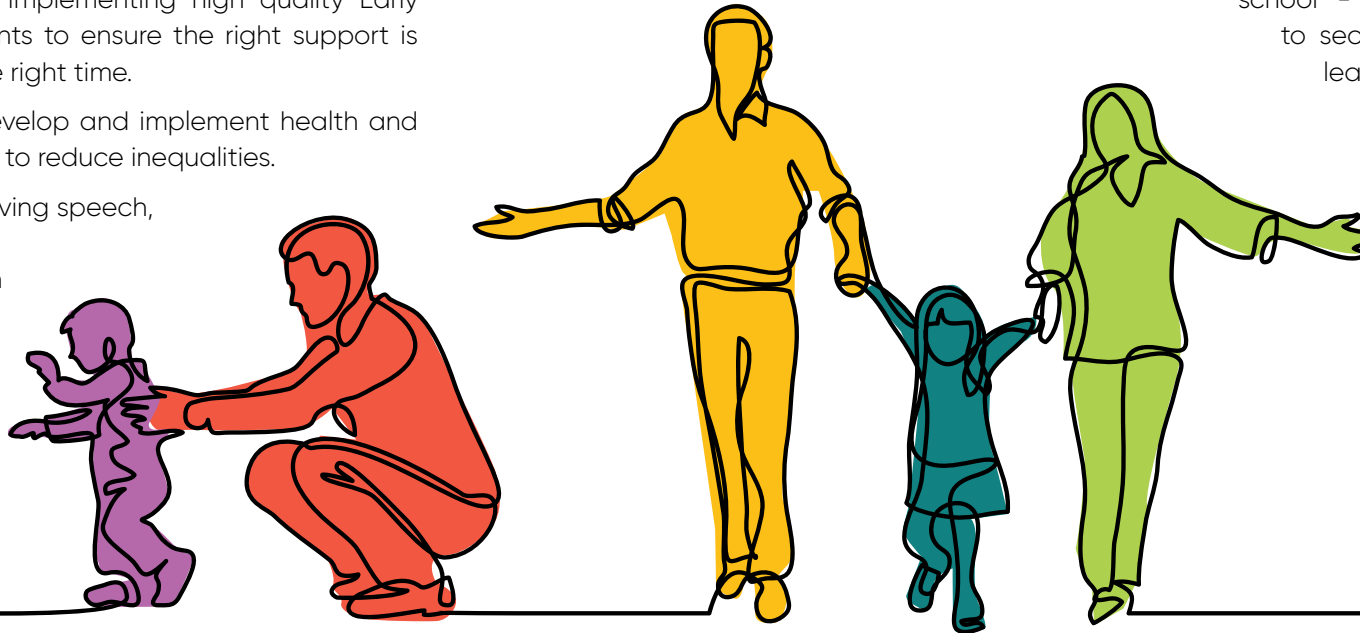
As a borough we want to move away from dealing with difficulties in children, young people and families lives to providing support at the earliest opportunity. It is important that as a Children and Young People's Trust we pool our resources to ensure people in our communities get the right support, at the right time, in the right place to tackle problems early. Early Help minimises the risk of problems or levels of need escalating and specialist services being required. Providing a robust Early Help Offer will ensure our children and young people achieve their full potential and build strong, resilient communities.





Next Steps

- Maintain effective step up and step down from Children's Social Care, ensuring that families sustain the gains they have achieved following support.
- Work with families by engaging them in Early Help to support their children and young adults with special educational needs, complex health issues or disabilities.
- Embed and continue to develop the range of interventions and services available to support families with children and young people pre-birth to 19 years old (25 years old if the young person has a disability). This includes a strong focus on vulnerable adolescents.
- Increase the range of partners identifying, assessing and implementing high quality Early Help Assessments to ensure the right support is provided at the right time.
- Continue to develop and implement health and resilience plans to reduce inequalities.
- Focus on improving speech, language and communication skills from an early age.



SEND and Transitions

Barnsley, like many other local authorities, faces a significant challenge in fully meeting the needs of children with special educational needs and disabilities (SEND). Educational outcomes for children in Barnsley with Education, Health and Care Plans (EHCPs) are better than their peers nationally. However, too many children with EHCPs have their education needs met by attending school out of the borough and this is something we are working hard to address. At the same time too few children are identified at the SEN Support stage in mainstream schools and attainment outcomes are not yet where we would like them to be. This tells us that we must work to meet needs at an earlier stage.

Key areas for focus:

- Improve the quality of provision for young people with SEND and supporting them to access education locally, building their connection with local communities.
- Improve young people's experience of transition and pathways to adulthood age 14-25, maximising opportunities for improved integration across services, and supporting young people towards increasing independence in adulthood.
- Increase opportunities for co-production and the involvement of children, young people, parents and carers in shaping local area arrangements and planning at a strategic and individual level.
- Focus on what is needed at every transition stage from birth to early years, early years to primary school - ensuring school readiness, primary to secondary school and then into further learning, training or work. At each age and phase we must take into account the needs and feelings of our children and young people.
- Based on young people's feedback explore opportunities for creating more inclusive activities within communities.



When asked about periods of transition young people said:

“There are so many children when moving from small primary schools where we may know everyone to very large secondary schools where we can be overwhelmed by the numbers.

“Children with ASD find it difficult to adjust to new routines and new people, this does not always feel like it is very well understood (young person with lived experience).

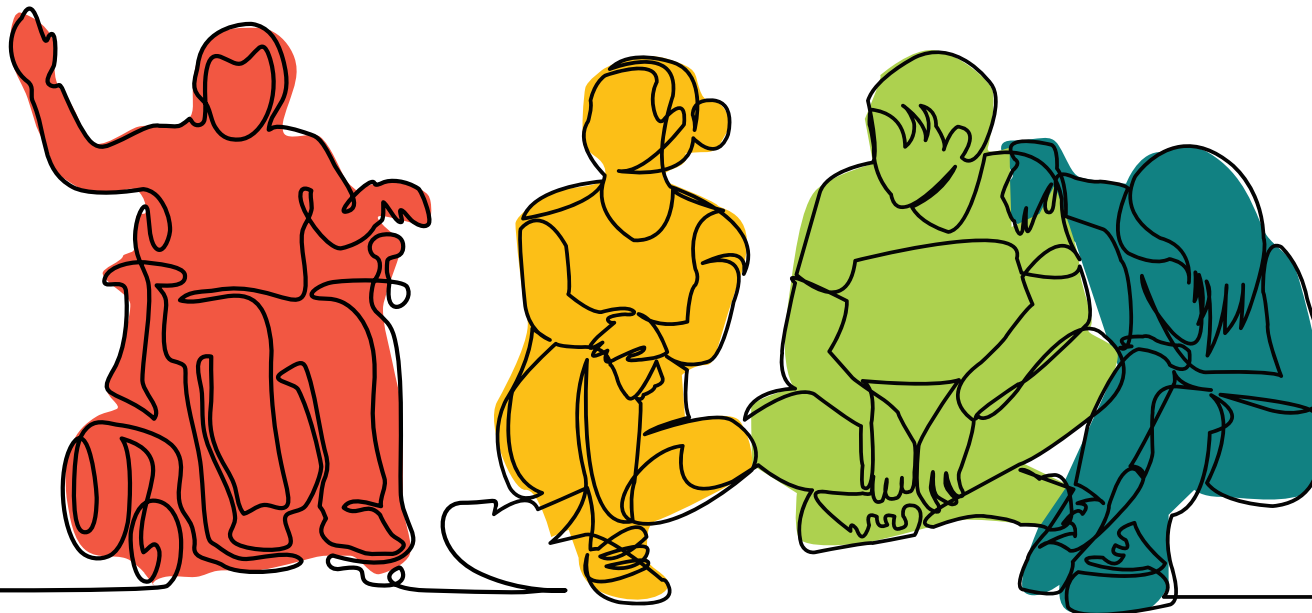
“There are increased expectations, rules rather than relationships and conversations.

“We lose old friends, and there is an added pressure of making new friends, which can cause lots of anxiety.

“Everyone is trying to find their place and find where they fit.

Children and young people with a special educational need or disability highlighted the following issues:

- They struggle to make friends in mainstream school and access recreation in school.
- They feel that some teachers and other students don't understand them or know how to help them and that more general training and awareness would be good for both staff and pupils.
- They would like to be able to socialise more with school friends outside of school.
- Older young people would like more information and preparation for what is available in relation to clubs and services after they are 25.
- Volunteering and work experience placements organised through colleges lead to possible/actual employment for young people, who have told us they gain both experience and increased confidence.





Emotional Health and Wellbeing including Access to Therapeutic Support

Many mental health conditions in adulthood show their first signs in childhood, and, if left untreated, can develop into conditions which need regular care. In previous years, all too often children and young people's emotional wellbeing and mental health have not been given the attention it needs. The 'Future in Mind' report produced by the Children and Young People's Mental Health Task Force in 2015, highlighted the significant changes needed to improve our children's emotional health and wellbeing and focused our attention on adopting a whole child, whole family approach, promoting good mental health from the earliest ages.

The focus of Barnsley's Transformation Plan, driven by our Local Future in Mind Stakeholder Group, will continue to work towards supporting children and young people at the earliest possible time to prevent escalation of their needs, and to support their emotional health and wellbeing throughout their childhood and adolescence.

In the coming year we will focus attention on how we can enhance the support to young people in Post 16 education, and in our primary schools, particularly in their transition year from Year 6 to Year 7. We will also consider how we can improve the emotional health and wellbeing support to children who are educated at home and those

more vulnerable children residing in Barnsley, such as Children in Care. The support provided by MindSpace (a schools-led emotional health and wellbeing support service for secondary school pupils) and the Public Health led THRIVE programme delivered within 50 percent of Barnsley's primary schools, are excellent foundations on which we will continue to build.

“
Barnsley schools are also focussing on developing resilience in our young people. The pressures associated with social media and the stress of the drive for examination success has meant an increased investment in supporting students' mental health.”

The Chair of the Barnsley School Alliance.

Future Actions:

- Reduce the waiting times between initial assessment and treatment for children's mental health.
- Expand access to community-based mental health services to meet the needs of more children and young people at an earlier stage.
- Acknowledge the pressures young people have said they face, and work with them on the solutions to improve mental health and wellbeing.
- Provide mental health training to the wider children's workforce across universal services (e.g. Health Visitors, Public Health Nurses) to enable more appropriate and timely interventions to occur.
- Focus on how we can improve the experience for all children who transition from children's services to adult services.
- Work to provide open access activities for all young people to encourage positive social interactions including progressing plans to build an 'Onside Youth Zone'.
- Develop a greater understanding around the impact of social media on children, young people and families.



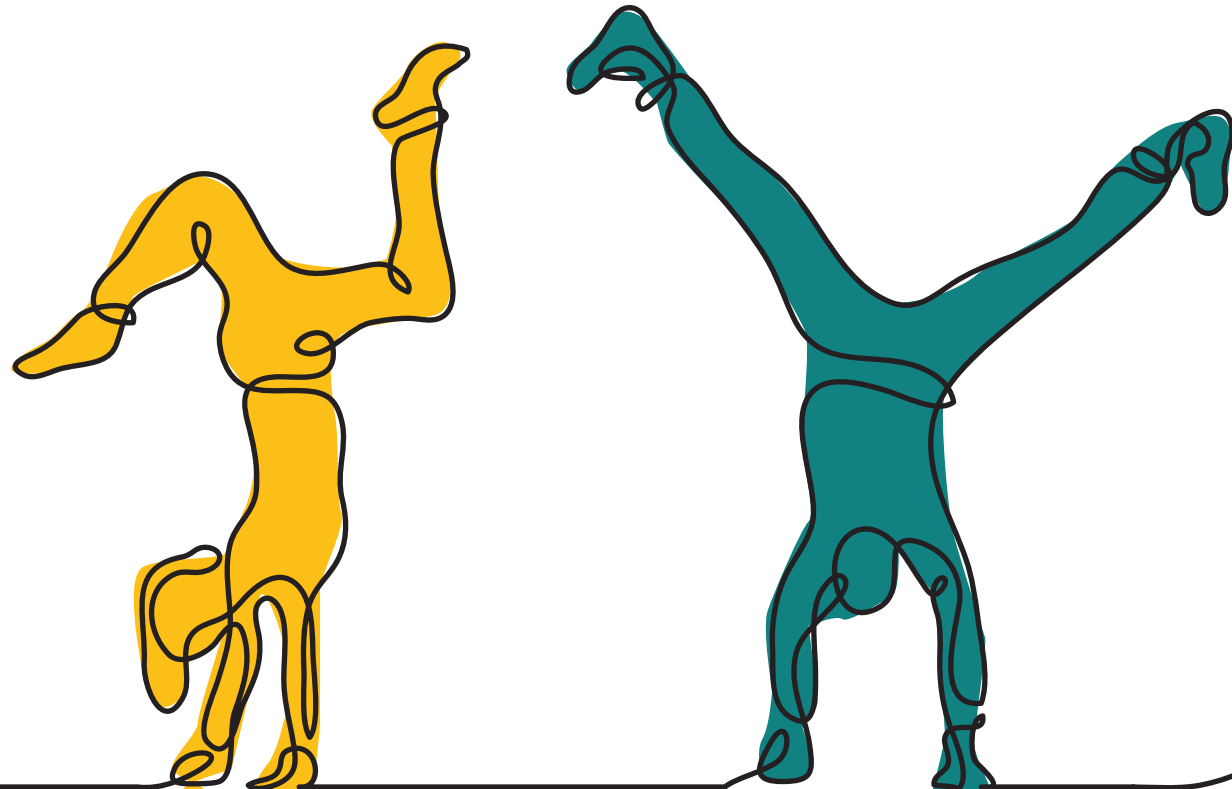
Moving Forward

Although we have much to do, we are confident that, the drive and ambition of the Barnsley Children and Young People's workforce, parents and carers across the borough, and the commitment of Barnsley Youth Council, will again enable good progress to be made on achieving the Barnsley Children and Young People's Trust 365 offer – creating a brighter future, a better Barnsley and making every day count for our children, young people and families. We intend to keep this Plan live by hosting regular campaigns around key themes and issues, demonstrating the good work happening around the borough, and monitor our progress via the Barnsley Children and Young People's Trust Executive Group.

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Acknowledgements

Barnsley Children and Young People's Trust would like to thank all partners for engaging in the development and the writing of the plan, including the following Youth Council Members: Tyler Littlewood, Morgan Stear, Alyssa Butler, Dominic Jones, Cai Clapham. Parish Trevy, Daniel James and Abigail Finnigan.





More about Children and Young People's Priority Areas

Below are the key issues and solutions against the 3 Youth Council campaign priorities identified for action by Barnsley children and young people. This work has influenced the plan and will drive areas for continued development.

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Social Pressures

- Popularity, friendship groups and peer pressure
- Bullying including online bullying
- Exam stress and academic expectations, pressure to achieve GCSEs – a competitive job market and lack of jobs – uncertainty
- Young people want to feel valued not invisible
- People should ask young people more than once if they are ok
- Individuality is important – respect is important to young people

Social Media

- Body image
- Inappropriate use of social media i.e. online bullying, focus on material things in life, exposure to explicit and distressing content
- Too much screen time–lack of social interaction off line, more opportunities outside of school to socialise
- Not able to take a break from peers and the impact this can have
- Social media can make you doubt yourself and take away your self-esteem
- Not all young people want everything online

Home life

- Home circumstances and experiences can include substance misuse, domestic violence and poverty
- Parental expectations can be high
- Lack of family interaction and changing relationships which can be upsetting

Solutions

- Non-targeted support groups and wellbeing clubs
- To have a range of services where young people feel comfortable – one consistent worker, a

- place to feel welcome, not just formal services
- Focus on male mental health – help for dads and boys
- Professionals to ask, small changes and small amounts of support “tweaks” can make a big difference
- Online bullying needs to be understood and dealt with quickly
- Increased promotion of mental health services and other resources
- Having trained mental health professionals and other support staff in school that maintain confidentiality unless any safeguarding issues arise
- Young peer mentors in secondary schools trained to support young people
- An understanding of the issues that affect children and young people and consideration of these when delivering services
- To fully understand the impact of social media
- “The anti-bullying charter is important. How to deal with bullying on paper works, practice is different, every case is different. Professionals need to see the individual: one approach may work for one person but can make it worse for another. Bullying should be a customer case. Cases should be handled with time and care and they should not get lost in the system”



Equal Pay for Equal Work/ Work Ready Agenda



- "We have aspirations. We want better employment opportunities and experiences".
- Not enough opportunities for YP for apprenticeships and work experience
- A curriculum that prepares young people for life "too focussed on GCSEs – instead of wider opportunities, broader route – many routes to success – Expand opportunities outside of schools to build transferable skills"
- Changing the stereotype of work experience and what it looks like i.e. having more days split throughout year, more opportunities to get involved with various career options and agencies
- For agencies to carry out their pledges about developing career and work experience opportunities from the joint TEG/BSCB working day

Solutions

- Easier access to and promotion of work experience, allowing young people to shape what quality work experience should look like

- Establishing good routes to success through other forms of educational pathway
- Ongoing work with employers – invest in Barnsley young people – Support for the Employers Charter
- Build on good work in schools around enterprise and careers



Young people want their work experience to be meaningful: whether broadening their understanding of jobs available, gaining transferrable skills, or allowing them to demonstrate "real work" skills to prospective employers. The quality of individual placements and encounters matters.

British Youth Council Youth Select Committee 2018 – Realising the potential of work experience.

Put an End to Knife Crime/ Perceptions of Safety



- Not specifically knife crime it involves other types of crime like drug use; violence etc

- Groups of people in the town centre can be intimidating and don't make young people feel safe
- Judgements made based on individual perception; exposure to social media and media articles. Young people see these images on social media and it does not always matter if it isn't Barnsley it can still have an impact
- The fear of crime rather than the actual crime itself (low statistics)
- Lack of police presence and a general misunderstanding of the police and their role/ their relationship with young people
- Easy access to weapons and lack of parental control

Solutions

- Set a trend on social media to counteract the act of YP carrying Knives to "protect themselves". Reduce national impact and increase feelings of safety locally. Promote an awareness of #CarryingKnivesMeansLosingLives
- Removing the 'grassing' culture to encourage openness about talking to someone i.e. teacher about YP carrying knives- early intervention
- Crime intervention and prevention awareness/ talks/workshops in schools
- Work with the CYPT to look at how perceptions of safety can be challenged and how existing strategies can include work with young people to make them feel safe

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Barnsley Safeguarding Children Board



Annual Report 2018 - 2019

Barnsley
Safeguarding
Children
Board



Barnsley Safeguarding Children Board is responsible for bringing local services together to plan and agree how best to keep children and young people in the area safe.

The Board develops shared policies and plans to protect vulnerable children. Their role is to make sure all children are well cared for and able to reach their full potential. They also provide support and training for people who work with children and young people, to make sure that they are fully aware of their safeguarding responsibilities.

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Foreword from the Independent Chair

Thank you for taking an interest in the work of the Barnsley Safeguarding Children Board. We are always keen to raise public awareness of Safeguarding Children as we firmly believe that keeping children safe is everyone's business. I hope that this report plays a part in reassuring the public of Barnsley that agencies are working effectively together to keep our children safe and increases their understanding of Safeguarding.

A highlight of the last year was the Ofsted Inspection of Children's Social Care Services which took place in October 2018. To quote from the report:

“Services for children in Barnsley are good and there has been steady improvement at successive inspections since 2012. Children are at the heart of strategic thinking, decision-making, and operational practice, which leads to good-quality services from a skilled and motivated workforce. The resolute focus on improving outcomes for children is shared across the partnership and is underpinned by political commitment and financial investment and a self-evaluation that shows that leaders know their services well.”

I believe that opening statement in the report gives an independent verification of the commitment shown by all those who work with children, and their families, to ensure that they are doing their best to keep children safe and are focussed on continuing to drive forward improvements.

This will be the last annual report of the Barnsley Safeguarding Children Board as on the 1st of April 2019 we made adjustments to our partnership arrangements in order to be compliant with the Government guidance document: Working Together 2018. As a result of a national review of Safeguarding Boards, the Government decided that they would remove the statutory requirement for each local authority area to have a Local Safeguarding Children Board and replaced that by placing a duty on the three safeguarding partners,

the Local Authority, the Police and Health, to ensure that there are effective local arrangements to keep children safe. A decision was made to move to becoming the Barnsley Safeguarding Children Partnership which retains the strengths of the Safeguarding Board but continues to look for opportunities to improve.

We have always been prepared to make changes in order to respond to emerging issues. A good example is that during the period covered by this report the Child Sexual Exploitation sub group widened its remit to cover such issues as County Lines and Contextual Safeguarding. This led to a change in its action plan and a change of name to the Child Exploitation Strategy Group to reflect its increased role.

As the Independent Chair, I am pleased to be able to say that I have confidence in the commitment and focus of agencies working with Children, Young People and their families.

Bob Dyson QPM, DL

This is what we do

The Role of the Barnsley Safeguarding Children Board is to:

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

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

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

These are our Partners



Produce a 'Plan on a Page'

We have created a 'Plan on a Page' which sets out:

The Statutory Responsibilities of the Barnsley Safeguarding Children Board

The Role of the Barnsley Safeguarding Children Board

The Structure of the Barnsley Safeguarding Children Board

It also outlines our Strategic Priorities

Strategic Priority 1 Sharing and Engaging

The Board will continue to monitor service improvement through the Continuous Service Improvement Plan and a schedule of regular audit activity

The 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, 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 Serious Case Reviews and Lessons Learned

Strategic Priority 4 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 Board will continue to strengthen and evidence its own effectiveness through rigorous challenge, participation and engagement

What We Will Do:

Let people know how to get help or report harm

Design and deliver effective training for all staff and volunteers

Provide children and young people and their families who have been harmed with support and information

Evaluate children and young people's views of safeguarding and demonstrate if we have helped them to reduce risk

Carry out Serious Case Reviews and Lessons Learned Reviews to improve the way we keep children safe

Continue to provide Performance Information to the Board to assure the Board that we are working together to prevent harm

Regularly challenge processes and performance at Board level to show all organisations are being held to account for the safety of children in Barnsley

Identify any gaps for young people moving from children's to adult services that may leave them at risk of harm

Ensure synergy and a joint response to shared themes such as Female Genital Mutilation (FGM)/Honour Based Violence /Forced Marriage (FM) and Prevent

Governance Structure of the Barnsley Safeguarding Children Board

Independent Chair
Bob Dyson

Barnsley Safeguarding Children Board

Performance Audit and
Quality Assurance
Sub Group
Mel John-Ross

Child Exploitation
Strategy Group
Paul Murphy

Policy, Procedures and
Workforce Practice and
Development
Angela Fawcett &
Stephanie Evans

Child Death
Overview
Panel
Alicia Marcroft

Neglect
Sub Group
Debbie Mercer

Serious Case
Review Sub
Group
Bob Dyson

Disability Sub
Group
Debbie Mercer

The priorities of the Board as identified by the partners are the responsibility of seven sub groups who ensure that the work of the Board is carried forward. Each of the sub groups has a work plan which focuses on a particular area of the Board's priorities.

Performance Audit and Quality Assurance Sub Group

Mel John Ross Service Director, Children's Social Care & Safeguarding

What We Do:

On behalf of the Board we carry out regular checks of individual agency safeguarding practice. We also keep a very close eye on a number of key performance indicators. We secure quality assurance through findings from single and multi-agency audits

What We Did:

Responsible to the Board for overseeing the Quarterly Performance Management Report and Quarterly Themed Audit Schedule

Co-ordinate single agency safeguarding Section 11 self-assessment audits and analysis, monitoring agency action plans by reviewing summary data and determining response in respect of non-compliance and oversee the Section 175 and 157 audit process relating to schools and outcomes

In 2018 – 19 we undertook four Multi Agency Themed Audits and ongoing monitoring of Action Plans

In April 2018 we carried out an Audit to assess the effectiveness of the Pre-Birth Assessment Pathway.

In September 2018 we carried out an Audit to assess the effectiveness of the Person Posing Risk to Children Assessment.

In October 2018 we carried out an Audit to assess the cumulative impact on children of Trauma and Adverse Childhood Experiences.

In February 2019 we carried out an Audit to assess the impact on children living with Mental Health Issues.

What We Will Do:

In 2019- 20 we will continue to carry out multi-agency audits to give the Board assurance that partners are doing everything they can to keep children and young people safe in Barnsley

Policy, Procedure and Workforce Practice and Development

Stephanie Evans, Interim Head of Service, Safeguarding Unit and Quality Assurance and Angela Fawcett, Designated Nurse Safeguarding Children and Looked After Children, CCG

What We Do:

We aim to ensure we have a workforce that is supported to safeguard children in Barnsley
We strive to ensure staff are well supported and feel confident and competent to undertake their safeguarding role

This is achieved through the provision of a comprehensive training offer and assurance that staff are attending relevant training and achieving required competency

Additionally, that this is underpinned by clear, comprehensive policies which are readily available for all staff to access

Moreover, that staff have access to safeguarding supervision to support them and the caseloads they manage

The role of the PPWPD is to ensure the above structures are in place and maintain oversight of these to ensure they remain relevant and we are aware of emerging issues and learning

What we did:

Continued to offer a comprehensive training offer

Developed a training strategy and action plan for the group

Strengthened the training offer by adding in courses on contextual safeguarding and trauma informed approach

Reviewed all current policies and procedures to ensure they remain relevant and are up-to-date

Updated the procedures for bruising to non-mobile babies and developed an accompanying leaflet for parents

Introduced a quality assurance framework for the training programme

Continued to develop a successful programme of learning for safeguarding leads

Generated a substantial amount of income to reinvest in the training offer

Organised several successful conferences/masterclasses



On behalf of the BSCB, the Barnsley Safeguarding Children Multi Agency Training Programme represents one of the most comprehensive safeguarding training offers in the country with over 100 training courses, conferences and seminars

What We Will Do:

In 2019 - 20 we will do more to measure the impact of training on workforce practice. Does the training we deliver have a positive effect on the way people go about their day job and help to safeguard and improve the welfare of children and young people?

Child Death Overview Panel

Alicia Marcroft Head of Public Health (Children and Young People)
Head of Service Public Health Nursing

What We Do:

It is the role of one of the sub groups of the Board to look at all deaths of children and young people in Barnsley, whatever the reason, to see if there is anything that we can learn from them and anything that might help us avoid such deaths happening in the future. This is the role of the Child Death Overview Panel.

What We Did:

On behalf of the Partnership we met to consider all deaths of all children and young people in Barnsley, whatever the reason. We also met regularly with our colleagues from across the region to see if there are any identifiable themes or trends in child deaths, particularly, for example around issues to do with child health.

What We Will Do:

We will continue to work as a multi-agency partnership, to review all deaths of all children and young people in Barnsley and ensure that any lessons that can be learned are shared with colleagues in a timely way to make Barnsley as safe a place as possible.

Neglect Sub Group

Debbie Mercer Head of Service, Children and Family Social Care

What We Do:

The Neglect Sub Group was established in 2017 to help tackle Neglect. We recognise that neglect is a serious problem in Barnsley and so we have worked together with the NSPCC to launch a new Neglect Strategy and developed documents with guidance to support professionals and families in recognising neglect and what they can do to help sort the problem out.

What We Did:



We aim to reduce the impact and prevalence of neglect in Barnsley over time To raise everyone's awareness about the signs, symptoms and impact of neglect for children and young people 0-18 years.

To ensure that neglect is identified at an early stage and that it is responded to consistently, confidently and appropriately at the right threshold of need with a timely response

We developed a strategy for referral pathways and management of neglect cases in Barnsley so that the impacts upon children and young people are minimised We developed consistent multi agency practice and approaches to neglect through training and development and report to the BSCB on progress against these objectives

We have produced documents to help people understand and recognise Neglect, including a guide for parents, young people and professionals called 'Neglect Matters'



What We Will Do:

We will continue to work with partners, including the delivery of the Graded Care Profile training, to help them recognise neglect and support families in deciding how best to tackle neglect and improve outcomes for children, young people and families

Serious Case Review Sub Committee

Bob Dyson QPM, DL

What We Do:

Local Safeguarding Children Boards are required to commission an independent author to conduct a serious case review (SCR) in circumstances where abuse or neglect of a child is known or suspected and either the child has died or been seriously injured and there is cause for concern as to the way in which agencies worked together to safeguard the child. The SCR subcommittee is chaired by the independent chair of the Barnsley Safeguarding Children Board; it forms a panel to consider any case which may meet the criteria for an SCR to be commissioned. During the time covered by this annual report, there were no cases that needed to be considered. On 3 April 2018 the board published an SCR into the tragic death of a seven year old boy that occurred in 2015. The Independent Author did not find any fundamental failings by agencies but did identify six learning opportunities all of which have been addressed. That report, entitled Child R, is available to read on the Barnsley LSCB website.

What We Did:

Over the past twelve months, in the absence of any new cases in Barnsley, the subcommittee has considered SCR reports from other parts of the country to see if there are lessons that we can learn here in Barnsley. That has led to the board taking a greater interest in some subjects, an example being Special Guardianship Orders, to ensure that they are being effectively managed in Barnsley.

In March 2019 we commissioned a Serious Case Review to look at the case of a baby death that is the subject of an ongoing police investigation. That SCR has not yet been finalised.

What We Will Do:

We will continue to work with our colleagues across the partnership to ensure we all do everything we can to learn from any incidents or accidents to children and young people both locally and nationally and that we comply with the new requirements of Working Together to Safeguard Children 2018.

Safeguarding Children with a Disability or Complex Health Needs Sub Committee

Debbie Mercer Head of Service, Children and Family Social Care

What We Do:

One of the more vulnerable groups in society is those who either have a disability and/or complex health needs. The Board considers it very important that it continues to have oversight of this group of children and young people and that the needs of this vulnerable group are being met.

The role of the Safeguarding Children with Disabilities or Complex Health Needs subcommittee is to make sure that partners are working together to ensure the support needed is available for this group of vulnerable children and young people and to work alongside colleagues and partners of the Adult Safeguarding Board to ensure appropriate arrangements are in place for when these young people transition into adulthood, particularly with regard to relevant training.

What We Did:

We carried out quarterly themed audits to give the Safeguarding Children Board assurance that children with disabilities and or complex health needs receive the support they need and that appropriate plans are in place to keep them safe. We worked with colleagues across the partnership to ensure that transition protocols are in place to support children and young people when they transition from receiving help and support from children's services to accessing help and support from adult services



What We Will Do:

We will continue to work alongside partners in both children's and adult services to ensure colleagues are aware of their responsibilities towards this group of children and young people and that appropriate services are available

Child Exploitation Strategy Group

DCI Paul Murphy, South Yorkshire Police

What We Do:

The Child Exploitation (CE) Strategy Group is responsible to the Safeguarding Children Board for overview of inter-agency working in all areas of CE including Contextual Safeguarding and County Lines. The Strategy Group is also responsible for the development and implementation of the Safeguarding Children Board CE Strategy and Work Plan.

What We Did:

In 2018 - 19 we carried out four multi-agency audits so that we are able to assure the Board that our partners are fully aware of the risks facing our children and young people from those wishing to try and harm them through CE. This includes on-line grooming and pressures they may face from their peers in engaging in risk taking behaviours that might further expose them to harm.

As well as making sure the BSCB CE Strategy and Work Plan is kept up to date, the CE Strategy Group received regular reports and updates from the Multiple Vulnerabilities and Complex Abuse Panel, which considers some of our most at risk children and young people and reports from the Missing Panel, that meets regularly to consider children and young people who go missing from home, the reasons why they go missing and what we can do to try and keep them safe.

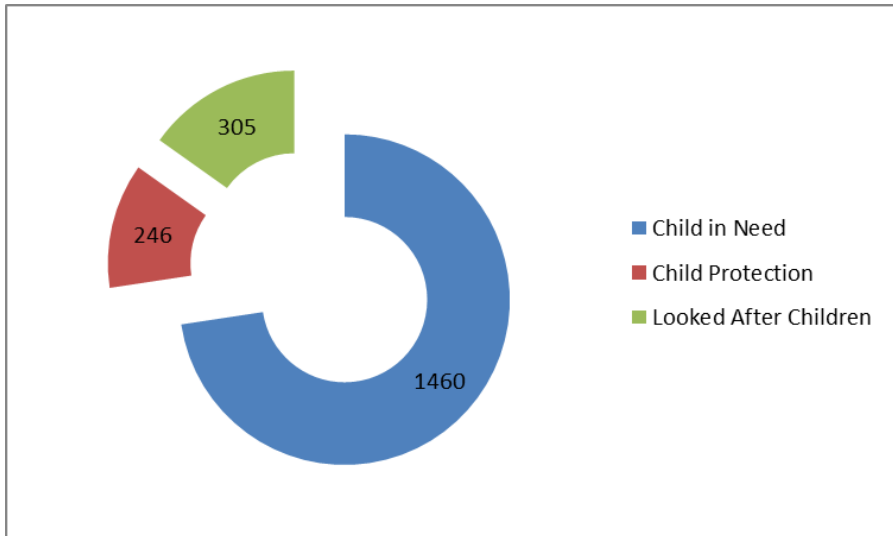


What We Will Do:

In 2019 - 20 we will continue to conduct regular audits of cases where children and young people have been exposed to or at risk of CE. We will continue to assess the local risks that our children and young people are facing, including harmful sexual behaviour and we will make sure all our partners and people that work for them are aware of what CE is and for them to be constantly vigilant so that we can keep our children and young people as safe as possible

The Safeguarding Landscape in Barnsley

The below graph shows the number of children on a plan in Barnsley as at 31 March 2019. There are also c. 2,890 children receiving support through early help on an Early Help Assessment.



What to do if you are worried about a child

If the child is in danger

Call the police on 999 or (01142) 202020.

If the child is not at risk of immediate harm

If you're concerned about a child, but they're not in immediate danger, it's still important to share the information with us as soon as possible.

If your call is not urgent contact the Assessment Service on (01226) 772423. Our offices are open between Monday and Friday from 9am to 5pm.

Out of hours emergencies

If you want to report your concern urgently and our offices are closed you can contact our Emergency Duty Team on 01226 787789. They work on weekends and bank holidays and deal with issues that can't wait until usual office opening hours.

<https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-children-in-barnsley/worried-about-a-child/>

Barnsley Safeguarding Children Board Budget

Year End 2018/19

Barnsley Safeguarding Children Board Final Position 2018/19			
Income		Expenditure	
£		£	
Partner Contributions			
Barnsley MBC	£46,670	Staffing	£108,919
NHS Barnsley CCG	£49,000	Professional Fees, Supplies and Services	£30,361
PCC	£12,024		
NPS	£1,036		
Cafcass	£550		
Training Income	£30,000		
TOTAL	£139,280	TOTAL	£139,280

Welcome to the annual report of the Barnsley Safeguarding Adults Board

The Barnsley Safeguarding Adults Board is very committed to raising the profile of Safeguarding in Barnsley as we all have a role to play in keeping citizens of Barnsley safe, whether in our role as a professional or volunteer or a member of the public looking out for other adults in our community. I believe that this Annual Report is an important part in that campaign to raise awareness.

Thank you for taking the time to show an interest in the work of the board, I am confident that this report will help to highlight the work of the board and its partner agencies and to give the public a greater understanding of the Safeguarding issues we face here in Barnsley.

Over the last year, the board has continued to develop and extend its influence. We now have a subcommittee that leads on 'Learning and Development' so that we can have a close oversight of the training and development opportunities available to staff and volunteers. It has been able to identify gaps in provision and to meet them by a range of training opportunities.

We have continued to benefit from the members of the 'Safeguarding Adults by Experience Forum' (SAFE) giving the board the benefit of their experience as service users and their ideas for changes to the way that agencies communicate and work with adults who may be at risk of harm or abuse. This is an important aspect of the board getting direct communication from people who engage with services.

We have taken the opportunity to learn from cases that did not meet the criteria for a formal Safeguarding Adult Review but by holding learning the lessons reviews. All agencies showed a genuine willingness to be involved; this is an example of their commitment to continually improving the service that is provided to adults that need help to stay safe

Our commitment to raising public awareness was a primary focus of the Safeguarding Awareness Week, run in conjunction with the Safeguarding Children Board, which saw a full programme across the week that included training events and a range of agencies having public facing stalls at the Transport Interchange. We are committed to holding Safeguarding Awareness week again in July 2019.

As the Independent Chair (which means I am not employed by any of the agencies) I can reassure you that all agencies represented at the board continue to evidence their commitment to keeping people safe in Barnsley and that they recognise the importance of partnership working.

I look forward to the board continuing its important work during 2019/20.

Bob Dyson QPM,DL

What is abuse?

Any action, deliberate or unintentional, or a failure to take action or provide care that results in harm to the adult (this is called neglect). There are many different types of abuse; more details about abuse can be found on the Safeguarding Web site

<https://www.barnsley.gov.uk/safeguarding>

The website tells you how you can tell us if you or someone you know is being harmed or abused.

Who do we help keep safe? (Adult Safeguarding)

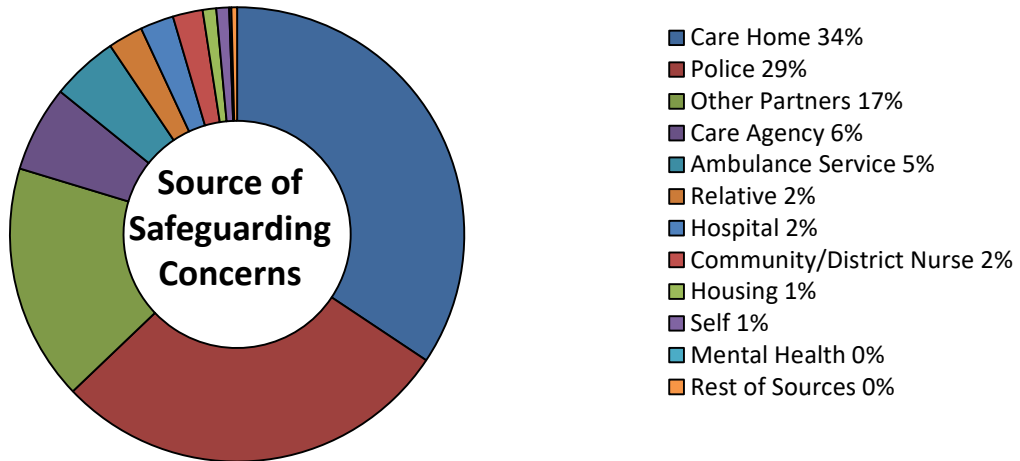
All adults aged 18 and over who:

1. Need care and support, even if they are not getting care or support now (AND)
2. They are experiencing, or at risk of, abuse or neglect (AND)
3. As a result of their care and support needs is unable to protect themselves from either the risk of abuse or the experience of abuse or neglect.

Adults who are not able to speak up for themselves are particularly vulnerable and we all need to speak up to keep them safe.

Safeguarding Data

Who told us they had concerns an adult was being hurt?

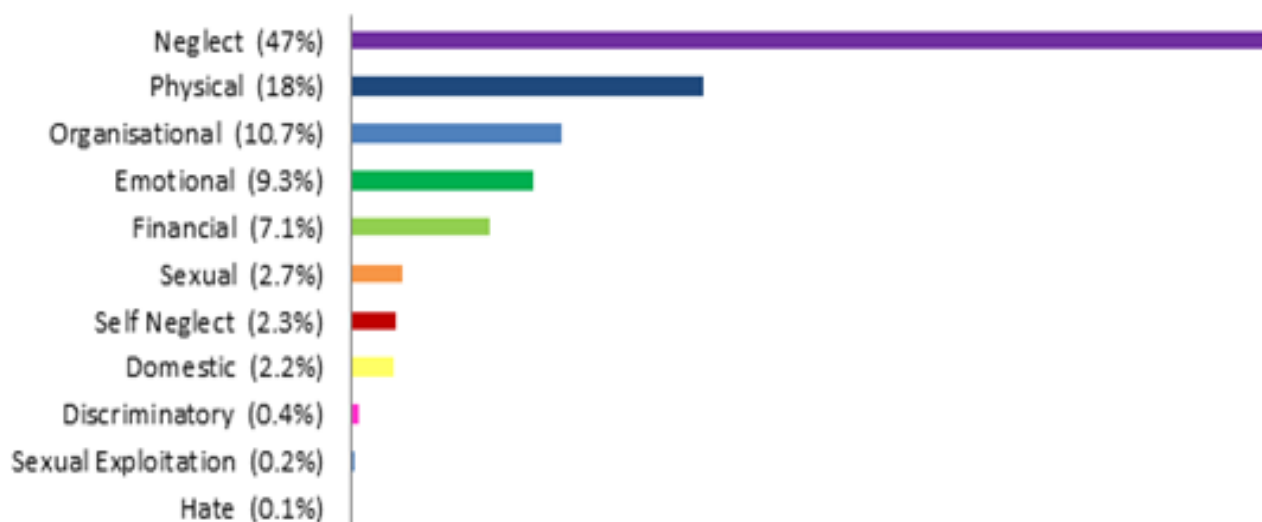


Location of Alleged Abuse



Our safeguarding data is in line with national data this year, in particular the increase in the number of concerns relating to adults living in their own home (nationally this location is the rated the most likely location for abuse). The small increase in hospital cases relates to private hospitals, not NHS provision, however we remain below national averages. The introduction of a tool (decision support guidance) to help workers to screen cases before sending them to safeguarding has reduced the number of concerns from care homes this year. The number of concerns received in the year has increased, but is in line with other Local Authorities of a similar size.

Abuse Type



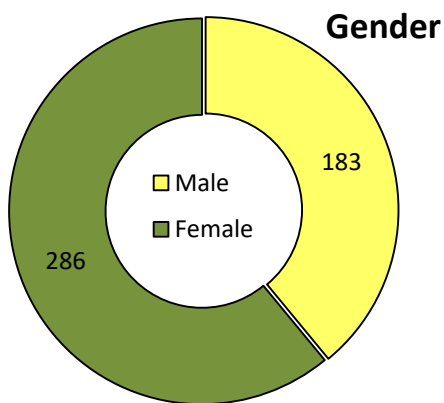
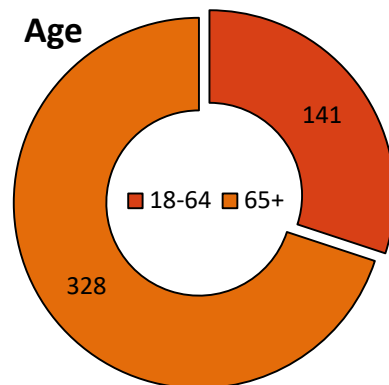
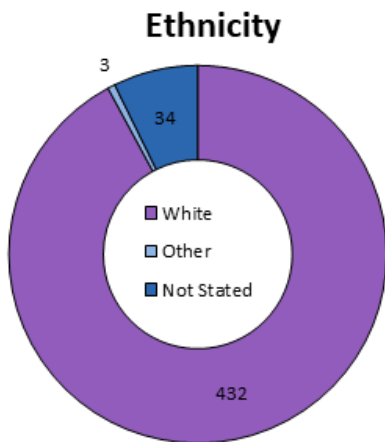
We have had a significant drop in the number of financial abuse cases, from 13.8% to 7.1%; this is out of line with national data. In most areas, financial abuse is the most commonly reported/investigated form of abuse. The number of self-neglect cases has fallen from 7.7% in 2017/18 to 2.3%; this may be linked to the new Self Neglect and Hoarding policy being used more and staff and organisations feeling more confident to work with the adult who is self-neglecting and/or hoarding without requesting a multi-agency safeguarding response. The number of organisational abuse cases has increased and this is due to the increased scrutiny of care homes by a number of agencies; however this is driving up quality which will be monitored by a new care homes Quality Board. As the majority of cases in care settings are “neglect” they distort our figures for this category of abuse

Safeguarding Adults – S42 enquiries

A section 42 enquiry begins when an adult meets the three stage test (see page three) and they agree they want help to stop the harm (this is a S42 enquiry) or it is in their “best interests” as they are unable to make this decision for themselves (they lack capacity to make this decision due to dementia etc). In 2018/19; 38% of concerns met this criteria, the remaining 62% of safeguarding concerns would have been closed and adults either offered

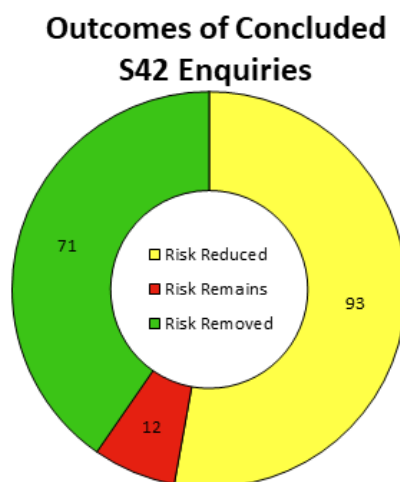
- ✓ An assessment or review of care by Adult Social Care
- ✓ Signposting information to specialist services
- ✓ No further action as the adult did not meet the three stage test or they declined any help at this time

The adults we supported to stop harm and abuse via a S42 enquiry are illustrated below:



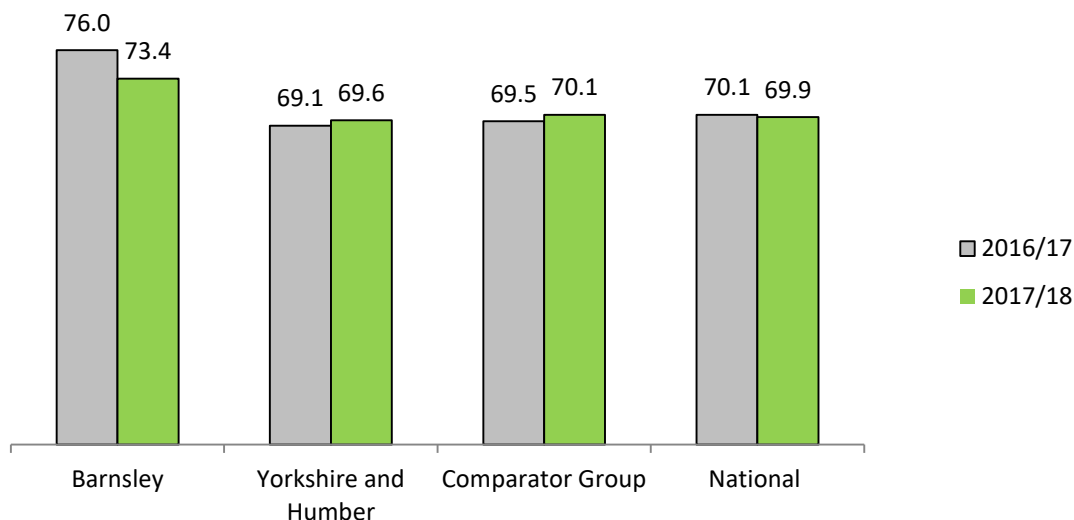
More women were supported by safeguarding this year (60.9%) compared with 51% in the previous year. The number of adults aged 64+ who were safeguarded reduced, slightly, from 76% in 2017/18 to 70% this year. Nationally, adults 64 plus, are more likely to need safeguarding support.

Did adults feel that we removed their risks by working with them in safeguarding?



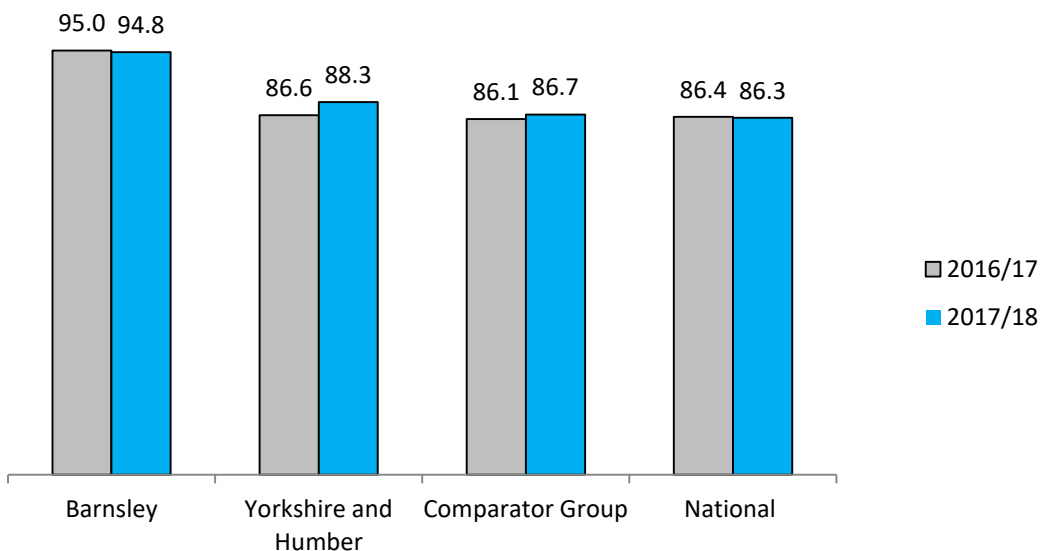
Adults may choose to have people who cause them harm in their lives, as that relationship is more important to them than the risks they pose, we may feel these decisions are “unwise”, however if they have the ability to make these decisions; we must respect these, even if this means the adult lives with risks of further harm.

Adults who are supported by social care services who tell us they feel safe.



Adults in Barnsley report feeling safer than adults in all areas of the country, despite a small drop from the previous year; the number is in line with 2015/16 data.

The proportion of people who use services who say that those services have made them feel safe and secure



Adults in Barnsley continue to report that services provided made them feel safe and the rates of satisfaction reported is higher than all other areas of the country. Data for 2018/19 is not available until Oct 2019.

Annabelle is a 57 year old lady who lives in social landlord property with her two adult daughters; the landlord contacted ASC following a visit to the property as significant hoarding was identified. Annabelle has ceased working due to health issues which has affected her mobility, requiring use of a scooter to leave the property. Her daughters work but do attempt to support Annabelle, though one daughter has her own health issues. During a conversation with Annabelle she said that she had not “recovered” from the death of her husband and was “embarrassed” by the state of her home and has shut people out of her life to stop them coming to see her. As a result the property has

- No gas, so they have no heating except for an electric fire – which is a fire risk (the fire safety check was not completed, as denied entry)
- They cannot use the cooker, due to the clutter, so buy in take-away food and rarely throw out the containers
- The washing machine is broken and they rely on the neighbour to wash their clothes
- Annabelle cannot access her bedroom so sleeps on a mattress in the kitchen
- Annabelle cannot access her shower and uses baby wipes for personal hygiene

Annabelle initially worked with the landlord, but this stalled and adult social care coordinated a multi-agency response under the self-neglect/hoarding policy. As a result of this - SY Fire and Rescue agreed to visit weekly and a named social worker every 3 weeks on a set day to build up relationships with Annabelle to support the necessary de-cluttering. These actions, combined with the risk to her tenancy have significantly reduced the clutter and she is hoping that she will be able to have adaptations made to the property to increase her independence in the near future, including being able to get a “proper wash” Annabelle says she wants to be “able to invite people in for a cup of tea without feeling embarrassed”. She reports valuing the relationships and support from other agencies and that she and her daughters will soon have a “normal home”. This view is shared by agencies and they have committed to continue working with her to achieve her wishes.

What we have done in the year ending March 2019, based on our priorities listed in annual report in 2018

Priorities in 2018 - 2019	Action	In 2019/20
Put the adult who has been harmed or who is at risk of harm at the centre of everything we do. Listen to their views to find out what we can do to improve the safety of adults	SAFE, our customer group, have produced a leaflet to help adults understand what safeguarding is and who will be involved in keeping them safe. The Board is given information about adult's experience of safeguarding – do they feel that we have helped them to reduce/remove the risks or if they remain	We will increase the information about the adult's experience of safeguarding. Did they feel safer? We will use this to improve practice and produce new guidance, if needed?
Hold Board members to account – are we/they doing enough to keep adults safe	All Board partners provide a quarterly update on what they are doing to keep adults safe	We will make this more visual to help people in Barnsley understand what we are doing
Collect and share information about how well we are keeping adults safe and what more we could do	Every quarter we look at data provided by Barnsley organisations to show how we helped keep adults safe, how long we took to do this and if this helped the adult stay safe from further harm an abuse	We will work with the 15 Yorkshire and Humber Local Authorities to share data. This will help us to evaluate our safeguarding practice and learn from other areas.

Priorities – 2018 - 2019	Action	In 2019/20
Make sure our workers and volunteers get the training they need to provide safe services and to share concerns if they think an adult is being hurt or abused.	Set up a multi-agency learning and development group. Agreed a safeguarding competency framework. Delivered a self-neglect training for trainers and shared learning materials Delivered training for staff who need to respond to “people in positions of trust” allegations	We will create a shared training resource for all partners to use to improve consistency. We will continue to explore options to employ a multi-agency trainer
Considered cases that might need to be a Safeguarding Adults Review? These are cases when an adult dies or are seriously injured as a result of abuse or neglect and all agencies did not work together well?	We did not hold any Safeguarding Adults Reviews but we did look at the deaths of 2 adults to evaluate how well all partners worked together to try and prevent their deaths. Details of the learning is available on the web site	We will hold an event to cascade the learning from Safeguarding Adults Reviews from across the country to help workers keep adults safe
Establish a network of Safeguarding leads to increase knowledge in organisations and support prompt safeguarding actions by all workers and volunteers	Safeguarding leads established in all relevant council departments, self-neglect leads identified and trained in partner and voluntary sector organisations	Safeguarding leads events will be held regularly to provide updates and identify areas for development
Work with the Children’s Board to reduce the risks of vulnerable young adults being harmed or abused as they become adults	Audits have been completed by both the Adults and Children’s Board to identify good practice and growth areas	A robust work plan will be developed to map the challenges to young people becoming resilient adults

Learning Lessons

Two multi-agency learning lessons into the deaths of two adults were held; neither death met the threshold for a Safeguarding adults review (SAR). The purpose of these was to evaluate current practice and make any changes to policies etc. A single agency review was completed by one of the partners and changes made to their practice. Summaries are shown below, however full details can be found on the website.

RG was 68 when he died; he had struggled to maintain a tenancy due to his self-neglect and hoarding. The death of his mother was a significant event and he struggled to form relationships with female workers, often being very inappropriate. His property and personal hygiene were cause for concern. A number of workers and agencies continued to visit and support RG despite his behaviour. At least one agency visited despite RG not meeting their eligibility criteria for services. **Learning** – staff need to be supported to effectively challenge inappropriate behaviours and to use the self-neglect and hoarding risk tools included in our policy

Mrs. T died in a house fire in her own home. Mrs. T had multiple health issues and had regular support from nursing services to manage her skin integrity concerns; this included use of paraffin based creams. Mrs. T had a history of mental ill health and was very resistant to care and would often refuse help, though she did have a positive relationship with her children. **Learning** – all workers visiting adults at home should evaluate the fire risks and support contact with SY Fire and Rescue for a home safety check. **Learning** – When an adult has mental ill health, a capacity assessment should be considered to ensure that they can still make decisions to refuse care. **Learning** – we need to be sure that when family are refusing help and support they are reflecting the wishes and feelings of the adult OR they have legal powers to make decisions on behalf of the adult

Key Achievements



Learning and Development sub group delivered 2 training for trainers' courses to support all organisations to deliver training for their staff to help them identify and respond to self-neglect

The SAFE group have produced a poster for adults who are deaf or have hearing impairments to let them how they can report abuse. The SAFE group have produced a leaflet to explain safeguarding to an adult if they have agreed that they want help to stop the harm. Members of SAFE who are members of other groups take regular updates to those groups on what we are doing to keep adults in Barnsley safe.



A FREE "E" learning resource was produced and launched to increase knowledge of safeguarding adults. The resource is available on the BMBC website – via POD <https://barnsley.learningpool.com/login/index.php>

We have examined the deaths of 2 adults and identified good practice and where improvements could be introduced; these have been added to our work plans and are reported to the Board on a regular basis.

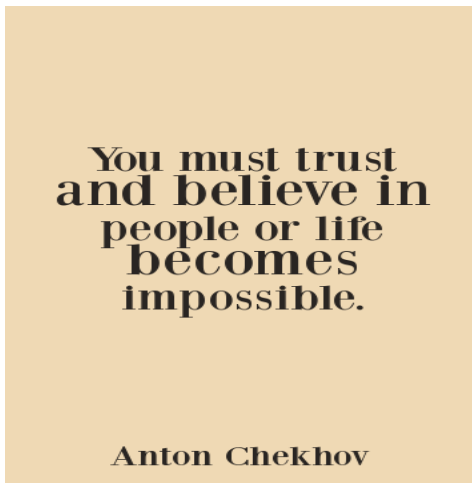
Details on our website -

<https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in->

Key Achievements



The Board took part in a Yorkshire and Humberside Making Safeguarding Personal Stocktake to help us improve how we work with adults to keep them safe. The Board also supported work to improve the quality of information given to Boards (dashboards) to make sure that we are doing all we can.



To embed the People in Positions of Trust policy we have delivered two training courses to equip managers to respond to concerns about workers or volunteers who are in a position of trust and who have harmed an adult. The policy is available on the website.

Safeguarding Awareness Week July 2018

This year the week included a regional self-neglect and hoarding conference and a regional fraud and scams event. Sessions were delivered on modern slavery, hate and mate crime and living as an asylum seeker. We took over the transport interchange and had lots of helpful chats to people in Barnsley about how they can help to keep themselves and other adults safe



Key Achievements

We know that adults are more at risk of being harmed if they are socially isolated and don't have supportive people around them. We have reviewed our partners' assessment tools to make sure that we identify adults who are socially isolated and discuss with them how they feel about this risk and what might help them feel more supported?



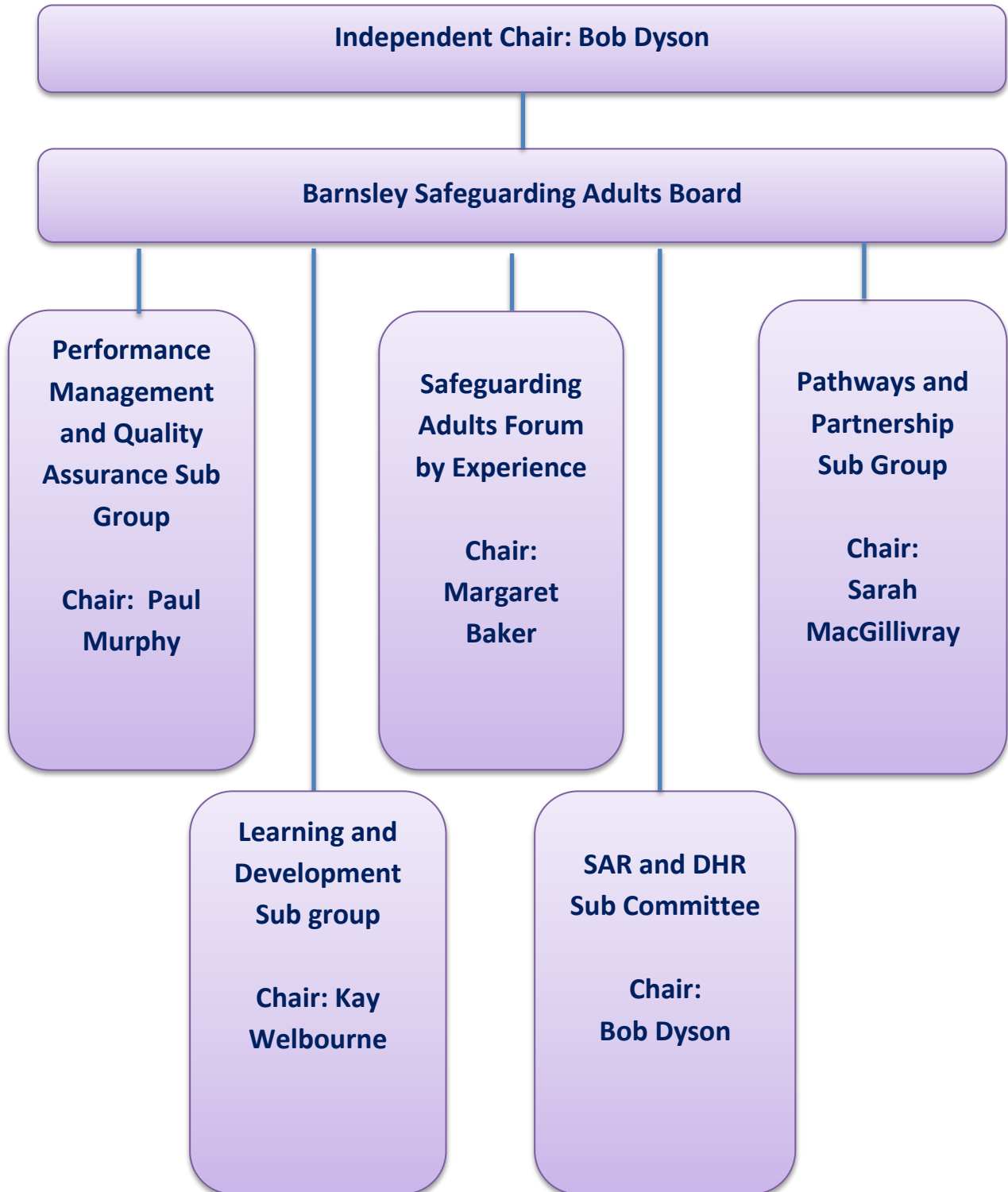
We wanted to make sure that adults who live in care homes in Barnsley were able to live openly as a lesbian, gay, bi-sexual, transgender or queer (LGBTQ) adult. The survey showed us that the care homes that responded (31%) are "safe" and inclusive places for LGBTQ adults. Further work will be completed in the coming year to ensure that this is replicated in all our care settings.



Decision support guidance

We evaluated how many workers knew about the guidance and if they found it useful? We were happy to find that workers did like the guidance and didn't want us to make any changes. Training will be delivered in 2019/20 to make sure all our workers and volunteers know about it, so they know when they should tell us about an adult who needs our help to stay safe

Barnsley Safeguarding Adults Board Structure



Safeguarding Adults Board Members
Our Partners



Barnsley
Clinical Commissioning Group



National
Probation
Service



South Yorkshire
Community Rehabilitation Company



South Yorkshire
FIRE & RESCUE

Thanks to all of our partners who have worked with us to demonstrate what they are doing to prevent harm and abuse every day. Safeguarding is everyone's business and ideally we need to prevent abuse by supporting adults to stay safe.

Our strategic priorities in 2019/2020

Making safeguarding personal Supporting adults at risk to achieve the outcomes they want to stay safe	Prevention Preventing abuse and neglect from taking place and supporting people to feel safer.	Accountability Making sure safeguarding arrangements work effectively	Transitions Making sure that all young people who need safeguarding into adulthood have an effective transition
What we will do?			
Embed Making Safeguarding Personal (MSP) into all Safeguarding practice by seeking feedback from adults who have been safeguarded and include this in performance data given to the Board	Deliver multi-agency training to encourage all partners to use the Decision Support Guidance to increase the quality of safeguarding concerns	Review quarterly data from all partners to provide evidence that services are safe	Work with the Children's Partnership to reduce the risks of vulnerable young adults being harmed or abused as they become adults
Work with the Safeguarding Adults Forum (by) Experience to increase their involvement in shaping the work of the Board and helping adults in Barnsley stay free from abuse/harm	Seek assurance that all care provision in Barnsley is safe for adults who use them	Continue to complete audits of all areas of safeguarding practice to identify and share good practice that helps keep adults safe	
Work in partnership with the Community Safety, Health and Wellbeing Boards on issues that affect adults who may need more than safeguarding support.	Increase our contact with the voluntary and independent groups in Barnsley to help them keep adults safe	Implement robust, open and honest challenge processes at Board level to hold agencies to account for effective safeguarding practice.	Facilitate, jointly with the Children's partnership, a public facing Safeguarding awareness week
Review impact of publicity materials and campaigns on public awareness and the number of concerns raised by them	Deliver learning events to share learning from Safeguarding Adults Reviews and other learning events	Receive regional and national safeguarding data to support evaluation with comparable Local Authorities.	
Co- produce resources that support citizens of Barnsley to feel confident to report safeguarding concerns		Receive assurance from the sub groups that staff and volunteers are appropriately trained and supported to recognise and respond to abuse and harm	Embed a sharing of audit findings between the Adults and Children's Boards/Sub groups to embed best practice.

These are the new priorities; ongoing work is shown on pages 9 and 10

Budget – Year end 2018 – 2019

Financial position of Barnsley Safeguarding Adults Board			
Income		Expenditure	
Partner incomes			
Barnsley BM Council	79,677.	Salaries	81,272
Barnsley CCG	25,000	Professional fees and services	18,739
SY PCC	5,595	Travel, running costs	1,290
BMBC - One off contribution to running of SAFE sub group	500		
Totals	110,772		101,301

:00REPORT TO THE HEALTH & WELLBEING BOARD

Tuesday 8th October 2019

Final Review of Health & Wellbeing Board Strategy 2016/20

Report Sponsor/s	<p>Julia Burrows, Director of Public Health, BMBC (JuliaBurrows@barnsley.gov.uk)</p> <p>Wendy Lowder, Executive Director – Communities, BMBC (WendyLowder@barnsley.gov.uk)</p> <p>Jeremy Budd, Director of Commissioning, BCCG (jeremybudd@nhs.net)</p>
Report Author	<p>Karen Sadler, HWB Programme Manager, BMBC Karensadler@Barnsley.gov.uk</p>

1.	Purpose of Report
	<p>To provide the final annual review of the progress made to deliver the Barnsley Health & Wellbeing Board Strategy (HWBS) 2016/20. This report provides the following:</p> <ol style="list-style-type: none"> 1. Summary of the updated HWB Action Plan 2. Performance against the key HWB indicators 3. HWB work programme 4. Lessons learnt and recommendations for the future 5. Planning for 2020 and beyond
2.	Recommendations
	<ol style="list-style-type: none"> 1. Note the progress made to deliver the current strategy 2. Note the change in approach to performance and the adoption of the Barnsley Integrated Care Outcomes Framework (ICOF) 3. Reflected on the lessons learnt from the last 3 years and use this to strengthen the approach for 2020 and beyond.
3.	Introduction/ Background
3.1	<p>This report follows on from the Health & Wellbeing Board Strategy Review & Development Report presented and discussed by the HWB on the 4th June 2019, and includes a summary of the discussions that took place at the HWB Development Session on 30th July 2019.</p>
3.2	<p>Since the inception of the HWB in April 2013 Sir Steve Houghton, Leader of BMBC has chaired Barnsley’s HWB with Nick Balac, Chair of BCCG being the deputy HWB Chair. This summer, Sir Steve Houghton stepped down as HWB Chair to make way for the Deputy Leader Cllr Jim Andrews to take on this role. The HWB agreed that going forward Dr Nick Balac would be co-chair to reflect the significant and instrumental role of the Barnsley CCG.</p>
3.3	<p>Barnsley’s HWB has developed a partnership system leadership approach for both the development and delivery of the strategy. It follows that the responsibility for the</p>

	delivery of the HWBS therefore sits with the 'system' to collaborate and work through a network of strategic partnerships, programme boards, delivery groups and task group, to deliver the HWB strategy.
3.4	To date the Senior Strategic Development Group (SSDG), as the executive group to the HWB has been responsible for coordinating and connecting work across the system. The role of SSDG has also included the development of the HWB work programme.
3.5	In spring 2018, the Integrated Care Partnership Group and the Integrated Care Delivery Group was established to focus on the integrated care agenda. Significant progress has been made and discussions are underway to reflect the recent establishment of Primary Care Networks into governance structures.
3.6	The South Yorkshire & Bassetlaw Integrated Care System (SYB ICS) Strategy is expected to be shared with Barnsley Health & Wellbeing Board on the 8 th October 2019. It is anticipated that this document will outline a number of specific priorities for development.
4.	Summary of the updated HWB Action Plan
4.1	A wide range of partners from across the system have provided updates for the HWB Action Plan. The HWB Action Plan has tracked the developments of over 50 different priority work streams, thus providing significant insight into how the systems is evolving. it must be noted that it only captures an element of the work that is taking place across the system.
4.2	Appendix 1 provides the HWB Action Plan highlight report. The report includes the most recent developments, and should be considered alongside the HWB Performance Report in Appendix 2.
4.3	The HWB Action Plan highlight report outlines progress made against all priorities, of particular note are the: <ul style="list-style-type: none"> • Roll out of smoke free public places in Barnsley to make smoking invisible • Beat the Street initiative to get more young people active • Live Well Barnsley Website is recognised as a trusted directory of services • My Best Life, social prescribing service is helping people to tackle root cause of ill health • We have started on the path to develop our approach to Integrated Care with Neighbourhood Networks and integrated teams building the model incrementally. • Establishment of the Population Health Management Unit to guide the system with rich data.
4.4	Lessons Learnt: <ul style="list-style-type: none"> • At the HWB Development Session in January 2019, members agreed that the role of system oversight and scrutiny was not adding value to the system. The value in the HWB is in: <ol style="list-style-type: none"> i) Setting the strategic direction and strategic outcomes for a healthier future in Barnsley. ii) Developing the system leadership role for HWB Members to influence and collaborate with and across organisations, networks, partnerships, boards, groups, as well as with communities and residents. iii) The impact of the Board should be evident at a neighbourhood, borough

	<p>and regional level, and that the interests of Barnsley people remain paramount.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • The HWB to focus on a small number of priorities where the system can galvanise effort and make a positive impact. • Priorities agreed by the HWB will be linked to the ICOF. • Following the HWB Development session on mental health (Feb 2019) a whole systems approach to improve the mental health of young people is being explored with support from Health Foundation and Public Health England. It is recommended that we use the learning from this approach to help inform future practices.
5.	HWB Performance Report
5.1	The latest HWB Performance Report is provided in Appendix 2. The performance indicators in the report are those where reliable data has been available and could be used as 'bell weather' indicators for the system.
5.2	<p>In terms of population health, historically there has been a gap between males and females when compared to the national average, which continues to the present. In the most recently available information for 2015-2017; male life expectancy for Barnsley is 78.1 years. Female Life expectancy is 81.9 years; this is significantly behind the national average of 79.6 and 83.1 respectively.</p> <p>Healthy life expectancy (HLE), an estimate of how many years a person on average can expect to free of illness or injury in their life, has improved for both males and females in the borough. Data published for the period 2015-2017 shows that male HLE is 59.7 years and female HLE is 61 years. We are starting to see improvement in closing the healthy life expectancy gap between Barnsley and national averages for males and females. It is hoped that this trend will continue as we have seen a huge reduction in the number of people who smoke and our levels of childhood obesity are one of the lowest in the region.</p> <p>It is important that we continue to monitor this data at an electoral ward and Area Council level to tackle the challenge of health inequalities within the borough.</p>
5.3	With regards to integrated care, system leaders are collaborating to design effective and efficient approaches and are collectively sighted on the enablers such as workforce, assets and IT that will assist us on our journey.
5.4	Whilst Barnsley still experiences significantly high admissions to hospital, Barnsley is recognised nationally for an outstanding record when it comes to delayed discharges of care, with the hospital working hand in hand with social care to get patients discharge and back to their own homes
5.5	The data indicates that there are challenges around inequality, including excess winter deaths, fuel poverty, the number of low income families, workless households and mental health problems – including self-harm.
5.6	<p>Lesson/s Learnt</p> <ul style="list-style-type: none"> • The HWB performance indicators for 'Building strong & resilient Communities' (child excess weight, Utilisation of outdoor space for exercise, children in low

	<p>income families, proportion of workless households, access to dental services, housing affordability, experience with making GP appointments, excess winter deaths and fuel poverty) are not seen as a good match for the priority remit.</p> <p>Recommendations (agreed):</p> <ul style="list-style-type: none"> • The HWB have agreed to use the Barnsley ICOF as a tool to assess improvements in population health, health inequalities and service integration.
6	HWB Work Programme
6.1	Since October 2016 when the current Health & Wellbeing Board Strategy was launched, there has been 17 HWB meetings, including 4 development sessions and 27 SSDG meetings.
6.2	<p>A breakdown of the HWB work programme is provided in Appendix 3. This report reflects that:</p> <ol style="list-style-type: none"> I. The HWB has spent a significant amount of time on core functions, such as reviewing terms of reference, receiving and responding to public questions, considering support strategies and receiving regular updates on the HWB Action Plan. II. The priority that has dominated the time in meetings is ‘focusing on the areas of greatest need/creating new ways of working’. This priority is concerned with developing the integrated care system regionally and locally. It captures Barnsley journey from Integrated Care Pioneer, through to our approach for the Better Care Fund and the consideration of an Accountable Care Partnership through to Integrated Care Partnership. It also encompasses shared IT and digital development from our local digital road map. This agenda has now been taken up by the Integrated Care Partnership Group. III. A good proportion of time has been spent on the priority of ‘making prevention everybody’s business’ with the HWB receiving the annual Director Public Health Report and being consulted on related public health strategies and plans. The system wide approach taken to making smoking invisible is often commended and viewed as best practice. IV. The themed priorities of joining up services for older people’ (dementia and falls) and ‘improving early help for mental health’ appear to have received the least amount of attention but these priorities have also featured and will benefit from the overall approach to integrated care.
6.3	During the period (Oct 2016 – Oct 2019) there has been no formal requests made to the HWB by other strategic partnerships, nor any matters escalated. This suggests that the system is confident in addressing concerns and challenges that arise, and that oversight by the HWB is not adding value.
6.4	Since 2019 the required time and space has been created through the introduction of ‘HWB Development Sessions’ for the Board to have in-depth conversations and agree collaborative action against stubborn and persistent challenges. These development sessions have sometimes followed a public meeting, and the transition between public meeting and development session has proved difficult.
6.5	<p>Attendance at the meeting/s is usually high with all partners attending on a regular basis. When members are not able to attend the meeting, a deputy is often assigned to represent the organisation.</p> <p>The arrangement for deputising is set out in the HWB terms of reference:</p>

	<p><i>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</i></p>						
6.6	<p>Recommendations:</p> <ol style="list-style-type: none"> 1. The HWB meeting scheduled can sometimes prove problematic for the CCG Chair (HWB Co-Chair) due to clinical commitments. Likewise, changes in the Integrated Care System have recently resulted in our CCG Accountable Officer not being able to make the current HWB meeting schedule. It is therefore proposed that the meeting dates from 2020 onwards are changed to a more suitable day and time. Preliminary checks have been undertaken and the proposed changes are: <table border="1" data-bbox="391 712 1289 891"> <thead> <tr> <th>Current date/time</th> <th>Proposed date/time</th> </tr> </thead> <tbody> <tr> <td>Tuesday 28th January, 4pm</td> <td>Thursday 23rd January, 2pm</td> </tr> <tr> <td>Tuesday 7th April, 4pm</td> <td>Thursday 23rd April, 2pm</td> </tr> </tbody> </table> 2. At the HWB Development Session in January it was agreed to reduce the role of SSDG to enable a greater role to be taken by the HWB. SSDG therefore moved from a monthly meeting to a bi-monthly meeting, alternating with the HWB. The development of the Integrated Care Partnership, including the Integrated Care Delivery Group and the Neighbourhood Oversight Group, the role for SSDG is further reduced. It is therefore recommend therefore that the role of SSDG continues to evolve as an informal strategic support function that supports the HWB. 3. As the landscape for integrated care continues to evolve, it will be important to review the connections/relationship with the HWB. 4. HWB Development Sessions are held as separate meeting from HWB public meeting. This will allow HWB Development to have a single focus and greater time for in-depth discussion. 5. The HWB Development be facilitated and extended to provide sufficient time for in-depth discussion regarding the forward plan for the HWB. Meeting frequency and structures will be considered at this session on 26th November and it is recommend that the session run from 2 – 5pm. 	Current date/time	Proposed date/time	Tuesday 28th January, 4pm	Thursday 23rd January, 2pm	Tuesday 7th April, 4pm	Thursday 23rd April, 2pm
Current date/time	Proposed date/time						
Tuesday 28th January, 4pm	Thursday 23rd January, 2pm						
Tuesday 7th April, 4pm	Thursday 23rd April, 2pm						
7.	Evidence of need / Link to Joint Strategic Needs Assessment						
7.1	<p>The JSNA is an essential building block of the Health & Wellbeing Board Strategy</p> <p>No single document that can summarise the JSNA; therefore the JSNA has been developed as an online resource initially as part of the Council’s website. The JSNA will be made live on the Council’s website following its approval at the 8th October 2019 Health and Wellbeing Board meeting.</p> <p>The JSNA is structured into the following ICOF key domains:-</p> <ul style="list-style-type: none"> • Overarching objectives • Lifestyle and wider determinants • Resilience and emotional wellbeing 						

	<ul style="list-style-type: none"> • High quality coordinated care • Improving quality of life • Other supporting indicators related to population and deprivation <p>The narrative and data is presented in a number of topic based profiles explaining why the issue is important, the Barnsley picture and how we compare, what we are doing, the assets or services and links to resources and supporting documents.</p> <p>Alongside this a summary of the intelligence will be created to establish key facts about people's health and wellbeing in Barnsley.</p>
8.	Link to the Health & Wellbeing Strategy and/or Barnsley Place Based Plan
8.1	The review of the HWBS 2016-20 will help to inform the style and approach for the next HWBS, considering the lesson learnt to date.
9.	Stakeholder engagement/ co-production
9.1	Information contained in this report has been provided by SSDG and wider partners across the system with responsibilities for individual programmes and pieces of work. The information therefore in this report is entirely dependent on the information shared, and therefore may provide a snapshot rather than holistic picture.
10.	Financial Implications
10.1	No financial implications
11.	Conclusion/ Next Steps
11.1	A HWB development Workshop is scheduled to take place on Tuesday 26 th November and will be facilitated by the LGA.
11.2	The future HWB Strategy will need to connect with the Barnsley 2030 Strategy. Work is underway to consult with partners and residents on the Barnsley 2030, with a view to launching the strategy in early autumn 2020.
11.3	The HWB Strategy will therefore need to follow in late 2020.
	HWB Terms of Reference were updated in April 2019 to reflect the above, but they were not finalised. The Terms of Reference will be finalised once the HWB vision and forward plan is agreed.
12.	Appendices / Background Papers
	Appendix 1: Health & Wellbeing Board Action Plan Highlight Report Appendix 2 Health & Wellbeing Board Performance Report Appendix 3:HWB work programme (2016-2019)
13.	Date of Report 19/09/2019

Health & Wellbeing Board Action Plan: Highlight Report

(HWBS)Focus on areas of greatest need / (BP) Changing the way we work together (locality based working, care closer to home, ACO, integration, BCF, primary care, Digital Road Map)

Population Health Management Approach

- Barnsley established its Population Health Management Unit (PHMU) to support developing integrated care systems locally. The PHMU has membership from across the health system partners and the work streams include the development of: ICOF, JSNA, Neighbourhood level data and narrative packs, Barnsley Health and Wellbeing Web based data hub, population segmentation, modelling and risk stratification.

Integrated Wellbeing Teams

- Proposals to roll out the learning from the Dearne to other areas in Barnsley have been agreed. A neighbourhood oversight group has been established to support the development of 6 Integrated Wellbeing Teams (IWT). Each IWT has a strategic link officer providing a guiding hand to help local leaders develop their approach and report back on progress and barriers through the NOG and to ICDG if necessary.
- In line with the NHS Long Term Plan, Barnsley has implemented a Borough wide Primary Care Network with 6 neighbourhood teams. Each Neighbourhood Team has a GP Clinical Lead who will work with the IWT.

Specialist Services

- Diabetes Integrated service that is led by BHNFT but works across secondary care, SWFYT and primary care GP Practices.

Workforce

- consultant advice and guidance (A&G) services - increased usage not only supports a reduction in unnecessary outpatient appointments for 'opinion or query' but a level of activity promotes an efficient system as responding to advice and guidance queries becomes a routine daily activity advice can be provided in a timely manner.
- Care Homes Macmillan nurse started completed induction, worked with 3 nursing homes
- capacity and demand needs assessment
- primary care training programme via the Macmillan GP educational events and with the support of CRUK to individual practices
- The primary care diabetes improvement nurse has worked intensively with GP practices and trained staff with the latest diabetes research and practice.

Voluntary & Community

- Be cancer safe (social movement) recruited 2613 champions and raised awareness to local groups and people in areas of low screening uptake
- Education programmes have been delivered for those at risk and those with diabetes with GP's providing an annual review with patients. Work is underway to increase the uptake of structured education and to target people who have a learning disability.

Deliver our digital road map to improve services

- The Yorkshire and Humber Local Care Record development is progressing, and work locally continues on develop a business case to understand the benefits, priorities and risks/concerns with frontline health and care staff.
- Video conferencing is been established to support care homes with the confidence to meet the clinical and care needs of their residents with the aim of reducing hospital admissions.
- Tele dermatology within primary care to reduce the demand on the skin cancer pathway and release clinical time at BHNFT;
- Pilot of a digital structured Diabetes education programme

Performance Summary

Areas for Improvement

- Emergency admissions (65+)

October 2017

- Emergency admissions (65+)

Areas of Strength

- Delayed discharges

- Delayed discharges
- Reablement

(HWBS) Build strong & resilient Communities / (BP) Strengthening relationships with communities and individuals. (housing, education, jobs, poverty, information & Advice, health literacy, volunteering, carers, VCS, early help, access to services)

Independence and self-care

- Making every contact count and the principles of self-care have been embedded in to the development and work of the 6 integrated care networks.
- A service called Able delivered by the Council has been established to bring together a range of services such as assistive technology, small adaptations and repairs. The service aims to provide an integrated offer and better customer service, helping people to remain independent in their own homes.
- Barnsley Carers Service has been established to provide free access to services to support unpaid carers. The service can provide people with information and advice, befriending, education, planning for emergencies, small grant payments and much more.

Early help

- The Live Well Barnsley website has over 1370 entries and has become the known and trusted directory that services can advertise and use regularly when supporting people. The website continues to be developed, highlighting AccessAble venues and building in functionality for 'voice to text' to support accessibility.
- Barnsley' social prescribing service 'My Best Life (MBL)' commenced on 1st April 2017 on a three year contract. MBL has gone from strength to strength, receiving over 2289 referrals within the first two years. The service operates in line with the neighbourhood model with a named advisor for each area. All GP practices across Barnsley have referred patients to MBL, and continue to be the main source of referrals. Referrals have also been received from IAPT, Community Nursing Team, LTC Nursing Team, practice nurse and pharmacists. In addition, MBL also has a dedicated Secondary Care Service to support people with complex needs. The learning from Barnsley is being shared South Yorkshire & Bassetlaw ICS to support other areas to develop their social prescribing models.
- The establishment of Barnsley's Council for Voluntary Services has brought increased confidence in sector leadership to contribute to Borough challenges.
- Following a detailed review of the Be Well Barnsley Service in 2018, the Wellbeing Service was developed to focus the approach and direct resources. The Wellbeing Service is aligned to the approach for integrated neighbourhood delivery enabling interventions to be commissioned based on the needs of each local area, whilst also providing a clear route for GP's to refer individuals for group or 1:1 support. This new way of work will be evaluated in early 2020.
- Private rented housing - Advice and guidance for landlords and tenants, housing standards improvements and enforcement activity.

Inequalities:

- Addressing poverty and inequalities remains a priority in Barnsley, with a focus on improving access to healthy food (which links to the drive to reduce obesity) and helping people to achieve better financial resilience. Schemes such as the Alexandra Rose which provides vouchers for fruit and vegetables at the local market have been a significant success, ensuring some of our most deprived families can access healthy foods.

Performance Summary

Areas for Improvement

- Excess winter deaths

November 2018

- Patient experience of accessing primary care
- Proportion of workless households

March 2018

- Excess winter deaths

October 2017

- Childhood obesity
- Utilisation of outdoor space for exercise / health reasons
- Children in low income households
- Patient experience of accessing primary care

Areas of Strength

- Childhood obesity

- Childhood obesity

(HWBS) Make prevention everybody's business / (BP) Improving Healthy Life Expectancy (Smoking, Alcohol, CVD, Diabetes,)

Smoking

- First northern town to introduce smokefree town centre outdoor areas and the first nationally to have a smokefree market, banning the sale of all cigarette related items.
- To date we have 63 schools out of 80 signing up to be Smokefree Schools- representing 78% uptake. Plans are in place to target the remaining schools, with goal to achieve a 100% uptake.
- Barnsley Hospital launched the QUIT programme and made the entire site smokefree on 31 May 2019 - banners and floor splats give a strong visual message to patients and their families.
- Smoking in pregnancy – The 'BabyClear' programme, which follows NICE guidance has been introduced and carbon monoxide testing has commenced on the Early Pregnancy Unit. There is opportunity for pregnant women to be referred to smoking cessation service including 1:1 support. Maternity staff have been trained to provide support and behaviour modification techniques to women receiving maternity care.
- Smokefree workplace???

Alcohol

- An alcohol action plan has recently been developed to drive forward a whole system approach to reduce the harm caused by alcohol. The plan focuses on 6 priorities: Night Time Economy; Availability; Affordability; Acceptability; Children and Young People and Industry. The impact of the plan will be monitored in detail by the Alcohol Alliance, with the indicator 'admission episodes for alcohol-related conditions' been included in the Integrated Care Outcome Framework, adopted by the Health & Wellbeing Board.
- Barnsley Council Public Health won a National award for the Best Bar None scheme for the 'Best New Scheme'.
- Town centre regeneration is accompanied by a continued focus to improve to environment and safety for all residents visiting the town centre day or night.

Children and Young People

- Recent hospital data indicates a pattern of risky behaviours amongst young people with hospital admission rates being high for alcohol, substances, injuries in 15-24 year olds and self-harm. Risky behaviours also tie in to teenage pregnancy which remains high with approximately 135 young women become pregnant each year and just over 1/3 go

on to become mothers. Teenage pregnancy is a complex issue that is closely linked to income and educational deprivation.

- As of 2020, all schools (including primaries) will have to deliver relationships and sex education. Work is being done to deliver briefing session to all schools across the borough to ensure they are aware of their requirements and to provide guidance on planning, delivering and evaluating packages of relationships and sex education, which in the long term should influence under 18 conception rates.
- Oral health continues to be a priority locally with every local authority in South Yorkshire having a higher level of tooth extractions (all diagnoses) among 0-19 year olds than regionally and nationally. Local and regional initiatives such as tooth brushing clubs in schools (targeted in areas with greatest need), campaigns to reduce fizzy drink consumption and increasing access to dentists continue to be strongly promoted.
- A new Active in Barnsley Partnership has been established to bring together the Physical Activity Plan and the Active Travel Strategy to implement the Mayor Dan Jarvis priority for an active travel, linked to the inclusive growth agenda. Recent developments including 2 successful bids to Sport England for a Families Fund and Active Dearne, together with the Beat the Streets borough wide game recently launched across all primary schools in Barnsley, will contribute to active travel and physical activity for children & their families.
- Beat the street

Performance Summary

Areas for Improvement

June 2019

- Admission episodes – alcohol related conditions

November 2018

March 2018

- Admission episodes – alcohol related conditions

October 2017

- Smoking prevalence – routine/manual occupations
- Admission episodes – alcohol related conditions

Areas of Strength

- Smoking prevalence – adults

- Smoking prevalence – routine/manual occupations

- Smoking status at time of delivery

- Smoking status at time of delivery

(HWBS) Improve early help for mental health / (BP) Improving Mental Health & Wellbeing (plans, services, workforce, employment, early help, access to services)

Children and Young People

- Funding provided in support of the Future in Mind recommendations has enabled significant transformation to services in Barnsley that support the emotional health and wellbeing of our children and young people. This transformation is ongoing and enabling significant, positive changes to the lives of the children and young people and their families who access these services.
- Barnsley College and schools across the borough have taken steps to raise awareness about children and young people's mental health, and have taken steps to embed a Youth Mental Health First Aid approach.

- Training has been delivered to help schools to identify mental health problems early and provide support to children, young people and their families. Primary and secondary schools have received Emotional Literacy Support Assistant training, and most primary schools have received 'Thrive' training. (ask for video link – Thrive).
- Strong links have been established between Family Centres across the borough and the CAMHS to develop pathways to support parenting and deliver targeted parenting programmes.
- Barnsley is currently looking to take learning from research and other areas to strengthen a whole system approach for building resilience.

Suicide Prevention & Self Harm

- The SYB suicide prevention group is progressing well. £555k was allocated in Year 1 and the same amount in year 2. Priority areas include: reducing suicide and self-harm in mental health services; reducing self-harm in community and acute services; and suicide prevention in men and work with primary care. Funding has been allocated 80/20 to local and ICS level projects respectively.
- Four ICS collaborative projects have been agreed and are all in development:
 - 1) Support to local media - A conference was held in May 2019 with over 100 attendees. This resulted in Sheffield Star launching their responsible media pledge as part of World Suicide Day on 10th September.
 - 2) Real Time Surveillance – a 3 year pilot programme has been agreed. A suicide analyst has been appointed to work across South Yorkshire.
 - 3) Bereavement Support – a conference was held in July with over 100 attendees. Suicide Bereavement UK has been commissioned to produce a report and recommendations.
 - 4) A retrospective Coroners audit over of 200 records is currently taking place to inform future planning.
- In February 2019, the HWB commissioned a deep –dive in to self harm and this research is currently underway.

Supported employment initiatives

- Working Win, the Work and Health Unit Trial, commenced operations in June 18 and will continue to take referrals until October this year, with ongoing support for participants until October 2020. As of the end of April 2019 the project in Barnsley had achieved 161 starts, 75% of the local target. Cumulatively there have been 31 local job starts, which is above the project profile.
- The ESF funded projects Pathways to Progression and Pathways to Success have both commenced operation.
- Pathways to Success focuses on individuals with the greatest barriers to work, including mental health. The project will embed staff within services to provide integrated and wrap around support to help people to progress in the labour market and secure sustainable work. Pathways to Success will operate until 2021 and work is underway to design and bid for funding for successor support.
- The Supported Employment initiative for people with a Lifelong Learning Disability or Difficulty is now operational with 14 work placements secured by the end of January. (Work Wins, Pathways to Progression and Pathways to Success). Mental Health First Aid training for business Research.

Workplace Health

- The Be Well@Work offer to businesses was launched in March 2019. The offer is free and includes a range of options to help businesses improve health and wellbeing in the workplace which includes signposting to services. A health and wellbeing survey to help businesses identify priorities, workshops, training and progression to the Be Well@Work Award. Engagement is taking place on some element of the offer in relation to 40 or 50 businesses. There are 23 businesses that have requested the survey and 11 have completed the survey. 4 businesses have achieved the Be Well@Work award and 7 are currently progressing it.
- Workplace Health is integrated into the Employer Promise and a workshop was held in early June with the More and Better Jobs Taskforce to help with future planning of priorities. Planning has commenced for the Be Well@Work Annual Awards Ceremony

currently in its second year to take place in October.

Performance Summary

Areas for Improvement

Areas of Strength

June 2019

- Hospital admissions as a result of self-harm (10 to 24 year olds)
- Long term mental health problems

- 3 year average suicide rate
- Employment of people with mental illness or learning disabilities

November 2018

- Hospital admissions as a result of self-harm (10 to 24 year olds)

March 2018

- Suicide rate

October 2017

- Prevalence of depression and anxiety
- Long term mental health problems
- Employment of people with mental illness or learning disabilities
- Hospital admissions as a result of self-harm (10 to 24 year olds)

- Self-reported wellbeing
- Prevalence of severe mental illness
- Positive satisfaction with life amongst 15 year olds

(HWBS) Join up services for older people / (BP) Improve support for older people (dementia, falls, Independent living, care & nursing homes)

- Frailty is a key programme for the Integrated Care Delivery Group, with a workstream focused on falls and osteoporosis bring together a dedicated partnership and systems approach to reduce the number of falls in Barnsley. NHS partners, BMBC, Fire & Rescue Service, Area Councils and the voluntary sector are working together to consider best practice and implement intervention services such as the Safe & Well Checks, Sloppy Slippers and Mind Your Step Campaign.
- The Barnsley Multi- Agency Dementia Group have re prioritised their work to align to the NHS England Transforming Care Dementia Live Well Pathway. A baseline of current dementia service provision has been completed and areas within the pathway have been identified for improvement. The group are currently finalising their strategic action plan to address local needs, supported by a campaign plan. Dementia Gateway has been launched as a one year project to support signposting of local dementia support services.

Performance Summary

Areas for Improvement

Areas of Strength

June 2019

- Dementia: Rate of Emergency Admissions
- Emergency hospital admissions due to falls

- Estimated dementia diagnosis rate

November 2018

- Permanent admissions to residential / nursing care (2017/18 data)
- Dementia: Rate of Emergency Admissions

March 2018

- Emergency hospital admissions due to falls

- Permanent admissions to residential / nursing care (2016/17 data)

October 2017

- Dementia: Rate of Emergency Admissions
- Emergency hospital admissions due to falls
- Permanent admissions to residential / nursing care (2015/16 data)

H&WB Strategic Priorities – Performance update

The online dashboard report provides an overview of the latest position for Barnsley, against a range of whole population level indicators. This aligns with the priorities in the 2016-20 Health and Wellbeing Strategy and supports comparisons with national averages and our comparator groups.

The analysis below reflects the indicators where data has been updated since our last report. Analysis on the remaining indicators is available in previous reports.

Improving Population Health & Wellbeing and Reducing Inequalities

Reduce harm caused by smoking & alcohol

- Barnsley continues to see high numbers of admission episodes for alcohol-specific conditions. 2017/18 data shows a fourth consecutive increase locally, compared with a stable and gradually declining trend nationally. Barnsley's position amongst our statistical neighbours has however improved, falling from 2nd to 6th worst performing area.
- 2018 Annual Population Survey data on **smoking prevalence in adults** (current smokers) shows an improved position for Barnsley. 17.4% of adults were current smokers in Barnsley; a reduction from 20.6% in 2016 and a narrowing of the gap to the national average of 14.4%. Amongst statistical neighbours, Barnsley has the 5th highest levels of smoking prevalence; regional neighbours Rotherham, Wakefield and Doncaster all have higher rates. The best performing area amongst statistical neighbours continues to be Dudley (13.0%).
- The same data source shows a stable picture in Barnsley in **smoking amongst adults in routine and manual occupations**, following a significant decrease in 2017 (the first decrease in 4 years). The gap to the national average widened very slightly in 2018. 27.5% of adults in routine and manual occupations were current smokers in 2018, compared to a national average of 25.2%. Amongst our statistical neighbours, Barnsley now sits outside the group of worst performing local authorities, ranking 6th of 16. The best performing area amongst our comparators is Halton (17.7%).
- After an improving trend for three years, 2017/18 data shows a slight increase in the proportion of months smoking at time of delivery, widening the gap between Barnsley and the national average. Barnsley currently ranks 6th worst among statistical neighbours.

Improving services for older people

- 2017/18 data (from the 2017/18 Adult Social Care Outcomes Framework) shows a significant increase in the rate of **permanent admissions to residential and nursing care** for those aged over 65 in Barnsley. Reporting against this indicator was brought in line with the national definition in 2017/18; this involved including those adults who fund their own care, but where the local authority has completed an assessment. The national average has been falling for a number of years, resulting in the gap to the Barnsley average (and that of most of our comparators) widening in 2017/18. Amongst our comparators, Barnsley had by far the highest rate at 932.7 per 100,000, with the next local authority (Durham) having a markedly lower average of 751.3.
- After increasing in 2016/17, **Dementia related emergency admissions** in Barnsley remained largely unchanged in 2017/18, resulting in a slight narrowing of the gap to the national average. However, the rate in Barnsley remains high, and is now the third highest amongst our comparator group. It remains the case that only one of our comparators, Telford and Wrekin, has a rate below the national average.
- 2019 data shows an improvement in the **estimated dementia diagnosis rate** for Barnsley, rising to 71.1% from 68.6% in 2018. This has widened the positive gap to the national average (68.7% in 2019). Barnsley's average sits towards the middle of our comparator group range, which varies from 64.9% in Wakefield, to 90.2% in Stockton.

- Rates of emergency hospital admissions linked to falls (65+) increased both locally and nationally in 2017/18. The gap between Barnsley and the national average remained consistent; Barnsley's rate remains well above the national average. Our position amongst comparators improved very slightly, with Barnsley now the 2nd worst performing area.

Improving early help for mental health

- After decreasing in 2015/16, the latest data (2016/17) shows an increase in the **prevalence of depression and anxiety** in Barnsley, rising to 16.9% from 15.6%. The national average has been increasing for some time and increased at a higher rate in 2016/17, ensuring the gap to Barnsley is largely consistent. Amongst our comparator group, Barnsley ranks 4th of 16.
- The recorded **prevalence of severe mental illness** rises steadily each year, locally and nationally. Barnsley continues to have the lowest prevalence amongst our comparator group.
- The latest data relating to **long-term mental health problems** (2017/18) shows a stark increase, both locally and nationally. In Barnsley, the proportion of respondents to the GP patient survey stating they experience long term mental health problems rose from 7.5% in 2016/17, to 11.2% in 2017/18. That followed a period of relatively stability. A similar trend is evident for the national average, although the rate remains below that seen in Barnsley. Barnsley remains amongst the group of worst performing areas in our comparator group, ranking 4th of 16.
- **Adults with a mental illness or learning disability** in Barnsley are now more likely to be **in employment**, when compared to the national average, after a significant period where the reverse was true. Data for the first quarter of 2017 saw a significant improvement on the previous year, with performance remaining above the national average in 2018. Barnsley remains the 4th best performing area amongst our statistical neighbours.
- After falling in 2016/17, the rate of **hospital admissions as a result of self-harm** (10 to 24 year olds) increased dramatically in Barnsley in 2017/18, rising to the highest level reported ever. Over the same time period, the rate only increased very slightly at national level. Barnsley now sits within the group of worst performing areas in our comparator group, ranking 3rd of 16.
- The three year average suicide rate (per 100,000 population) for Barnsley fell below the national average for the first time in 2016-18, dropping to 9.2, compared with 9.6 nationally. Barnsley now sits in the middle of our statistical neighbour group, which ranges from 8.0 in Bury to 17.9 in St. Helens.

Building strong and resilient communities

- The latest **childhood obesity** data (2017/18) shows increases in the proportions of reception and year 6 pupils with excess weight. However, Barnsley maintains a very strong position amongst comparators, ranking 16th out of 16 for both age groups.
- Data published for 2016 shows a slight increase, locally and nationally, in the proportion of **children in low income families**. The increase nationally was slightly lower, widening the gap to Barnsley. Amongst our comparator group, Barnsley now ranks 3rd out of 16.
- Barnsley continues to have a higher proportion of **workless households**, when compared to the national average. The gap widened noticeably in 2017, with an increase in Barnsley to 21.1%, and a continued decrease nationally to 14%. Amongst our closest comparators, Barnsley ranks 2nd of 16, with only St. Helens having a higher proportion of workless households. Neighbouring Wakefield has the lowest proportion of workless households at 13.6%.

- The latest data from the GP Patient Survey continues to highlight unsatisfactory **experiences related to making GP appointments** in Barnsley. Changes in methodology were introduced for the 2018 survey, which mean comparisons with historical data are no longer appropriate. The latest data shows Barnsley to have the lowest ranking amongst our closest comparators, with 62% reporting a good experience, below the national average of 68.6%.
- The rate of excess winter deaths in Barnsley increased sharply in 2014-2017, rising well above the national average. The gap between Barnsley and the national average widened in 2013-16 and again in 2014-17. Amongst our closest comparators, Barnsley now ranks as the worst performing area.

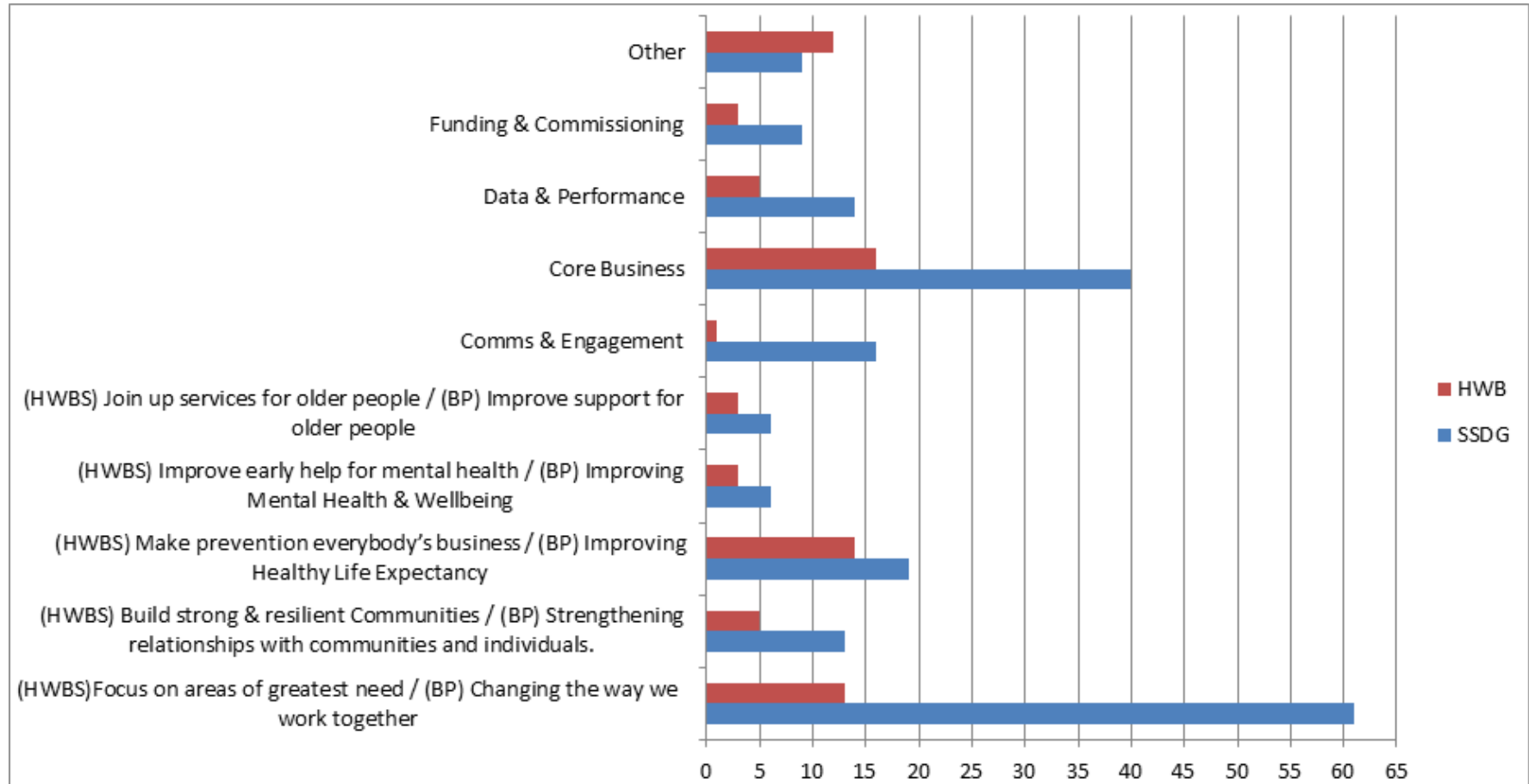
Integrating Health & Social Care / Changing the way we work together

The data presented in the dashboard is taken from the NHS Social Care Interface dashboard. Two indicators within the dashboard were updated in August 2018. The analysis below reflects those updates.

- Barnsley has the lowest number of **delayed discharges** (total) per 100,000 population (over 18) amongst our closest comparators.
- Conversely, Barnsley continues to have the highest rate of **emergency admissions** (over 65s) amongst our closest comparators.

Health & Wellbeing Board: Work Programme Summary

Below provides a graph to show the number of items received by the HWB and SSDG, by work stream and strategic priority.



Health & Wellbeing Board: Detailed Work Programme

SSDG (27 meetings – Oct 16 to Oct 19)	Priority	HWB (17 meetings – Oct 16 to Oct 19)
<p>Integrated Personalised Commissioning (Jan 17)</p> <p>Pioneer Programme Update (Dec 16, 2018: Feb, Oct)</p> <p>Regional STP (2016: Oct, Nov, Dec. 2017: Feb, March, April, May, June, July, Aug, Sept, Oct, Nov.)</p> <p>BCF (2017: Feb, March, April, May, June, July, Aug, Sept, Oct. 2018: Jan)</p> <p>Accountable Care Partnership (2017: Aug, Sept, Oct, Nov. 2018: Jan, Feb)</p> <p>Local Digital Road Map (Sept 17)</p> <p>Integrated Respiratory Service (Oct 17)</p> <p>Regional ACS (2018: Jan, Feb, April, May)</p> <p>Breath (Feb 18)</p> <p>Primary Access Paper (Feb 18)</p> <p>Barnsley Health & Care Together (2018: April, May, July, Sept)</p> <p>Regional ICS (2018: July, Sept, Oct, Nov 2019: Jan, Mar, May, July)</p> <p>Digital Interoperability (Oct 18)</p>	<p>(HWBS)Focus on areas of greatest need / (BP) Changing the way we work together (locality based working, care closer to home, ACO, integration, BCF, primary care, Digital Road Map)</p>	<p>STP Plan Update (Oct 16, Dec 16)</p> <p>BCF Guidance & Principles (Aug 17)</p> <p>BCF (Oct 17)</p> <p>Local digital road map (Oct 17)</p> <p>Barnsley Health & Care Together (Jan 18)</p> <p>Barnsley Respiratory & Therapy Service (April 18)</p> <p>Access to Primary Care (June 18)</p> <p>Local Health & Care Record Exemplar (June 18)</p> <p>Hospital Services Review (Oct 18)</p> <p>Minutes from SYB ICS (Oct 18, Dec 18, April 19)</p> <p>Better Care Fund Submission (Oct 19)</p>

SSDG (27 meetings – Oct 16 to Oct 19)	Priority	HWB (17 meetings – Oct 16 to Oct 19)
<p>Barnsley ICDG/ICPG (2018: Nov, Dec. 2019: Jan, Mar, May, July)</p> <p>Integrated Health & Care Workforce Update (May 19)</p>		
<p>More and better jobs – Health and Employment (Oct 16)</p> <p>Safer Barnsley Partnership Plan (Nov 16)</p> <p>All Age Early Help Strategy (Feb 17)</p> <p>Draft Carers Strategy (May 17)</p> <p>Assisted Living Technology (Aug 17)</p> <p>Be Well Barnsley (Oct 17)</p> <p>Carers Strategy (Jan 18, May 19)</p> <p>Priority Position Statements (May 17)</p> <p>Review of Independent Living (Feb 18)</p> <p>Housing Strategy (April 18)</p> <p>VCS & VAB Report (July 18)</p> <p>HWB Development Session: Community Development & Capacity Building (May 19)</p>	<p>(HWBS) Build strong & resilient Communities / (BP) Strengthening relationships with communities and individuals.</p> <p>(housing, education, jobs, poverty, information & Advice, health literacy, volunteering, carers, VCS, early help, access to services)</p>	<p>Safer Barnsley Partnership Plan (Dec 16)</p> <p>All Age Early Help Strategy (April 17)</p> <p>Careers Strategy (Aug 17)</p> <p>Integrated Carers Service (Jan 18)</p> <p>HWB Development Session: Community Development & Capacity Building (April 19)</p>

SSDG (27 meetings – Oct 16 to Oct 19)	Priority	HWB (17 meetings – Oct 16 to Oct 19)
Alcohol Strategy (June 17) Drug related deaths – for Info (June 17) DPH Annual Report Update (Sept 17) CLear Peer Assessment (Tobacco) (Sept 17) Excess Winter Deaths (Nov 17) Alcohol Alliance (Feb 18) DPH Annual Report (Feb 18) Health Protection (May 18) Alcohol Alliance (May 18) PH Strategy Update (July 18) NHS Diabetes Prevention Programme (July 18) PH Strategy (Sept 18) Food Strategy (Sept 18) Excess Winter Deaths (Sept 18) Impact of SCP & Early Help (Sept 18) System wide Review of Independent Living (Oct 18)	(HWBS) Make prevention everybody's business / (BP) Improving Healthy Life Expectancy (Smoking, Alcohol, CVD, Diabetes,)	DPH Annual Report (April 17, April 18, April 19) CLear Peer Assessment (Tobacco) (Oct 17) Excess Winter Deaths (April 18) Health Protection (June 18) Public Health Strategy (Oct 18) Food Plan (Oct 18) Excess Winter Deaths (Oct 18) Alcohol Plan (April 19) Implementing the Physical Activity Plan (June 19) Sexual Health Needs Assessment (June 19) Health Protection Board Update (June 19) HWB Development Session: Active Travel & Air Quality (June 19)

SSDG (27 meetings – Oct 16 to Oct 19)	Priority	HWB (17 meetings – Oct 16 to Oct 19)
Barnsley Wellbeing Service (Nov 18) Physical Activity Strategic Plan (Dec 18) HWB Development Session 4th June: Active Travel & Air Quality: Action Notes (July 19)		
Futures in Mind Transformation Plan (Jan 17) Priority Position Statements - MH (May 17) Approach for MH (2018: Jan, May) New Suicide Liaison Service (Jan 19) Update on Actions from HWB Development Session – Mental Health (May 19)	(HWBS) Improve early help for mental health / (BP) Improving Mental Health & Wellbeing (plans, services, workforce, employment, early help, access to services)	Suicide Prevention Action Plan (Jan 17) Futures in Mind Transformation Plan (April 17) HWB Development Session Mental Health (Feb 19)
Priority Position Statement – Falls (May 17) Priority Position Statements - Dementia (May 17) Dementia (Oct 17) Falls (Oct 17) NHS Doncaster Video (Dementia) (Jan 18) Dementia Support (April 18)	(HWBS) Join up services for older people / (BP) Improve support for older people (dementia, falls, Independent living, care & nursing homes)	End of Life Care (Jan 17) End of Life Care (June 17) Falls Prevention, Early Help & Frailty (Jan 18)

SSDG (27 meetings – Oct 16 to Oct 19)	Priority	HWB (17 meetings – Oct 16 to Oct 19)
<p>Local STP Comms & Engagement Plan (2017: Jan)</p> <p>HWB Comms & Engagement (2017: Feb, April, July, Nov. 2018: Jan, April, July, Nov)</p> <p>Local STP Video (March 17)</p> <p>HWB Video (2017: May, June)</p> <p>Health & Equality Conference (July 18)</p> <p>Health Creation Diagnostics (Oct 18)</p> <p>Consultation on restriction promotions of products high in fat, sugar and salt, by location and price (DHSC).(Mar 19)</p> <p>#Liveit (Mar 19)</p>	Comms & Engagement	Feel Good Barnsley Video (Aug 17)
<p>Barnsley Place Based Plan (Oct 16, Nov 16, Dec 16)</p> <p>HWB Strategy 16-20 (Oct 16)</p> <p>HWB Risk Register (2017: Jan, Feb, April, June, July, Aug. 2018: Feb)</p> <p>HWB Action Plan</p>	Core Business (work tracker, action plan, risk register, PM report, ToR, Strategy)	<p>HWB ToR (Oct 16) Agreed by cabinet Date TBC</p> <p>HWB Strategy 16-20 Approved (Oct 16)</p> <p>The Barnsley Plan Approved (Dec 16)</p> <p>HWB Action Plan & Progress Update (April</p>

SSDG (27 meetings – Oct 16 to Oct 19)	Priority	HWB (17 meetings – Oct 16 to Oct 19)
<p>(2016; Dec. 2017: Feb, Nov 18)</p> <p>HWB & SSDG Work Programme Tracker (April 17, July, Oct. 2018: July, Sept)</p> <p>HWB Action Plan Prioritisation (March 17)</p> <p>SSDG Prog Managers Report (2017: March, April)</p> <p>HWB & SSDG TofR (June 17)</p> <p>HWB Minutes & Future meetings (Aug 17)</p> <p>HWB & SSDG Review/Development (2018: Feb, April, July, Sept, Oct, Nov, Dec. 2019: Jan, Mar)</p> <p>HWB Strategy Review (Oct 18, May 19)</p> <p>HWB Terms of Reference (Mar 19)</p> <p>HWB Strategy 2020 – timeline (Mar 19)</p> <p>SSDG ToR (May 19)</p> <p>HWB Strategy (16-20) Draft Review (July 19)</p> <p>Barnsley 2030 Plan: Implications for HWB Strategy (July 19)</p>		<p>17)</p> <p>The Future of One Barnsley (April 17)</p> <p>HWB Highlight Report (Aug 17)</p> <p>Review of HWB meetings & development sessions (April 18, Jan 19)</p> <p>HWB Performance Report (April 18, Dec 18)</p> <p>Public Question Re: CQC for BHF (Dec 18)</p> <p>HWB Development Session: Core Business (Jan 19, July 19)</p> <p>HWB Terms of Reference (April 19)</p> <p>HWB Membership (June 19)</p> <p>HWB Strategy Review & Development Proposal (June 19)</p> <p>HWB Development Session: Strategy Review & Future Planning (July 19)</p> <p>Health & Wellbeing Board Strategy Review (Final) (Oct 19)</p>

SSDG (27 meetings – Oct 16 to Oct 19)	Priority	HWB (17 meetings – Oct 16 to Oct 19)
JSNA Update (Oct 16, Nov 17, Jan 18, Nov 18, Mar 19) Research on life expectancy (Nov 17) Pharma Needs Assessment (July 17) Pharma Needs Assessment (Jan 18) HWB Performance Dashboard (2017: June, Aug, Sept. 2018: Feb) HWB Performance & development of ICOF (Nov 18) ICOF (2019: Jan)	Data & Performance	JSNA (approved) – (Dec 16) Pharma Needs Assessment (Aug 17) Pharma Needs Assessment (Jan 18) ICOF (April 19) JSNA Update (Jan 19, April 19)
CCG Commissioning Intentions - for info (Jan 17) Local Financial Deficit Forecast (Feb 17) Additional Adult SC Funding (2017: April, May) BCCG Commissioning Intentions Update (Nov 18, Dec 18. 2019: Jan) Local Government Settlement (Dec 18) Disabled Facilities Grant (Mar 19)	Funding & Commissioning	CCG Commissioning Intentions (Jan 17) Adult Social Care Funding (April 17) Adult Social Care Funding (June 17)

SSDG (27 meetings – Oct 16 to Oct 19)	Priority	HWB (17 meetings – Oct 16 to Oct 19)
<p>Heath Watch Annual Report (Oct 16, July 17)</p> <p>Letter from Home Secretary and Jeremy Hunt to Police & Crime Commissioners and Health & Wellbeing Boards (Dec 16)</p> <p>CQC Local Systems Review (Sept 17)</p> <p>Equalities Report (May 18)</p> <p>Armed Forces Community Covenant (May 18)</p> <p>Safeguard Annual Reports for Adults & Children's (Oct 18)</p> <p>BHNFT Strategy (Oct 18)</p> <p>NHS Long Term Plan (Mar 19)</p>	Other	<p>Healthwatch Annual Report (Dec 16, Aug 17, Dec 18)</p> <p>SEND Strategy (Dec 16)</p> <p>Travel Assistance Policy (Dec 16)</p> <p>Letter from Home Secretary and Jeremy Hunt to Police & Crime Commissioners and Health & Wellbeing Boards (Dec 16)</p> <p>Safeguard Annual Reports for Adults & Children's (Oct 17)</p> <p>CQC Local System Review (Oct 17)</p> <p>Safeguard Annual Reports for Adults & Children's (Oct 18)</p> <p>BHNFT Strategy (Dec 18)</p> <p>Delivery of Cancer Priorities (Dec 18)</p> <p>Barnsley Safeguard Children Partnership Arrangements (April 19)</p> <p>Safeguard Annual Reports for Adults & Children's (Oct 19)</p> <p>Barnsley Children & Young Peoples Plan</p>

SSDG (27 meetings – Oct 16 to Oct 19)	Priority	HWB (17 meetings – Oct 16 to Oct 19)
		(2019 – 2022) (Oct 19).

REPORT TO THE HEALTH & WELLBEING BOARD

8 October 2019

2019/20 Better Care Fund Plan

Report Sponsor	Lesley Smith – Accountable Officer, NHS Barnsley CCG Wendy Lowder – Executive Director Communities, BMBC
Report Author	Jamie Wike – Director of Strategic Planning and Performance, NHS Barnsley CCG

1.	Purpose of Report
1.1	To provide the Board with an update on the contents of the Integration and Better Care Fund Plan 2019/20 along with a copy of the plan as submitted on 27 September 2019 for assurance.
2.	Recommendations
2.1	Health & Wellbeing Board members are asked to:- <ul style="list-style-type: none"> • Note the contents of the report along with the Integration and Better Care Fund planning submission template, ratify the draft plan and agree that any amendments to the plan as a result of the assurance process be agreed and signed off by the joint Chairs of the Board and Accountable Officer of Barnsley Clinical Commissioning Group.
3.	Introduction/ Background
3.1	Department of Health and Department for Communities and Local Government published the ‘2019/20 Integration and Better Care Fund’ Policy Framework in April 2019, followed by the detailed planning guidance and requirements in July 2019.
3.2	The Better Care Fund Policy Framework and planning requirements provide for continuity from the previous round of the BCF.
3.3	There continues to be four national conditions, these being: <ol style="list-style-type: none"> 1. That a BCF Plan, including at least the minimum mandated funding to the pooled fund specified in the BCF allocations and grant determinations, must be signed off by the Health and Wellbeing Board (HWB), and by the constituent local authorities (LAs) and CCGs. 2. A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution in line with the uplift to the CCG’s minimum contribution. 3. That a specific proportion of the area’s allocation is invested in NHS-commissioned out-of-hospital services, which may include seven day services and adult social care. 4. A clear plan on managing transfers of care, including implementation of the High Impact Change Model for Managing Transfers of Care (HICM). As part of this, all HWBs must adopt the centrally-set expectations for reducing or maintaining rates of delayed transfers of care (DToC) during 2019-20 into their BCF plans.

3.4	<p>There also continues to be four national metrics:</p> <ol style="list-style-type: none"> 1. Non-elective admissions (Specific acute); 2. Admissions to residential and nursing care homes; 3. Effectiveness of reablement; and 4. Delayed transfers of care (DToC). <p>All BCF plans must include ambitions for each metric and plans for achieving these are a condition of access to the Fund.</p>
3.5	<p>The main changes to the policy framework from 2017-2019 is that a separate narrative plan is not required and has been replaced with a single template that includes a short section covering the local approach to integration, plans to achieve the metrics and plans for managing transfers of care. The requirement to submit a separate plan for the Winter Pressures grant has been removed, as has the requirement for separate reporting on Improved Better Care Fund (iBCF) schemes and initiatives.</p>
3.6	<p>BCF Plans will be assured and approved by NHS England via a joint NHS and Local Government assurance process. In addition to the national conditions and the condition to set level of ambition against the four national metrics, BCF plans must also demonstrate that all funding agreed as part of the BCF is included within a section 75 pooled fund.</p>
3.7	<p>The planning guidance required planning submissions to be made on 27 September 2019 and therefore in line with previous years the plan has been signed off for submission by the joint Chairs of the Board and the Accountable Officer of Barnsley Clinical Commissioning Group, pending ratification by the Health and Wellbeing Board.</p>
4.	2019/20 Better Care Fund Plan
4.1	<p>In line with the requirements of the policy framework and Better Care Fund Planning Requirements for 2019/20, the completed planning template was submitted for assurance on 27 September 2019.</p>
4.2	<p>The narrative included in the planning template is also included as an appendix for ease of reading. The narrative set out the approach to integration in Barnsley on 3 levels of delivery:</p> <ul style="list-style-type: none"> • Person • Neighbourhood • System <p>It also includes details of the governance arrangements in place in Barnsley for the oversight and delivery of local plans for integration including the BCF.</p>
4.3	<p>The template (attached at Appendix 2) also includes details of income, expenditure plans (including confirmation of the CCG contribution to maintaining social care and delivering out of hospital care), status against the High Impact Change Model on Managing Transfers of Care and the targets against each of the four national metrics.</p>
4.4	<p>The assurance process commenced on 30 September 2019 with feedback expected by the end of October and final confirmation of approval week commencing 18 November 2019. Following formal approval and permission to spend the BCF, the revised section 75 funding pool is required to be finalised by 15 December 2019.</p>

5.	Link to the Health & Wellbeing Strategy and/or Barnsley Place Based Plan and Evidence of need / Link to Joint Strategic Needs Assessment																				
5.1	The 2019/20 Better Care Fund Plan is set within the wider context of the Health and Wellbeing Strategy, building on the previous plans and contributing to delivery of the key priorities including those included within the Barnsley Integrated Place Based Plan, enabling us to move towards our overall vision for Health and Wellbeing. The plan therefore will contribute to addressing some of the key challenges identified in the JSNA, particularly ensuring support is in place to meet the health and care needs of older people and supporting people with long term health conditions.																				
6.	Financial Implications																				
6.1	The required level of funding for the BCF in Barnsley including the iBCF and Winter Pressures Grant to Social Care is included within the summary section and income section of the planning template. The expenditure section illustrates the level of expenditure against each type of income into the fund. This is summarised below:																				
	<table border="1"> <thead> <tr> <th>Running Balances</th> <th>Income</th> <th>Expenditure</th> </tr> </thead> <tbody> <tr> <td>DFG</td> <td>£2,976,280</td> <td>£2,976,280</td> </tr> <tr> <td>Minimum CCG Contribution</td> <td>£19,682,295</td> <td>£19,682,295</td> </tr> <tr> <td>iBCF</td> <td>£11,816,701</td> <td>£11,816,701</td> </tr> <tr> <td>Winter Pressures Grant</td> <td>£1,238,401</td> <td>£1,238,401</td> </tr> <tr> <td>Total</td> <td>£35,713,677</td> <td>£35,713,677</td> </tr> </tbody> </table>			Running Balances	Income	Expenditure	DFG	£2,976,280	£2,976,280	Minimum CCG Contribution	£19,682,295	£19,682,295	iBCF	£11,816,701	£11,816,701	Winter Pressures Grant	£1,238,401	£1,238,401	Total	£35,713,677	£35,713,677
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7.	Conclusion/ Next Steps																				
	The plans submitted for assurance will be reviewed as part of a regional assurance process and therefore further refinements may be required to the plan before it is approved and assured. The Board are therefore asked to note the contents of the report along with the Better Care Fund planning submission template and agree that any amendments to the plan as a result of the assurance process be agreed and signed off by the Joint Chairs of the Board and Accountable Officer of Barnsley Clinical Commissioning Group.																				
9.	Appendices / Background Papers																				
	Appendix 1 – Barnsley BCF Narrative 2019/20 Appendix 2 – Barnsley BCF Planning Template																				
10	Date of Report	27 September 2019																			

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Barnsley Better Care Fund 2019/20

Strategic Narrative

A – Person Centred Outcomes (1500 words)

The 2019/20 BCF Plan builds on previous plans and continues to be set within the wider context of the Health and Wellbeing Strategy, contributing to delivery of the key priorities and enabling us to move towards our overall vision for Health and Wellbeing.

We feel that it is important that our plans are considered within this context to ensure that our efforts are co-ordinated and that our plans come together to maximise the impact that we are able to make across the whole system for the benefit of Barnsley residents.

The vision and principles of integration have become well established and in many respects integrated ways of working are now seen as 'business as usual' for delivering the right service, at the right time and in the right place.

The vision for health and wellbeing, as set out in Barnsley's Health and Wellbeing Strategy and the Integrated Place Based Plan is:

That the people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, whoever they are and wherever they live.

Together, our strategies and plans demonstrate and detail a clear consensus that integrated care in Barnsley will:

- be co-designed and person-centred focussing on prevention and early intervention, - to support independence and wellbeing.
- enable health, social care, housing and voluntary sector organisations, to work together, with patients, service users and carers, regardless of employer, to make the best use of the Barnsley £
- be delivered in or close to people's homes where appropriate and utilise community assets
- reduce health inequalities and ensures our vulnerable and elderly are getting the best care available.

All of the services/schemes funded from the BCF, working alongside other local health and care services will support us in our journey towards achieving our vision. In 2019/20, two new schemes have been included, both of which will help people to maintain their independence within their own home. These are:

Extra Care – Introduction of a 24 hour care model within extra care schemes to improve the accommodation and support offer to older people, contributing to the reduction in long term admissions to residential care homes and avoiding unnecessary hospital attendances and admissions.

Warm Homes Hospital Discharge Service – Providing support to vulnerable people who are unlikely to be eligible for social care and do not require readmission to help facilitate hospital discharges and reduce likelihood of readmission by linking into low level support in the community. The service also provides advice and support to access warm homes discounts, change energy suppliers, access heating and insulation schemes and support to apply for aids, adaptations and equipment for within their home.

Emphasis on prevention, self-care and early help is evident across all our strategic plans and as such is now an established way of working across health & wellbeing services.

The development of our Neighbourhood Services model is designed to integrate care around the patient at a local level, utilising population health management approaches and helping us to focus on prevention, support people to manage their long term conditions and taking a personalised approach to care planning and the delivery of care and support.

Alongside this, BMBC Area Councils have established relationships with local communities and the voluntary and community sector and have a clear role in the prevention and self-care agenda. Area Councils take an asset based approach building on what is strong, not what is wrong and solutions to problems are co-produced. Examples of wellbeing services include:

- Healthy Holidays
- Social Isolation
- Warm Homes
- Advice services
- Sloppy Slippers
- Memory Café
- Dementia Friendly Area
- Foster Care campaign
- Chairobics
- Luncheon Clubs and Tea Dances
- Community First Aid
- Period Poverty
- Community Orchard
- Healthy Eating
- Community Gardens/Allotments and Incredible Edible projects

We are working with partners across the ICS to deliver the NHS Long Term Plan objectives, rolling out the NHS personalised care model and:

- supporting everyone to stay well, building on community capacity through continued development and expansion of our Social Prescribing Service, 'My Best Life', linked into our emerging PCN offer.
- supporting people with LTC's to build knowledge, confidence and skills to live well with their health conditions by continuing to utilise patient activation and increasing the use of personalised care and support plans and shared decision making tools across health and care services.

- Building on the success of direct payments for social care, in which Barnsley is one of the best performers nationally, empowering people with complex needs by providing personal health budgets, giving people greater choice and control over how their care is planned, managed and delivered.

Together all partners across Barnsley have agreed a shared outcome framework, focussed on addressing equality and health inequality issues across the Borough, identifying the priorities and outcomes that we aim to improve for local people and providing a mechanism for monitoring whether we are delivering the expected improvements. This framework is set around 5 domains with 12 agreed outcomes and a number of supporting indicators.

Overarching

- Improve health and wellbeing
- Reduce health inequalities by ensuring improvement is fastest for those with greatest needs

Lifestyle and wider determinants

- People are supported to lead healthy and productive lifestyles and are protected from illness
- Wider determinants of people's health and wellbeing are prioritised

Resilience and emotional wellbeing

- People feel emotionally well and resilient
- People with poor mental health are better supported in the community

High quality coordinated care

- People receive services rated as high quality
- There are fewer unplanned hospital admissions and people spend less time in hospital
- People coming to an end of their lives receive services which are responsive to their needs and preferences

Improving quality of life

- People with long-term health and care needs and their carers have a better quality of life
- People can manage their own health and maintain independence, wherever possible
- People have a positive experience of work and education

The development of neighbourhood models will ensure that locally, services are tailored to the needs of individuals and communities and areas of high deprivation and poorer health outcomes experience the most rapid improvements to health and wellbeing. We do however recognise that we cannot achieve integrated care and new models of care without considering the workforce requirements and looking at opportunities to address the future workforce challenges across Barnsley partner organisations and working collaboratively in different ways to deliver future models of care. Workforce development is core to this work and delivery of key national strategies such as the NHS 10 year plan and the Primary Care Contract. An out of hospital workforce strategy will be developed and overseen by the Integrated Care Partnership.

Another key enabler of integration and person centred care will be the delivery of a shared care record, taking forward the record sharing that has traditionally been available through the NHS summary care record and enhanced in Barnsley through the medical interoperability gateway. The identification and delivery of person centred outcomes forms a central pillar of the development of single assessment processes and a shared care record for Barnsley with the aim being to reduce the number of times that people are asked the same questions and ensure that health and care professionals have ready access to information at the right time and in the right place.

Patients will also be empowered to be active participants in their own care through the adoption of person held records (PHRs) with secure access to key elements of the care record including problems/diagnoses, medication/allergies and key information on community-based support.

We also continue to recognise the important role of carers in supporting the delivery of person centred and personalised care. The Barnsley Carers Strategy highlights the importance of recognising the value of carers both in terms of the support they need themselves to optimise their quality of life and to continue to be effective in their caring role, but also because carers support the most vulnerable to remain healthy and independent and prevent people from needing or using more costly interventions. Central to the strategy is the need to ensure there is a co-ordinated whole system approach to Carer support in Barnsley, which builds on and adds value to existing partner resources. To achieve this, a key recommendation was to commission a new integrated all Carers Service.

The Carers Service was commissioned in August 2018 to provide information, advice and support to improve the mental, physical, emotional and economic well-being of carers, so they can continue in their caring role, look after their own health and wellbeing and have a life of their own in terms of opportunities for work, training, education, leisure and social interaction. The service also has a preventative focus to ensure that carers are able to access appropriate information and support as early as possible to help them improve their health and wellbeing, and to prevent any problems they may be facing from getting worse or reaching a crisis point. The service also carries out low level assessments for one-off payments to carers to help sustain caring roles.

B – HWB Level (800words)

The joint commissioning arrangements outlined in the BCF plan 17-19 remain in place. The Health and Wellbeing Board is currently exploring a joint place based commissioning model, bring together Elected Members and GP to shape the commissioning landscape in Barnsley. In the first instance, joint commissioning decisions will be made in regards of a specific section 75 pooled fund for prevention, focussed on early help, prevention and self-care. Joint Commissioning is also supported by the alliance arrangements we have in place for integrated services and the Integrated Care Partnership Group

The Accountable Care Partnership Board, established in 2016 has now become the Integrated Care Partnership Group (ICPG) and is supported by an Integrated Care Delivery Group (ICDG). On behalf of the Health & Wellbeing Board, the ICPG is now the driver for strategic developments for integrated care with the aim of having integrated services by 2020 and addressing health inequalities across Barnsley.

Most recently the focus for the ICPG has been on 'Place Based Integration' and specifically the development of our 'Neighbourhood Approach' to integrate services and bring care closer to home.

The aim is to create an integrated joined up health and care system where the people of Barnsley don't see organisational boundaries. Instead, they experience continuity of care and see familiar faces that are clearly connected to each other regardless of where they are seen. Patients and their families will be supported and empowered by what feels like "one team", each delivering their part without duplication.

The creation of a simpler, integrated health and care system would support a shift in focus on treating patients with health problems to supporting the community to remain healthy in the first instance – improving population health and well-being and addressing inequalities, particularly life expectancy and healthy life expectancy.

Health and care services in Barnsley will offer holistic care and support providing parity of esteem which is fundamental to our approach to integrated health and care services.

Health and care staff will have strengths based care and support planning conversations that seek to address a whole person's life including co-morbidities and other risk factors, rather than just assessing a narrow set of needs.

The model will maximise choice and control and make positive changes in people's lives, in terms of wellbeing, resilience, independence and connections to others.

The introduction of Primary Care Networks in the NHS Long Term Plan has firmly established primary care as central to our Neighbourhood Approach. Barnsley has the largest PCN nationally with the model having a single PCN with 6 Neighbourhood Networks. This model will achieve the benefits of scale where appropriate whilst having the flexibility to shape and delivery services tailored to local need. The PCN will unite primary care and NHS community services, and embed these services within the wider Neighbourhood Teams to focus on improving population health, improving health outcomes and reducing health inequalities.

This will build upon work which has already been taking place to pilot the introduction of Integrated Wellbeing Teams bringing together Primary Care, Neighbourhood Nursing, Adult Social Care, Family Centres, Berneslai Homes, Safer Neighbourhood Services, Social Prescribing and the Community and Voluntary sector.

In Barnsley, to ensure that our PCN and neighbourhood networks and Area Councils have the best opportunity to make a positive impact upon the health and wellbeing of

their populations and reducing health inequalities across the borough, we have been working together to develop a neighbourhood model of service delivery that aligns to the six area geographies in Barnsley. There are three complimentary programmes of work focused on neighbourhood development –

- 1 – Neighbourhood networks (Primary Care)
- 2 – New community health services (Core Neighbourhood Teams)
- 3 – Neighbourhood Integrated Wellbeing Teams

The ICPG in Barnsley have agreed a number of design principles for integrated care which will inform the development of the neighbourhood service model. There are:

- Mutuality
- Population Focussed
- Shared Values and Governance
- Care Closer to Home
- Staying Well
- Use of resources

The Neighbourhood service model will bring together a wide range of community services (including Neighbourhood Nursing, therapy services, end of life, memory assessment, falls and intermediate care) to work with Social Care and the Voluntary Sector alongside the Primary Care Network, in neighbourhoods to deliver the integrated service model.

These community services will support the delivery of new models of care and will work closely with the Acute Hospital to ensure only people who require care in a hospital setting are admitted to hospital and those who are admitted have effective discharge planning and are able to return home in a timely manner with the support they require. This work will support the further embedding of the 8 changes of the HICM, enabling us to continue to see one of the lowest rates of delayed transfers across the country.

(i) Your approach to integration with wider services (e.g. Housing) 800 words

The Health and Wellbeing Board, Senior Strategic Development Group and Integrated Care Partnership Groups in Barnsley have representation from across the Local Authority (People, Communities and Public Health), the CCG, local CVS, Berneslai Homes, Health care Providers and South Yorkshire Police ensuring our approach to both improving health and wellbeing and integration take account of the whole range of wider services that can contribute to improved health and wellbeing. Through these arrangements, all local partners have been involved in the development of the BCF plan for 2019/20. Engagement of the Health and Wellbeing Board, the role of the Integrated Partnership in developing strategies and plans for integration and our governance processes ensure that all our plans including the BCF are aligned and jointly agreed.

The BCF is fully aligned with wider strategies including the Barnsley Housing Strategy 2014-2033. The Housing Strategy includes a specific objective to support people to live independently by improving the range of options for supported housing and providing more choice and options to help vulnerable and older people live independently in their own homes. Ambitions include ensuring extra care provision is fully integrated into the wider health and care pathways and that there is access to aids and adaptations across all tenures. The BCF in 2019/20 continues to support these ambitions through the aids and adaptations and community home loans services and the investment in 2019/20 of £480k to provide 24/7 onsite care provision in 2 extra care housing schemes.

DFG Policy is aligned to the ambitions of the H&WB Strategy and BCF and aims to support people to live independently within their own home and to return home. The DFG policy and use of the DFG funding has been agreed by the Local Authority as the housing authority in Barnsley.

The Disabled Facilities Grant (DFG) provides funding (or fund works and adaptations) to help disabled and elderly people to live independently in their own homes. Means tested funding is provided to home owners or tenants to make the adaptations. The DFG policy identifies the additional help and flexibility the Council will offer in relation to providing home adaptations for disabled people in the future and includes:

- Implementation of a fast track grant process for specific adaptations (e.g. Stair lifts, Ramps, through floor lifts and level access showers);
- Funding assistance for adaptations to Shared Lives carer properties where the application would not be eligible for Mandatory funding;
- An increase to the discretionary amount to £10k;
- Recruitment to two additional posts to increase team capacity (Project manager and case worker);
- Support for the warmer homes initiative;
- The ability to tender extensive works (e.g. extensions) for external project management

The policy also allows for aids and adaptations to be undertaken for people who are supporting people with their care needs as part of the shared lives programme, helping people to receive care and support in a home based setting rather than in hospital.

In 2018, a review of the assisted living services was undertaken. This has resulted in the bringing together of a range of services to enhance the offer for prevention and early help and improve access and customer satisfaction. The review considered a range of services including:

- Minor adaptations.
- Disabled Facilities Grant Administration.
- Assisted Living Technology Service.
- Alarm response service.
- Handy person & advisory service (Stayput).

- Professional Assessment (Equipment, Adaptations & Sensory Team (EASI))
- Community Equipment Store.

The transformed assisted living model now sits alongside a range of other initiatives as part of Barnsley's co-ordinated approach to deliver commissioned preventative services and those provided by different stakeholder organisations. The Service will positively impact on the health, wellbeing and life expectancy of the people of Barnsley and also address inequalities across the Borough through its aim to support and enable people to remain safe and well in their own home (through improved self-care) for as long as possible.

A number of the services and schemes funded through the BCF and aligned to the specific funding for DFG related services, including Community Home Loans, Equipment and Adaptations and Occupational Therapy aim to ensure that people are able to quickly access the support they need to maintain their independence.

C – System Level Alignment (1500 words)

The South Yorkshire and Bassetlaw Integrated Care System (ICS) is the local approach to delivering the NHS Long Term Plan and sets out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together. 25 health and care partners from across the region are involved in the ICS, along with Healthwatch and voluntary sector organisations.

The ambition of the ICS is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer. The plan is to invest in, reshape and strengthen primary and community services so that we can provide the support people in our communities need to be as mentally and physically well as possible. Mental health will be integral to our ambitions around improving population wellbeing.

Through our involvement and engagement within the SYB Integrated Care System we are involved in all of the key work streams and working together to support the delivery of the ambitions for SY&B.

The SYB STP in 2016 pledged to give people more options for care while joining it up for them in their neighbourhood, helping them to stay healthy, tackling health inequalities, improving quality, access and outcomes of care, reduce workforce pressures and introduce new technologies. There was also a specific focus on cancer, mental health and primary care, and the two key enablers of workforce and digital technology.

Within Barnsley, our Place Based Plan 2016-2020 was based on the local delivery of the SYB Sustainability and Transformation Plan priorities as well as the local priorities and outcomes for Barnsley, including improving population health.

As members of the SYB ICS (H&WB Board, Local Authority, CCG, Providers – all members), Barnsley stakeholders have been able to contribute to the development of the emerging ICS response to the NHS Long Term Plan – The ICS Strategic Plan and ensure that system and place plans are aligned and complimentary.

The emerging ICS Strategic Plan builds on the successes and learning from delivery of the STP and starts with tackling health inequalities. Healthy life expectancy is lower in South Yorkshire and Bassetlaw compared to the national average. There are high levels of the common causes of disability and death, including high rates of smoking, obesity, physical inactivity and hospital admissions due to alcohol. Much of this burden of illness can be prevented or delayed. Our focus will be on cutting smoking, reducing obesity, limiting alcohol-related A&E admissions and lowering air pollution. Reflecting the emphasis of the NHS Long Term Plan on the need to develop new care models to support integration and to provide enhanced health care in care homes to improve quality of life of residents, the plan will also include the aims for delivering new models of care including out of hospital care which links back into local areas through the newly created Primary Care Networks (PCNs) in South Yorkshire and Bassetlaw. Our vision and model of Integrated Neighbourhood Teams are fully aligned with the wider SYB plans.

The Health and Wellbeing Strategy 2016-2020 is currently being reviewed with a new Strategy being developed to ensure continued focus on improving the health and wellbeing of Barnsley residents. The new Health and Wellbeing Strategy will enable us to link system priorities to local place priorities and reflect these in local plans for transformation and integration.

The Better Care Fund Plan sits within this wider context, being one component of the overall strategy for health and wellbeing and integration. The BCF Plans are consistent with the aims of the NHS Long Term Plan and will play a key role in helping Barnsley with its integration journey, being delivered within the wider context of our Health and Wellbeing Strategy and Barnsley Integrated Place Based Plan (BIPBP) and enabling core health and care services to support one another and function as a united approach, to help reduce the pressures on acute services and residential care.

The Better Care Fund in Barnsley is used to fund services commissioned by the NHS Barnsley Clinical Commissioning Group and Barnsley Metropolitan Council with the overall BCF plan being supported by a range of services which form part of the wider integration plans being taken forward by the Integrated Care Partnership. The funding from the BCF remains broadly consistent in 2019/20 with that of previous plans to ensure sustainability of those health and social care services and is predominantly focussed upon out of hospital NHS services and Social Care services. The level of funding has been enhanced in 2019/20 to reflect growth in the contribution to Social Care and the inclusion of winter pressures funding within the BCF alongside the iBCF. This has enabled 2 new schemes to be introduced in 2019/20 as described earlier.

The strategic governance arrangements for the Better Care Fund remain the same as over the last 2 years with oversight being provided the Health and Wellbeing Board and the BCF being managed within the governance structures of the Health and Wellbeing Board. The section 75 agreement remains in place (to be updated for 2019/20 to reflect changes to planned expenditure) and sets out the detailed management arrangements for the BCF plan including how financial risks associated with the services commissioned using the BCF will sit with the commissioning organisation and be managed as part of their financial management arrangements.

Given the nature of the BCF in Barnsley, with the funding used to enable ongoing commissioning of health and care services, and other transformation schemes and developments which support delivery of the BCF objectives in place but funded separately in most cases from outside of the BCF, our arrangements for risk management have been agreed to ensure they are proportionate but also that any significant risks to delivery can be identified and escalated as appropriate.

Each organisation has robust risk management arrangements in place with corporate risk registers identifying the most significant risk to the organisation. Where risks relate to the services which are funded from the BCF, these are managed and contained by the commissioning organisation in the first instance but where the risks may have a wider adverse impact, these are escalated through the Senior Strategic Development Group of the Health and Wellbeing Board and agreed actions recorded in the minutes.

In terms of delivery of our overall model for integrated care, the Integrated Care Partnership Group, on behalf of the Health and Wellbeing Board, is the driver for strategic developments for integrated care and through the Delivery Group will oversee the delivery of our neighbourhood service model for integrated care by 2020.

Since the publication of the Barnsley BCF Plan for 2017/19 we have delivered a wide range of changes and made a number of significant achievements including:

- Increased social work capacity and ensured supply and capacity in the domiciliary and residential care markets through effective use of the IBCF
- Enhanced 7 day working in social care to support discharge planning and ensure access to appropriate packages of care following an hospital admission.
- Introduced a new carers support service
- Implemented community respiratory and diabetes pathways to support people to manage their conditions and avoid avoidable admission to hospital.
- Introduced a new primary care streaming service adjacent to ED and a Home Visiting Service to ensure patients are seen in a timely manner.
- Agreed plans for the wider integration of out of hospital health and care services to provide a neighbourhood approach linked to primary care.
- Established our Primary Care Network model with one network underpinned by 6 neighbourhood networks.
- Continued to invest in new roles linked to primary care including clinical pharmacists and social prescribing link workers.

- Delivered improvements and embedded changes from the High Impact Change Model for Managing Transfers of Care ensuring that our excellent performance in managing patient flow and ensuring patients are able to be discharged from hospital in a timely manner is maintained and delayed transfers of care and the exception rather than the norm. Specific examples include:
 - Therapy staff working with ED to support assessment and discharge planning.
 - MDT discharge planning.
 - Introduction of systems to improve patient flow linked to roll out of Red2Green
 - Bringing together hospital discharge, social care and community teams to deliver an MDT approach to discharge planning and using this approach to reduce the number of patients with long lengths of stay.
 - Extending the trusted assessor model used for CHC, reablement and other community services to care homes.
 - Introduced home first, supported by therapy and community services
 - Continued to roll out support for care homes including the deployment of digital technology to enable the Rightcare Barnsley Team to support care homes in the management of patients and avoidable ambulance call outs and hospital attendances.
 - Rolling out the red bag scheme to all care homes.

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Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Clicking on the corresponding 'Cell Reference' column will link to the incomplete cell for completion. Once completed the checker column will change to 'Green' and contain the word 'Yes'
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed. Please let us know if any of the submitted contact information changes during the BCF planning cycle so we are able to communicate with the right people in a timely manner.

4. Strategic Narrative (click to go to sheet)

This section of the template should set out the agreed approach locally to integration of health & social care. The narratives should focus on updating existing plans, and changes since integration plans were set out until 2020 rather than reiterating them and can be short. Word limits have been applied to each section and these are indicated on the worksheet.

1. Approach to integrating care around the person. This should set out your approach to integrating health and social care around the people, particularly those with long term health and care needs. This should highlight developments since 2017 and cover areas such as prevention.
- 2 i. Approach to integrating services at HWB level (including any arrangements at neighbourhood level where relevant). This should set out the agreed approach and services that will be commissioned through the BCF. Where schemes are new or approaches locally have changed, you should set out a short rationale.
- 2 ii. DFG and wider services. This should describe your approach to integration and joint commissioning/delivery with wider services. In all cases this should include housing, and a short narrative on use of the DFG to support people with care needs to remain independent through adaptations or other capital expenditure on their homes. This should include any discretionary use of the DFG.
3. How your BCF plan and other local plans align with the wider system and support integrated approaches. Examples may include the read across to the STP (Sustainability Transformation Partnerships) or ICS (Integrated Care Systems) plan(s) for your area and any other relevant strategies.

You can attach (in the e-mail) visuals and illustrations to aid understanding if this will assist assurers in understanding your local approach.

5. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund (BCF) plan and pooled budget for 2019/20. On selected the HWB from the Cover page, this sheet will be pre-populated with the minimum CCG contributions to the BCF, DFG (Disabled Facilities Grant), iBCF (improved Better Care Fund) and Winter Pressures allocations to be pooled within the BCF. These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from Local Authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be utilised to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact England.bettercaresupport@nhs.net

6. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Condition 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- While selecting schemes and sub-types, the sub-type field will be flagged in 'red' font if it is from a previously selected scheme type. In this case please clear the sub-type field and reselect from the dropdown if the subtype field is editable.

5. Planned Outputs

- The BCF Planning requirements document requires areas to set out planned outputs for certain scheme types (those which lend themselves to delivery of discrete units of delivery) to help to better understand and account for the activity funded through the BCF.

- The Planned Outputs fields will only be editable if one of the relevant scheme types is selected. Please select a relevant unit from the drop down and an estimate of the outputs expected over the year. This is a numerical field.

6. Metric Impact

- This field is collecting information on the metrics that a chem will impact on (rather than the actual planned impact on the metric)

- For the schemes being planned please select from the drop-down options of 'High-Medium-Low-n/a' to provide an indicative level of impact on the four BCF metrics. Where the scheme impacts multiple metrics, this can be expressed by selecting the appropriate level from the drop down for each of the metrics. For example, a discharge to assess scheme might have a medium impact on Delayed Transfers of Care and permanent admissions to residential care. Where the scheme is not expected to impact a metric, the 'n/a' option could be selected from the drop-down menu.

7. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

8. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme from the provider. If there is a single commissioner, please select the option from the drop-down list.

- Please note this field is utilised in the calculations for meeting National Condition 3.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

9. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

10. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list

- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

11. Expenditure (£) 2019/20:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

12. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2019/20 and will inform the understanding of planned spend for the iBCF and Winter Funding grants.

7. HICM ([click to go to sheet](#))

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reducing DToC. In the planning template, you should provide:

- An assessment of your current level of implementation against each of the 8 elements of the model – from a drop-down list
- Your planned level of implementation by the end March 2020 – again from a drop-down list

A narrative that sets out the approach to implementing the model further. The Narrative section in the HICM tab sets out further details.

8. Metrics ([click to go to sheet](#))

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and actual performance on these metrics in 2018/19.

1. Non-Elective Admissions (NEA) metric planning:

- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not collected via this template.

2. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.

- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.

- The annual rate is then calculated and populated based on the entered information.

- Please include a brief narrative associated with this metric plan

3. Reablement (REA) planning:

- This section requires inputting the information for the numerator and denominator of the measure.

- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).

- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.

- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

- Please include a brief narrative associated with this metric plan

4. Delayed Transfers of Care (DToC) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.

- Please include a brief narrative associated with this metric plan.

- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements ([click to go to sheet](#))

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2019/20 for further details.

The Key Lines of Enquiry (KLOE) underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.

2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

10. CCG-HWB Mapping ([click to go to sheet](#))

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity figures.

Better Care Fund 2019/20 Template

2. Cover

Version 0.1



Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Barnsley
Completed by:	Jamie Wike
E-mail:	jamie.wike@nhs.net
Contact number:	01226433702
Who signed off the report on behalf of the Health and Wellbeing Board:	Cllr James Andrews, Dr Nick Balac and Lesley Smith
Will the HWB sign-off the plan after the submission date?	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	08/10/19

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair	Cllr/Sir	Stephen	Houghton	cllrstephenhoughton@barnsley.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)	.	Lesley	Smith	lesleyjane.smith@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers	.	N/A	N/A	N/A@
	Local Authority Chief Executive	.	Sarah	Norman	sarahnorman@barnsley.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	.	Wendy	Lowder	wendylowder@barnsley.gov.uk
	Better Care Fund Lead Official	.	Jamie	Wike	jamie.wike@nhs.net
	LA Section 151 Officer	.	Neil	Copley	neilcopley@barnsley.gov.uk
	CCG Chief Finance Officer	.	Roxanna	Naylor	roxanna.naylor@nhs.net
	Service Director Adult Social Care	.	Lennie	Sahota	lenniesahota@barnsley.gov.uk
	H&WB Board Co-ordinator	.	Karen	Sadler	karensadler@barnsley.gov.uk

**Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.*

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Strategic Narrative	No
5. Income	Yes
6. Expenditure	Yes
7. HICM	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

Checklist

2. Cover

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	Cell Reference	Checker
Health & Wellbeing Board	D13	Yes
Completed by:	D15	Yes
E-mail:	D17	Yes
Contact number:	D19	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	D21	Yes
Will the HWB sign-off the plan after the submission date?	D23	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	D24	Yes
Area Assurance Contact Details - Role:	C27 : C36	Yes
Area Assurance Contact Details - First name:	F27 : F36	Yes
Area Assurance Contact Details - Surname:	G27 : G36	Yes
Area Assurance Contact Details - E-mail:	H27 : H36	Yes
Sheet Complete		Yes

4. Strategic Narrative

[^^ Link back to top](#)

	Cell Reference	Checker
A) Person-centred outcomes:	B20	No
B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable):	B31	Yes
B) (ii) Your approach to integration with wider services (e.g. Housing):	B37	Yes
C) System level alignment:	B44	No
Sheet Complete		No

5. Income

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	Cell Reference	Checker
Are any additional LA Contributions being made in 2019/20?	C39	Yes
Additional Local Authority	B42 : B44	Yes
Additional LA Contribution	C42 : C44	Yes
Additional LA Contribution Narrative	D42 : D44	Yes
Are any additional CCG Contributions being made in 2019/20?	C59	Yes
Additional CCGs	B62 : B71	Yes
Additional CCG Contribution	C62 : C71	Yes
Additional CCG Contribution Narrative	D62 : D71	Yes
Sheet Complete		Yes

6. Expenditure

[^^ Link back to top](#)

	Cell Reference	Checker
Scheme ID:	B22 : B271	Yes
Scheme Name:	C22 : C271	Yes
Brief Description of Scheme:	D22 : D271	Yes
Scheme Type:	E22 : E271	Yes
Sub Types:	F22 : F271	Yes
Specify if scheme type is Other:	G22 : G271	Yes
Planned Output:	H22 : H271	Yes
Planned Output Unit Estimate:	I22 : I271	Yes
Impact: Non-Elective Admissions:	J22 : J271	Yes
Impact: Delayed Transfers of Care:	K22 : K271	Yes
Impact: Residential Admissions:	L22 : L271	Yes
Impact: Reablement:	M22 : M271	Yes
Area of Spend:	N22 : N271	Yes
Specify if area of spend is Other:	O22 : O271	Yes
Commissioner:	P22 : P271	Yes
Joint Commissioner %:	Q22 : Q271	Yes
Provider:	S22 : S271	Yes
Source of Funding:	T22 : T271	Yes
Expenditure:	U22 : U271	Yes
New/Existing Scheme:	V22 : V271	Yes
Sheet Complete		Yes

7. HCIM

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	Cell Reference	Checker
Priorities for embedding elements of the HCIM for Managing Transfers of Care locally:	B11	Yes
Chg 1) Early discharge planning - Current Level:	D15	Yes
Chg 2) Systems to monitor patient flow - Current Level:	D16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Current Level:	D17	Yes
Chg 4) Home first / discharge to assess - Current Level:	D18	Yes
Chg 5) Seven-day service - Current Level:	D19	Yes
Chg 6) Trusted assessors - Current Level:	D20	Yes
Chg 7) Focus on choice - Current Level:	D21	Yes
Chg 8) Enhancing health in care homes - Current Level:	D22	Yes
Chg 1) Early discharge planning - Planned Level:	E15	Yes
Chg 2) Systems to monitor patient flow - Planned Level:	E16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Planned Level:	E17	Yes
Chg 4) Home first / discharge to assess - Planned Level:	E18	Yes
Chg 5) Seven-day service - Planned Level:	E19	Yes
Chg 6) Trusted assessors - Planned Level:	E20	Yes
Chg 7) Focus on choice - Planned Level:	E21	Yes
Chg 8) Enhancing health in care homes - Planned Level:	E22	Yes
Chg 1) Early discharge planning - Reasons:	F15	Yes
Chg 2) Systems to monitor patient flow - Reasons:	F16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Reasons:	F17	Yes
Chg 4) Home first / discharge to assess - Reasons:	F18	Yes
Chg 5) Seven-day service - Reasons:	F19	Yes
Chg 6) Trusted assessors - Reasons:	F20	Yes
Chg 7) Focus on choice - Reasons:	F21	Yes
Chg 8) Enhancing health in care homes - Reasons:	F22	Yes
Sheet Complete		Yes

8. Metrics

[^^ Link back to top](#)

	Cell Reference	Checker
Non-Elective Admissions: Overview Narrative:	E10	Yes
Delayed Transfers of Care: Overview Narrative:	E17	Yes
Residential Admissions Numerator:	F27	Yes
Residential Admissions: Overview Narrative:	G26	Yes
Reablement Numerator:	F39	Yes
Reablement Denominator:	F40	Yes
Reablement: Overview Narrative:	G38	Yes

Sheet Complete	Yes
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9. Planning Requirements

[^^ Link back to top](#)

	Cell Reference	Checker
PR1: NC1: Jointly agreed plan - Plan to Meet	F8	Yes
PR2: NC1: Jointly agreed plan - Plan to Meet	F9	Yes
PR3: NC1: Jointly agreed plan - Plan to Meet	F10	Yes
PR4: NC2: Social Care Maintenance - Plan to Meet	F11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Plan to Meet	F12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Plan to Meet	F13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F15	Yes
PR9: Metrics - Plan to Meet	F16	Yes
PR1: NC1: Jointly agreed plan - Actions in place if not	H8	Yes
PR2: NC1: Jointly agreed plan - Actions in place if not	H9	Yes
PR3: NC1: Jointly agreed plan - Actions in place if not	H10	Yes
PR4: NC2: Social Care Maintenance - Actions in place if not	H11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Actions in place if not	H12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Actions in place if not	H13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H15	Yes
PR9: Metrics - Actions in place if not	H16	Yes
PR1: NC1: Jointly agreed plan - Timeframe if not met	I8	Yes
PR2: NC1: Jointly agreed plan - Timeframe if not met	I9	Yes
PR3: NC1: Jointly agreed plan - Timeframe if not met	I10	Yes
PR4: NC2: Social Care Maintenance - Timeframe if not met	I11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Timeframe if not met	I12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Timeframe if not met	I13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I15	Yes
PR9: Metrics - Timeframe if not met	I16	Yes

Sheet Complete	Yes
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Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

Barnsley

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£2,976,280	£2,976,280	£0
Minimum CCG Contribution	£19,682,295	£19,682,295	£0
iBCF	£11,816,701	£11,816,701	£0
Winter Pressures Grant	£1,238,401	£1,238,401	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£35,713,677	£35,713,677	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£5,593,150
Planned spend	£9,072,048

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£10,610,247
Planned spend	£10,610,247

Scheme Types

Assistive Technologies and Equipment	£925,388
Care Act Implementation Related Duties	£709,000
Carers Services	£810,000
Community Based Schemes	£167,000
DFG Related Schemes	£2,976,280
Enablers for Integration	£396,600
HICM for Managing Transfer of Care	£527,901
Home Care or Domiciliary Care	£0
Housing Related Schemes	£480,122
Integrated Care Planning and Navigation	£1,408,000
Intermediate Care Services	£9,420,883
Personalised Budgeting and Commissioning	£225,000
Personalised Care at Home	£0
Prevention / Early Intervention	£129,777
Residential Placements	£0
Other	£17,537,726
Total	£35,713,677

[HICM >>](#)

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Established
Chg 2	Systems to monitor patient flow	Established
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Mature
Chg 4	Home first / discharge to assess	Established
Chg 5	Seven-day service	Mature
Chg 6	Trusted assessors	Established
Chg 7	Focus on choice	Established
Chg 8	Enhancing health in care homes	Established

[Metrics >>](#)

Non-Elective Admissions	Go to Better Care Exchange >>
Delayed Transfer of Care	

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	769.4432236

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.85

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

4. Strategic Narrative

Selected Health and Wellbeing Board:

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

[Link to B\) \(i\)](#)

[Link to B\) \(ii\)](#)

[Link to C\)](#)

A) Person-centred outcomes

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care
- Promoting choice and independence

Remaining Word Limit: Please do not exceed the word limit

The 2019/20 BCF Plan builds on previous plans and continues to be set within the wider context of the Health and Wellbeing Strategy, contributing to delivery of the key priorities and enabling us to move towards our overall vision for Health and Wellbeing. It is important that our plans are considered within this context to ensure that our efforts are co-ordinated and that our plans come together to maximise the impact that we are able to make across the whole system for the benefit of Barnsley residents.

The vision and principles of integration have become well established and in many respects integrated ways of working are now seen as 'business as usual' for delivering the right service, at the right time and in the right place.

The vision for health and wellbeing, as set out in Barnsley's Health and Wellbeing Strategy and the Integrated Place Based Plan is:

The people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, wherever they are and wherever they live.

Together, our strategies and plans demonstrate and detail a clear consensus that integrated care in Barnsley will:

- be co-designed and person-centred focussing on prevention and early intervention, - to support independence and wellbeing.
- enable health, social care, housing and voluntary sector organisations, to work together, with patients, service users and carers, regardless of employer, to make the best use of the Barnsley £
- be delivered in or close to people's homes where appropriate and utilise community assets
- reduce health inequalities and ensures our vulnerable and elderly are getting the best care available.

All of the services/schemes funded from the BCF, working alongside other local health and care services will support us in our journey towards achieving our vision. In 2019/20, two new schemes have been included, both of which will help people to maintain their independence within their own home. These are:

Extra Care – Introduction of a 24 hour care model within extra care schemes to improve the accommodation and support offer to older people, contributing to the reduction in long term admissions to residential care homes and avoiding unnecessary hospital attendances and admissions.

Warm Homes Hospital Discharge Service – Providing support to vulnerable people who are unlikely to be eligible for social care and do not require reablement to help facilitate hospital discharges and reduce likelihood of readmission by linking into low level support in the community. The service also provides advice and support to access warm homes discounts, change energy suppliers, access heating and insulation schemes and support to apply for aids, adaptations and equipment for within their home.

Emphasis on prevention, self-care and early help is evident across all our strategic plans and as such is now an established way of working across health & wellbeing services.

The development of our Neighbourhood Services model is designed to integrate care around the patient at a local level, utilising population health management approaches and helping us to focus on prevention, support people to manage their long term conditions and taking a personalised approach to care planning and the delivery of care and support.

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

[^^ Link back to top](#)

Remaining Word Limit: 0

The joint commissioning arrangements outlined in the BCF plan 17-19 remain in place. The Health and Wellbeing Board is currently exploring a joint place based commissioning model, bring together Elected Members and GP to shape the commissioning landscape in Barnsley. In the first instance, joint commissioning decisions will be made in regards of a specific section 75 pooled fund for prevention, focussed on early help, prevention and self-care. Joint Commissioning is also supported by the alliance arrangements we have in place for integrated services and the Integrated Care Partnership Group

The Accountable Care Partnership Board, established in 2016 has now become the Integrated Care Partnership Group (ICPG) and is supported by an Integrated Care Delivery Group (ICDG). On behalf of the Health & Wellbeing Board, the ICPG is now the driver for strategic developments for integrated care with the aim of having integrated services by 2020 and addressing health inequalities across Barnsley.

Most recently the focus for the ICPG has been on 'Place Based Integration' and specifically the development of our 'Neighbourhood Approach' to integrate services and bring care closer to home.

The aim is to create an integrated joined up health and care system where the people of Barnsley don't see organisational boundaries. Instead, they experience continuity of care and see familiar faces that are clearly connected to each other regardless of where they are seen. Patients and their families will be supported and empowered by what feels like "one team", each delivering their part without duplication.

The creation of a simpler, integrated health and care system would support a shift in focus on treating patients with health problems to supporting the community to remain healthy in the first instance – improving population health and well-being and addressing inequalities, particularly life expectancy and healthy life expectancy.

Health and care services in Barnsley will offer holistic care and support providing parity of esteem which is fundamental to our approach to integrated health and care services.

Health and care staff will have strengths based care and support planning conversations that seek to address a whole person's life including co-morbidities and other risk factors, rather than just assessing a narrow set of needs.

The model will maximise choice and control and make positive changes in people's lives, in terms of wellbeing, resilience, independence and connections to others.

The introduction of Primary Care Networks in the NHS Long Term Plan has firmly established primary care as central to our Neighbourhood Approach. Barnsley has the largest PCN nationally with the model having a single PCN with 6 Neighbourhood Networks. This model will achieve the benefits of scale where appropriate whilst having the flexibility to shape and delivery services tailored to local need. The PCN will unite primary care and NHS community services, and embed these services within the wider Neighbourhood Teams to focus on improving population health, improving health outcomes and reducing health inequalities.

This will build upon work which has already been taking place to pilot the introduction of Integrated Wellbeing Teams bringing together Primary Care, Neighbourhood Nursing, Adult Social Care, Family Centres, Berneslai Homes, Safer Neighbourhood Services, Social Prescribing and the Community and Voluntary sector.

(ii) Your approach to integration with wider services (e.g. Housing), this should include:

- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the (Regulatory Reform Order 2002)

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The Health and Wellbeing Board, Senior Strategic Development Group and Integrated Care Partnership Groups in Barnsley have representation from across the Local Authority (People, Communities and Public Health), the CCG, local CVS, Berneslai Homes, Health care Providers and South Yorkshire Police ensuring our approach to both improving health and wellbeing and integration take account of the whole range of wider services that can contribute to improved health and wellbeing. Through these arrangements, all local partners have been involved in the development of the BCF plan for 2019/20. Engagement of the Health and Wellbeing Board, the role of the Integrated Partnership in developing strategies and plans for integration and our governance processes ensure that all our plans including the BCF are aligned and jointly agreed.

The BCF is fully aligned with wider strategies including the Barnsley Housing Strategy 2014-2033. The Housing Strategy includes a specific objective to support people to live independently by improving the range of options for supported housing and providing more choice and options to help vulnerable and older people live independently in their own homes. Ambitions include ensuring extra care provision is fully integrated into the wider health and care pathways and that there is access to aids and adaptations across all tenures. The BCF in 2019/20 continues to support these ambitions through the aids and adaptations and community home loans services and the investment in 2019/20 of £480k to provide 24/7 onsite care provision in 2 extra care housing schemes.

DFG Policy is aligned to the ambitions of the H&WB Strategy and BCF and aims to support people to live independently within their own home and to return home. The DFG policy and use of the DFG funding has been agreed by the Local Authority as the housing authority in Barnsley.

The Disabled Facilities Grant (DFG) provides funding (or fund works and adaptations) to help disabled and elderly people to live independently in their own homes. Means tested funding is provided to home owners or tenants to make the adaptations. The DFG policy identifies the additional help and flexibility the Council will offer in relation to providing home adaptations for disabled people in the future and includes:

- Implementation of a fast track grant process for specific adaptations (e.g. Stair lifts, Ramps, through floor lifts and level access showers);
- Funding assistance for adaptations to Shared Lives carer properties where the application would not be eligible for Mandatory funding;
- An increase to the discretionary amount to £10k;
- Recruitment to two additional posts to increase team capacity (Project manager and case worker);
- Support for the warmer homes initiative;
- The ability to tender extensive works (e.g. extensions) for external project management

The policy also allows for aids and adaptations to be undertaken for people who are supporting people with their care needs as part of the shared lives programme, helping people to receive care and support in a home based setting rather than in hospital.

In 2018, a review of the assisted living services was undertaken. This has resulted in the bringing together of a range of services to enhance the offer for prevention and early help and improve access and customer satisfaction. The review considered a range of services including:

- Minor adaptations.
- Disabled Facilities Grant Administration.
- Assisted Living Technology Service.
- Alarm response service.

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans

- A brief description of joint governance arrangements for the BCF plan

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The South Yorkshire and Bassetlaw Integrated Care System (ICS) is the local approach to delivering the NHS Long Term Plan and sets out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together. 25 health and care partners from across the region are involved in the ICS, along with Healthwatch and voluntary sector organisations.

The ambition of the ICS is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer. The plan is to invest in, reshape and strengthen primary and community services so that we can provide the support people in our communities need to be as mentally and physically well as possible. Mental health will be integral to our ambitions around improving population wellbeing.

Through our involvement and engagement within the SYB Integrated Care System we are involved in all of the key work streams and working together to support the delivery of the ambitions for SY&B.

The SYB STP in 2016 pledged to give people more options for care while joining it up for them in their neighbourhood, helping them to stay healthy, tackling health inequalities, improving quality, access and outcomes of care, reduce workforce pressures and introduce new technologies. There was also a specific focus on cancer, mental health and primary care, and the two key enablers of workforce and digital technology.

Within Barnsley, our Place Based Plan 2016-2020 was based on the local delivery of the SYB Sustainability and Transformation Plan priorities as well as the local priorities and outcomes for Barnsley, including improving population health.

As members of the SYB ICS (H&WB Board, Local Authority, CCG, Providers – all members), Barnsley stakeholders have been able to contribute to the development of the emerging ICS response to the NHS Long Term Plan – The ICS Strategic Plan and ensure that system and place plans are aligned and complimentary.

The emerging ICS Strategic Plan builds on the successes and learning from delivery of the STP and starts with tackling health inequalities. Healthy life expectancy is lower in South Yorkshire and Bassetlaw compared to the national average. There are high levels of the common causes of disability and death, including high rates of smoking, obesity, physical inactivity and hospital admissions due to alcohol. Much of this burden of illness can be prevented or delayed. Our focus will be on cutting smoking, reducing obesity, limiting alcohol-related A&E admissions and lowering air pollution. Reflecting the emphasis of the NHS Long Term Plan on the need to develop new care models to support integration and to provide enhanced health care in care homes to improve quality of life of residents, the plan will also include the aims for delivering new models of care including out of hospital care which links back into local areas through the newly created Primary Care Networks (PCNs) in South Yorkshire and Bassetlaw. Our vision and model of Integrated Neighbourhood Teams are fully aligned with the wider SYB plans.

The Health and Wellbeing Strategy 2016-2020 is currently being reviewed with a new Strategy being developed to ensure continued focus on improving the health and wellbeing of Barnsley residents. The new Health and Wellbeing Strategy will enable us to link system priorities to local place priorities and reflect these in local plans for transformation and integration.

The Better Care Fund Plan sits within this wider context, being one component of the overall strategy for health and wellbeing and integration. The BCF Plans are consistent with the aims of the NHS Long Term Plan and will play a key role in helping Barnsley with its integration journey, being delivered within the wider context of our Health and Wellbeing Strategy and Barnsley Integrated Place Based Plan (BIPBP) and enabling core health and care services to support one another and function as a united approach, to help reduce the pressures on acute services and residential care.

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board:

Barnsley

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Barnsley	£2,976,280
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£2,976,280

iBCF Contribution	Contribution
Barnsley	£11,816,701
Total iBCF Contribution	£11,816,701

Winter Pressures Grant	Contribution
Barnsley	£1,238,401
Total Winter Pressures Grant Contribution	£1,238,401

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	No
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Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

CCG Minimum Contribution	Contribution
NHS Barnsley CCG	£19,682,295
Total Minimum CCG Contribution	£19,682,295

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	No
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Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Addition CCG Contribution	£0	
Total CCG Contribution	£19,682,295	

	2019/20
Total BCF Pooled Budget	£35,713,677

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board:

Barnsley

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£2,976,280	£2,976,280	£0
Minimum CCG Contribution	£19,682,295	£19,682,295	£0
IBCF	£11,816,701	£11,816,701	£0
Winter Pressures Grant	£1,238,401	£1,238,401	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£35,713,677	£35,713,677	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£5,593,150	£9,072,048	£0
Adult Social Care services spend from the minimum CCG allocations	£10,610,247	£10,610,247	£0

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs		Metric Impact				Expenditure								
						Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Intermediate Care	Provision of care co-ordination, step up and step down care	Intermediate Care Services	Rapid / Crisis Response				Medium	High	Medium	High	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,824,271	Existing
2	Intermediate Care	Intensive bed based rehabilitation	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	24.0	Medium	High	Medium	High	Community Health		CCG			NHS Acute Provider	Minimum CCG Contribution	£2,761,932	Existing
3	Intermediate Care	Medical oversight of patients receiving intermediate care	Intermediate Care Services	Other	Medical Oversight	Hours of Care	40.0	Medium	High	Medium	High	Primary Care		CCG			Private Sector	Minimum CCG Contribution	£149,608	Existing
4	Intermediate Care	Intermediate Care Community Beds	Intermediate Care Services	Bed Based - Step Up/Down		No. of beds	28.0	Medium	High	Medium	High	Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,281,072	Existing
5	Long Term Care Provision	Care provision costs i.e. residential / nursing care, domiciliary care	Other	Care Home	Residential, domiciliary and other			Low	Medium	Low	Medium	Social Care		LA			Private Sector	Minimum CCG Contribution	£5,407,125	Existing
6	Short term and respite provision	Short term residential / respite care provision (including support to	Carers Services	Respite Services				Medium	Not applicable	Medium	Not applicable	Social Care		LA			Private Sector	Minimum CCG Contribution	£810,000	Existing
7	Mental Health Community Social care team	Adult social care community mental health teams; Assertive	Integrated Care Planning and Navigation	Other	Integrated Care Packages			Low	Low	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£760,000	Existing
8	Other ASC provisions - DOLS and	Deprivation of Liberty Safeguards (DOLS) team and associated costs i.e.	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)				Low	Medium	Medium	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£679,000	Existing
9	Commissioned contracts - MH recovery college,	Covers a number of commissioned contracts including MH recovery	Other		Commissioned contracts			Low	Low	Not applicable	Not applicable	Social Care		LA			NHS Mental Health Provider	Minimum CCG Contribution	£1,013,000	Existing
10	Reablement provision	Short-term provision to preserve the independence of people	Intermediate Care Services	Reablement/Rehabilitation Services		Packages	600.0	Medium	Medium	Medium	High	Social Care		LA			NHS Community Provider	Minimum CCG Contribution	£1,294,000	Existing
11	Extra Care Housing scheme provision	On site provision of care / support (including wellbeing and housing	Housing Related Schemes					Medium	Low	High	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£480,122	New
12	Hospital Discharge service (Warm Home project)	Support and enable people to remain safe and well in their home	Community Based Schemes					Medium	Medium	Low	Low	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£167,000	New

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

Barnsley

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:
 - Current performance issues to be addressed
 - The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
 - Anticipated improvements from this work

Current performance in managing transfers of care in Barnsley is very good with levels of delayed transfers below the expectation in 2018/19 and continuing at this low level into 2019/20 as a result of mature relationships between services and clear pathways out of hospital supported by solid escalation arrangements. During 2019/20 the push will be to embed the established arrangements fully across organisations and there will be continued focus on system flow (Red to Green and SAFER), effective multi agency discharge, and diasharge to assess.

Through the emerging Primary CAre Networks further work will also take place to ensure full implementation of the new national specification for Enhanced Health in Care Homes, building on the work already undertaken to introduce digital technology and provide training and support to care home teams.

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Established	Established	
Chg 2	Systems to monitor patient flow	Established	Established	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Mature	
Chg 4	Home first / discharge to assess	Established	Established	
Chg 5	Seven-day service	Mature	Mature	
Chg 6	Trusted assessors	Established	Established	
Chg 7	Focus on choice	Established	Established	
Chg 8	Enhancing health in care homes	Established	Established	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

Barnsley

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	<p>Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.</p>	<p>The 2019/20 plan is to manage the growth in NEA following a period of sustained growth in A&E attendance and NEA's. NEA's increased in 2018/19 by nearly 7% and therefore the plan for 19/20 is reflective of recent trends and includes growth of 2.9% to 37,951 at a CCG level and mapped to HWB area of 36,407.</p> <p>During 2019/20 through partnership working between commissioners and providers, falls prevention and services for those who have fallen will be strengthened and focussed work will take place with Care Homes to reduce attendances and admissions. As part of the development of Primary Care networks across Barnsley there are also plans in place to bring together wider networks including LA services, community based services, the VCS and others working in local neighbourhood to provide integrated care for patients including those with long term conditions, supporting patients to manage those conditions and providing care closer to home and outside of hospital when people need it.</p>

Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Plans are yet to be finalised and signed-off so are subject to change; **for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM)** in the first instance or write in to the support inbox: ENGLAND.bettercaresupport@nhs.net

8.2 Delayed Transfers of Care

19/20 Plan	Overview Narrative
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<p>Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)</p>	<p>8.7</p>	<p>As a result of mature relationships between services and clear pathways out of hospital supported by solid escalation arrangements current performance in managing transfers of care in Barnsley is very good with the average number of delayed days in 2018/19 below 2.5 and in quarter 1 of 19/20 remains below the expectation, however the winter period and associated challenges and pressures increases the risk of the number increase.</p> <p>Effective discharge planning is in place, with clear processes for managing flow, alongside 7 day social care and out of hospital services to facilitate effective management of patient care and transfers between care providers/settings. 7 day social work capacity is also in place. Linked to HICM implementation.</p> <p>The Winter Pressures Grant is being used to enhance social work, OT, commissioning and Reablement capacity and increase care availability to ensure we maintain our performance on timely assessments and discharges, 7 days a week</p>
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Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.

Please note that the plan figure for Greater Manchester has been combined, for HWBs in Greater Manchester please comment on individuals HWBs rather than Greater Manchester as a whole. Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	892	769	Our target for 2019/20 is 371 new admissions. This seeks to build on last year's performance in which we had 396 new admissions against a target of 422. The BCF schemes include investment in provision of 24 hr on-site care support within two extra-care schemes which should help further reduce care home admissions in future years.
	Numerator	422	371	
	Denominator	47,287	48,217	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2016 based Sub-National Population Projections for Local Authorities in England;

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	88.1%	85.0%	The performance plan set for 2019/20 is slightly lower than the 2018/19 target to reflect improved screening of individuals in need of reablement to ensure only those who require reablement support are accessing the service. The reablement service now works into the hospital thus enabling better assessment of suitability prior to discharge. The new Warm Homes Hospital Discharge Scheme helps provide support to facilitate discharge of patients with low level needs. The numbers included only relate to those people being supported in reablement services through BMBC and not those receiving rehabilitation through NHS services. Ensuring people are able to remain at home also contributes to the delivery of 8.3 above. Schemes are included in the BCF (BCF, iBCF and Winter Pressures) to ensure capacity is in place for intermediate
	Numerator	282	255	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

	Denominator	320	300	care/rehabilitation services, reablement services and equipment and adaptations related services to continue to work as part of the integrated out of hospital care arrangements in Barnsley.
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Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Barnsley

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Do the governance arrangements described support collaboration and integrated care?</p> <p>Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?</p>	Yes	H&WB Strategy Barnsley Place Plan		
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:</p> <ul style="list-style-type: none"> - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. <p>Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?</p>	Yes			
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home.</p> <p>In two tier areas, has:</p> <ul style="list-style-type: none"> - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils? 	Yes			
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes			
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	<p>Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?</p> <p>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?</p> <p>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?</p> <p>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?</p> <p>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?</p>	Yes			

Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box)</p> <p>Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter?</p> <p>Has funding for the following from the CCG contribution been identified for the area?</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? 	Yes			
	PR8	Indication of outputs for specified scheme types	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes			
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric?</p> <p>Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics?</p> <p>Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements?</p> <p>Have stretching metrics been agreed locally for:</p> <ul style="list-style-type: none"> - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement 	Yes			

CCG to Health and Well-Being Board Mapping for 2019/20

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.7%	87.4%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.9%	8.3%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.4%	0.6%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.5%	3.5%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.1%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.1%	92.1%
E09000003	Barnet	07P	NHS Brent CCG	2.0%	1.8%
E09000003	Barnet	07R	NHS Camden CCG	1.0%	0.7%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	3.0%	2.4%
E09000003	Barnet	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000003	Barnet	08D	NHS Haringey CCG	2.2%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.6%	98.1%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.5%	98.3%
E06000022	Bath and North East Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.9%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.7%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.4%	89.8%
E09000004	Bexley	07Q	NHS Bromley CCG	0.1%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.2%	8.4%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	15E	NHS Birmingham and Solihull CCG	78.4%	81.7%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.1%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	39.2%	17.8%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	88.9%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.7%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.4%	97.6%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.1%	2.4%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.5%
E08000001	Bolton	00V	NHS Bury CCG	1.5%	1.0%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000058	Bournemouth, Christchurch and Poole	11J	NHS Dorset CCG	52.4%	99.7%
E06000058	Bournemouth, Christchurch and Poole	11A	NHS West Hampshire CCG	0.2%	0.3%
E06000036	Bracknell Forest	15A	NHS Berkshire West CCG	0.5%	2.0%
E06000036	Bracknell Forest	15D	NHS East Berkshire CCG	26.1%	96.9%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.0%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.2%	0.1%
E08000032	Bradford	02N	NHS Airedale, Wharfedale and Craven CCG	67.2%	18.4%
E08000032	Bradford	02W	NHS Bradford City CCG	98.9%	23.9%
E08000032	Bradford	02R	NHS Bradford Districts CCG	98.0%	56.3%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	15F	NHS Leeds CCG	0.9%	1.4%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.3%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.7%	86.4%
E09000005	Brent	07R	NHS Camden CCG	3.9%	2.8%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.3%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000005	Brent	08E	NHS Harrow CCG	5.9%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.3%	2.7%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.9%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	49.3%	100.0%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.6%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.2%	1.4%
E09000006	Bromley	08A	NHS Greenwich CCG	1.4%	1.2%
E09000006	Bromley	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.2%
E09000006	Bromley	08L	NHS Lewisham CCG	1.9%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%

E1000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E1000002	Buckinghamshire	14Y	NHS Buckinghamshire CCG	94.4%	94.9%
E1000002	Buckinghamshire	15D	NHS East Berkshire CCG	1.4%	1.2%
E1000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E1000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.7%	0.4%
E1000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E1000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E1000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E0800002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E0800002	Bury	00V	NHS Bury CCG	94.0%	94.3%
E0800002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E0800002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E0800002	Bury	14L	NHS Manchester CCG	0.6%	2.0%
E0800002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E0800003	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.6%
E0800003	Calderdale	02T	NHS Calderdale CCG	98.4%	98.9%
E0800003	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E0800003	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E1000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E1000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	71.8%	96.7%
E1000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E1000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.3%	0.0%
E1000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E1000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.6%	0.4%
E1000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E0900007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E0900007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E0900007	Camden	07R	NHS Camden CCG	83.9%	88.9%
E0900007	Camden	09A	NHS Central London (Westminster) CCG	5.6%	4.8%
E0900007	Camden	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E0900007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E0900007	Camden	08H	NHS Islington CCG	3.2%	3.0%
E0900007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E06000056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.6%	95.0%
E06000056	Central Bedfordshire	14Y	NHS Buckinghamshire CCG	0.8%	1.5%
E06000056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E06000056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.9%
E06000056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E06000056	Central Bedfordshire	04F	NHS Milton Keynes CCG	0.1%	0.1%
E06000049	Cheshire East	15M	NHS Derby and Derbyshire CCG	0.1%	0.3%
E06000049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.2%
E06000049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E06000049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.8%
E06000049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.2%
E06000049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E06000049	Cheshire East	02D	NHS Vale Royal CCG	0.6%	0.2%
E06000049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E06000049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%
E06000050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.2%	0.7%
E06000050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E06000050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E06000050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.4%	29.5%
E06000050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E06000050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.1%
E06000050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	7.0%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	2.5%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	70.4%
E09000001	City of London	08C	NHS Hammersmith and Fulham CCG	0.0%	1.2%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.6%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.0%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.2%
E06000052	Cornwall & Scilly	15N	NHS Devon CCG	0.3%	0.6%
E06000052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E06000047	County Durham	00D	NHS Durham Dales, Easington and Sedgfield CCG	97.0%	52.4%
E06000047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E06000047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E06000047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E06000047	County Durham	00J	NHS North Durham CCG	96.7%	46.3%
E06000047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E08000026	Coventry	05A	NHS Coventry and Rugby CCG	74.5%	99.8%
E08000026	Coventry	05H	NHS Warwickshire North CCG	0.4%	0.2%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.3%	93.2%
E09000008	Croydon	09L	NHS East Surrey CCG	2.9%	1.3%
E09000008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E09000008	Croydon	08K	NHS Lambeth CCG	3.0%	3.0%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.5%

E1000006	Cumbria	01K	NHS Morecambe Bay CCG	54.0%	36.6%
E1000006	Cumbria	01H	NHS North Cumbria CCG	99.9%	63.4%
E0600005	Darlington	00C	NHS Darlington CCG	98.2%	96.1%
E0600005	Darlington	00D	NHS Durham Dales, Easington and Sedgfield CCG	1.2%	3.2%
E0600005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.2%
E0600005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.6%
E06000015	Derby	15M	NHS Derby and Derbyshire CCG	26.5%	100.0%
E1000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E1000007	Derbyshire	15M	NHS Derby and Derbyshire CCG	70.9%	92.6%
E1000007	Derbyshire	05D	NHS East Staffordshire CCG	7.9%	1.4%
E1000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E1000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.1%	0.5%
E1000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E1000007	Derbyshire	04M	NHS Nottingham West CCG	5.1%	0.6%
E1000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E1000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E1000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	13.9%	4.3%
E1000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E1000008	Devon	15N	NHS Devon CCG	65.7%	99.2%
E1000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E1000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E1000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E08000017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E08000017	Doncaster	02Q	NHS Bassetlaw CCG	1.5%	0.6%
E08000017	Doncaster	02X	NHS Doncaster CCG	96.8%	97.8%
E08000017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E08000017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E06000059	Dorset	11J	NHS Dorset CCG	46.0%	95.6%
E06000059	Dorset	11X	NHS Somerset CCG	0.6%	0.9%
E06000059	Dorset	11A	NHS West Hampshire CCG	1.7%	2.5%
E06000059	Dorset	99N	NHS Wiltshire CCG	0.7%	1.0%
E08000027	Dudley	15E	NHS Birmingham and Solihull CCG	0.1%	0.6%
E08000027	Dudley	05C	NHS Dudley CCG	93.3%	90.7%
E08000027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E08000027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E08000027	Dudley	06D	NHS Wyre Forest CCG	0.8%	0.3%
E09000009	Ealing	07P	NHS Brent CCG	1.8%	1.6%
E09000009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000009	Ealing	07W	NHS Ealing CCG	86.9%	90.4%
E09000009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.5%	3.1%
E09000009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E09000009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E09000009	Ealing	07Y	NHS Hounslow CCG	4.7%	3.5%
E09000009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.3%	85.1%
E06000011	East Riding of Yorkshire	03F	NHS Hull CCG	9.2%	7.9%
E06000011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E06000011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.6%	6.8%
E10000011	East Sussex	09D	NHS Brighton and Hove CCG	1.0%	0.6%
E10000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E10000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E10000011	East Sussex	09K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E10000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E10000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E09000010	Enfield	07M	NHS Barnet CCG	1.0%	1.2%
E09000010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E09000010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E09000010	Enfield	07X	NHS Enfield CCG	95.2%	90.9%
E09000010	Enfield	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E09000010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E09000010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E10000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E10000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E10000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E10000012	Essex	99F	NHS Castle Point and Rochford CCG	95.2%	11.5%
E10000012	Essex	06K	NHS East and North Hertfordshire CCG	1.6%	0.6%
E10000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E10000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.5%
E10000012	Essex	06T	NHS North East Essex CCG	98.6%	22.7%
E10000012	Essex	08N	NHS Redbridge CCG	2.9%	0.6%
E10000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E10000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E10000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E10000012	Essex	07H	NHS West Essex CCG	97.1%	19.8%
E10000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%

E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.5%	97.7%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.2%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E08000037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E10000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	89.2%	89.3%
E09000011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.4%	4.9%
E09000011	Greenwich	08Q	NHS Southwark CCG	0.1%	0.1%
E09000012	Hackney	07R	NHS Camden CCG	0.7%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.2%	93.8%
E09000012	Hackney	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E09000012	Hackney	08H	NHS Islington CCG	4.6%	3.7%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.6%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.7%	1.1%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.5%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	82.8%	87.6%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.2%	0.3%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.5%	7.2%
E10000014	Hampshire	15A	NHS Berkshire West CCG	1.7%	0.6%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.1%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.5%	14.3%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.5%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.6%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.1%	1.0%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E09000014	Haringey	07M	NHS Barnet CCG	1.0%	1.4%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.6%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.1%	3.2%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.0%
E09000014	Haringey	08H	NHS Islington CCG	2.5%	2.1%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.4%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	2.1%
E09000015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.1%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%

E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.6%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.4%	99.4%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.5%	2.9%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.2%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.2%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.1%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.5%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.7%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.8%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.1%	1.0%
E09000018	Hounslow	07W	NHS Ealing CCG	5.4%	7.4%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	0.9%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.7%	3.8%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.9%	5.4%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.5%
E09000019	Islington	07T	NHS City and Hackney CCG	3.4%	4.2%
E09000019	Islington	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000019	Islington	08D	NHS Haringey CCG	1.2%	1.5%
E09000019	Islington	08H	NHS Islington CCG	89.1%	87.9%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.3%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.2%	1.7%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.9%	92.5%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.3%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.2%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.1%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.8%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.1%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.8%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	86.9%	95.9%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.7%	1.2%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.7%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.4%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.6%	54.7%
E08000034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.3%

E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.1%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.2%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.5%	92.2%
E09000022	Lambeth	08R	NHS Merton CCG	1.0%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.9%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.5%	3.7%
E09000022	Lambeth	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E10000017	Lancashire	02N	NHS Airedale, Wharfedale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.6%	1.9%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.9%	13.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.6%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	44.1%	12.1%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.2%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	96.9%	8.7%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E08000035	Leeds	02N	NHS Airedale, Wharfedale and Craven CCG	0.1%	0.0%
E08000035	Leeds	02W	NHS Bradford City CCG	1.1%	0.2%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.5%	0.2%
E08000035	Leeds	15F	NHS Leeds CCG	97.7%	98.8%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.1%	1.8%
E06000016	Leicester	04C	NHS Leicester City CCG	92.8%	95.5%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.5%	0.0%
E10000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.5%	39.8%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.2%	4.1%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.4%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.5%	92.0%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.9%	3.9%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.1%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.6%	29.9%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	4.9%	1.1%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.1%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.6%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.7%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.0%	1.6%

E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	93.9%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.2%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000024	Merton	08J	NHS Kingston CCG	3.4%	2.9%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.7%
E09000024	Merton	08R	NHS Merton CCG	87.7%	80.9%
E09000024	Merton	08T	NHS Sutton CCG	3.3%	2.6%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.3%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.2%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.9%	95.2%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	5.9%	4.0%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.3%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.2%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.6%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	25.2%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	24.1%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.4%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.3%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	94.9%	96.9%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	21.8%	98.3%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.6%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.2%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfedale and Craven CCG	32.5%	8.3%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.3%	22.8%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.8%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.1%
E10000023	North Yorkshire	15F	NHS Leeds CCG	0.9%	1.3%
E10000023	North Yorkshire	01K	NHS Morecambe Bay CCG	1.9%	1.0%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.8%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.2%	9.8%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	2.0%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.1%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.1%	1.0%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.5%
E06000057	Northumberland	01H	NHS North Cumbria CCG	0.1%	0.1%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E06000057	Northumberland	00L	NHS Northumberland CCG	97.9%	98.7%

E06000018	Nottingham	04K	NHS Nottingham City CCG	89.9%	95.4%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.6%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.1%	1.1%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.1%	13.5%
E10000024	Nottinghamshire	15M	NHS Derby and Derbyshire CCG	1.5%	1.8%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	97.9%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.1%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.1%	17.2%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.8%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.3%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.5%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	15A	NHS Berkshire West CCG	0.5%	0.3%
E10000025	Oxfordshire	14Y	NHS Buckinghamshire CCG	2.4%	1.8%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.4%	96.5%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.7%	0.9%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	23.0%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	15N	NHS Devon CCG	22.1%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.5%	1.4%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.2%	0.2%
E06000038	Reading	15A	NHS Berkshire West CCG	35.3%	99.4%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	4.9%	3.3%
E09000026	Redbridge	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.4%	1.7%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.3%	89.4%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.3%	3.1%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.1%	1.1%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.3%	98.9%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08I	NHS Kingston CCG	1.6%	1.5%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.3%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.4%	0.7%
E08000005	Rochdale	00V	NHS Bury CCG	0.7%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.3%	3.1%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.2%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.7%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E06000017	Rutland	03V	NHS Corby CCG	0.2%	0.5%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.9%	86.3%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.6%	11.5%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.4%
E08000006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	1.1%	2.5%
E08000006	Salford	01G	NHS Salford CCG	94.1%	94.6%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	15E	NHS Birmingham and Solihull CCG	1.9%	7.0%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	55.1%	88.6%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.0%	51.6%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.8%	41.9%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%

E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	15M	NHS Derby and Derbyshire CCG	0.2%	0.4%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.4%	0.2%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.5%	99.1%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.5%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.7%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.4%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	14Y	NHS Buckinghamshire CCG	1.8%	6.2%
E06000039	Slough	07W	NHS Ealing CCG	0.0%	0.1%
E06000039	Slough	15D	NHS East Berkshire CCG	33.8%	93.4%
E06000039	Slough	08G	NHS Hillingdon CCG	0.0%	0.1%
E06000039	Slough	07Y	NHS Hounslow CCG	0.0%	0.1%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E08000029	Solihull	15E	NHS Birmingham and Solihull CCG	17.0%	98.9%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.3%
E10000027	Somerset	15N	NHS Devon CCG	0.2%	0.5%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.1%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.8%	0.6%
E06000025	South Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	28.2%	97.5%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.9%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.8%	4.7%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.3%
E09000028	Southwark	07R	NHS Camden CCG	0.3%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.5%	1.6%
E09000028	Southwark	08C	NHS Hammersmith and Fulham CCG	0.7%	0.5%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.1%	2.0%
E09000028	Southwark	08Q	NHS Southwark CCG	94.1%	87.9%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.2%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.1%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	15E	NHS Birmingham and Solihull CCG	0.3%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	15M	NHS Derby and Derbyshire CCG	0.5%	0.5%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.1%	14.7%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.4%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.3%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.6%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.7%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.8%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.1%	0.2%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.6%	0.8%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	94.9%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.4%	0.6%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.4%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.7%

E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.3%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.2%	97.1%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.3%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.9%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.3%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.9%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	1.9%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.5%	0.3%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.0%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.3%	0.4%
E10000030	Surrey	15D	NHS East Berkshire CCG	3.4%	1.2%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.7%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.5%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.5%
E10000030	Surrey	08P	NHS Richmond CCG	0.7%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.4%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.5%	3.4%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.3%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.3%	1.9%
E09000029	Sutton	08T	NHS Sutton CCG	94.7%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.0%	98.2%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.5%
E08000008	Tameside	14L	NHS Manchester CCG	2.2%	5.8%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.9%
E08000008	Tameside	01W	NHS Stockport CCG	1.8%	2.3%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.2%	88.0%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.3%	0.3%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.4%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.5%	99.0%
E06000027	Torbay	15N	NHS Devon CCG	11.7%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08C	NHS Hammersmith and Fulham CCG	0.8%	0.5%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.2%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.2%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	96.9%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	7.0%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.7%	92.7%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	15F	NHS Leeds CCG	0.4%	1.0%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.0%
E08000030	Walsall	15E	NHS Birmingham and Solihull CCG	1.1%	4.8%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.1%
E08000030	Walsall	05Y	NHS Walsall CCG	92.8%	90.4%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.4%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.4%	0.4%
E09000031	Waltham Forest	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000031	Waltham Forest	08D	NHS Haringey CCG	0.1%	0.1%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.3%	1.7%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.1%

E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.2%	3.5%
E09000032	Wandsworth	08R	NHS Merton CCG	2.8%	1.6%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.7%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	92.6%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.2%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.6%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.7%	0.2%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.1%	45.8%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.7%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	15A	NHS Berkshire West CCG	30.0%	97.6%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.5%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	14.0%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.1%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.9%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	79.3%	71.3%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.6%	0.6%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.1%	22.6%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.1%
E08000010	Wigan	01G	NHS Salford CCG	0.8%	0.6%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.2%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.8%	1.0%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.7%
E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.9%	0.4%
E06000054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E06000054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.3%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E06000040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.1%
E06000040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	34.1%	96.9%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	15A	NHS Berkshire West CCG	31.5%	97.0%
E06000041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.6%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.5%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.8%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.5%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.4%
E10000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	0.9%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.8%	27.7%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.2%	49.3%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.3%	18.6%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.2%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

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REPORT TO HEALTH & WELLBEING BOARD

8th October 2019

**Government’s prevention Green paper consultation
“Advancing our health: prevention in the 2020’s”**

Report Sponsor: Julia Burrows
Report Author: Julie Tolhurst
Date of Report: 8th October 2019

1. Purpose of Report

1.1 To provide an opportunity for Health & Wellbeing Board to understand the content of the Governments Prevention Green paper in order to contribute to the Barnsley response to the national consultation.

2. Recommendations

2.1 Health & Wellbeing Board members are asked to:-

- Provide feedback on the content of the Green paper and any specific responses to the questions raised in the consultation document. The deadline for the consultation is **Monday 14th October 2019**
<https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

3. Background

3.1 The Government Green paper “Advancing our health: prevention in the 2020’s” states that the 2020’s will be the decade of proactive, predictive, and personalised prevention. This means:

- targeted support
- tailored lifestyle advice
- personalised care
- greater protection against future threats

New technologies such as genomics and artificial intelligence will create a new prevention model. For example, if a child had inherited a rare disease we might be able to diagnose and start treatment while they are still in the womb, so they are born healthy.

- 3.2 The consultation document highlights key challenges such as smoking, healthy weight, staying active and mental health.
- 3.3 The paper announces:
- a smoke-free 2030 ambition, including options for revenue raising to support action on smoking cessation,
 - publishing Chapter 3 of the Childhood Obesity Strategy, including bold action on: infant feeding, clear labelling, food reformulation improving the nutritional content of foods, and support for individuals to achieve and maintain a healthier weight. In addition, driving forward policies in Chapter 2, including ending the sale of energy drinks to children
 - launching a mental health prevention package, including the national launch of [Every Mind Matters](#)
- 3.4 Other factors and associated Government interventions include alcohol, drug use and sleep.
- 3.5 A life course approach from early years to healthy ageing is outlined with key commitments such as modernising the Healthy Child Programme; school oral health programmes and the Ageing Society Grand Challenge.
- 3.6 The consultation questions cover inequalities, smoking, breastfeeding, healthy eating, strength and balance exercises, mental health, sleep deprivation, water fluoridation and sexual health.

5. Conclusion/ Next Steps

- 5.1 To collate the response from relevant stakeholders to submit a Barnsley response to the Green paper consultation.

6. Financial Implications

- 6.1 There are no strategic financial implications.

7. Consultation with stakeholders

- 7.1 Key colleagues from BMBC have been consulted and key organisations in Barnsley will be submitting their responses.

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Date: 23/09/19