

<b>MEETING:</b>	Health and Wellbeing Board
<b>DATE:</b>	Thursday, 4 February 2021
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Held Virtually

## AGENDA

- 1 Declarations of Pecuniary and Non-Pecuniary Interests
- 2 Minutes of the Board Meeting held on 8th October, 2020 (HWB.04.02.2021/2)  
(Pages 3 - 8)
- 3 Key points from the Children and Young People's Trust Executive Group held on 17th September and 17th December (Draft), 2020 (HWB.04.02.2021/3) (Pages 9 - 24)
- 4 Key points from the Safer Barnsley Partnership held on 30th November, 2020 (HWB.04.02.2021/4) (Pages 25 - 34)
- 5 Public Questions (HWB.04.02.2021/5)

### **Understanding our new health and wellbeing landscape**

*Where are we now and how might we need to shape our thinking...*

- 6 Covid Intelligence Update - Presentation by Andy Snell/ Joe Minton (HWB.04.02.2021/6)
- 7 Report from the Health and Wellbeing Board Development Session (10th December, 2020) and Updated Terms of Reference - Presentation by Diane Lee and Ben Brannan (HWB.04.02.2021/7) (Pages 35 - 50)
- 8 Tackling Excess Winter Deaths and cold related illnesses - Jen Macphail and Julie Tolhurst (HWB.04.02.2021/8) (Pages 51 - 106)
- 9 Better Care Fund - Wendy Lowder and Jeremy Budd (HWB.04.02.2021/9) (Pages 107 - 116)

### **Our next steps... now, next month and next year**

- 10 Mental Health Partnership - Verbal update from Adrian England (HWB.04.02.2021/10)

To: Chair and Members of Health and Wellbeing Board

Please contact Peter Mirfin on or email [governance@barnsley.gov.uk](mailto:governance@barnsley.gov.uk)

Wednesday, 27 January 2021

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<b>MEETING:</b>	Health and Wellbeing Board
<b>DATE:</b>	Thursday, 8 October 2020
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Held Virtually

## MINUTES

### Present

Councillor Jim Andrews BEM, Deputy Leader  
 Councillor Margaret Bruff, Cabinet Spokesperson - Childrens  
 Councillor Jenny Platts, Cabinet Spokesperson - Adults and Communities  
 Julia Burrows – Director of Public Health  
 Mel John-Ross – Executive Director, Children Services  
 Phil Hollingsworth – Service Director, Stronger, Safer, Healthier Communities  
 Chris Edwards – Barnsley CCG  
 Jeremy Budd – Barnsley CCG  
 Bob Kirton- Barnsley Hospital NHS Foundation Trust  
 Amanda Garrard – Berneslai Homes

#### 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 8th October, 2019 (HWB.08.10.2020/2)**

The meeting considered the minutes of the previous meeting held on 8<sup>th</sup> October, 2019.

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

#### 3 **Key points from the Children and Young People's Trust Executive Group held on 12th September, 12th December, 13th February, and 11th June, 2020 (HWB.08.10.2020/3)**

The meeting considered various minutes from the Children and Young People’s Trust Executive Group.

**RESOLVED** that the minutes be received.

#### 4 **Key points from the Safer Barnsley Partnership held on 24th February, 8th June, 2020 and 1st September, 2020 HWB.08.10.2020/4)**

The meeting considered various minutes from the Safer Barnsley Partnership.

**RESOLVED** that the minutes be received.

#### 5 **Key Points from the Stronger Communities Partnership held on 18th December, 2019 and 20th February, 2020 (HWB.08.10.2020/5)**

The meeting considered various minutes from the Stronger Communities Partnership.

**RESOLVED** that the minutes be received.

## **6 Public Questions**

The meeting noted that no public questions had been received for consideration at the meeting.

## **7 Covid-19: surveillance and local response update**

Dr. Andy Snell was welcomed to the meeting to provide an update in relation to Covid-19.

An overview of the pandemic was provided. It was noted that Pillar 1 testing and associated data was first available in hospitals, which was subsequently extended to care homes, More recently Pillar 2 testing had become more widely available and therefore the two were not directly comparable.

Members noted the current 7 day average rate which was around 130-140 cases per 100,000 population. Nationally this figure had been rising steeply since September with numbers doubling every 7-8 days. Clear patterns could be seen between North and South, with the North of the country seeing higher rates. The age breakdown showed higher rates in young people from early September, which coincided with the opening of Universities, but this was expected to be a short-term effect. It was suggested that transmission was occurring in households, with limiting contact in households proposed to control the rise.

In addition to positive cases, the impact on the hospital was noted, with a clear rise in admissions. This had not resulted in increases in deaths due to Covid-19, but this required careful monitoring.

The significant and persistent impact of Coronavirus was noted, which included the secondary impact such as on mental health, alcohol related harm and through delay in residents accessing non-covid related health services.

The importance of washing hands, wearing face coverings and leaving space was stressed, but it was suggested that pandemics do ease over time.

Questions were asked in relation to the treatment of Covid-19 patients and the possible use of Nightingale hospitals. It was suggested that capacity was still available locally, but consideration was being given to how best manage any future increases.

In relation to the complications seen in some patients, who suffered from 'long covid', it was noted that many viral illnesses could have a chronic element and that more would be known about this over time.

Members noted the cumulative impact of Covid-19 and other infections such as Flu. The increased efforts to immunise against the flu early to minimise this and avoid any

issues in the immunisations schedule should a Covid-19 vaccine become available were acknowledged.

**RESOLVED-** that the update be noted.

## **8 Creating our Mental Health Partnership**

Diane Lee, Head of Public Health, introduced the item. Members were reminded of previous discussions regarding mental health and the establishment of a Mental Health Partnership.

An initial vision and priorities were noted, but it was suggested that the partnership would finalise these and work towards developing objectives and intelligence/performance measures. The partnership would concentrate its efforts where it could make most difference, adding challenge and holding others to account.

Infographics were shared relating to health across the life-course and it was suggested that similar could be developed with this focusing efforts.

It was suggested that a meeting be convened in January, and Members were asked to put forward nominations to be part of the partnership. It was noted that the partnership would also report into the Health and Wellbeing Board, who would hold it to account.

Members acknowledged the need to ensure the Partnership worked closely with such as the Children's Trust and Safer Communities Partnership.

**RESOLVED:-**

- (i) That the establishment of a Mental Health Partnership be supported, reporting to the Health and Wellbeing Board, with its first meeting planned for January, 2021; and
- (ii) That Members forward nominations to sit on the Partnership to Diane Lee.

## **9 The mental health impact on our employers and employees**

Ches Moulton and Carrie Sudbury were welcomed to the meeting. Members were made aware of the stress risk assessment undertaken with members of Barnsley and Rotherham Chamber of Commerce from 1<sup>st</sup> to 30<sup>th</sup> of September 2020 about stress over the past 6 months due to Covid-19.

Causes of stress were identified, with workload being the main source, followed by time management and communication. Correspondingly the majority of respondents felt they could not meet the needs of their job, did not have enough time, and many had physical symptoms of stress.

Over half found their job stressful, with around 72% saying their stress levels were moderate, high or very high. Over half also said that they experienced unacceptable levels of stress, with the major factor being workloads. Noted was the link between stress levels and performance, and the need to address causes not symptoms of stress.

Noted in the survey was the impact of work on stress levels respondents identified, rather than of their personal life.

A number of options going forward were proposed to help manage and control stress both by individuals and businesses.

Members raised concerns about the issues the survey highlighted and how they could be supported through Be Well at Work programme and through the Mental Health Partnership.

It was noted that the majority of respondents were female, but that evidence showed high levels of mental health issues, and suicide in males, so suggestions were made as to how reach that demographic.

Members heard how it was difficult to make comparisons with other areas, or prior to covid-19, but qualitative evidence showed that Covid-19 had increased stress across the workforce. Feedback from Chamber Members noted the widespread impact of Covid-19, and the lack of support for sole traders. This included both financial and emotional support.

Members noted the recent staff Pulse Survey in BMBC, and how this would help to identify issues related to stress in the workforce. In addition, the 'Day in the life' campaign would help to highlight mental health issues and the impact of Covid-19.

**RESOLVED** that thanks be given for the presentation.

## **10 National Food Strategy: part one. Our local response to date and next steps (HWB.08.10.2020/10)**

Christus Ferneyhough, Senior Public Health Officer, and Anne Asquith, Commissioning Manager (Healthier Communities), were welcomed to the meeting.

An overview of the National Food Strategy (part one) was provided, which highlighted the flexibility and resilience of the food system throughout the pandemic so far. The main focuses in the strategy were to address the 'cracks' in the system such as children's access to food, and also to maintain high food and animal welfare standards when the UK leaves the EU. Also, within the strategy was an emphasis on healthy weight, especially in light of Covid-19. The link between deprivation and overweight/obesity was noted.

Members noted the recommendations in the report, which included the expansion of the free school meal scheme, and increasing the value of healthy start vouchers. Also noted were the recommendations to ensure food and animal welfare standards remained high in future trading agreements.

Those present heard how locally 65.8% are overweight or obese, and that Barnsley is the 38<sup>th</sup> most deprived local authority in England. However, the significant variations within Barnsley were acknowledged. Noted was the link between improving food access and improving health, including potentially better outcomes for those contracting Covid-19.

Members were made aware of Good Food Barnsley CIC, which was established prior to the pandemic, but access to food had become more of an issue since. It aims to improve food access for all across Barnsley. An Innovation Manager had recently been employed to develop a strategy and deliver the objectives of the partnership. Members noted the initiatives in place such as Food Banks, Community Shops and holiday hunger schemes, and the impact of Covid-19 restrictions on delivering the latter was noted.

Members noted the 'Local Authority Declaration on Healthy Weight' which a number of Councils in the region had signed. Noted were the 16 commitments to make, and the need for the Local Authority to work with partners to deliver against this. If Barnsley was minded to sign the declaration, it was suggested that Good Food Barnsley could act as a steering group.

Those presented noted that the furlough scheme would be coming to an end and the potential impacts on families. Also noted was the potential of a second phase of Covid-19 and winter pressures which may lead to pressure on food capacity. The additional impact that Brexit could also have on food prices, access and quality as also acknowledged.

Assurances were provided that risks had been considered and relevant plans had been put in place to respond to these

A suggestion was made to make Councillors aware of support available in their Ward or Area. It was noted that the Innovation Manager was working closely with Area Council Managers to map support across the borough and identify gaps.

**RESOLVED:-**

- (i) That thanks be given for the presentation and the work in place to improve access to food and promote healthy weight be supported;
- (ii) That the Board receives regular updates from Good Food Barnsley;
- (iii) That the board considers how it can support food access and promote healthy weight.

**11 A day in the life of: Our new normal**

Julia Burrows, Director of Public Health, spoke about plans to repeat the 'A Day in the Life of' exercise first undertaken in 2017. A snapshot of resident's lives was provided on 7<sup>th</sup> November, 2017, and the exercise revealed a number of clear themes which informed the Public Health Strategy.

It was noted that much had changed since the onset of the pandemic, and it was felt important to capture how people's lives had changed as a result.

The exercise will therefore be repeated as 'A Day in the Life of; our new normal' on 3<sup>rd</sup> November, 2020, and will inform the Health and Wellbeing Strategy. There will be prompts for respondents to consider, and people will be asked about acts of kindness they may have seen or experienced.

Members noted the launch day of 19<sup>th</sup> October and planned promotion until 3<sup>rd</sup> November, and the hope to analyse all responses by the end of the year.

It was noted that a similar exercise 'What Matters To Me' would be undertaken to include the views of young people.

**RESOLVED:-**

- (i) That the exercise be endorsed; and
- (ii) That Board Members promote the exercise through their networks.

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Chair





**Children and Young People’s Trust Executive Group Meeting  
17<sup>th</sup> September 2020, from 2pm – 5pm  
Via Microsoft Teams**

**Present**

**Core Members:**

Mel John-Ross (Chair)	BMBC, Director of Children’s Services
Bob Dyson	Barnsley Safeguarding Children Partnership
Margaret Gostelow	Barnsley Governors Association
Phil Hollingsworth	BMBC Service Director, Stronger Safer and Healthier Communities
Cllr Margaret Bruff	Cabinet Member: Children’s Services
Jess Leech	Barnsley College
Nina Sleight	BMBC, Service Director for Education, Early Start and Prevention.
Nick Bowen	Executive Principal, Horizon Community College representing BACCUS and Secondary Schools
Adrian England	Healthwatch Chair, on behalf of Sue Womack
Emma Baines	BMBC,
Alicia Marcroft	BMBC

**Deputy Members:**

Cathryn Egginton	Headteacher, Wellgate Primary School
Patrick Otway	Barnsley CCG
Cherie Buttle	South Yorkshire Police
Tracy Taylor	
Liz Stenton	BMBC, Head of Service - Children & Family Social Care

**Advisor:**

Karen Sadler	BMBC, Service and Strategy Manager, (C& P)
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**In Attendance:**

Dawn Fitzpatrick	BMBC, Partnerships and Project Officer
Phil Ainsworth	BMBC, Public Health Senior Practitioner
Helen Goddard	BMBC, Public Health Officer
Lauren Nixon	BMBC, Transformation Lead
Helen Wood	BMBC, Org & Workforce Dev Business Partner
Garreth Robinson	BMBC, Public Health Practitioner
Tracy Letchford	BMBC, 0-19 Public Health Service Manager
Sam Tingle	BMBC, Senior Early Years Consultant
Lisa Bosson	BMBC, Early Years Consultant
Alex Taylor	BMBC, Youth Voice and Participation Coordinator
Young People /Youth Council Members (Individual names withheld for confidentiality)	

		<b>Action</b>
1.	<p><u>Apologies</u> The following apologies were received: Sarah Sinclair                      BMBC Head of Commissioning, Governance and Partnerships</p>	

		<b>Action</b>
	<p>Gerry Foster-Wilson Executive Headteacher representing Primary Schools</p> <p>Amanda Glew BMBC Organisation Development Manager</p> <p>Jayne Sivakumar Barnsley CCG, Chief Nurse</p> <p>Sarah Poolman South Yorkshire Police, Chief Superintendent</p> <p>John Marshall Chief Executive, Barnsley CVS</p> <p>Dave Ramsay South West Yorkshire Partnership Foundation Trust, Deputy Director of Operations</p> <p>Laura Rumsey Interim Associate Director of Nursing/Head of Midwifery</p> <p>Debbie Mercer BMBC, Service Director Child Social Care &amp; Safeguarding</p> <p>Liz Leek Barnsley College</p>	
2.	<p><u>Feedback from the front line</u></p> <p>Colleagues shared feedback from front line:</p> <ol style="list-style-type: none"> <li>1. Cathryn Egginton was pleased to inform members that it had been a really positive start back to school with 93% attendance, all vulnerable children were back in school and feedback from parents/carers had been positive. There have been a few bubble closures, but overall, it has been positive from Primary's.</li> </ol> <p>Nick Bowen followed on with feedback from Secondary's again noting that attendance was high 96%. It was highlighted that the attitudes of students were very good, they had been missing school and friends. The rigorous structure was providing a calm environment. Young people were responding to wearing face coverings really well adding the extra protection.</p> <p>Concerns were raised with regards to staff absences due to waiting for tests to come through. It was noted that staff are able to deliver real time classes via teams.</p> <ol style="list-style-type: none"> <li>2. Alicia Marcroft shared feedback noting that Public Health England had been overwhelmed by testing. The DFE hotline opened this morning. The key message is for further avenue for testing to support schools.</li> <li>3. Mel conveyed on behalf of the CYP Trust a big thank you to Schools and School leaders for all their efforts to keep schools open during the pandemic. It was fantastic to see young people back at school.</li> </ol>	
3.	<p><u>Identification of confidential reports and declarations of any conflicts of interest</u></p> <p>It was noted that item 5, 6, 7, 8, 12 &amp; 13 should be treated as confidential.</p> <p>Adrian England declared a conflict of interest as representative on SY&amp;B ICS</p>	
4.	<p><u>Minutes of the Trust Executive Group meeting held on 11 June 2020.</u></p> <p>The minutes of the previous meeting were agreed as an accurate record.</p>	

		<b>Action</b>
4.1	<u>Action log / matters arising</u>  Updates recorded as per the action log.	
<b>Keeping Children &amp; Young People Safe</b>		
5.	<u>Barnsley Safeguarding Children's Partnership Meeting held on 17 July 2020 - Highlights - CONFIDENTIAL</u> (Bob Dyson)  <i>This item was confidential and is therefore not included in the published minutes.</i>	
<b>Improving education, achievement &amp; employability</b>		
6.	<u>SEND Improvement Programme and Inspection – CONFIDENTIAL</u> (Nina Sleight)  <i>This item was confidential and is therefore not included in the published minutes.</i>	
7.	<u>Return to Schools: Full return for all children including CiC and Care Leavers - CONFIDENTIAL</u> (Mel John Ross)  <i>This item was confidential and is therefore not included in the published minutes.</i>	
<b>Tackling Child Poverty &amp; Improving Family Life</b>		
8.	<u>Impact of Covid and Gaps in Services - Public Health Analysis – CONFIDENTIAL</u> (Alicia Marcroft/Helen Goddard)  <i>This item was confidential and is therefore not included in the published minutes.</i>	
9.	<u>Alcohol Paper</u> (Garreth Robinson)  Garreth was welcomed to the meeting and provided a progress update of the borough Alcohol Plan (2018 – 2021) and highlighting the following key points: <ul style="list-style-type: none"> <li>• Evidence suggested an increase in alcohol consumption this year.</li> <li>• Barnsley public health team have worked collaboratively with BHNFT to secure NHS funding and be one of two ACT pilot sites in the North of England. Although the focus is on supporting adults, the approach in Barnsley has been extended to include young people, working alongside the Early Help Navigator based in the A&amp;E department.</li> <li>• A&amp;E department, the Early Help Navigator and the Young People's Substance Misuse Service are working to identify any emerging risk factors, patterns and trends to enable targeted effective interventions for children and young people;</li> <li>• Rates for under-18 alcohol-specific hospital admissions are the second highest across the Yorkshire &amp; Humber region and under-18 female rates are the highest.</li> <li>• Alcohol and alcohol related harm is being monitored. It will be a standard</li> </ul>	

		<b>Action</b>
	<p>agenda item on the Alcohol Alliance agenda.</p> <p>The action plan 2018/2019 was discussed noting that priorities have been progressed and that the plan is being reviewed and once finalised, meetings will take place with all leads.</p> <p>Members were asked to consider the recommendations and support the progress of travel.</p> <p>A brief discussion took place with regards to where are young people are drinking. It was noted that there is a section related to where they have been prior to A&amp;E admission ie local park/family/friends etc. and that this information is shared/discussed at the Alcohol Alliance.</p> <p>Members thanked Garreth for the comprehensive report.</p> <p><b>Action:</b> To be added to TEG work programme. Date to be agreed with Garreth / Diane Lee.</p>	Garreth/Diane/ work programme
10.	<p><u>Two Year Assessments and Integrated Working - Presentation</u> (Sam Tingle/Tracy Letchford/Lisa Bosson)</p> <p>Sam Tingle, Tracy Letchford and Lisa Bosson were welcomed to the meeting.</p> <p>Sam provided a presentation on Early Identification and overview of how health and early years work together to identify children at risk of delay. Every Early Years setting must adhere to the statutory framework, but processes in Barnsley go well beyond statutory duty to help ensure all progress checks are shared with health and any actions can be agreed to support a child's progress.</p> <p>Tracy provided an overview of the universal two to two-and half-year review. Data is collected on a quarterly basis as part of the mandatory process. ASQ3 Questionnaires are used by health professionals and assists early identification and early intervention in particular around communication skills and may identify when parenting help may be required. This helps to ensure children with SEND are identified earlier.</p> <p>Data collection by 0-19 Public Health Nursing Service has improved and termly meetings take place with Early Years settings.</p> <p>The impact of COVID on the timeliness of assessment and identification of need, is being considered and work is underway to ensure children get the services they need.</p> <ul style="list-style-type: none"> <li>• New cohort of two-year olds - possible increase of reviews</li> <li>• Challenges of conducting integrated reviews within Covid restrictions</li> <li>• Possible lower attainment due to Covid lockdown measures</li> </ul> <p><b>Action:</b> TEG members were asked to raise awareness of the two-year process check, ASQ and integrated review processes with their teams</p>	TEG Members

		<b>Action</b>
	<p>A brief discussion took place with regards to understanding the outcome analysis of the integrated reviews and the links to the SEND agenda. It was confirmed that this wider analysis work is underway and is included in the SEND Improvement Plan.</p> <p>Questions/Comments from members included:</p> <ul style="list-style-type: none"> <li>Mel asked with regards to the development levels. Sam explained that they had just converted termly data to annual data set and this could be shared, it is age related and breaks it down to Area Councils. It was agreed that this would be helpful. <b>Action:</b> Sam to circulate that data and presentation. Tracy suggested looking at ASQ scores for different areas.</li> </ul>	Sam Tingle
11.	<p><u>SYB ICS Healthy together Website - for information</u> (Amy Baxter)</p> <p>Karen highlighted to members the information with regards to the South Yorkshire and Bassetlaw Healthy Together Website which provides advice for parents, young people and clinical resources to support health care workers.</p>	
<b>Encouraging positive relationships &amp; strengthening emotional health</b>		
12	<p><u>Lived experience case study - Learning from bad experiences – Presentation</u> (Phil Ainsworth) <b>CONFIDENTIAL</b></p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
13.	<p><u>Continuous Service Improvement Plan (CSIP) - CONFIDENTIAL</u> (Debbie Mercer/Liz Stenton)</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
14.	<p><u>TEG Terms of Reference (TORs)</u> (Karen Sadler)</p> <p>Karen presented the updated Terms of Reference; minor tweaks have been made but the overall content has not changed significantly. TEG members to review the ToRs and provide Karen with any comments/amendments.</p> <p>Comments/amendments noted included:</p> <ul style="list-style-type: none"> <li>Mel's title to be changed to Director of Children's Services</li> <li>Section 2.2 BSCP to be added.</li> <li>Barnsley CVC and Healthwatch are separate representations.</li> </ul> <p><b>Action:</b> Members to send comments/amendments by email by 9th October 2020 after which the final version will be recorded and circulated.</p>	TEG Members
15.	<p><u>Joint TEG - BSCP Annual Event - 27 November 2020</u> (Mel John Ross)</p> <p>Mel briefed members with regards to the Annual Joint TEG/BSCP Event taking place on Takeover day on 27<sup>th</sup> November 2020.</p> <p>Mel explained that it was felt that it is really important this still goes ahead but will not be a live event.</p>	

		<b>Action</b>
	<p>We will be looking at how it can be facilitated that so everyone is involved and can contribute.</p> <p>The Agenda will comprise of</p> <ul style="list-style-type: none"> <li>• How the Trust is progressing priorities of CYP Plan</li> <li>• COVID - how it impacted on services and sharing what's happen across the partnership including impact on education and hidden harm</li> <li>• Anti-bullying strategy - involving young people and how we take it forward share principles</li> <li>• Key Campaigns - joined up communications across the partnership</li> </ul> <p>Members were informed that some items might be asked for in advance so can be prepared on the day.</p>	
16.	<p><u>TEG Work Programme Review</u> (Dawn Fitzpatrick)</p> <p>The TEG work programme was reviewed. The agenda items for the next meeting were agreed alongside any items identified at today's meeting. <b>Action:</b> Work programme to be updated.</p>	Dawn / Work programme
17.	<p><u>Young People's Participation Group - Presentation re Bullying</u> (Emma Baines, Alex Taylor and Young People from SEND Youth Forum)</p> <p>Emma, Alex and the young people from the SEND Youth Forum were welcomed to the meeting to show case the video and cases studies they have developed to share their perspective of bullying and the impact bullying has on young people.</p> <p>It was highlighted that bullying was a consistent issue that came out of consultations, and thus was chosen to be the first action for the SEND Youth Forum to focus on.</p> <p>Key messages from the video/cases studies were that young people with SEND felt ignored or not taken seriously when reporting bullying, which can make them feel that they are the problem. They feel excluded and that affects their self-esteem far into the future not just at school. Young people feel that bullying is not dealt with properly and can cause them to withdraw and can result in mental health issues the call to action was for TEG partners to recognise that bullying is unacceptable and discriminatory, and for action to be taken to change the culture.</p> <p>It was agreed that the material produce by the young people needed to be shared with The Barnsley Alliance to engage all schools in the borough.</p> <p>The logistics of a Barnsley wide antibullying strategy was discussed and it was suggested that a 'charter mark' approach may work best. Once the charter mark had been developed with young people, it could be adopted by schools, colleges and other organisations.</p> <p>The young people thanked TEG for their continued support and proudly announced that the final copy of the CYP SEND Plan is ready and that they are really excited now for the launch.</p>	

		<b>Action</b>
	<p>Mel thanked the young people on behalf of all TEG members for the work they have undertaken and the challenge they brought to TEG.</p> <p><b>Action:</b> Invitation for SEND Youth Forum to attend the Barnsley secondary heads and primary heads meetings</p> <p><b>Action:</b> Forward the presentation and Case studies to Di Drury</p> <p><b>Action:</b> Build in check and challenge into the work programme</p>	<p>Nina Sleight</p> <p>Dawn Fitzpatrick</p> <p>Dawn Fitzpatrick</p>
18.	<p><u>Any Other Urgent Business</u></p> <p>No other business was discussed.</p>	
	<p><b>Date and time of next meeting: 2pm on Thursday 17<sup>th</sup> December 2020 via Microsoft Teams</b></p>	
<p><b>Proposed agenda items for next meeting on 17 December 2020</b></p> <ul style="list-style-type: none"> <li>• Barnsley Safeguarding Children's Partnership (BSCP) minutes</li> <li>• Continuous Service Improvement Framework &amp; Plan</li> <li>• TEG Work Programme review</li> <li>• SEND Improvement Programme</li> <li>• SEND Engagement and Participation Strategy</li> <li>• DFE - Early Outcomes SCLN Framework</li> <li>• 0-19 Public Health – Update</li> <li>• Workforce Development Updates re Children's Services</li> <li>• Integrated Care System (ICS) Update</li> <li>• CAMHS Service update</li> <li>• CAMHS Pathway / Service Specification and onward development Update</li> <li>• Emotional Health &amp; Wellbeing update</li> <li>• Transport /Active Travel Update</li> <li>• Joint Strategic Commissioning Review update</li> </ul>		

**2021 Meetings** - these will be held quarterly.

<b>Date of meeting</b>	<b>Time</b>	<b>Venue</b>	<b><i>Deadline dates for reports</i></b>
<i>Thursday 18 March 2021</i>	14.00 – 17.00	TBA	<i>Tuesday 9<sup>th</sup> March 2021</i>
<i>Thursday 15 July 2021</i>	14.00 – 17.00	TBA	<i>Tuesday 6<sup>th</sup> July 2021</i>
<i>Thursday 14 October 2021</i>	14.00 – 17.00	TBA	<i>Tuesday 5<sup>th</sup> October 2021</i>
<i>Thursday 2 December 2021</i>	14.00 – 17.00	TBA	<i>Tuesday 23<sup>rd</sup> November 2021</i>

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**Children and Young People's Trust Executive Group Meeting  
17 December 2020 from 2pm – 5pm  
Via Microsoft Teams**

**Present**

**Core Members:**

Mel John-Ross (Chair)	BMBC, Director of Children's Services
Bob Dyson	Barnsley Safeguarding Children Partnership
Margaret Gostelow	Barnsley Governors Association
Phil Hollingsworth	BMBC Service Director, Stronger Safer and Healthier Communities
Gerry Foster-Wilson	Executive Headteacher representing Primary Schools
Cllr Margaret Bruff	Cabinet Member: Children's Services
Helen Wood	BMBC Organisation & Workforce Development Business Partner
Phil Briscoe	Barnsley College Vice-Principal Quality and Student Experience
Jess Leech	Barnsley College
Jamie Wike	Barnsley CCG, Chief Operation Officer
Sarah Poolman	South Yorkshire Police, Chief Superintendent
Dr Clare Bannon	Barnsley Local Medical Committee
Laura Rumsey	Interim Associate Director of Nursing/Head of Midwifery
Nina Sleight	BMBC, Service Director for Education, Early Start and Prevention.
Dave Ramsay	South West Yorkshire Partnership Foundation Trust, Deputy Director of Operations
Nick Bowen	Executive Principal, Horizon Community College representing BACCUS and Secondary Schools
Adrian England	Healthwatch Chair, on behalf of Sue Womack
John Marshall	Chief Executive, Barnsley CVS

**Deputy Members:**

Cathryn Egginton	Headteacher, Wellgate Primary School
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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
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		<b>Action</b>
1.	<u>Apologies</u> The following apologies were received: Jayne Sivakumar, CCG Chief Nurse. Jamie Wike will be representing CCG going forward.	
2.	<u>Feedback from the front line</u>  Colleagues shared feedback from front line:  1. Mel updated members with regards to recent visits she had made to two schools and the good practice taking place with regards children	

		<b>Action</b>
	<p>transitioning to Secondary school, ensuring children are adequately prepared. One Primary Head follows up the progress that children have made in transitioning to secondary schools, by visiting them in their secondary schools, to ensure that pupils were well prepared and to take away any learning from these visits. Mel queried as to whether other primary schools also do this.</p> <p>2. Nina updated members with regards to a Quality Assurance virtual meeting that she had, with a parent with a child in early years who have just received an EHCP which had all been completed virtually. Everything went well and the parents felt valued, reassured and supported. The importance of keeping parents informed all the way through the process was highlighted. This is equally important even if nothing within the EHCP has changed.</p>	
3.	<p><u>Identification of confidential reports and declarations of any conflicts of interest</u></p> <p>It was noted that item 5, 7, 8, 9, 10, 12, 15 &amp; 16 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 17<sup>th</sup> September 2020.</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>Updates recorded as per the action log.</p>	
5	<p><u>Reflections and Next Steps from the Joint TEG-BSCP Event</u> (Sarah Sinclair) CONFIDENTIAL</p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
<b>System Developments</b>		
6.	<p><u>Integrated Care System (ICS)</u> (Jeremy Budd)</p> <p>Jeremy was welcomed to the meeting and provided a brief update on the priorities and progress of the Barnsley Integrated Care Partnership (BICP) to members. Five priorities agreed which are:</p> <ul style="list-style-type: none"> <li>• Covid-19 management and recovery</li> <li>• Supporting complex, vulnerable and shielded people (including our workforce)</li> <li>• Understanding the impacts of the epidemic</li> <li>• 'Lock in' Covid-19 beneficial transformations and planned care coordination</li> <li>• Achieve financial balance</li> </ul> <p>The system has continued to work extremely well together, and the mutual support offered to and from all health and care partners in the system has been outstanding and provides avenue for escalation if necessary. Preparation for a potential Covid 3<sup>rd</sup> wave in January is underway.</p>	

		<b>Action</b>
	<p>Changes by NHSE were highlighted, which will be SYB wide. It was stated that all decision's will be taken at place as it is a Place based partnership.</p> <p>Jeremy updated members on the objectives taking place over the next 12 months, which included the following:</p> <ul style="list-style-type: none"> <li>• Delivery of the recovery and reset plan</li> <li>• Continue to strengthen the partnership, taking account of changes in legislation</li> <li>• Mobilisation of Neighbourhood teams/area councils</li> <li>• Supporting the development of the Mental Health Partnership</li> <li>• Clear and consistent one voice for Barnsley within ICS</li> <li>• Strengthening joint commissioning arrangements and to ensure clear accountability</li> </ul> <p>Jeremy noted that the group is a very active and meets twice a week and Children's commissioning will be coming forward.</p> <p>Discussion took place with regards to the Silver group which was set up as part of the Covid response and Silver were really keen that continued. The conversation continued as to whether there needs to be a separate strand and how we hold that to account to ensure that is happening. It was suggested that the group could link in both ways.</p> <p>Discussion around children's voice and how we feed in the needs of children took place.</p> <p>Work in the Dearne area was highlighted, with the wellbeing teams having strong links to local schools and work streams with regards to mental health and bullying are well identified.</p> <p>Mel enquired if young people were on the engagement forum with regards to assistance and communities or could that be supported via the Youth Council. Jeremy explained that there is not one in place but that it would add real value in ensuring appropriate representation from all ages/sectors.</p> <p>It was suggested to add this as part of Joint Commissioning review to help to question stakeholder engagement and feed in via existing forum with young people.</p> <p>Members noted the report, conclusion and next steps. It was suggested to consider ways of strengthening and feeding into the agenda the needs of children and young people.</p>	
7.	<p><u>Joint Strategic Commissioning Review</u> (Sarah Sinclair) <b>CONFIDENTIAL</b></p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
<b>Keeping Children &amp; Young People Safe Title</b>		

		<b>Action</b>
8.	<p><u>Barnsley Safeguarding Children's Partnership Meeting held on 18 September 2020 &amp; 20 November 2020 – Highlights - <b>CONFIDENTIAL</b> (Bob Dyson)</u></p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
9.	<p><u>SEND Improvement Programme (Nina Sleight) <b>CONFIDENTIAL</b></u></p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
10.	<p><u>SEND Engagement and Participation Strategy (Amber Burton) <b>CONFIDENTIAL</b></u></p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
11.	<p><u>DFE - Early Outcomes SLCN Framework (Laura Hammerton)</u></p> <p>Laura Hammerton was welcomed to the meeting and presented an update on the progress of the Early Outcomes Framework Project implementation including the successful bid and funding arrangements which aims to achieve three key things:</p> <ul style="list-style-type: none"> <li>• To increase leadership focus at local authority level on the key issue of early language.</li> <li>• To enable LAs to undertake work to improve their services and how they are delivered.</li> <li>• To resource evaluation and partnership working amongst LAs that will spread innovations around the wider system.</li> </ul> <p>The partnership identified long-term changes needed to improve Speech Language and Communication Needs (SLCN) outcomes for young children in South Yorkshire, with a specific focus on those who are disadvantaged. A regional workforce strategy was developed to be implemented across multiple teams and build a sustainable regional model.</p> <p>An overview of the Strategic Board and governance, which has enabled information and data sharing agreements to be put in place enabling effective collaboration to support the process within each workstream was provided. There is a commitment to work together to maintain this.</p> <p>Laura highlighted all the various areas of improvement/ training which included:</p> <ul style="list-style-type: none"> <li>• A programme of data collection and analysis was undertaken</li> <li>• Commenced delivery of a regional Train the trainer's programme to create a sustainable SLCN training team.</li> <li>• Opted to strengthen existing approaches eg. Use of Wellcomm</li> <li>• Delivery of ELKLAN training and will shortly commence Level 4 training</li> <li>• Development of Universal Training which is developed in partnership</li> <li>• There are 8 Language Champions trained in ELKLAN</li> <li>• A Communication festival – Commfest have been planned.</li> <li>• Further training was planned to take place, which has been impacted by Covid</li> </ul> <p>Members commented that they were really pleased to get the funding, the sustainability approach to build capacity was welcomed and it was noted that what</p>	

		<b>Action</b>
	<p>the evidence is telling us is that really early engagement is really vital. Query with regards to evaluating outcomes was raised. Laura explained there will be two different elements. One doing a workforce development skills audit with regards to confidence and competencies and 2-year progress checks to track progress. It was suggested that this could be explored through the joint contract services.</p> <p>There will also be a project evaluation.</p> <p><b>Action:</b> Update with regards to the evaluation to be added to the work programme to come back to TEG at much later date.</p> <p>It was noted that if the DFE agreed to a longer project an interim report will be brought and then a final update at the closure of the project</p> <p>Laura was thanked for her report.</p>	Work programme
<b>Supporting children, young people &amp; families to make healthy lifestyle choices</b>		
12.	<p><u>Transport and Active Travel Update</u> (Mark Anderson) <b>CONFIDENTIAL</b></p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
<b>Encouraging positive relationships &amp; strengthening emotional health</b>		
13.	<p><u>Emotional Health and Wellbeing Group Update</u> (Lauren Nixon)</p> <p>Lauren was welcomed to the meeting and presented an update with regards to the ongoing workstreams and key priorities which included:</p> <ul style="list-style-type: none"> <li>• Mental Health Support Team (MHST) procurement process has ended, this was a large piece of work and communications will be coming out soon. This will start to be implemented from January to ensure an integrated pathway is in place.</li> <li>• CAMHS Single point of contact and ongoing work with CAMHS as part of the CAMHS Service Specification, which will be a true point of contact – no wrong door process. Work is ongoing with partners which links in with health and support teams. From referral it will provide a seamless support, this will prevent young people feeling frustrated and battered between services.</li> <li>• Currently working with Chilypep re the EHMB Hub, which has been impacted by Covid. Now it is Covid secure work is ongoing on how best to utilise that space in the new year working within restrictions.</li> <li>• Mindspace App and Website, this has been piloted by young people from Penistone school and will be launched in February. It is a really useful resource.</li> <li>• Primary EHMB best practice model. Thrive was not sustainable so now looking at how we can support and engage to get consistency. Development of online support - PHSE and HEB toolkit.</li> </ul> <p>The main areas we are working on as a group include:</p>	

		<b>Action</b>
	<ul style="list-style-type: none"> <li>• Engagement Strategy - services have been doing their own engagement strategy, a consistent strategy is needed, this is a big piece of work. Emma Baines and Youth Council are engaged in this process.</li> <li>• Statutory &amp; community voluntary services - create more consistency for outcome measures and monitoring.</li> <li>• EHWB scrutiny is due to be completed in February 2021. There are a further two meetings planned to look at Post 16 transition to adult and SEND Young People, a youth voice session to hear their experience.</li> <li>• EMWB group are working on development of integrated working pathway to support seamless transitions. The group has been widened - youth, social prescribing has been added.</li> </ul> <p>Discussion took place with regards to young people on school role but absent. Jane Allen and her team would be a good link with regards to this.</p> <p>There is an ongoing consultation with schools as part of the MHST implementation to ensure that schools are involved at each stage, to support the development of the service ensuring that it meets the needs of schools.</p> <p>Lauren was thanked for her report it was a really helpful overview.</p> <p>Alicia left meeting at this point.</p>	
14.	<p><u>Workforce Development Updates re Children's Services</u> (Helen Wood)</p> <p>Helen was welcomed to the meeting and provided an update progress relating to workforce development highlighting the following:</p> <p><b>Multi Agency Safeguarding Children Training Programme</b></p> <ul style="list-style-type: none"> <li>• Total numbers of the Barnsley workforce attending have exceeded the forecast.</li> <li>• Covid-19 meant a change in the delivery format from face to face to virtual sessions</li> </ul> <p>New courses which have been added were highlighted</p> <ul style="list-style-type: none"> <li>• Supporting Children Through Loss and Bereavement</li> <li>• Bullying and the Effects on the Child</li> <li>• Safeguarding Children During the First Year of Life</li> <li>• Sexual Abuse Within the Family</li> </ul> <p>In January 2021 there will be two half day conferences on Understanding Adverse Childhood Experiences and the Effects on the child.</p> <p>Workforce development team have also been involved with services for refresher courses for Children's Social Care, SEND and TYS Strategy.</p> <p>Comments from members included:</p> <ul style="list-style-type: none"> <li>• It's a tribute to people due to switching over to virtual delivery which has been amazing.</li> <li>• Trainer for adults - cross cutting issues</li> <li>• Evaluation is key to training and how useful people find it</li> <li>• Efficiencies on time means training and development is so much more accessible</li> <li>• Reach is really positive</li> </ul>	

		<b>Action</b>
	<p><b>Action:</b> Partnership to inform Helen and Karen Harrison know if there are any gaps or courses that they wish to be delivered.</p> <p>Helen was thanked for her report which is really positive.</p>	TEG members
15.	<p><u>Continuous Service Improvement Plan (CSIP)</u> (Debbie Mercer) <b>CONFIDENTIAL</b></p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
16.	<p><u>ECG Highlight Report</u> (Dawn Fitzpatrick) <b>CONFIDENTIAL</b></p> <p><i>This item was confidential and is therefore not included in the published minutes.</i></p>	
17.	<p>TEG Work Programme Review (<i>Dawn Fitzpatrick</i>)</p> <p>Adrian updated members with regards to the MH partnership formed by HWB first meeting will be in January 2021. <b>Action:</b> It was suggested for a Presentation with regards to this to be added to work programme for March meeting</p> <p>Provisional Education Outcomes will be presented to scrutiny. It was suggested to add this to the work programme for the March meeting.</p> <p>A brief update with regards to Connect and collaborate was provided, highlighted that Public Health are keen to take this forward, its a further opportunity to explore things in depth especially with operational staff. Additional events could be organised. TEG supported this proposal.</p>	<p>Work programme</p> <p>Work programme</p>
18.	<p><u>Any Other Urgent Business</u></p> <p>No other business was discussed.</p>	
<b>Date and time of next meeting: 18<sup>th</sup> March 2021</b>		
<p><b>Proposed agenda items for next meeting on 18<sup>th</sup> March 2021</b></p> <ul style="list-style-type: none"> <li>• Barnsley Safeguarding Children's Partnership (BSCP) minutes &amp; Safeguarding Awareness</li> <li>• Update</li> <li>• 0-19 Public Health Update</li> <li>• Continuous Service Improvement Framework &amp; Plan</li> <li>• TEG Work Programme review</li> <li>• Domestic Violence</li> <li>• SEND Improvement Programme</li> <li>• SEND Coproduction Update</li> <li>• Alcohol Alliance Update</li> <li>• CAMHS Pathway / Service Specification and onward development Update</li> <li>• CAMHS Service update</li> <li>• Integrated Care System (ICS) Update</li> <li>• Make your Mark update (Youth Council)</li> <li>• Mental Health Partnership Presentation</li> </ul>		

	<b>Action</b>
<ul style="list-style-type: none"> <li>• Provisional Education Outcomes</li> <li>• Anti-bullying charter and update</li> <li>• Joint Strategic Commissioning Review</li> </ul>	

**2021 Meetings** - these will be held quarterly.

<b>Date of meeting</b>	<b>Time</b>	<b>Venue</b>	<b>Deadline dates for reports</b>
<i>Thursday 18 March 2021</i>	14.00 – 17.00	<i>TBA - Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>Tuesday 9<sup>th</sup> March 2021</i>
<i>Thursday 15 July 2021</i>	14.00 – 17.00	<i>TBA - Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>Tuesday 6<sup>th</sup> July 2021</i>
<i>Thursday 14 October 2021</i>	14.00 – 17.00	<i>TBA - Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>Tuesday 5<sup>th</sup> October 2021</i>
<i>Thursday 2 December 2021</i>	14.00 – 17.00	<i>TBA - Westgate Plaza, Level 3, Room 3 (Boardroom)</i>	<i>Tuesday 23<sup>rd</sup> November 2021</i>





## Minutes of the Safer Barnsley Partnership Board

Monday 30<sup>th</sup> November 2020, 2pm to 4pm, Virtual Meeting via Microsoft Teams

### ATTENDANCE

Organisation	Name	Position
BMBC (Chair)	Wendy Lowder	Executive Director, Adults & Communities Directorate
SYP (Co-Chair)	Sarah Poolman	Barnsley District Commander, South Yorkshire Police
BMBC	Phil Hollingsworth	Service Director, Safer Stronger Healthier Communities
SYP	Cherie Buttle	Superintendent, South Yorkshire Police
BMBC Cabinet Spokesperson	Cllr Jenny Platts	Cabinet Spokesperson for Communities
BMBC Adult's Care	Julie Chapman	Service Director, Adults Social Care & Wellbeing, Communities Directorate
BMBC Early Start	Julie Hammerton	Early Intervention & Prevention Service Manager
Police & Crime Panel	Cllr Anita Cherryholme	Police & Crime Panel representative
BMBC Public Health	Garreth Robinson	Senior Public Health Officer
Fire & Rescue Service	Steve Fletcher	Barnsley District Commander, South Yorkshire Fire & Rescue Service
Fire & Rescue Authority	Cllr Robert Frost	CSP Representative, South Yorkshire Fire & Rescue Authority
Community Rehabilitation	Andrew Sinclair	Deputy Director, South Yorkshire Community Rehabilitation Company
National Probation Service	Graham Jones	Head of Probation, Sheffield & Barnsley
NHS Barnsley CCG	Jayne Sivakumar	Chief Nurse, NHS Barnsley Clinical Commissioning Group
Neighbourhood Watch / Safer Communities Forum	John Hallows	Neighbourhood Watch/Safer Communities Forum Representative
Berneslai Homes	Dave Fullen	Director of Customer & Estate Services, Berneslai Homes
Police Crime Commissioner	Alex Heeley	Senior Commissioning and Contract Officer
Mental Health Service (SWYT)	Jill Jinks	Business Unit Manager - Specialist Services
BMBC Strategy & Governance	Shiv Bhurtun	Strategic Governance Partnership & Transformation Manager

### In Attendance

Safer Neighbourhood Services	Jane Brannan	Case Management Team Leader
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BMBC Early Intervention & Prevention	Paula Casson	Operational Manager
BMBC Comms & Marketing	Alixon Dixon	Comms Manager, Communities
BMBC Business Improvement & Intelligence	Evgeniya Dancer	Business Improvement & Intelligence Advisor
BMBC (minutes)	Tracey Binks	Business Support Officer

### Apologies

NHS Barnsley CCG	Martine Tune	Deputy Chief Nurse, Barnsley Clinical Commissioning Group
BMBC Early Start	Nina Sleight	Service Director, Education, Early Start & Prevention, People Directorate
BMBC Public Health	Carrie Abbott	Public Health Service Director
BMBC Children's Care	Deborah Mercer	Service Director, Children's Social Care & Safeguarding, People Directorate
Police Crime Commissioner	Erika Redfearn	Head of Governance, South Yorkshire Police & Crime Commissioner
Criminal Justice Board	Linda Mayhew	Business Manager, South Yorkshire Criminal Justice Board
Barnsley CVS	John Marshall	Chief Executive, Barnsley Community & Voluntary Services
NHS Barnsley CCG	Patrick Otway	Head of Commissioning, NHS Barnsley Clinical Commissioning Group

### ACTIONS

Item	Action	Responsible	Deadline
2.1	Meeting Attendance: discuss whether the relevant parties are being invited to, and attending, sub group meetings at the next PADG.	Phil Hollingsworth Cherie Buttle	11/02/2021
3.1	Princess St Case Study: Provide an update to the June Board	Jane Brannan	25/05/2021
3.2	Princess St Case Study: Send case study photos to John Hallows.	Jane Brannan	asap
4.1	Performance: Feedback to Jayne Hellowell that domestic abuse face-to-face referral appointments should be increased, rather than done via virtual methods.	Phil Hollingsworth	08/03/2021
4.2	Performance: Ask Jayne Hellowell to reinstate MARAC repeat referral data in the quarterly dashboards.	Phil Hollingsworth	11/02/2021
4.3	Performance: Discuss tolerances and possible addition of caveats for indicators with dual polarity at the next PADG	Phil Hollingsworth Cherie Buttle Evgeniya Dancer	11/02/2021
4.4	VRU Performance: Describe the level of activity in more detail on quarterly performance updates.	Mark Miller	11/02/2021
4.5	VRU Performance: Ensure that actions being reported as delivered are clearly identified against the six themed areas of the VRU action plan.	Mark Miller	11/02/2021

4.6	Victim to Perpretrator: Explore pathways in more detail outside of this meeting.	Julie Chapman	08/03/2021
6.1	JSIA: Update the recommendations to reflect that CCE activity is already monitored and governance provided by a bespoke SYP sub group.	Evgeniya Dancer	08/03/2021
7.1	Public Perception: Take into consideration the Board's recommendations and bring back a detailed comms plan to the March SBP Board meeting.	Alison Dixon	22/02/2021
8.1	Youth Justice: Discuss the relationship between continued Youth Justice good practice and other parts of the system e.g. VRU and the broader Safer Barnsley Partnership plan.	Julie Hammerton Paul Brannan Mark Miller	08/03/2021
8.2	Offender NHS Waiting Times: Request Patrick Otway to revise his report and bring back to the next SBP Board (see context in body of minutes).	Jayne Sivakumar	22/02/2021
8.3	Offender NHS Waiting Times: Speak to Patrick Otway outside of this group around the possibility of providing NHS waiting times data for adult offenders to Andrew Sinclair.	Jayne Sivakumar	08/03/2021
11.1	AOB: liaise with SNS around joint communications for tackling scams.	Alison Dixon	08/03/2021

## MINUTES

<b>1</b>	<b>Apologies &amp; Introductions</b>
	The Chair welcomed everyone to the meeting and apologies were received as above.
<b>2</b>	<b>Minutes &amp; Actions from previous meeting (01.09.2020)</b>
	<p>The minutes of the last meeting were agreed as accurate and actions completed, with the following updates;</p> <p><u>2.1 Inspire to Change Paper: Share with Safeguarding Adults Board</u> Julie Chapman confirmed that this has been carried out and had no pertinent feedback to report. Action closed.</p> <p><u>3.1 Lived Experience Case Study: Mental Health</u> It was confirmed that actions which were identified as a result of the learning, and contributions from the previous Board meeting, had been shared with the Mental Health Service and its commissioner. Action closed.</p> <p><u>4.1 Meeting Attendance</u> Priority Leads to monitor attendance at meetings and feedback at the PADG. <b>ACTION 2.1: Phil Hollingsworth/Cherie Buttle to discuss whether the relevant parties are being invited to, and attending, sub group meetings at the next PADG</b></p>
<b>3</b>	<b>Lived Experience Case Study: Princess Street</b>

Jane Brannan presented a case study around anti-social behaviour in a Barnsley community and highlighted:

- Door to door surveys gave a better idea of residents enjoyment of their community and ensured no issues were left unaddressed.
- When behaviour became problematic, the community came together.
- Now the problem has been resolved, they continue to work on community activities.

#### Q&A

The Board were interested in the sustainability of changes over time and would welcome an update in 6 months.

#### **ACTION 3.1: Jane Brannan to provide an update to the June Board**

Cllr Frost asked what could be done in other areas to get a quicker multi-agency solution when problems arise. Jane responded that the knowledge of local officers and multiple reports about the same area tends to be the best way of flagging emerging issues.

John Hallows asked if he could have the photographs relating to this community action, so that the case can be entered for a potential National Neighbourhood Watch award and to apply for funding.

#### **ACTION 3.2: Jane Brannan to send case study photos to John Hallows**

Cllr Platts highlighted that private renters tend to dump belongings when they move out of a tenancy, so it would be worth keeping an eye on at local PAC meetings.

Alex Heeley asked if the Council would be notified of prolific offenders' onward address when they come out of prison to pre-empt problems in new areas. Sarah Poolman clarified that this would be picked up in a multi-agency panel which mitigates against reoffending.

#### **4 Performance Update (2020-21 Q2) including VRU**

Phil Hollingsworth introduced the latest quarterly performance report highlighting key areas of activity from each sub-group and also now including a position statement in relation to our VRU action plan.

#### Q&A (sub group updates)

Sarah Poolman asked for feedback to be given to the PVP Sub Group regarding the limited amount of face-to-face domestic abuse referral appointments taking place since COVID, as they are usually more productive than other methods. Also, MARAC repeat referrals need to be put back into the indicators, as a separate indicator to new referrals.

**ACTION 4.1: Phil Hollingsworth to feedback to Jayne Hellowell that domestic abuse face-to-face referral appointments should be increased, rather than done via virtual methods**

	<p><b>ACTION 4.2: Phil Hollingsworth to ask Jayne Hellowell to reinstate MARAC repeat referral data in the quarterly dashboards</b></p> <p>The Chair highlighted the challenges of private sector renters and Dave Fullen added that issues like this are worth picking up when lettings policies are reviewed.</p> <p>Sarah Poolman highlighted that the RAG rating on the dashboards sometimes needs reasoning to explain what appears to be a downturn in performance against indicators, but may be a result of positive action or external influences.</p> <p><b>ACTION 4.3: Phil Hollingsworth/Cherie Buttle/Evgeniya Dancer to discuss tolerances and possible addition of caveats for indicators with dual polarity at the next PADG</b></p> <p><u>Violence Reduction Unit</u></p> <ul style="list-style-type: none"> <li>• Delivery of the action plan is being driven forward.</li> <li>• The projects which will receive funding are the Targeted Youth Support and Counter-Terrorism projects.</li> <li>• Successful domestic violence projects were BSARCS and Thinking Big.</li> </ul> <p><u>Q&amp;A (VRU)</u></p> <p>The Chairs requested that the VRU Action Plan activities be described in more detail in quarterly performance updates and clearly defined against the six themed areas which were identified.</p> <p><b>ACTION 4.4: Mark Miller to describe the level of activity in more detail on quarterly performance updates</b></p> <p><b>ACTION 4.5: Mark Miller to ensure that actions being reported as delivered are clearly identified against the six themed areas of the VRU action plan</b></p> <p>Julie Chapman suggested links with the Vulnerable Adults Panel and whether there is a possibility to develop pathways to pick up disproportionate levels between victim to perpetrators sooner.</p> <p><b>ACTION 4.6: Julie Chapman to explore in more detail outside of this meeting</b></p>
5	<p><b>Youth Justice Performance Update</b></p>
	<p>Julie Hammerton presented a report and explained that, due to COVID-related delays, there is no data included for the last two quarters. The key points were:</p> <ul style="list-style-type: none"> <li>• First-time Entrants: Rates are improving strongly and are now very low, possibly due to the new triage panel.</li> <li>• Re-offending: Frequency rates have seen a slight decrease, but bringing down further (percentage-wise) is difficult to achieve due to the low numbers.</li> <li>• Use of Custody: This is local data, which places Barnsley as one of the best performing areas, but is unvalidated. We have out-performed the national reduction.</li> </ul>

	<p>Julie also noted that looking at this data over a longer period gives a better representation of behaviours.</p> <p><u>Q&amp;A</u></p> <p>The Chair highlighted the significance of the work that partners need to do around youth unemployment and the challenge of getting young people into services at the right time, especially as we tackle the impact of COVID.</p>
<b>6</b>	<b>JSIA annual update</b>
	<p>Evgeniya Dancer presented a report and noted the key demographics in comparison with last year's findings.</p> <p>Noted changes:</p> <ul style="list-style-type: none"> <li>• Mental Health: higher rate of depression and self harm, above the national average.</li> <li>• Public Consultation: significant increase in survey responses (including previously under-represented areas).</li> <li>• Crime: increased understanding of crime types (suggests campaigns are working).</li> </ul> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• Retain 4 priority themes.</li> <li>• Consider an additional drug offence KPI (via PVP or Crime Sub Group).</li> <li>• Consider monitoring CCE under a sub group.</li> <li>• Continue to closely monitor and manage OAC.</li> <li>• Continue to work on improvement of public perception of crime and ASB.</li> <li>• Continue awareness campaigns (especially CCE, cuckooing and mate crime).</li> </ul> <p><u>Q&amp;A</u></p> <p>Sarah Poolman advised that CCE is already monitored through a bespoke SYP sub group and therefore no further work is required by the SBP priority themes in terms of monitoring and governance.</p> <p><b>ACTION 6.1: Evgeniya Dancer to update the JSIA recommendations to reflect that CCE activity is already monitored and governance provided by a bespoke SYP sub group</b></p> <p>The Chairs highlighted the importance of targeted campaigns and that cuckooing could be a joint campaign with the Safeguarding Adults Board.</p> <p>The Chairs highlighted that in developing communications plans for the Safer Barnsley Partnership and the Safeguarding Adults Board, we ensure opportunities to work together on key areas.</p>
<b>7</b>	<b>Comms around Perception of Safety</b>
	<p>Alison Dixon presented an update around the comms plan for tackling public perception of ASB and Crime. Key points were:</p>

- At the beginning of the year, negative perception and campaigns were based around safety of the Town Centre, homelessness, fly tipping, graffiti, updated CCTV network.
- When the pandemic took effect, some work was put on hold, but the work which continued was really well received by the community.
- The impact of the pandemic has resulted in a complete shift in the public's concerns.
- Although good news stories continue to be shared, a negative story from an isolated incident can go viral much quicker.

Recommendations:

- Use the results of the JSIA as a starting point for understanding what public perception is now.
- Create a strategy which responds to this perception.
- Establish task & finish group.
- Bring a detailed plan to the next SBP Board.

Q&A

The Board members agreed to the above approach and made the following recommendations:

- Work to be based more around the principle towns, rather than just the Town Centre.
- Carry out joint publicity around the results of Berneslai Homes' recent tenants survey (Dave Fullen will share when published).
- Look at the effectiveness of the engagement model between services and communities (what it looks like now, explore meetings which take place with communities/neighbourhoods in more depth).
- Share more on the SBP webpage, so that the work of the partnership is more transparent.

**ACTION 7.1: Alison Dixon to take into consideration the above recommendations and bring back a detailed comms plan to the March SBP Board meeting**

**8 Youth Justice Service Updates**

a) Service issues

Paula Casson presented a report and highlighted:

- Triage panel set up in 2019 for joint-decision making with SYP offers interventions to understand why a young person is offending, as well as early help to get on top of their behaviour and prevent them going through the various justice systems later in life.
- Last year's figures showed that the majority of first-time entrants are now diverted away from CJS.
- An increase in community resolutions issued by police has been seen.
- Some services were suspended due to covid, but have now been reinstated.
- Not losing as much time between offences, due to cautions being delivered more flexibly and the young person having a voice in terms of the process.

b) Service Recovery Plan

Julie Hammerton presented a report and explained that the usual legislative requirement to provide an Annual Plan has been superceded by a Service Recovery Plan, which reflects the expectations of the Youth Justice Board in response to this year's events.

This plan takes into account the following areas;

- Impact on governance arrangements.
- How delivery has been affected.
- Maintenance of service provision.
- Impact on priorities and resources.
- Mitigation against other challenges / future development.

The plan was accepted by the Youth Justice Board and aligned to the SBP Annual Plan 2016-2020 to continue to delivery statutory duties to reduce offending.

#### Q&A

The Chair raised the issue of difficulty in Safer Neighbourhood Services accessing courts in a timely manner. Julie agreed that they had had similar experiences and that work has been ongoing to get representation early enough. Also, court proceedings moving to Sheffield has has an adverse impact.

Sarah Poolman queried how the access to specialist services (p.15 of Recovery Plan) could dovetail into the mentors in violence prevention scheme work taking place under the Violence Reduction Unit plan, and the PREVENT work. Sarah suggested this could be an opportunity to work more closely with the Youth Justice Service to enable multi-service use of venues. Julie agreed that the service are making more use of community assets, due to some Town Centre venues being closed, and that this is part of the longer term plan.

**ACTION 8.1: Julie Hammerton, Paul Brannan & Mark Miller to discuss the relationship between continued Youth Justice good practice and other parts of the system; e.g. VRU and the broader Safer Barnsley Partnership plan**

- c) Youth Justice Service-related NHS waiting times

Patrick Otway had submitted a report, but was unable to join the meeting.

The Chair invited comments on the report from Board members, and requested that the waiting time data and pertinent data supported performance delivery be expanded upon. This is with a view to enhance the narrative presented in the report.

**ACTION 8.2: Jayne Sivakumar to request Patrick Otway to revise his report and bring back to the next SBP Board (more data is required, including waiting time data, to enhance the narrative in the report, focussing on delivery and performance)**

Andrew Sinclair noted that a significant response in terms of reoffending is now being seen. Also, it would be useful to see the health issues report in terms of adult offenders.



	<b>ACTION 8.3: Jayne Sivakumar to speak to Patrick Otway outside of this group around the possibility of providing NHS waiting times data for adult offenders to Andrew Sinclair</b>
<b>9</b>	<b>OPCC Funding update</b>
	<p>Phil Hollingsworth presented a report and explained that the COVID freeze on recruitment delayed implementation of the two full time posts to deliver improvements to Barnsley's approaches to restorative justice. The SBP Board are asked to approve the concentrated activity plan (within report) be mobilised to utilise some of this funding, and that the balance be allocated to boost Public Health initiatives around mental health and to extend the mentors programme.</p> <p><u>Q&amp;A</u></p> <p>The Board agreed to the proposed spend.</p> <p>Alex Heeley offered apologies from the OPCC, who were unable to carry forward the funding, due to the impact of COVID.</p>
<b>10</b>	<b>Forward Plan</b>
	<p>Changes to the March agenda items were requested as follows:</p> <ul style="list-style-type: none"> <li>• Schedule all Annual Plan items together.</li> <li>• Change the title of the perception item to "Engagement (methodology &amp; approach) and communications.</li> </ul>
<b>11</b>	<b>Any Other Business</b>
	<p><u>South Yorkshire Fire &amp; Rescue Service Integrated Risk Management Plan 2021-24</u> Steve Fletcher highlighted this document (which was circulated for information with the papers) and noted that the key change is the introduction of response times. Colleagues are asked to participate in the consultation through the link on the Fire Service website. <a href="http://www.syfire.gov.uk/consultation/">http://www.syfire.gov.uk/consultation/</a></p> <p><u>Neighbourhood Watch</u> John Hallows advised what action is being taken to tackle the increase in scams and asked colleagues for any further suggestions. <b>ACTION 11.1: Alison Dixon to liaise with SNS around joint communications for tackling scams</b></p> <p><u>OPCC</u> Alex Heeley advised that the OPCC are working towards informing CSP's of their funding allocation sooner.</p> <p><u>2021/22 SBP Annual Plan</u> Shiv Bhurtun advised that Priority Leads have been asked to identify their key priorities for the next period in their submission, as well as their narratives. In spite of the pandemic,</p>

	whilst a lot of action would have been stood down, the narrative for the annual plan needs to include all appropriate information in response to the pandemic.
<b>Future meetings:</b>	Monday 8th March 2021, 10:15 to 12:15, Microsoft Teams Monday 7 <sup>th</sup> June 2021, 10:00 to 12:00, Microsoft Teams

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**REPORT TO THE HEALTH AND WELLBEING BOARD**

**February 2021**

**The Terms of Reference of Barnsley’s Health and Wellbeing Board**

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**1. Purpose of Report**

- 1.1 To make members aware of proposed changes to the Health and Wellbeing Board, most notably to the Membership.
- 1.2 To seek endorsement from Members in order for the Board to recommend that the revised terms of reference be approved at the Full Council meeting on 1<sup>st</sup> April, 2021.

**2. Delivering the Health & Wellbeing Strategy**

2.1 An effective Health and Wellbeing Board is integral to the drafting and approval of the Health and Wellbeing Strategy and associated documentation. Ensuring the Health and Wellbeing Board functions efficiently will also help enable delivery against the strategy and management of performance.

**3. Recommendations**

3.1 That the revised Terms of Reference for the Health and Wellbeing Board are endorsed, and that these be recommend for approval by Council Members at the next appropriate meeting of Full Council on 1<sup>st</sup> April, 2021.

**4. Introduction/ Background**

4.1 Following a period of approximately 15 months working in shadow form, the establishment of Barnsley’s Health and Wellbeing Board was approved by Full Council in February 2013, with it becoming formally established in April 2013. Its role is set out in the Health and Social Care Act 2012.

4.2 During 2016 a review was undertaken into the operation of the Board, and subsequently a number of changes were made to its terms of reference and membership. The revised terms of reference were approved in October, 2016, with a suggestion that these be reviewed regularly.

**5. Reviewing the Health and Wellbeing Board**

5.1 As a result of development sessions undertaken in late 2018/early 2019 to review the role and operation of the Health and Wellbeing Board, a number of changes were proposed. These were considered by the Board at its meeting in April

2019 and it was suggested that these be approved, subject to further consideration around its Membership.

5.2 As a result of the unfortunate cancellation of a number of meetings in late 2019, and the hiatus of the board in early 2020 due to Covid-19, the proposed changes further consideration of Membership was delayed and therefore the revisions to the Terms of Reference have yet to be approved.

5.3 Since the reinstatement of the Health and Wellbeing Board following the approval of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority Police and Crime Panel Meetings) (England and Wales) Regulations 2020 No.392, there has been continued development work undertaken, which has included revisiting the review of the Terms of Reference to ensure they are appropriate. This has culminated in the revised terms of reference document attached in Appendix 1.

## **6. Conclusion/ Next Steps**

6.1 The Health and Wellbeing Board does not have the authority to approve its own terms of reference, and therefore if the board is content with the revisions, it is recommended that these be referred to Full Council for approval.

## **7. Financial Implications**

7.1 There are no financial implications of amending the terms of reference.

## **8. Consultation with stakeholders**

8.1 There has been consultation with officers in Public Health and Governance, and with existing and proposed board members.

## **9. Appendices**

9.1 Appendix 1 – Draft Terms of Reference for Barnsley’s Health and Wellbeing Board February 2021.

## **10. Background Papers**

10.1 Establishment of a Health and Wellbeing Board in Barnsley February 2013  
<https://barnsleymbc.moderngov.co.uk/Data/Full%20Council/201302281030/Agenda/Item12%20Establishment%20of%20Health%20and%20Wellbeing%20Board%20in%20Barnsley%20-%20Report.pdf>

10.2 Cabinet Report October 2016  
<https://barnsleymbc.moderngov.co.uk/documents/s14477/Health%20and%20Wellbeing%20Board%20-%20Review%20of%20Terms%20of%20Reference%20and%20Membership.pdf>

10.3 Health and Wellbeing Board current terms of reference

<https://barnsleymbc.moderngov.co.uk/documents/s73941/Health%20and%20Wellbeing%20Board%20Terms%20of%20Reference.pdf>

10.4 Health and Wellbeing Board 9<sup>th</sup> April 2019 terms of reference report-

<https://barnsleymbc.moderngov.co.uk/documents/s47927/HWB%20Report%20Draft%20Terms%20of%20Reference%209th%20April.pdf>

And subsequent minutes

<https://barnsleymbc.moderngov.co.uk/documents/g5264/Printed%20minutes%209th-Apr-2019%2016.00%20Health%20and%20Wellbeing%20Board.pdf?T=1>

**Officer: Peter Mirfin**

**Date: 25<sup>th</sup> January, 2021**

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# BARNSELY HEALTH AND WELLBEING BOARD

## TERMS OF REFERENCE

February 2021

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### 1. Purpose and Background

- 1.1 Barnsley's Health and Wellbeing Board (the Board) is established under the Health and Social Care Act 2012 as a statutory committee of Barnsley Metropolitan Borough Council (the Council) and has been in place since April 2013.
- 1.2 Whilst the Board is formally a committee of the Council, it operates as a multi-agency board of equal partners.
- 1.3 The Board believes in a healthier future for Barnsley and will develop and maintain a vision for the borough to be free from inequalities in health and wellbeing, taking a view of the whole population from pre-birth to end of life.

### 2. Role and Function of the Health and Wellbeing Board

- 2.1 The Board is statutorily required to carry out the following functions:
  - a) To undertake a Joint-Strategic Needs Assessment (JSNA);<sup>1</sup>
  - b) To undertake a Pharmaceutical Needs Assessment (PNA);<sup>2</sup>
  - c) To develop and publish a Joint Health and Wellbeing Strategy (JHWS) for Barnsley;<sup>3</sup>
  - d) To provide an opinion on whether the Council is discharging its duty to have regard to the JSNA, and the JHWS, in the exercise of its functions;<sup>4</sup>
  - e) To review the extent to which the Clinical Commissioning Group (CCG) has contributed to the delivery of the JHWS;<sup>5</sup> to provide an opinion to the CCG on whether their draft commissioning plan takes proper account of the JHWS;<sup>6</sup> and, to provide an opinion to NHS England on whether a commissioning plan published by the CCG takes proper account of the JHWS;<sup>7</sup>
  - f) To support joint commissioning and encourage integrated working and pooled budget arrangements<sup>8</sup> in relation to arrangements for providing health, health-related or social care services;
  - g) To discharge all functions relating to the Better Care Fund that are required or permitted by law to be exercised by the Board; and
  - h) To receive and approve any other plans or strategies that are required either as a matter of law or policy to be approved by the Board.
  - i) To carry out any new functions as requested by the Secretary of State and as advised in issued guidance.

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<sup>1</sup> Section 116 Local Government and Public Involvement in Health Act 2007 (the LGPIHA 2007)

<sup>2</sup> Section 128A National Health Service Act 2006 (the NHA 2006).

<sup>3</sup> Under Section 116A LGPIHA 2007

<sup>4</sup> Under Section 116B LGPIHA 2007

<sup>5</sup> Under Section 14Z15(3) and Section 14Z16 NHA 2006

<sup>6</sup> Section 14Z13(5) NHA 2006

<sup>7</sup> Section 14Z14 NHA 2006

<sup>8</sup> In accordance with Section 195 Health and Social Care Act 2012. This includes encouraging arrangements under Section 75 NHA 2006.

- 2.2 In addition to these statutory responsibilities, the Board will also oversee how all organisations across the Borough function together in order to deliver the Joint Health and Wellbeing Strategy.
- 2.3 The Board will agree, own and oversee the strategic vision for health and wellbeing in Barnsley and it will hold all partners and organisations to account for delivering against this vision, by taking an interest in all associated strategies and plans and when appropriate requesting details on how specific policies or strategies help to achieve the aims of the Joint Health and Wellbeing Strategy.
- 2.4 The Health and Wellbeing Board will develop a strategic health and wellbeing outcomes framework, which will be based on the objectives outlined in the Joint Health and Wellbeing Strategy. The outcomes framework will be used by the Board to assess progress against the JHWS.

### **3. Membership**

- 3.1 The Barnsley Health and Wellbeing Board brings together political, clinical, professional and community leaders in Barnsley. The membership consists of a mixture of mandatory members, who are required under statute to be members of the Health and Wellbeing Board and some additional members who have been invited to join the Board. The membership is as follows:

#### Barnsley Metropolitan Borough Council

- Deputy Leader
- Council Cabinet Spokesperson – Adults and Communities
- Council Cabinet Spokesperson – Children’s Services
- Barnsley Council Director of Public Health
- Barnsley Council Executive Director – Adults and Communities
- Barnsley Council Executive Director – Children’s Services

#### NHS Barnsley Clinical Commissioning Group

- Chair
- Accountable Officer
- Director of Strategic Commissioning and Partnerships

#### Providers and other partners

- Chief Executive, Berneslai Homes
- Chief Executive, Barnsley Hospital NHS Foundation Trust
- Chief Executive, South & West Yorkshire Partnership NHS Foundation Trust
- A senior representative from NHS England
- Chair of Healthwatch Barnsley Strategic Advisory Board
- Chief Superintendent (Barnsley District), South Yorkshire Police
- Chief Executive, Barnsley CVS
- Chief Executive, Barnsley and Rotherham Chamber of Commerce

Other representatives from the wider health and wellbeing community across Barnsley may be invited to attend the Board from time to time to contribute to discussion specific issues; including officers from partnership organisations to present reports to the Board.



3.2 In addition, the Health and Wellbeing Board will be supported by Barnsley Council's Service Director for Governance, Members' Services and Business Support and by Barnsley Council's core Public Health team.

#### **4. Role and Responsibilities of Health and Wellbeing Board Members**

- 4.1 All members of the Board, as a statutory committee of the Council, must observe the Council's code of conduct for members and co-opted members.
- 4.2 Board members are expected to attend all board meetings whenever possible and fully and positively contribute to discussions, reading and digesting any documents and information provided prior to meetings.
- 4.3 Where Board members cannot attend, they should endeavour to send a deputy to represent their organisation at Board meetings. This is to ensure unfettered engagement of all partner organisations in achieving the Board's vision. In attending the meeting on behalf of a member, all rights, such as voting, shall be conferred to the deputy for that meeting.
- 4.4 The membership of the Board is constructed to provide a broad range of perspectives on the development of strategy and tackling health inequalities in Barnsley. With this in mind, members are asked to bring the insight, knowledge, perspective and strategic capacity they have as a consequence of their everyday role, and not simply act as a representative of their organisation, but with the interests of the whole borough and its residents at heart.
- 4.5 Fully and effectively communicating outcomes and key decisions of the Board to their own organisations, acting as ambassadors for the work of the Board, and participating where appropriate in communications/marketing and stakeholder engagement activity to support the objectives of the Board.
- 4.6 Contributing to the ongoing development of the Board, including ensuring that appropriate items are brought to the Board's attention and added to the Board's forward plan, where relevant.
- 4.7 To act as system leaders and inspire others, including within their own organisations, networks of associates, other partnership groups, and service users to contribute to the delivery of the vision/ strategy for a healthier future for Barnsley.
- 4.8 Contribute to the development and delivery of the Joint Health and Wellbeing Strategy; holding the system to account, highlighting and celebrating our achievements and challenging performance against the strategy where necessary.
- 4.9 Seek and consider diverse opinions as a process for driving innovation, maximising assets and making best use of available resources.
- 4.10 Act in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge.

#### **5. Governance and Accountability**

- 5.1 Chair:** The Board will be co-chaired by the Deputy Leader of Barnsley MBC and the Chair of Barnsley Clinical Commissioning Group, with the chairing of meetings generally alternating between them.
- 5.2 Attendance and deputies:** In order to maintain consistency, it is assumed that Board members will attend all Board meetings. Where a Board member cannot attend a meeting, they should endeavour to send a deputy in their place, as mentioned above. When attending on behalf of a member, the deputy shall have the same rights as the member for that meeting.

### **5.3 Quorum:**

The quorum or minimum attendance for meetings will be one quarter of its membership and should include at least one Council Cabinet Spokesperson and one representative from the Clinical Commissioning Group.

### **5.4 Decision making and voting:**

The Board will operate on a consensus basis. Where consensus cannot be achieved the matter will be put to a vote. Decisions will be made by simple majority: the Chair for the meeting at which the vote is taken will have the casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chair.

### **5.5 Relationship to other multi-agency partnerships:**

The Board will work collaboratively with other strategic partnerships and working groups within the system to harness collective action for a healthier future for Barnsley. The Health & Wellbeing Board Chair will invite matters of exception to be reported from the Chairs of other partnerships, where there is a shared agenda. When matters of exception are reported, the Board will consider and take agreed action.

### **5.6 Accountability and Scrutiny:**

For the purpose of the Health and Social Care Act and Borough wide governance arrangements, the Barnsley Health and Wellbeing Board will be regarded both as a committee of Barnsley MBC and as a strategic partnership. As a Council committee, the Board will be formally accountable to the Council. Its work may be subject to scrutiny by any of the Council's relevant scrutiny committees.

## **6. Meeting Arrangements**

**6.1** The Health and Wellbeing Board will meet in public every four months, interspersed with private strategy and Board development sessions. There will be no fewer than two public meetings per financial year.

**6.2** Agendas, minutes and relevant papers will be circulated to all members and be available on the Council's website 5 clear working days in advance of any public meeting.

**6.3** The Board's meetings are open to the public and the highest ethical standards of public service will apply to its proceedings.

## **7. Probity and Transparency**

**7.1** A member of the public may ask a question at a meeting of the Health and Wellbeing Board that, in the opinion of the Council's Executive Director, Core Services, is relevant to the business of the Board and has been notified to the Council Governance Unit in writing or by email no less than 10 clear days in advance of the meeting in question.

**7.2** Questions relating to items on the agenda for a specific meeting of the Board may be submitted by 7.00 pm on the day after the agenda's publication. Questions shall be no longer than 100 words.

**7.3** If required, support will be made available by the Council Governance Unit for members of the public who have literacy difficulties to formulate their question for the consideration by the Health and Wellbeing Board.

**7.4** All questions shall be answered by the relevant Board member, who may reserve the right to indicate that the answer is given within a specific paper on the Board's agenda or reply in writing after the meeting.

**7.5** The Executive Director, Core Services reserves the right to reject questions that are libellous or vexatious, or simply repeat questions answered at previous meetings.

7.6 Each member of the Barnsley Health and Wellbeing Board is subject to the Ethical Standards requirements of Chapter 7 of the Localism Act 2011. Members will ensure the registration of any personal, professional or pecuniary interests with the Monitoring Officer and declare at meetings any relevant interests in any matter being considered by the Board. Members are required to complete a declaration of interests form which will be published on the Council's website.

**8. Review**

8.1 The Board will review these Terms of Reference annually.

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# Health and Wellbeing Board Development

Ben Brannan and Diane Lee

# Barnsley's Assets



Page 46  
Communication  
Key Public  
health messages  
are effective and  
there are  
examples of  
where  
communication  
is having a  
positive impact.

A clear vision  
for improving  
health and  
wellbeing and  
tackling health  
inequalities

We work  
effectively with  
local  
communities to  
understand the  
needs and  
assets in those  
communities,  
working with  
them to find  
solutions.

Frontline  
staff and  
commissioned  
services across  
the full range  
of our  
functions are  
playing a role in  
improving and  
protecting  
health and  
wellbeing.

Joint Strategic  
Needs  
Assessment  
(JSNA) and ICOF  
are well  
developed which  
gives us a good  
understanding of  
local need

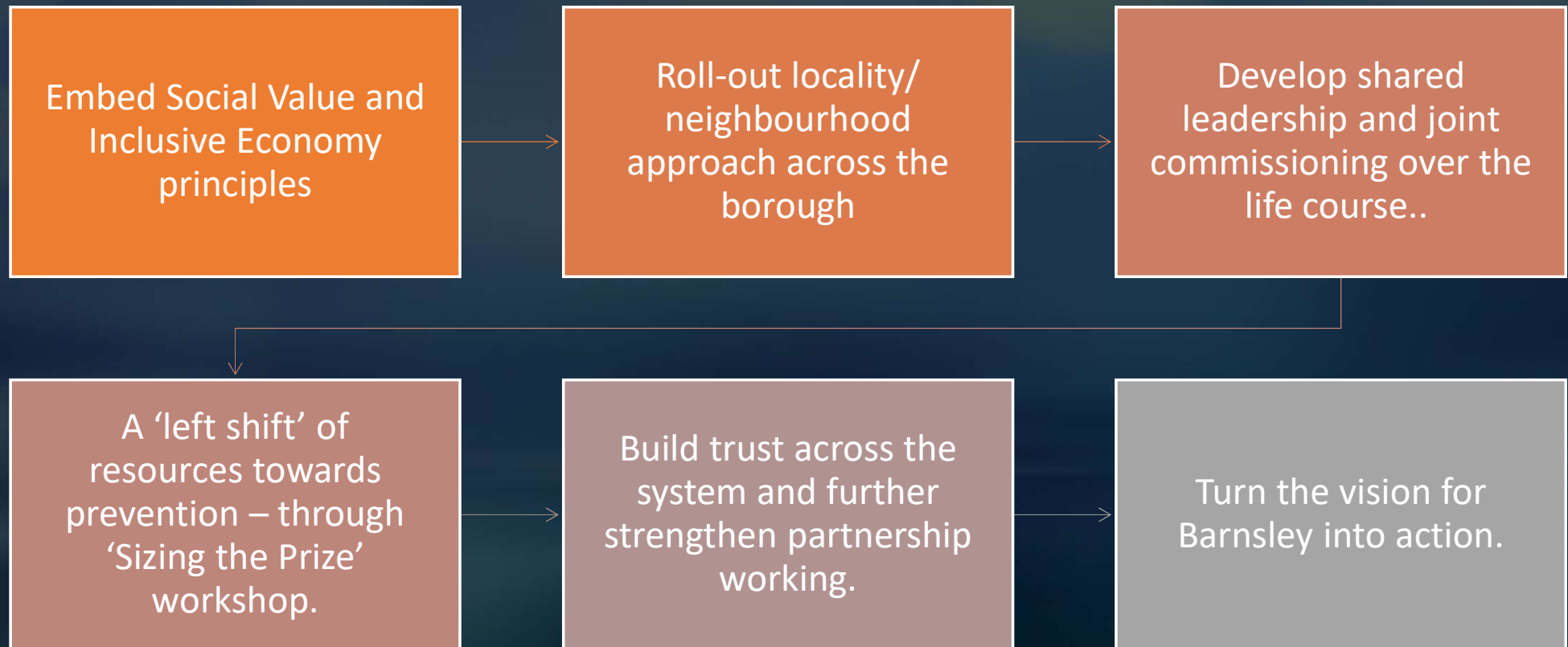
Alignment of  
Area Councils  
and Integrated  
Wellbeing  
Teams;

# Opportunities to drive improvements:

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- Covid 19 has improved partnership working within Barnsley – we need to use these conversations and strengthened relationships to drive change and build trust; need to ensure these relationships are cemented and built into governance arrangements and delivery structures.
- Vulnerability Index
- Civic pride and will to improve things is incredibly strong in Barnsley.
- Mental Health Partnership
- Health and Wellbeing Strategy Refresh

# Actions we can take





# What we're aiming for

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- The ultimate goal is to increase healthy life expectancy and narrow the life expectancy (and healthy life expectancy) gap across the borough, by moving those with lowest life expectancy up.
- We can measure this through existing metrics that are captured within the Joint Strategic Needs Assessment, Integrated Care Outcomes Framework and Public Health Outcomes Framework such as:
  - Poverty
  - Employment levels,
  - Housing Conditions, and
  - School readiness/ educational attainment
- Ensuring the right support is in the right place;
- Improved mental health across the borough (through the work of the MHP).

# Recommendations

- A cross-system (including the Integrated Care System) workshop is held at an appropriate time, which focusses on how we can achieve greater value for money in Barnsley.
- Board members actively contribute to the development and delivery of the updated Joint Health and Wellbeing Strategy; that they take ownership for delivering on the strategy and advocate the work of the Board within their own organisations and at partnership meetings (as per the updated Terms of Reference).
- The Strategy is translated into clear and measurable outcomes and the Board hold the system to account in achieving these outcomes.
- Update and agree a 'report template' for all reports to the Health and Wellbeing Board. Template should include the following sections:
  - Questions for the Board
  - Recommendations and Actions for the Board (actions should be specific, tangible & measurable)
  - Which outcomes of the refreshed strategy the report aligns with.

## REPORT TO THE HEALTH AND WELLBEING BOARD

4<sup>th</sup> February 2021

### **Tackling Excess Winter Deaths and cold related illnesses in Barnsley 2018-2021**

**Report Sponsor:** Julia Burrows  
**Report Author:** Julie Tolhurst and Jen Macphail  
**Date of Report:** 25<sup>th</sup> January 2021

#### **1. Purpose of Report**

- 1.1 Provide members with an update on progress against the aims and objective of the Tackling Excess Winter Deaths and cold related illnesses in Barnsley 2018-2021
- 1.2 Inform members about the national recommendations and support available locally
- 1.3 Support a review of the plan and strategy to address excess winter deaths going forward

#### **2. Delivering the Health & Wellbeing Strategy**

2.1 Whilst it is acknowledged that the current strategy is under review, this is an area of work that has a significant impact on addressing health inequalities and improving health and wellbeing.

#### **3. Recommendations**

- 3.1 Health and Wellbeing Board members are asked to:-
- Note review of 2018-2021 plan and recognise the work done to date to address excess winter deaths in Barnsley
  - Raise awareness of current guidance and support locally to address EWD this winter and beyond
  - Support a review of the plan going forward in to 2021, taking account of evidence from COVID-19 pandemic and the zero-carbon commitment

#### **4. Introduction/ Background**

##### **4.1 Excess Winter Deaths**

4.1.1 Excess Winter Deaths (EWD) is a statistical measure used to quantify the effect of winter months for a given population. It can be expressed as the number of extra people who have died, or as an index comparing winter deaths to the number of deaths that occur at other times of the year. Although the main underlying causes

of EWDs are respiratory or cardiovascular diseases, England and Wales have higher rates than other European countries with colder climates and therefore many EWD are considered to be preventable<sup>1</sup>

4.1.2 EWDs represent an important health inequality and those in greater socioeconomic deprivation are more likely to be affected. There are a number of complex and interlinked factors that contribute to excess winter deaths and cold related harm<sup>2</sup>. These include:

- housing and economic factors (household income, cost of fuel and energy efficiency of the home)
- seasonal factors (including temperature, physical hazards such as snow and ice and circulating infectious diseases, particularly flu)
- individual vulnerability to health effects of cold (see below for more detail)
- attitudes to cold and associated behaviours

4.1.3 A wide range of people are vulnerable to the cold, and many overlap with those at risk from COVID-19)<sup>3</sup>45: These include:

- households with young children (from new-born to school age)
- older people (especially those over 65 years old and those who are frail or socially isolated)
- people with pre-existing chronic medical conditions (especially cardiovascular and respiratory conditions- in particular, chronic obstructive pulmonary disease and childhood asthma)
- people living in deprived circumstances, particularly on a low income or in fuel poverty
- people with cognitive impairment, mental health conditions or learning difficulties
- pregnant women
- people experiencing homelessness or rough sleeping
- people who have attended hospital due to a fall
- people with addictions
- Recent immigrants and asylum seekers

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<sup>1</sup>[https://fingertips.phe.org.uk/search/excess%20winter%20death#page/6/gid/1/pat/6/par/E12000004/ati/302/are/E06000015/iid/90360/age/1/sex/4/cid/4/page-options/ovw-do-0\\_car-do-0](https://fingertips.phe.org.uk/search/excess%20winter%20death#page/6/gid/1/pat/6/par/E12000004/ati/302/are/E06000015/iid/90360/age/1/sex/4/cid/4/page-options/ovw-do-0_car-do-0)

<sup>2</sup> <https://www.khub.net/documents/135939561/174090228/Excess+winter+deaths+-+information+for+local+authorities+2017+to+2018.pptx/b6b625a0-1818-a6f0-94e6-ecd457ab60c0?t=1571413005990>

<sup>3</sup> <https://publichealthmatters.blog.gov.uk/2020/11/11/health-matters-cold-weather-and-COVID-19/>

<sup>4</sup> <https://www.nice.org.uk/guidance/ng6/chapter/What-is-this-guideline-about>

<sup>5</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/770963/data\\_sources\\_to\\_support\\_local\\_services\\_tackling\\_health\\_risks\\_of\\_cold\\_homes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/770963/data_sources_to_support_local_services_tackling_health_risks_of_cold_homes.pdf)

## 4.2 Barnsley's plan

4.2.1 In 2018 stakeholders from across Barnsley came together to devise a plan to address excess winter morbidity and mortality in Barnsley and produced a comprehensive plan to be delivered with partners over the next three years, *Tackling Excess Winter Deaths and cold related illnesses in Barnsley 2018-2021*, which can be found in appendix 1. This collaborative cross sector plan that was presented to the Health and Wellbeing Board as our strategy for 2018-21.

4.2.2 The plan was based on national guidance that sets out the responsibilities for tackling excess winter deaths and cold related mortality at a sector level including:

- [National cold weather plan -   
https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england](https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england)
- [Excess winter deaths and illness and the health risks associated with cold homes -   
https://www.nice.org.uk/guidance/ng6](https://www.nice.org.uk/guidance/ng6)
- [How to reduce the risk of seasonal excess deaths systematically in vulnerable older people to impact at population level -   
https://lpbcc.files.wordpress.com/2012/02/ref-11-seasonal-access-deaths.pdf](https://lpbcc.files.wordpress.com/2012/02/ref-11-seasonal-access-deaths.pdf)
- [Falls in older people: assessing risk and prevention -   
https://www.nice.org.uk/Guidance/CG161](https://www.nice.org.uk/Guidance/CG161)

## 4.3 COVID-19

4.3.1 In 2020/21 the focus on tackling EWD is becoming increasingly more urgent. In response to the COVID-19 pandemic on 11th November PHE presented evidence about the links between [cold weather and COVID-19](https://www.gov.uk/government/publications/health-matters-cold-weather-and-covid-19/health-matters-cold-weather-and-covid-19) <https://www.gov.uk/government/publications/health-matters-cold-weather-and-covid-19/health-matters-cold-weather-and-covid-19> and accompanying guidance on how to address the issues through their Health Matters series.

4.3.2 There is a concern that COVID-19 will amplify the impact of cold weather this winter through increased exposure to cold temperatures, shared risk factors among population subgroups affected by COVID-19 and cold weather, clinical impacts, social isolation and system level risks. This interaction between COVID-19 and cold weather has the potential to have a huge impact on health and social care if preventative actions aren't taken, and local authorities have a key role in preventing cold related harm.

## 4.4 Zero Carbon

4.4.1 Since this plan was developed Barnsley has declared a Climate Emergency<sup>6</sup> and has an ambitious target for the Borough to be zero carbon by 2040. Actions

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<sup>6</sup> <https://barnsleymbc.moderngov.co.uk/documents/s57611/ZERO%2040.pdf>

taken to address climate change will have a beneficial impact on reducing excess winter deaths, particularly around retrofitting existing houses<sup>7</sup>. In Barnsley, 39% of all CO2 emissions are from domestic properties which contributes to the health harming effects of climate change.

4.4.2 The recent private sector housing stock condition survey commissioned by Barnsley Council estimated that there are 80,000 homes across all sectors that need upgrading to EPC C by 2035 to meet national government targets<sup>8</sup>. Of these 39,889 are classed as low-income households in Barnsley, and 71% of these live in homes below EPC C (households with lower EPC standards are at greater risk of fuel poverty where they mix with low income the issue becomes particularly acute). This means that in Barnsley an estimated 28,441 low-income households are potentially living in fuel poverty with the associated impacts on inequalities and health and wellbeing. The health impact assessment of poor housing conditions is due to be finalised in the next few months and will be used to inform the next plan going forward.

## **5. Excess Winter Deaths in Barnsley**

**Overarching target for Excess Winter Deaths (Barnsley Council corporate indicator)** Reduce EWD's to at least 15% by 2020

### **5.1 Current position**

- Barnsley's 2018-2019 excess winter deaths rate (17.7%) is not significantly different to the England rate of 15.1%. When compared to nearest neighbours, Barnsley's rate is the joint 6th highest.
- The most recent rate of 17.7% is less than half what it was in the previous two time points (2016-2017 and 2017-2018).
- During 2012–2019, there were 75.5% more deaths from influenza and pneumonia in winter months than in non-winter months.
- Large geographical differences exist within Barnsley. During the period 2012–2019, rates of excess winter deaths ranged from 8.5% in Old Town ward to 53.9% in Darton East ward.

### **5.2 Considerations going forward**

5.2.1 The Excess Winter Deaths Index is now reported as a single year measure on the Public Health Outcomes Framework (PHOF) to align with the ONS Annual Births and Mortality Extracts. This data used to be reported as a 3-year average to account for year-on-year variation.

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<sup>7</sup> <https://barnsleymbc.moderngov.co.uk/documents/s71035/Appendix%201.pdf>

<sup>8</sup> <https://www.gov.uk/government/publications/clean-growth-strategy>

5.2.2 The EWD Index is calculated by comparing the winter months of December to March with the non-winter period as August to November of that same year, and April to July of the following year. In 2020, the COVID-19 pandemic led to a large increase of deaths mostly in the non-winter months of April to July. This will impact on the measure of EWD due to relying on this difference between deaths occurring in the winter and the average of the non-winter months. It is likely that COVID-19 deaths will push the excess down by raising the spring baseline for deaths. To account for this and provide a measure of impact, the ONS will calculate excess mortality using deaths including and excluding COVID-19 separately<sup>9</sup>.

5.2.3 To give an example, provisional data for 2019/20 for England shows that when using deaths data including COVID-19 there were an estimated 8,700 EWDs during the 2019 to 2020 winter. This is the lowest number recorded since the data time series began in 1950 to 1951. However, the low estimate is explained by the comparison with the large number of COVID-19 deaths that occurred mainly in the non-winter months April to July, rather than an exceptionally low number of winter deaths. When using deaths data excluding COVID-19, in the 2019 to 2020 winter period (December 2019 to March 2020), there were an estimated 28,300 EWD in England and Wales. This was 19.6% higher than the 23,670 observed in the 2018 to 2019 winter period but lower than the 2016 to 2017 and 2017 to 2018 winters. Data for the 2019/20 period for Local Authorities is not expected until November 2021.

## 6 Key achievements

### 6.1 Cold homes & energy efficiency

- Work to address cold homes includes capital funding to install gas central heating private sector housing through Better Homes Barnsley. Since 2015 736 properties have been improved and over £1.8 million of funding has been secured. This includes £250k council capital used to fund affordable warmth programme and boilers on prescription which have led directly to health improvements
- A dedicated winter health communication campaign aimed at the public frontline workers and a programme of fuel poverty training which has trained over 350 staff.
- Warm Homes team single point of access for cold homes which is funded until December 2021. Over 742 families supported since April 2019 and over 1,200 onward referrals made.
- Dedicated project to address fuel poverty and social isolation funded through North Area Council and delivered by DIAL.

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<sup>9</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excess-wintermortalityinenglandandwales/previousReleases>

- A sector wide task and finish group has been convened to review how Barnsley is able to respond to the challenge of addressing fuel poverty, housing conditions and carbon emissions.
- Additional funding is expected from government during 2021 to improve insulation in the least energy efficient housing

## 6.2 Falls prevention

- There have been several multi-stakeholder workshops that have identified gaps in service provision and future pathways.
- The South Yorkshire Fire and Rescue service has been commissioned to provide Safe and Well Checks across Barnsley. The checks include asking key questions related to falls and cold homes and then referring on to appropriate services.
- The council and NHS partners have developed social media campaigns to raise awareness that falls are preventable [BMBC Falls Prevention webpage - https://www.barnsley.gov.uk/services/health-and-wellbeing/healthy-living/falls-prevention/](https://www.barnsley.gov.uk/services/health-and-wellbeing/healthy-living/falls-prevention/)
- During the COVID-19 pandemic BMBC, NHS services and third sector organisations have worked together to distribute 5000 Public Health England Physical Activity booklets and 4000 Fall-Proof falls prevention exercise booklets to older people in Barnsley (see Appendix 2).
- Over the past few years many local area councils have held successful Sloppy Slipper events. Helping to raise awareness of falls prevention, along with providing residents with new slippers.
- The Active in Barnsley Partnership have developed the *Whats Your Move campaign* and will soon be launching a website encouraging and supporting the people of Barnsley to increase their physical activity. It will have a specific section for older people and falls prevention.
- The next steps are consult on the frailty prevention strategy which takes a life course approach and uses strength-based principles, illustrated as a rainbow diagram (see Appendix 3). This is being developed to reflect the impact COVID-19 has had on the people of Barnsley. We know that many of our older population have developed reduced mental capacity and become physically deconditioned due to the nature of lockdown restrictions. This has the potential to lead to an increase in our frail population resulting in greater burden on our Health and Social Care Services.

## 6.3 Flu vaccination uptake

6.3.1 Flu vaccine uptake nationally is currently at 80.5% in people aged 65 years + which is the highest uptake ever achieved. In Barnsley we're currently at over 82% in this group. Uptake in 2 and 3 year children is also the highest ever recorded nationally and continues to climb. For those in at-risk groups uptake is over 51% and



higher than the same time in the last seven seasons. For pregnant women uptake is higher than the same time last season.

#### 6.3.2 Current flu vaccine uptake figures to weeks ending 10th Jan 2021:

- 65 and Over - CCG average currently 82.3% - currently above national average (80.4%) but just below regional average (82.7%).
- At risk 6 months to under 65 - CCG average 56.6% - currently above both national average (51.6%) and regional average (54.1%)
- At risk 16 years to under 65 - CCG average 56.3% - currently above both national average (52.4%) and regional average (54.2%)
- Pregnant Woman (all) - CCG average 49.6% - currently above both national average (43.1%) and regional average (47.1%)
- Carers - CCG average 50.1% - currently above both national average (44.9%) and regional average (44.1%)
- Children aged 2 - CCG average 54.3% - currently just above both the national (54.1%) and regional (53.5%) averages
- Children aged 3 - CCG average 58.4% - we continue to be above both the national (56.6%) and regional (56.2%) averages

#### 6.4 Current support available

6.4.1 Throughout 20/2021 BMBC and partners have been working to address the causes of excess winter deaths, by raising awareness of what can cause ill health in winter and encouraging behaviour change through a joined-up communications campaign. This includes an eight-page A5 leaflet which can be downloaded by visiting <https://www.barnsley.gov.uk/ready-for-winter/stay-well-this-winter/> and sharing content on [Facebook](#) and [Twitter](#) using #WarmAndWell for posts around winter health. Local information has supported national campaigns, such as International Day of Older People, Safeguarding Awareness Week, Fuel Poverty Awareness Day and Falls Prevention Week.

6.4.2 A toolkit has been created for frontline staff at BMBC and partner organisations, to provide accurate information for conversations around winter health and signpost to local support services.

6.4.3 Communications around flu, falls prevention and warm homes has been shared through key council internal and external channels, and the channels of partners, including Berneslai Homes, the CCG, Barnsley Hospital and more.

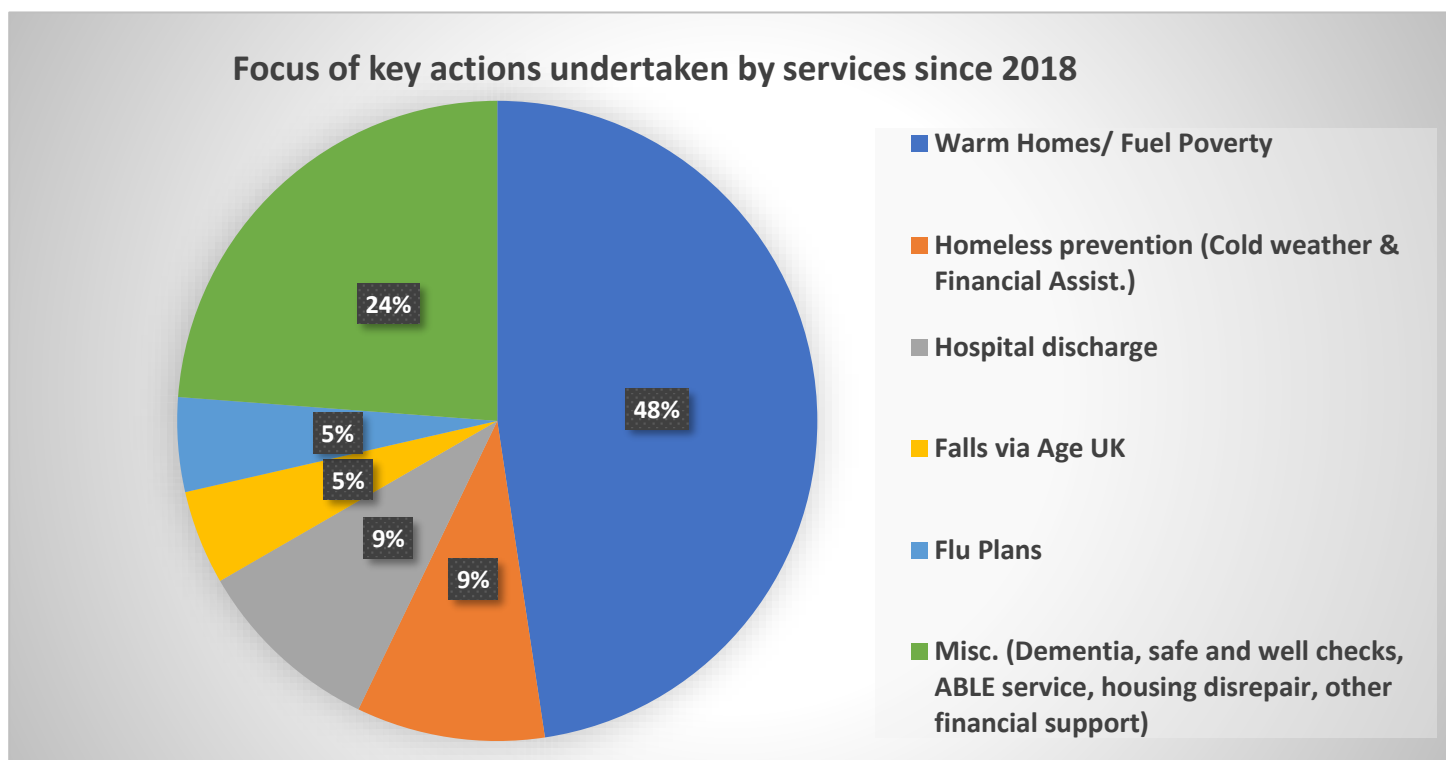
### 7 Stakeholder survey

7.1 In December 2020 and January 2021, an online survey was sent out to over 100 stakeholders from across the Borough. The aim was to review the actions taken within the last few years (2018 to date) across all relevant sectors of the borough to

tackle cold weather-related harm and EWDs. The actions being reviewed were taken from Barnsley's EWD reduction plan. As well as being included in this review, the responses aimed to map the support currently available, review the plan in light of the impact of COVID-19 and provide a steer on the focus of the next plan in 2021.

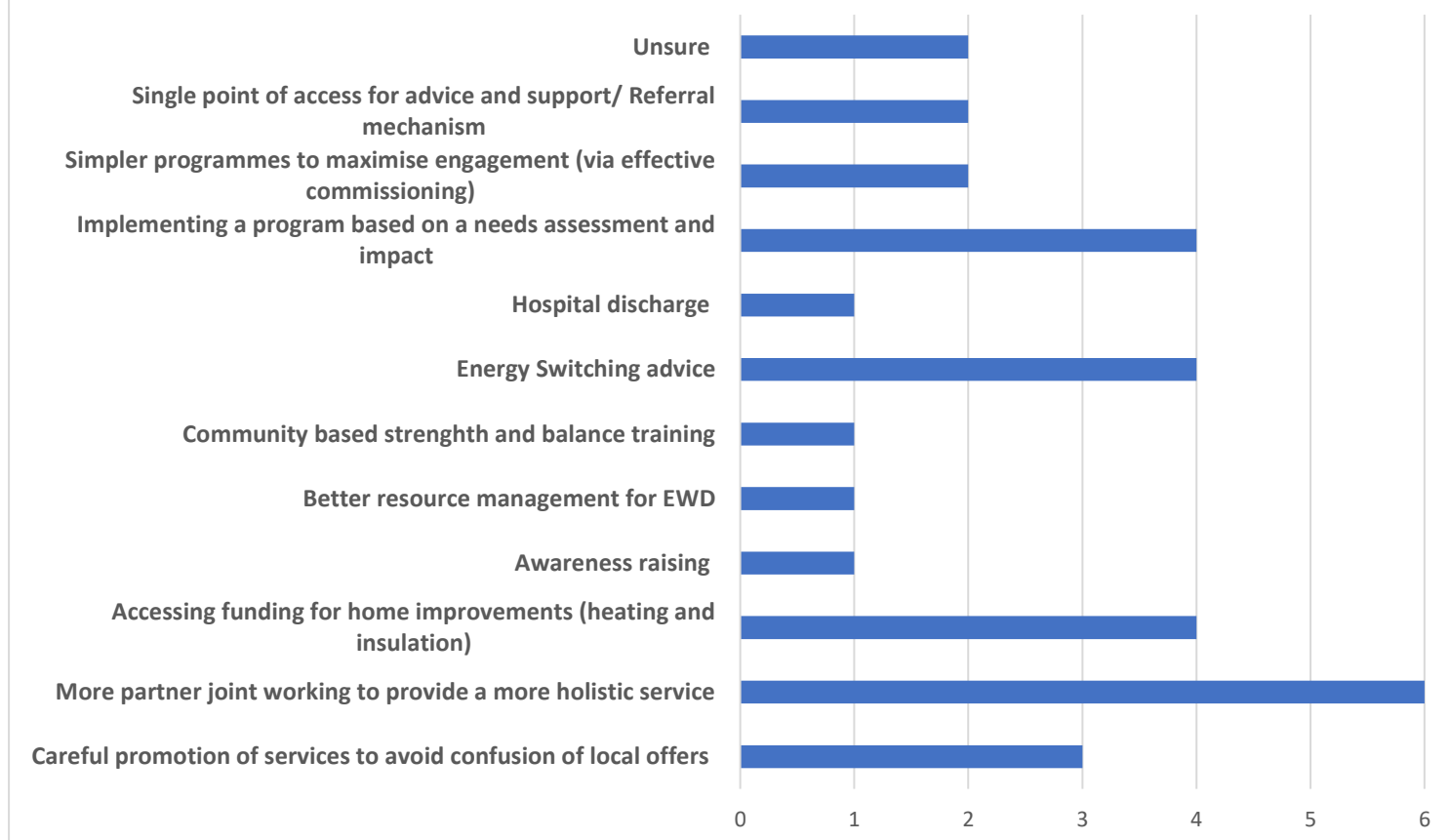
7.2 This initial consultation with stakeholders has provided some useful feedback to progress wider engagement. It is therefore recommended that a more thorough review be conducted in summer 2021 to complete a more detailed, in-depth report with stakeholders to be brought back to the Health and Wellbeing Board for approval.

7.3 The survey showed that some progress has been made against each of the priorities set out in the 2018-21 plan. The pie chart below shows a similar response, the greatest focus around cold homes and fuel poverty, however this could be due to the types of organisations that responded to the survey. More details on the specific actions taken can be seen in appendix 4.



7.4 The survey showed that there is some support for each of the priorities, however some respondents felt that some of the priorities were not as important. This suggests that the focus of the plan and the actions taken to address EWD need to be reviewed for the next plan. The chart below shows the main themes that were suggested for the focus of the plan going forward. More detail can be found in appendix 4.

## Potential areas of focus for next EWD plan beyond 2021



## 8. Conclusion and next steps

8.1 Barnsley has made some progress to address the underlying causes of excess winter deaths since the plan was agreed in 2018. This now needs to be reviewed in more detail and consideration given to addressing this important issue post 2021 using the findings of the stakeholder survey and further consultation with those communities at risk of cold related morbidity and mortality

8.2 Given the dual pressures of cold weather and COVID-19 this winter it is important to continue a focus on promoting the support available to public and ensuring agencies and stakeholders are aware of their responsibilities in safeguarding the health and wellbeing of Barnsley residents.

8.3 In light of current pressures and events, it is recommended that there be a more detailed discussion about how excess winter deaths can be addressed in Barnsley over summer 2021. This should include evaluating the focus of the needs to be reviewed for 2021-2024 taking in to account:

- Strategically where this sits with priorities in Barnsley going forward (to include COVID-19, poverty, zero carbon 2040/45, emergency planning and Barnsley 2030).

- Whether there needs to continue to be a discrete, standalone plan, or merge into wider pieces of work
- Conduct a review of targets and statistical measurement taking into consideration the change in excess winter deaths and current work into poverty and COVID-19 impacts being undertaken in the Borough
- The governance arrangements, including reviewing membership of the excess winter death communication and working groups

## 9. Financial Implications

9.1 There is a considerable risk that a key pillar of Barnsley's response to fuel poverty and excess winter deaths will not be continued once the current funding from Affordable Warmth Solution's Warm Homes Fund ends in December 2021. Additional funding is also needed to continue the affordable warmth programme as there is no other scheme to address boiler replacements in the Borough. It is therefore recommended that there is an urgent need to review the scope of the service and consider options for future funding.

## 10. Consultation with stakeholders

10.1 Initial consultation with stakeholders has already taken place with a smart survey sent out to stakeholders in December and January 2020/21. It is envisaged that further stakeholder engagement (including with those communities most at risk) be undertaken over summer 2021 to inform future plans.

## 11. Appendices

- Appendix 1 - Tackling Excess Winter Deaths and cold related illnesses in Barnsley 2018-2021
- Appendix 2- Fall Proof Barnsley Booklet
- Appendix 3- Frailty Prevention Rainbow
- Appendix 4- Stakeholder EWD survey

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Date: 25/01/2021

# **Tackling Excess Winter Deaths and cold related illnesses in Barnsley 2018-2021**

Excess winter deaths (EWD's) are a statistical measure to quantify the effect of winter months for a given population. It can be expressed as the number of extra people who have died, or as an index comparing winter deaths to the number of deaths that occur at other times of the year.

As the Excess Winter Mortality (EWM) index varies each year, we use a 3 year average. The most recent figures for Barnsley, (3 year average 2013-2016 all person, all ages) is 24.3% (indicative number = 529), compared to the Yorkshire average (17.8%) and England average (17.9%). The next release of the data will be in November 2018.

Most excess winter deaths in Barnsley occur in the 65-84 year age group. Flu & Pneumonia and respiratory diseases were the main underlying causes of excess winter deaths in Barnsley between 2008 and 2015.

There is no clear cut explanation for excess winter mortality and is due to a variety of wider factors, such as temperature, socio-economic circumstances, underlying health conditions, influenza and other viral infections, fuel poverty, housing tenure & housing conditions, and personal & social behaviours.

#### **Progress to tackle EWDs in Barnsley**

Last year, a task and finish group involving representatives from Barnsley Council, Barnsley CCG and voluntary & community sector produced a high level action plan 2017-18, outlining outcomes, key tasks and timescales to address the main contributory factors of EWDs.

Available data, national guidance (including NICE guidance NG6 to address EWD's and cold related illnesses <https://www.nice.org.uk/guidance/ng6>), and good practice locally, has informed the development of the plan. This includes targeted approaches with a range of vulnerable/at risk groups e.g. older people, people living with respiratory conditions/cardiovascular disease, homeless people, children under 5 years

#### **Key achievements during winter 2017-8:**

Cold homes & energy efficiency:

- A new cold homes referral pathway was implemented with SYHA My Best Life.
- Successful Warm Homes Fund bid (2<sup>nd</sup> round) – subject to contract. The funding will establish a single point of access and improve identification of residents vulnerable to fuel poverty and EWD's
- 39 energy efficiency events ( July and March 2018)- face to face advice & potential saving through energy switching
- Better Homes Barnsley installed 114 energy efficiency measures (July 2017- March 2018). Annual target for Better Homes Barnsley exceeded.

- Promotional resources and social media campaign (Jan- Feb) to promote energy efficiency grants. 1,400 leaflets given out promoting service available to address EWDs. Social media campaign generated 1492 unique page views and 2930 total engagements

Flu vaccination uptake (Sept – Jan 18):

- High uptake for all eligible children exceeding regional and national averages.
- For other groups - achieved or exceeded the England average for 2017/18
- The 2017/18 uptake is higher in all groups than the 2016/17 uptake

Falls prevention:

- ‘Back on Your Feet in Barnsley’ workstreams developed.
- First training sessions delivered for Care Homes in January 2018
- Delivery of Red bag scheme in Care homes, with further engagement across the system
- BHNFT and Acute Frailty Network
- Plans underway for urgent care of frail people within the first 72 hours in hospital

In July 2018, a stakeholder event involving a broad range of commissioners and providers from key organisations, reviewed progress from last year’s winter and planned forward to this winter and beyond.

The themes have informed this high level action plan for Barnsley 2018-2021 to prepare for this winter and future winters. Using the Cold Weather Plan for England (2017) <https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england> , the focus will be level 0 and 1 levels of winter preparedness, to align with existing local adverse weather plans and winter emergency & system resilience planning. This plan will address system wide changes and integrated working, in particular to implement a single point of access for housing & health. The service will address cold homes & fuel poverty aligned with hospital discharge and as part of the wider Assisted Living Review. The plan will also set out actions to improve uptake of flu vaccinations; falls prevention; and develop a communication plan. The progress in Barnsley will feed into a wider South Yorkshire approach driven forward by the mayor as part of his manifesto to address Excess Winter Deaths and cold homes, raising the profile of this critical public health issue at a national level.

**System wide delivery**

**Overarching target for Excess Winter Deaths (Barnsley Council corporate indicator) Reduce EWD's to at least 15% by 2020**

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Objectives	Actions	Outcomes	Timescales- Winter or year round?	Lead organisation/ group	Link to local/ national plans and guidance
Identify people at risk of excess winter morbidity and mortality	<ul style="list-style-type: none"> <li>Identify and utilise key data sources and wider intelligence to identify people</li> <li>Work collaboratively to address any barriers for sharing data, including consent, data sharing agreements and GDPR compliance</li> <li>Move towards a database with housing and health issues to help with targeting and service planning</li> <li>Use existing data sources and statistics to prioritise areas and cohorts, including the use of risk stratification and geographical mapping information</li> <li>Continue data analysis using qualitative and quantitative sources to understand more about EWDs and cold related illness, to inform the action plan through to hyper local levels, (including those not currently accessing services and how to support those who are not eligible for formal care).</li> </ul>	Improved identification of areas and cohorts that need additional targeting	Year round	Early Help Adults Group	<p>NICE quality standard QS117 quality statement 2</p> <p><a href="https://www.nice.org.uk/guidance/qs117">https://www.nice.org.uk/guidance/qs117</a></p> <p>Cold Weather Plan for England</p> <p><a href="https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england">https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england</a></p> <p>Excess Seasonal Deaths Toolkit</p> <p><a href="https://pbcc.files.wordpress.com/2012/02/ref-11-seasonal-access-deaths.pdf">https://pbcc.files.wordpress.com/2012/02/ref-11-seasonal-access-deaths.pdf</a></p>
Implement a borough wide assessment of people at risk of excess winter morbidity and mortality	<ul style="list-style-type: none"> <li>Work with key health &amp; social care agencies, include housing tenure and conditions within assessments to identify risk and take action</li> <li>Key questions developed around falls, housing &amp; flu and shared with practitioners to identify individuals at risk and support</li> </ul>	Clear processes for identifying and taking action for people at risk	Year round	Early Help Adults Group	<p>Excess Seasonal Deaths Toolkit</p> <p>NICE quality standard QS117</p>



	<p>available to address EWD's</p> <ul style="list-style-type: none"> <li>• Building on “making every contact count” – ensuring a systematic approach across the borough and across different sectors</li> <li>• Identify those who may require additional support during the winter period and ensure they are contacted if alerts are issued.</li> </ul>				<p>quality statement 4</p> <p>Cold Weather Plan for England</p> <p>NICE guidance NG6 recommendation 6</p> <p><a href="https://www.nice.org.uk/guidance/ng6">https://www.nice.org.uk/guidance/ng6</a></p>
Implementation or signposting to interventions to address winter morbidity and mortality	<ul style="list-style-type: none"> <li>• Agree collaborative referral pathways for actions that address EWD and EWM</li> <li>• Develop an asset based model and encourage resilience within local communities</li> <li>• Work closely with Area Councils to build capacity within communities to support those most vulnerable to cold weather during high alert levels e.g. Tackling Excess Winter Deaths service in Worsborough</li> <li>• Consider cross cutting practical support for communities including cold weather packs</li> </ul>	Clear referral pathways for actions that address EWD and EWM	Year round	Early Help Adults Group	Cold Weather Plan for England
Monitor and evaluate Impact of actions to address winter morbidity and mortality	<ul style="list-style-type: none"> <li>• Monitor outputs and track interventions to understand better that is having an impact on addressing excess winter morbidity and mortality down to a hyper local level</li> <li>• Undertake a stakeholder analysis and equality impact assessment to review and monitor three year plan</li> <li>• Consider completing a health needs assessment for those at risk of excess winter morbidity and mortality</li> </ul>	Evaluation plan agreed	Year round	Excess Winter Death Reduction Task Group	Cold Weather Plan for England
System wide communication plan for the public and stakeholders	<ul style="list-style-type: none"> <li>• Collaborate across the borough on a winter campaign including a calendar of events aimed at addressing causes of EWD, calls to action, key resources, encouraging behaviour change, key messages and “myth busting”</li> <li>• Raise awareness of EWD prevention and impacts including social isolation, to the public</li> </ul>	<p>Collaborative engagement plan</p> <p>Clear shared messages to key partners and public</p>	Winter 2018, 2019, 2020	Excess Winter Deaths Communication Group	<p>NICE guidance NG6 recommendation 11</p> <p>Cold Weather Plan for England</p>

	<p>and across all agencies</p> <ul style="list-style-type: none"> <li>• Promotion of local and national support available to local residents all year round</li> <li>• Work closely with area councils to target those who do not engage with services (using techniques such as peer to peer engagement, MOSAIC and areas with large footfall e.g. shopping centres and local markets)</li> </ul>	Evaluation of plan and key messages to inform future plans			
Engage and integrate with key partners aligned to the Integrated Care Partnership across Barnsley to address EWDs and EWM	<p>Key partners to include:</p> <ul style="list-style-type: none"> <li>• Hospital discharge and Right Care Barnsley <ul style="list-style-type: none"> <li>○ Ensure vulnerable people are discharged in to a safe, warm home</li> <li>○ To be identified as part of the admission process as part of their discharge plan</li> </ul> </li> <li>• Primary care <ul style="list-style-type: none"> <li>○ Links to frailty index</li> <li>○ Links to annual patient review</li> <li>○ Links to practice delivery agreement</li> </ul> </li> <li>• My Best Life social prescribing</li> <li>• Housing providers</li> <li>• Private rented sector</li> <li>• Area Councils</li> <li>• Domiciliary Care</li> <li>• Early help- 0-19 providers and services</li> <li>• Pharmacy</li> <li>• Carers strategy</li> <li>• Voluntary, Community and Faith sector</li> <li>• Commission joined up interventions that take consideration of EWD impact and focus on the prevention agenda</li> </ul>	Key partners fully engaged	Year Round	<p>Barnsley Health and Social Care Together</p> <p>Children Young People and Families</p> <p>Early Help and Adults Early Help</p>	<p>NICE quality standard QS117 quality statement 5 &amp; 6</p> <p>NICE guidance NG6 recommendation 11</p> <p>Cold Weather Plan for England</p>
Raise the profile of issues influencing EWDs and cold related illness locally, South Yorkshire wide and nationally.	<ul style="list-style-type: none"> <li>• Continue to engage with government consultation on issues linked to EWD's and EWM</li> <li>• Work with politicians including MPs, Councillors and the South Yorkshire Mayor to</li> </ul>	Raised profile on a South Yorkshire footprint	Year round	Excess Winter Deaths Task Group	Cold Weather Plan for England

	<p>continue to raise awareness of EWD and associated factors</p> <ul style="list-style-type: none"> <li>Share learning from across SY and Barnsley that aim to address EWDs and associated factors.</li> </ul>				
Implement a pilot Safe & Well checks scheme targeting vulnerable 65+ year olds, focussing on cold homes, falls prevention, fire and crime prevention.	<ul style="list-style-type: none"> <li>South Yorkshire fire and rescue service to visit vulnerable people over 65 in the Cudworth Fire Station Area and respond to referrals from partner organisation to provide safe and well checks</li> </ul>	<ul style="list-style-type: none"> <li>Prevent crime</li> <li>Increase fire safety</li> <li>Reduce fuel poverty</li> <li>Prevent falls</li> </ul>	Year round	Adults Early Help Delivery Group	
Make Barnsley an Age Friendly borough	<ul style="list-style-type: none"> <li>Implementation of the Age Friendly Framework, particularly those elements of the framework which relate to tackling EWDs, housing and reducing cold related illness</li> <li>Assess the needs of the older population, considering support for home moving, equity release and adaptations of properties</li> </ul>	<ul style="list-style-type: none"> <li>Make Barnsley Age Friendly</li> </ul>	Year round	Adults Early Help Delivery Group	<p>WHO Age Friendly Communities</p> <p><a href="https://www.ageing-better.org.uk/age-friendly-communities">https://www.ageing-better.org.uk/age-friendly-communities</a></p>
Use of assistive technology	<ul style="list-style-type: none"> <li>Work with BMBC's in-house provider to look in more detail at the use of assistive technology in to address cold, damp homes and falls prevention</li> <li>Consider how the "Internet of things" and access to smart technology can address causes of EWD in Barnsley, in particular those who are on low incomes or have a diagnosis of dementia.</li> </ul>	<ul style="list-style-type: none"> <li>Residents able to live in their own homes independently</li> </ul>	Year round	Excess Winter Death Task Group	
Raise awareness of the impact of adverse weather through alerts, emergency preparedness and building	<ul style="list-style-type: none"> <li>Implement adverse weather plan (year round and covers all weathers)</li> <li>Review process for cascading alerts and information to BMBC, Health and Community Partners and supporting local initiatives e.g.</li> </ul>	<ul style="list-style-type: none"> <li>Increased awareness of cold weather and impacts on health and wellbeing</li> </ul>	Year round	BMBC Health, Safety & Emergency Resilience Service	<p>Cold Weather Plan for England</p> <p>National Civil</p>

community resilience.	<p>Age UK Barnsley Winter Register</p> <ul style="list-style-type: none"> <li>• Communication of national “Get Ready for Winter” messages</li> <li>• Encourage community groups and Ward Alliances to develop Community Resilience Plans</li> <li>• Maintain general plans both internally and with South Yorkshire Local Resilience Forum partners to respond to civil emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved resilience and preparedness at a community level.</li> <li>• Council plans to respond to civil emergencies .</li> </ul>			Contingencies Act
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<b>Improve cold homes &amp; energy efficiency</b>					
<b>KPI /target – fuel poverty rate for Barnsley is estimated to be 12.2% (BEIS, 2016 statistics). There is currently no agreed Barnsley target</b>					
<b>Objectives</b>	<b>Actions</b>	<b>Outcomes</b>	<b>Timescales- Winter or year round?</b>	<b>Lead organisation/ group</b>	<b>Link to local/ national plans and guidance</b>
Roll out Fuel poverty training	<ul style="list-style-type: none"> <li>• Provide training to front line workers and those who come in to contact with Barnsley residents.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of training sessions delivered</li> <li>• No of workers accessing online training (BMBC and health staff)</li> </ul>	Year round	BMBC housing and energy team	NICE guidance NG6 recommendation 8-10
Billing and tariff switching advice	<ul style="list-style-type: none"> <li>• Provide support to switch suppliers and signpost to advice on how to compare tariffs and switching suppliers.</li> <li>• Ensure residents access Warm Home Discount and joint Priority Service Register if eligible</li> <li>• Promote benefit checks as a mode of reducing fuel poverty through income maximisation</li> <li>• Launch and promote the Council’s local energy offer Great North Energy to residents who could save money by switching</li> <li>• Launch Berneslai Homes’ void switching programme Great North Energy to the new local energy tariff</li> </ul>	<ul style="list-style-type: none"> <li>• Number of residents switching to new local energy supply offer and cost savings to residents as a result</li> <li>• Number of pre-payment meters removed and cost savings to residents as a result</li> </ul>	Year round	Housing and Energy Task Group	Excess Seasonal Deaths Toolkit

	<ul style="list-style-type: none"> <li>• Work with Great North Energy to remove unwanted pre-payment meters when residents switch their supply</li> <li>• Work with Great North Energy to provide smart meters where requested and as standard in void Berneslai properties</li> </ul>	<ul style="list-style-type: none"> <li>• Number of smart meters installed</li> </ul>			
NEA Warm Homes Campaign Award 18/19	<ul style="list-style-type: none"> <li>• Apply for funding to promote local schemes and raise awareness of fuel poverty and support available to residents locally and nationally</li> <li>• Raise profile of fuel poverty, excess winter deaths and support available locally and nationally for Barnsley residents</li> </ul>	<ul style="list-style-type: none"> <li>• Funding awarded</li> </ul>	<p>Winter period only</p> <p>Dates for 2018/19 not yet released</p>	BMBC Housing and Energy team	Cold Weather Plan for England
Promote Barnsley's home energy efficiency offer for private sector housing to improve thermal comfort and increase properties EPC rating.	<ul style="list-style-type: none"> <li>• Deliver Better Homes Barnsley offer and deliver marketing plan</li> <li>• Deliver Warm Homes Fund for grants for residents without central heating systems in private sector housing</li> <li>• Apply for additional Warm Homes funding to provide more central heating systems in private sector housing</li> <li>• Delivery of heating systems through DFG</li> <li>• Stay Put supporting residents to apply for additional funding for energy efficiency improvements and giving advice on falls prevention and housing improvements.</li> <li>• Work with Better Homes partners to provide insulation works in target areas for private sector housing</li> <li>• Work with Better Homes to secure additional funding to support delivery of energy efficiency works in private sector housing</li> <li>• Appoint a contractor to deliver an underfloor insulation pilot in private sector housing</li> <li>• Set up a heating on prescription scheme, to be delivered via Better Homes Barnsley, for emergency cases with health need</li> <li>• Advertise availability of interest free repayment loans for homeowners to improve energy efficiency of their property – Energy Repayment</li> </ul>	<p>Improved housing standards and more energy efficient properties leading to reduction in fuel poverty, social isolation, and improved health and wellbeing of residents</p> <p>Number of properties receiving energy efficiency works through BHB – target of 100 for 2018/19.</p>	Sept 2018- Sept 2019	Housing and Energy Task Group	Excess Seasonal Deaths Toolkit

	Loan.				
Improve housing standards, prioritising interventions on private sector housing to improve the health and wellbeing of residents	<ul style="list-style-type: none"> <li>• Work across the system to raise awareness of the standard of private sector housing, including a focus on addressing HHRSS hazards, particularly excess cold, damp and mould growth and falls</li> <li>• Engage closely with landlords and tenants to gain a greater understanding of the issues faced by both groups, provide support and access to grants and loans and where necessary take enforcement action.</li> <li>• Ensure buildings meet ventilation and other building and trading standards</li> <li>• Explore potential of commissioning a private sector housing stock condition survey</li> <li>• Develop a borough-wide approach to addressing carbon monoxide that could include an awareness campaign and promotion of carbon monoxide alarms.</li> </ul>	Improvement in housing stock conditions	Year round	Private sector housing task and finish group	NICE guidance NG6 recommendation 12
Integrate homeless prevention into the wider EWD plans	<ul style="list-style-type: none"> <li>• Consider undertaking a health impact assessment of the homeless- community in Barnsley</li> <li>• Support the creation of a severe weather emergency protocol (SWEP)</li> <li>• Support Homeless Alliance to address excess winter deaths and identify accommodation for those who present as homeless along with emergency provision over periods of severe weather.</li> <li>• Support new powers and statutory responsibilities under the Homeless Reduction Act 2018</li> </ul>	Homelessness reduced	Year round	Homeless Alliance	Homeless Reduction Act 2018
Creation of a single point of access for cold homes and fuel poverty	<ul style="list-style-type: none"> <li>• A single point of access for fuel poor and cold homes (as set out in NICE guidance) with onward referrals to additional support where required</li> <li>• The creation of a borough wide fuel poverty stakeholder group with health and VCF</li> </ul>	New team established and fully functioning single point of access for fuel poverty	Year round Jan 2019- December 2021	Warm Homes Fund steering group	NICE guidance NG6 recommendation 2 and 3  Cold Weather Plan

	<p>partners to co-ordinate the approach across Barnsley</p> <ul style="list-style-type: none"> <li>Recruit team of trained specialists charged with the provision of advice designed to address issues relating to cold homes and fuel poverty (with a focus on off gas, private rented sector and those with cold related diseases)</li> <li>The provision of localised support with fuel poverty volunteers (in the form of three year pilot scheme funded by the North Area Council)</li> </ul>				for England
Continue to work across the borough to address fuel poverty	<ul style="list-style-type: none"> <li>Support residents to maximise their income through benefit checks and accessing energy company monies such as Warm Home Discount</li> <li>Investigate the possibility of setting up a fuel bank in Barnsley</li> <li>Continue to offer crisis loans and grants to residents who meet the eligibility criteria.</li> <li>Provide good quality advice to residents suffering from fuel debt and those who are self-disconnecting.</li> <li>Continue to work with Energise Barnsley to fund projects that address EWD and EWM</li> </ul>	Reduced level of fuel poverty in Barnsley	Year round	Anti-Poverty Delivery Group	NICE Guidance NG6

## Flu vaccination uptake

### KPI/targets

- 75% % of eligible adults aged 65+ who have received the flu vaccine
- 55% Flu vaccination coverage (at risk individuals from age six months to under 65 years, excluding otherwise 'healthy' pregnant women and carers)
- 48% Population vaccination coverage – Flu (2-4 years old)

Objectives	Actions	Performance measures	Timescales- Winter or year round?	Lead organisation/ group	Link to local/ national plans and guidance
Ensure eligible groups receive Flu vaccination.	<ul style="list-style-type: none"> <li>• Deliver national communications plan/ Campaign” to increase awareness around staying well in winter and encouraging Flu vaccination in vulnerable groups, including school aged children.</li> <li>• Identify and offer flu vaccination to BMBC staff for those that are not in any of the eligible cohorts to receive a free NHS flu vaccination</li> <li>• Encourage Barnsley care homes to also offer vaccination for staff where appropriate. To carry out the PHE Care Home staff vaccination audit with Barnsley Care Homes.</li> <li>• Barnsley care homes to follow the local Influenza outbreak and monitoring pathway. BMBC Compliance and contracting team to actively monitoring the implementation of the pathway with care homes</li> <li>• Promote the flu vaccination and raise awareness of the children’s programme with early year’s providers, settings and family centres</li> <li>• Increase awareness among professionals and volunteers who work with the ‘at risk’ eligible population and therefore can promote flu vaccinations to their service users, carers and families.</li> <li>• Promote the flu vaccination and raising</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced hospital admissions</li> <li>• Reduced GP appointment waiting list</li> <li>• Reduced sickness at work and school from flu related illnesses.</li> <li>• Reduce the level of workplace sickness absenteeism</li> <li>• Reduction in pressure on local services e.g. primary care, social care, A&amp;E and other hospital departments</li> </ul>	September 2018- March 2019	Barnsley Seasonal Flu Vaccination Steering Group	<p>Barnsley Localised Flu Communications Plan</p> <p>National Annual Flu Programme &amp; “Help Us Help You” campaign</p>



	<p>awareness of the eligible 'at risk' population among local authority workers</p> <ul style="list-style-type: none"> <li>• Signpost and promote local vaccination arrangements</li> <li>• Advertise directly to the community.</li> <li>• Health Protection Board to develop local plans for mass treatment, outbreaks and pandemic influenza</li> </ul>				
Engage with local business community	<ul style="list-style-type: none"> <li>• Consider working with local business and employees promote vaccines and link to business continuity e.g. stagecoach; larger employers link to healthy staff</li> <li>• Support business to make flu jabs more accessible to employees e.g. promoting offers from local pharmacies.</li> </ul>	Number of businesses supported		Barnsley Seasonal Flu Vaccination Steering Group	

<b>Falls prevention</b> <b>KPI/target- emergency admissions from falls</b> <ul style="list-style-type: none"> <li>• Risk reduction and early intervention/support</li> <li>• Appropriately targeted and delivered interventions to the older population at risk /individuals 65+</li> <li>• Age friendly environment (people and place)</li> </ul>					
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Objective	Actions	Outcomes	Timescales - winter or year round?	Lead organisation/ group	Link to local/ national plans and guidance
Page 74 Ensure appropriate measures to reduce fall incidences and injuries resulting from falls amongst Barnsley residents	<ul style="list-style-type: none"> <li>• Develop &amp; promote primary falls prevention messages (including sight loss) to reduce first falls</li> <li>• Agree primary prevention falls pathway &amp; pathway for those who have fallen</li> <li>• Utilise Stay well campaign as a platform to promote falls prevention to older people 65+ at risk of falls</li> <li>• Support Area Councils to implement local falls prevention schemes</li> <li>• Explore how to utilise the Rockwood Frailty Tool as a tool to identify level of frailty enabling access to appropriate person centred falls prevention interventions</li> <li>• Develop Falls Prevention and Bone Health Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Promotes self-care</li> <li>• Raised workforce awareness</li> <li>• Raised public awareness of the relationship between cold homes and falls</li> <li>• Equality of practice relating to assessment tools</li> </ul>	December 2018 January 2019 March 2019 March 2019	Adult Joint Commissioning Group	NICE guidance- CG161 <a href="https://www.nice.org.uk/Guidance/CG161">https://www.nice.org.uk/Guidance/CG161</a>
Address wider environmental factors impacting on falls	<ul style="list-style-type: none"> <li>• Consider improving the built environment including public realm, street scene and links with planners to design out falls</li> <li>• Work with BMBC and Housing Providers to address maintenance of footpaths</li> <li>• Raise awareness of hazards in the home including improving outdoor and indoor lighting, trip hazards and other issues that can result in</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced injuries resulting from falls</li> </ul>	Year round	Excess Winter deaths task and finish group	NICE guidance- CG161

	trips and falls within the home environment. <ul style="list-style-type: none"> <li>• Disabled Facilities Grant – convert existing bathroom to level access showers thus reducing falls</li> <li>• Strengthen home assessments and referral process and link in to home visits to make every contact count.</li> </ul>				
Commission strength and balance training	<ul style="list-style-type: none"> <li>• Consider commission strength and balance training or “move it and loose it” training that is accredited and borough wide</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced injuries resulting from falls</li> </ul>	Year Round	Adult Joint Commissioning Group	NICE guidance- CG161

### Key strategic partners

- Barnsley CCG
- Community & Voluntary sector
- Barnsley Citizens Advise Bureau
- BMBC & Area Councils
- Private sector landlords
- Barnsley Schools
- NHS England
- Berneslai Homes
- Health & social care agencies
- Age UK Barnsley
- My Best Life
- South West Yorkshire Partnership Trust
- Local pharmaceutical committee
- National Energy Alliance
- SY Fire & Rescue service
- Better Homes Yorkshire
- Barnsley Metropolitan Borough Council
- Barnsley Hospital NHS Foundation Trust
- Barnsley residents

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## Fall-proof

Strength and balance plan



# Able like Mabel.

Your easy to use guide for **Page 77** at home.



# Stand Like Stan.

Visit [www.barnsley.gov.uk/Fall-Proof](http://www.barnsley.gov.uk/Fall-Proof)  
to find out more

Page 78

# Your easy to use Strength and Balance Plan.

Many of us are young at heart, aren't we? To help us stay active and able, we need to care for ourselves in a different way as our body changes. If you know someone who has had a fall, you may have noticed how this makes them worry about it happening again and the effect this may have on their independence. As our bodies change, different exercises can help with keeping us strong and steady later on.

## **This is an easy-to-follow guide which includes:**

- Your 'how are you doing now' self-check
- Six simple exercises you can do alongside other activity, to keep you feeling younger and stronger
- A progress chart to fill in, that you might want to share with friends and boast about, as you progress!

Regardless of your age, building these simple exercises into your daily routine, will make completing every day jobs easier and help to keep you steady, strong and able to get out and about so that you can enjoy your life now and in your years to come.

**Prefer to join an exercise group?**

**If after taking the self-check overleaf you feel confident enough, why not join a group? Here you will meet a range of likeminded people, in a friendly and social, safe environment. Call Age UK Barnsley on [01226 776820](tel:01226776820) to find out what groups are available near you.**





## Take care

If you often feel light-headed or faint, if you haven't had your medication checked within the past 12 months, or if you have had two or more falls in the last year, make an appointment to see your GP or pharmacist. If at any time you feel unwell whilst doing any of the exercises in this guide please stop.

**To find out more visit: [www.barnsley.gov.uk/Fall-Proof](http://www.barnsley.gov.uk/Fall-Proof)**

## Your Self-check.

**Below are some simple daily exercises that you may have noticed have become more difficult.**

Why don't you complete the table below to see how you are getting on now? Choose an answer from one of the three boxes next to each question.

Do you find it more difficult walking through narrow spaces?

---

Do you feel unsteady or find it hard work getting in and out of the car, or getting off a bus?

---

Do you feel the need to stop or slow down when talking while walking?

---

Do you need to use your hands to get in and out of a chair?

If you have noticed any of these changes, it would be beneficial for you to complete the exercises in this booklet. Remember, there are also classes in the local community which can offer a helping hand and these can be found by visiting our website: **[www.barnsley.gov.uk/Fall-Proof](http://www.barnsley.gov.uk/Fall-Proof)**

Never	Sometimes	Often

# Self-check

## YOUR SELF-CHECK EXERCISE – WHAT CAN YOU DO NOW?

### Sit to stand up challenge!

#### What's the benefit?

Do this simple challenge to check your strength and balance ability right now. Record your number on the 'Progress Chart' at the back of this booklet.

**Please don't do this exercise if you feel dizzy or unwell.**

#### Step one.

Sit towards the front two thirds of a sturdy chair, feet back with heels on the floor and feet slightly apart.



## Step two.

Stand up and sit back down again without using your hands as many times as you can in 30 seconds.

Stop when you need to rest or when you get to 30 seconds.



**Record the number of times you can do this in 30 seconds.**

## How do you compare?

These are the average range of scores for your age group.

Ages 60-69

Ages 70-79

Ages 80-89

Ages 90 & Over

	Men	Women
Ages 60-69	12-19	11-17
Ages 70-79	11-17	10-15
Ages 80-89	8-15	8-14
Ages 90 & Over	7-12	4-10



## TOP TIP

Breaking up sitting time at regular intervals, and keeping moving has positive impacts on your health and wellbeing.

# Carry Like Harry.

Visit [www.barnsley.gov.uk/Fall-Proof](http://www.barnsley.gov.uk/Fall-Proof) to find out more



## Exercises in this guide.

**Here are the exercises in this guide and the page number you can find them on:**

**14**

### **Heel to toe standing and walking**

This will help you to walk through narrow spaces and stay balanced when walking on uneven ground.

**16**

### **Single leg balance**

This will help you to balance when walking up and down kerbs, climbing up steps and getting on to the bus.

**18**

### **Heel and toe raise**

This will help you to improve your balance when walking and stepping over objects.

**20**

### **Side leg raises and sideways walks**

This will help you to step sideways when you need to walk around something to avoid tripping.



22

### **Sit to stand**

This will help you to get out of a chair and in and out of a car or bus seat.

24

### **Stepping up a step**

This will help you go up and down stairs more easily and help you stay steady on uneven paths and on steps.



### **WALKING**

Going for a daily walk and moving regularly will also be beneficial to you. Start with short walks and if you find this difficult, build up your distance gradually.

# Exercise 1.



## CHALLENGE RATING

# Heel to toe standing and walking.

## What's the benefit?

This will help you to keep your balance when you walk through tight spaces.

## Starting position

Hold on to something solid and immovable (your kitchen counter might be good) and stand with your heel to your toe. Like standing on a tightrope.

## Step one

Hold for 10 seconds. Try to gradually reduce your hand support.



## Step two

Complete this with the other foot in front and aim to repeat twice.

### Progress ★ ★ ☆ ☆

Progress this by slowly walking along the counter, heel to toe in a straight line. Turn around and go back again. Walk for a few steps in each direction.

You can also progress this by reducing your hand support.



### TOP TIP

You could do this exercise whilst you wait for the kettle to boil.



### CHALLENGE YOURSELF

If you feel strong enough, hold the balance for longer, or try walking backwards slowly, toe to heel, using hand support at first if needed.



# Exercise 2.



## CHALLENGE RATING

# Single leg balance.

## What's the benefit?

This will help you to climb up steps, get in and out of cars and get on to the bus.

## Starting position

Stand facing a solid support, holding lightly to start with.



## TOP TIP

You could do this exercise whilst you are at the sink or kitchen side waiting for the kettle to boil, or when you are on the phone

## Step one

Lift one foot off the floor and hold for as long as you can. Gradually try to reduce your hand support as you feel able.

## Step two

Change legs and raise the other foot. Aim to repeat this a few times.



### CHALLENGE YOURSELF

Hold the balance for longer and reduce the hand support.



# Exercise 3.



## CHALLENGE RATING

## Heel and toe raise.

### What's the benefit?

This will help you to balance when walking and stepping over objects.

### Starting position – heel raise

Stand facing a solid support, holding lightly to start with.

### Step one

Lift your heels off the floor keeping your weight through the balls of your feet, then lower.



## Step two

Aim to repeat several times. Try to gradually reduce your hand support.

### Starting position – toe raise

Holding on to your support if needed, lift your toes off the floor, putting your weight through your heels, then lower. Repeat several times.



### Progress – heel walking and toe walking

Progress this by walking forward on your toes – toe walking.

Then try to walk forward on your heels – heel walking.



#### TOP TIP

Why not do this at different times during the day whilst you are walking near a stable surface you could hold if necessary.



# Exercise 4.



## CHALLENGE RATING

# Side leg raises and sideways walks.

## What's the benefit?

This will help you to take a step sideways when you need to walk around something, to avoid tripping.

## Starting position

Stand sideways to a solid surface, like a kitchen counter, holding lightly if necessary.

## Step one

Stand on one leg whilst raising the other one out to the side.







## TOP TIP

Do this whilst you are waiting in the kitchen for the oven, kettle or microwave.

Try to keep your foot and the front of your knee pointing forward as you raise your leg. Repeat several times.

## Step two

Repeat with the other leg several times.



## Progress

To progress this, try sideways walking, taking several sideways steps in one direction. Then return in the other direction, along a kitchen counter for example.



## CHALLENGE YOURSELF

Gradually reduce your reliance on the hand support as you get stronger.

## Exercise 5.



### CHALLENGE RATING

## Sit to stand.

### What's the benefit?

This will help you to get out of a chair and in and out of a car or bus seat.

### Starting position

Sit up straight, towards the front of the chair. Place your feet slightly back, heels down and lean forward slightly.



### TOP TIP

Do this every hour, at the end of a television programme, or as you get stronger, during every advert break.



## Step one

Power up to stand up from the chair. Try not to use your hands to push on as you rise. If you do need hand support to stand aim to reduce this over time.



## Step two

Once you are upright, step back until the back of your legs touch the chair, then lower yourself slowly until you sit down. If you need to use your hands to hold the chair, do this, but aim to reduce your hand support as you gain strength. Repeat this five times or more.



## Progress

Repeat the 30 second sit to stand daily (see page 8).



## CHALLENGE YOURSELF

If you use your arms to support yourself getting up, try to reduce this as you get stronger.

# Exercise 6.



## CHALLENGE RATING

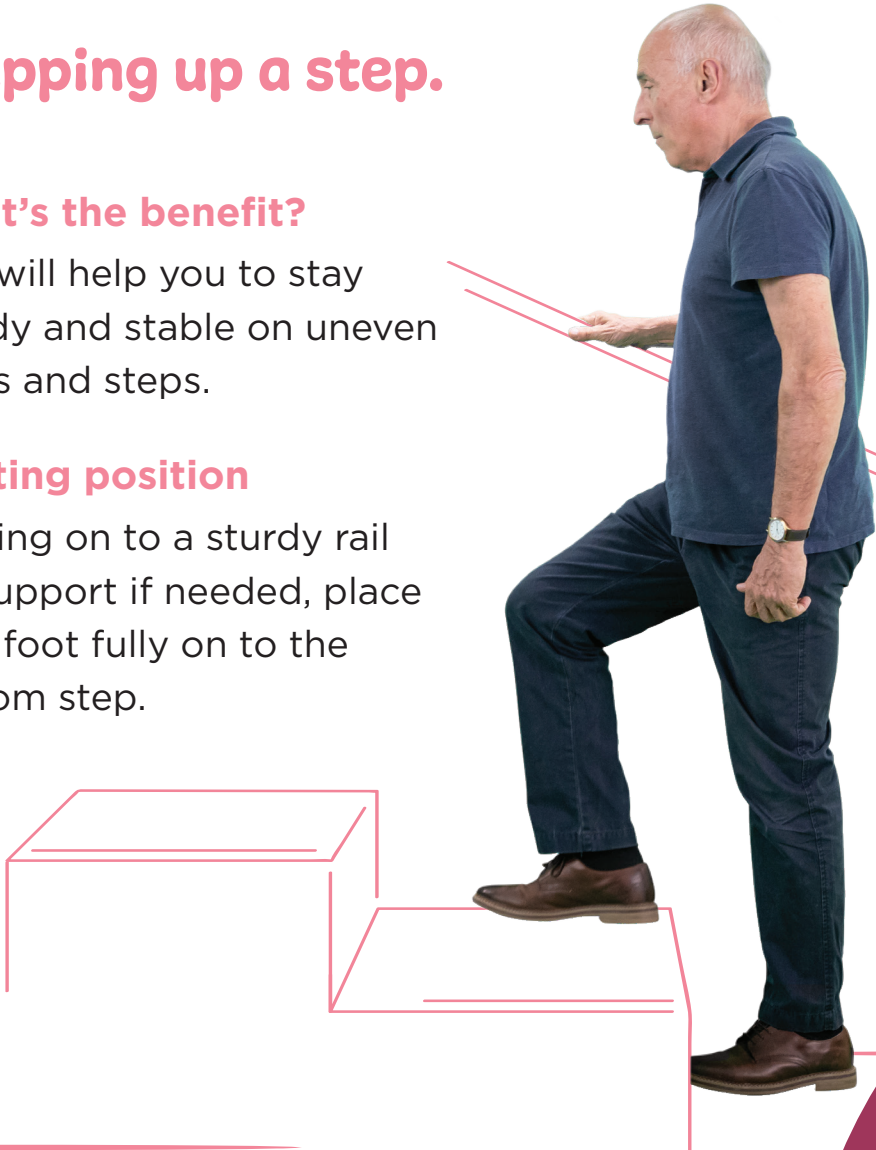
# Stepping up a step.

## What's the benefit?

This will help you to stay steady and stable on uneven paths and steps.

## Starting position

Holding on to a sturdy rail for support if needed, place your foot fully on to the bottom step.



## Step one

Step up, bringing your other leg onto the step.

## Step two

Step back down back to ground level. Repeat this as many times as you can, over time building up to 20.



## Progress

Reduce hand support gradually as you gain in strength and confidence.



## TOP TIP

Do this each time you pass the stairs.

# Your progress chart.

Remember to repeat this seven day progress chart every week to monitor your progression over time.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

	<b>Day one</b>	<b>Day two</b>	<b>Day three</b>
Heel to toe standing and walking			
Single leg balance			
Heel to toe raise			
Side leg raises and walks			
Sit to stand			
Stepping up a step			

**Sit to stand score after one month:**

**Sit to stand score after two months:**

**Sit to stand  
score on  
day one:**

<b>Day four</b>	<b>Day five</b>	<b>Day six</b>	<b>Day seven</b>	<b>Total number of days did exercises</b>

**Sit to stand  
score after  
three months:**

# Tell us your story!

Show us your progress and become an inspiration for others.



Email  
[sport&activerекреation@barnsley.gov.uk](mailto:sport&activerекреation@barnsley.gov.uk)



Find **@BarnsleyMoving** on Facebook to share your Fall-proof story



Find **@BarnsleyMoving** on Twitter to share your Fall-proof story  
**#FallProofBarnsley**

“

You can break it up in to small chunks of activity throughout the day.

”

You can do it at different times during the day, so it doesn't interrupt my routine.

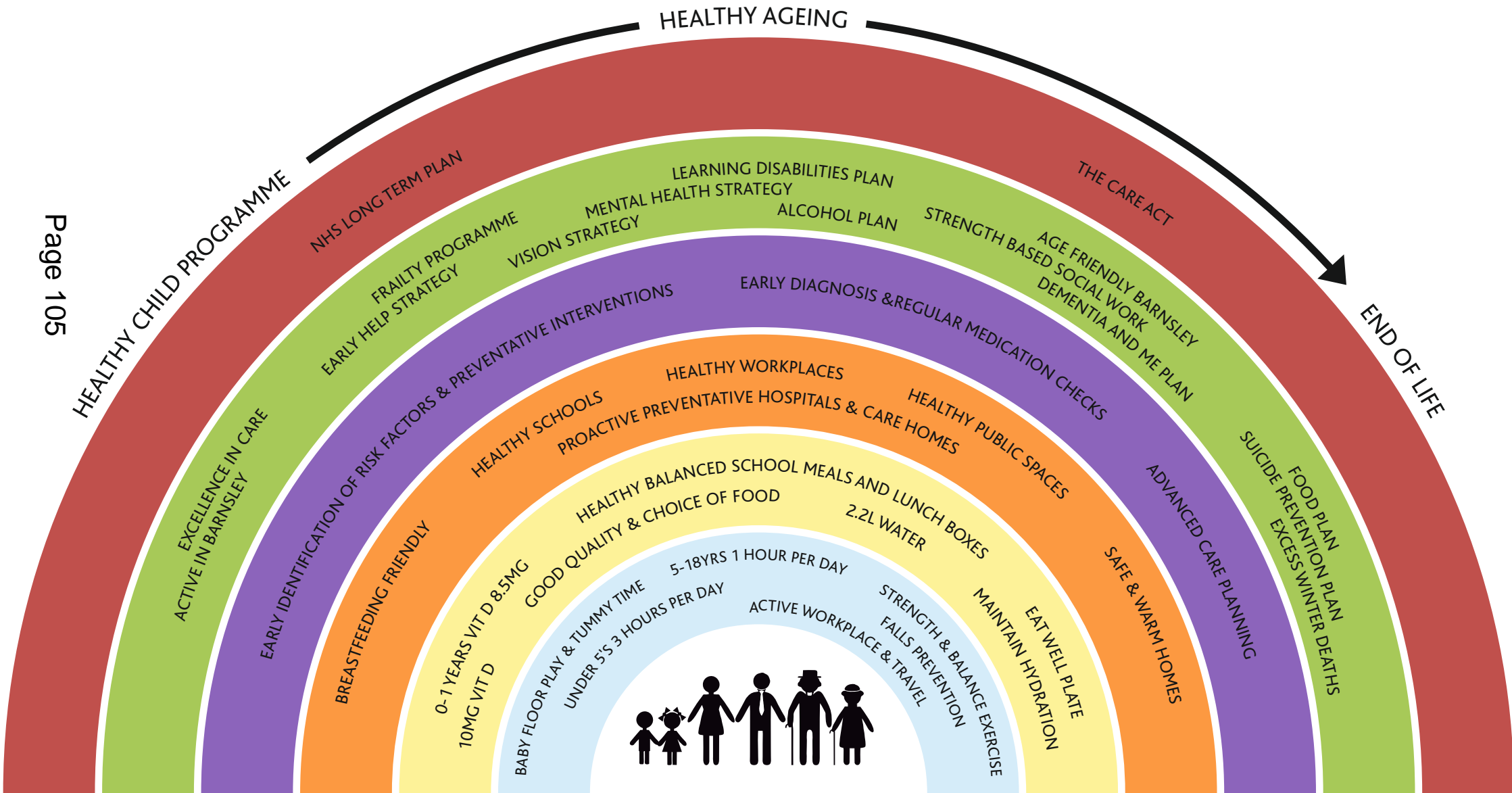
[www.barnsley.gov.uk/Fall-Proof](http://www.barnsley.gov.uk/Fall-Proof)



# BARNSLEY FRAILTY PREVENTION LIFE COURSE APPROACH

- NATIONAL POLICY & STATUTORY RESPONSIBILITIES
- LOCAL STRATEGIES
- LOCAL HEALTH, SOCIAL CARE & VOLUNTARY SERVICES
- PLACE BASED APPROACHES
- DIET & HYDRATION
- PHYSICAL ACTIVITY

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## REPORT TO THE HEALTH & WELLBEING BOARD

### 2020/21 Better Care Fund Plan Report

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<b>Report Sponsor</b>	Chris Edwards – Accountable Officer, NHS Barnsley CCG Wendy Lowder – Executive Director Adults & Communities, BMBC
<b>Report Author</b>	Andrew Osborn – Interim Service Director, Commissioning (Adults & Communities) BMBC

#### 1. Purpose of Report

- 1.1 To provide the Board with an update on the Better Care Fund Plan for 2020-21 along with a copy of the plan for approval.

#### 2. Recommendations

- 2.1 Health & Wellbeing Board members are asked to:
- Note the contents of the report; and
  - Ratify the attached 2020/21 Better Care Fund planning template

#### 3. Background

- 3.1 In March 2020, local areas were informed that publication of the Government’s approach to the BCF in 2020-21 would be delayed allowing areas to better focus on responding to the COVID-19 pandemic but that minimal changes would be made for 2020-21. Advice was to prioritise business continuity and rollover plans / schemes where possible.
- 3.2 Given the ongoing pressures on systems, formal BCF plans will not have to be submitted for approval in 2020-21. However, local areas must ensure that use of the BCF funding has been agreed in writing and that the national conditions are met.
- 3.3 Local areas will be required to provide an end of year reconciliation to the Department and NHS England/ Improvement, confirming that the national conditions have been met, total spend from the mandatory funding sources and a breakdown of agreed spending on social care from the CCG minimum contribution.

#### 4. 2020-21 BCF Policy Statement

- 4.1 The 2020-21 BCF policy statement was published by the Government on 3 December 2020. There continues to be four national conditions, these being:
1. Plans covering all mandatory funding contributions have been agreed by HWBs and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).

2. The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation.
  3. Spend on CCG commissioned out of hospital services (which may include 7-day services and adult social care) meets or exceeds the minimum ring-fenced amount.
  4. CCGs and local authorities confirm compliance with the above conditions to their Health & Wellbeing Boards (HWB).
- 4.2 Local areas should review the spending on social care funded by the CCG contribution to the BCF to ensure that the minimum expectations are met, in line with the national conditions. Also, spending on CCG commissioned out of hospital services (which can include social care) should meet or exceed the minimum ringfence amount as set out in the BCF allocations.

## **5. Barnsley's 2020-21 BCF Plan**

- 5.1 A short planning template has been made available to be used for setting out BCF funded spend for 2020-21 and to show compliance with the national conditions. The completed 2020-21 BCF plan for Barnsley is attached (Annex 1) for approval. It details the income, expenditure schemes as well as confirms the CCG contribution to maintaining social care and delivering out of hospital care.
- 5.2 Local targets for the BCF national metrics are not required in the BCF plans for 2020-21, however local areas should continue to work as a system to make progress against them. It should be noted that national reporting of Delayed Transfers of Care was suspended from 19 March 2020.
- 5.3 The attached 2020-21 BCF plan represents a roll forward of previous year's spending plan and includes proposed additional spend commitments by the CCG and the Council of £1.054m compared to last year (this represents the 5.3% uplift in the CCG minimum contribution for 2020-21). Whilst a proportion of the uplift amount for 2020/21 (£486k) has been committed by the CCG to meet increases in contract values / costs, it is proposed that the balance relating to Adult Social Care (£568k) is committed against the following proposals:

### BMBC - Older People Health & Wellbeing Service

- 5.4 A business case will propose funding support from the BCF to commission an OP Health and Wellbeing Service aimed at creating an improved early intervention and prevention model across Barnsley. It will offer a holistic approach, bringing together a range of disjointed services, to support planning for independent living for older people, whose needs are complex but that do not meet social care thresholds for statutory support. It will address gaps in the provision of support for older people including: (1) those at significant risk of falling; and (2) those with a wider range of additional support needs that impact on their health and wellbeing.

## BMBC – Community Reablement Support

- 5.5 Reablement is one of the main and most successful ways for Councils to maximise people’s levels of independence. However, the current reablement offer is only for people being discharged from hospital. The commissioning intentions are to extend this offer to all community-based referrals, so that anyone who is considered likely to require long term support, first receives a period of short-term support and that this period of support is used to inform the assessment process and decisions around long term care. A full reablement offer would broadly need 2-3 times the current investment levels. It is proposed this level of upscaling is implemented over an agreed period, subject to the outcome of a small-scale feasibility pilot to test the assumptions of taking referrals from the community, leading to a business case.
- 5.6 Business cases will be developed for the above proposals to establish the feasibility as well as determine the investment requirement.

## 6. Financial Implications

- 6.1 The level of Barnsley’s BCF funding including the iBCF, Winter Pressures grant and Disabled Facilities Grant (DFG) is shown in the income section of the planning template. Whilst, the expenditure section details the respective spend against each type of BCF income within the fund. This is summarised below:

Running Balances	Income	Expenditure	Balance
DFG	£3,377,046	£3,377,046	£0
Minimum CCG Contribution*	£20,736,192	£20,736,192*	£0
Improved BCF (IBCF)	£13,055,102	£13,055,102	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
<b>Total</b>	<b>£37,168,340</b>	<b>£37,168,340</b>	<b>£0</b>

\* planned spend includes the additional investment of £1.054m as detailed in section 5 above

- 6.2 The table below also provides detail of the specific BCF spend / funding allocation on NHS commissioned out of hospital and adult social care from the CCG minimum contribution. The amount allocated to adult social care is in line with the required uplift for 2020-21 and complies with the national conditions.

Required Spend	Minimum Required Spend	Planned Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£5,892,638	£9,072,048
Adult Social Care services spend from the minimum CCG allocations	£11,178,378	£11,178,378

- 6.3 Records of spending against schemes funded through the BCF are required to be maintained to meet year end reporting requirements (of actual income and expenditure for the year).

## **7. Conclusion/ Next Steps**

- 7.1 The Board are asked to note the contents of this report and to approve the attached BCF plan, including the additional planned spend / commitment by the CCG and the Council investment in 2020-21.

## **8. Appendices / Background Papers**

Annex 1 – Barnsley BCF Planning template 2020-21

## BCF 2020-21 Income & Expenditure Calculator

### 6. Expenditure

Selected Health and Wellbeing Board:

Barnsley

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£3,377,046	£3,377,046	£0
Minimum CCG Contribution	£20,736,192	£20,736,192	£0
IBCF	£13,055,102	£13,055,102	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
<b>Total</b>	<b>£37,168,340</b>	<b>£37,168,340</b>	<b>£0</b>

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£5,892,638	£9,557,814	£0
Adult Social Care services spend from the minimum CCG allocations	£11,178,378	£11,178,378	£0

[Link to Scheme Type description](#)

Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Expenditure								
					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	Intermediate Care Services	Rapid / Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£3,877,810	Existing
2	Intermediate Care	Intermediate Care Services	Bed Based - Step Up/Down		Community Health		CCG			NHS Acute Provider	Minimum CCG Contribution	£2,929,405	Existing
3	Intermediate Care	Intermediate Care Services	Other	Medical Oversight	Primary Care		CCG			Private Sector	Minimum CCG Contribution	£151,703	Existing
4	Intermediate Care	Intermediate Care Services	Bed Based - Step Up/Down		Community Health		CCG			Private Sector	Minimum CCG Contribution	£1,166,087	Existing
5	Long Term Care Provision	Other	Care Home	Residential, domicilliary and other	Social Care		LA			Private Sector	Minimum CCG Contribution	£5,484,247	Existing
6	Short term and respite provision	Carers Services	Respite Services		Social Care		LA			Private Sector	Minimum CCG Contribution	£810,000	Existing
7	Mental Health Community Social care team	Integrated Care Planning and Navigation	Other	Integrated Care Packages	Social Care		LA			Local Authority	Minimum CCG Contribution	£760,000	Existing

8	Other ASC provisions - DOLS and	Care Act Implementation Related Duties	Deprivation of Liberty Safeguards (DoLS)		Social Care		LA			Local Authority	Minimum CCG Contribution	£679,000	Existing
9	Commissioned contracts - MH recovery college,	Other		Commissioned contracts	Social Care		LA			NHS Mental Health Provider	Minimum CCG Contribution	£1,013,000	Existing
10	Reablement provision	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			NHS Community Provider	Minimum CCG Contribution	£1,294,000	Existing
11	Extra Care Housing scheme provision	Housing Related Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£570,000	Existing
12	Hospital Discharge service (Warm Home project)	Community Based Schemes			Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£1	Existing
13	Falls service	Prevention / Early Intervention	Other	Physical health and wellbeing	Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£131,594	Existing
14	Community home loans	Assistive Technologies and Equipment	Community Based Equipment		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£856,829	Existing
15	Equipment and adaptations	Assistive Technologies and Equipment	Community Based Equipment		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£444,386	Existing
16	Meeting adult social care needs - Long term care	Other		Residential, domiciliary and other	Social Care		LA			Local Authority	iBCF	£6,569,701	Existing
17	Meeting adult social care needs - Long term care	Other		Residential, domiciliary and other	Social Care		LA			Local Authority	iBCF	£2,609,000	Existing
18	Meeting adult social care needs - Long term care	Other		Residential, domiciliary and other	Social Care		LA			Local Authority	iBCF	£1,250,000	Existing
19	Stabilisation of the care market - uplift in weekly	Enablers for Integration	Fee increase to stabilise the care provider market		Social Care		LA			Local Authority	iBCF	£300,000	Existing
20	Stabilisation of the care market - Increased contract	Enablers for Integration	Market development (inc Vol sector)		Social Care		LA			Local Authority	iBCF	£65,000	Existing
21	Reducing delayed discharges/NHS Pressures - 7 days	HICM for Managing Transfer of Care	Chg 5. Seven-Day Services		Social Care		LA			Local Authority	iBCF	£120,000	Existing
22	Meeting Adult Social Care Needs Maintaining care	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	iBCF	£317,500	Existing
23	Meeting Adult Social Care Needs Increased service	Integrated Care Planning and Navigation	Care Planning, Assessment and Review		Social Care		LA			Local Authority	iBCF	£330,500	Existing



24	Meeting Adult Social Care Needs Support for carers	Personalised Budgeting and Commissioning	Other	personal budgets	Social Care		LA			Local Authority	iBCF	£225,000	Existing
25	Meeting Adult Social Care Needs Community Bridge	Care Act Implementation Related Duties	Other	Information, advice, guidance and	Social Care		LA			Local Authority	iBCF	£30,000	Existing
26	Increased social work assessment capacity	HICM for Managing Transfer of Care	Chg 5. Seven-Day Services		Social Care		LA			Local Authority	iBCF	£374,400	Existing
27	Additional hospital weekend management	HICM for Managing Transfer of Care	Chg 5. Seven-Day Services		Social Care		LA			Local Authority	iBCF	£33,501	Existing
28	Additional Occupational Therapists	Other		Occupational Therapy	Social Care		LA			Local Authority	iBCF	£52,000	Existing
29	Additional Reablement capacity	Intermediate Care Services	Rapid / Crisis Response		Social Care		LA			Local Authority	iBCF	£110,000	Existing
30	Additional social care packages	Other		Additional placement capacity in	Social Care		LA			Local Authority	iBCF	£636,900	Existing
31	Increased commissioning capacity -	Enablers for Integration	Market development (inc Vol sector)		Social Care		LA			Local Authority	iBCF	£31,600	Existing
32	Disabled Facilities Grant - various schemes	DFG Related Schemes	Adaptations		Social Care		LA			Local Authority	DFG	£3,377,046	Existing
33	Community Reablement support	Community Based Schemes			Social Care		LA			Local Authority	Minimum CCG Contribution	£378,130	New
34	Older People - Health & Wellbeing service	Prevention / Early Intervention	Other	Physical health and wellbeing	Social Care		LA			Local Authority	Minimum CCG Contribution	£190,000	New

[^^ Link back up](#)

Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	

Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also	
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	
Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported	

Integrated Care Planning and Navigation	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form</p>	
Intermediate Care Services	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three</p>	
Personalised Budgeting and Commissioning	<p>Various person centred approaches to commissioning and budgeting.</p>	
Personalised Care at Home	<p>Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as</p>	

Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

[^^ Link back up](#)