

MEETING:	Overview and Scrutiny Committee - Full Committee
DATE:	Tuesday, 27 April 2021
TIME:	2.00 pm
VENUE:	Held Virtually

AGENDA

Full Meeting of the Overview and Scrutiny Committee

All Members of the Committee Should Attend.

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

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

2 Declarations of Pecuniary and Non-Pecuniary Interest

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

3 Minutes of the Previous Meetings *(Pages 5 - 28)*

To approve the minutes of the previous meetings of the Committee (Item 3):-

- Full Committee held on 12th January, 2021
- Thriving and Vibrant Economy Workstream held on 9th February, 2021
- People Achieving Their Potential Workstream held on 9th March, 2021
- Strong and Resilient Communities Workstream held on 23rd March, 2021

Overview and Scrutiny Issues for the Committee

4 The Development of Integrated Care in Barnsley *(Pages 29 - 42)*

To consider a report of the Executive Director Core Services and the Integrated Care Partnership (Item 4) in respect of the development of Integrated Care in Barnsley.

5 Children's Social Care Performance *(Pages 43 - 48)*

Redacted report provided for information only (Item 5)

6 Exclusion of the Public and Press

The public and press will be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

7 Children's Social Care Performance *(Pages 49 - 100)*

To consider a cover report relating to Children's Social Care Performance (Item 7a) in relation to the Data Report (Item 7b) and the Explanatory Document (Item 7c)

Reason restricted:

Paragraph (2) Information which is likely to reveal the identity of an individual.

Enquiries to Jane Murphy, Scrutiny Officer

Email scrutiny@barnsley.gov.uk

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

Councillors Ennis OBE (Chair), Bowler, Carr, T. Cave, Clarke, Felton, Fielding, Frost, Gillis, Gollick, Green, Daniel Griffin, Hand-Davis, Hayward, Hunt, W. Johnson, Leech, Loftis, Makinson, McCarthy, Mitchell, Newing, Noble, Phillips, Pickering, Richardson, Smith, Stowe, Sumner, Tattersall, Williams, Wilson and Wraith MBE together with Statutory Co-opted Member Ms. G Carter (Parent Governor Representative)

Electronic Copies Circulated for Information

Sarah Norman, Chief Executive

Shokat Lal, Executive Director Core Services

Rob Winter, Head of Internal Audit and Risk Management

Michael Potter, Service Director, Business Improvement and Communications

Martin McCarthy, Service Director, Governance, Members and Business Support Press

Witnesses

Item 4 (2pm):-

- Adrian England, Chair, Healthwatch Barnsley
- Chris Edwards, Accountable Officer, Barnsley Clinical Commissioning Group and Rotherham Clinical Commissioning Group
- Gill Stansfield, Deputy District Director and Clinical Transformation Lead, Barnsley General Community, South West Yorkshire Partnerships NHS Foundation Trust
- Jeremy Budd, Director of Strategic Commissioning and Partnership, Barnsley Clinical Commissioning Group
- Julia Burrows, Director of Public Health, Barnsley Metropolitan Borough Council
- Dr Mehrban Ghani, Chair, Barnsley Healthcare Federation, Accountable Clinical Director, Barnsley Primary Care Network, and GP Partner at the White Rose Medical Practice
- Dr Richard Jenkins, Chief Executive Officer, Barnsley Hospital NHS Foundation Trust
- Wendy Lowder, Executive Director Adults and Communities, Barnsley Metropolitan Borough Council
- Cllr Platts, Cabinet Spokesperson - Adults & Communities, Barnsley Metropolitan Borough Council
- Cllr Andrews, Cabinet Spokesperson - Public Health, Barnsley Metropolitan Borough Council

Item 7 (3pm approx.):-

- Debbie Mercer, Service Director Children's Social Care & Safeguarding, Barnsley Metropolitan Borough Council
- Cllr Margaret Bruff, Cabinet Spokesperson - Children's Services, Barnsley Metropolitan Borough Council

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MEETING:	Overview and Scrutiny Committee - Full Committee
DATE:	Tuesday, 12 January 2021
TIME:	2.00 pm
VENUE:	Held Virtually

MINUTES

Present

Councillors Ennis OBE (Chair), Bowler, Carr, T. Cave, Clarke, Fielding, Frost, Gillis, Gollick, Hayward, Higginbottom, Hunt, W. Johnson, Leech, Lofts, Makinson, McCarthy, Newing, Noble, Phillips, Pickering, Richardson, Smith, Tattersall, Williams, Wilson and Wraith MBE.

1 Apologies for Absence - Parent Governor Representatives

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

2 Declarations of Pecuniary and Non-Pecuniary Interest

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

3 Minutes of the Previous Meetings

The minutes of the following meetings were received and considered by Members: Full Committee, held on 8th September 2020; Thriving and Vibrant Economy Workstream, held on 13th October 2020; Special Call-in Meeting, held on 26th October 2020; People Achieving Their Potential, held on 3rd November 2020 and Strong & Resilient Communities, held on 1st December 2020.

RESOLVED that the minutes of the above meetings be approved as a true and accurate record.

4 Provisional Education Outcomes in Barnsley 2019-20

Members were invited to consider a report of the Executive Director Core Services and the Executive Director Children's Services in respect of the Provisional Education Outcomes in Barnsley for the 2019-20 academic year. The following witnesses were welcomed to the meeting:

Nick Bowen, Head Teacher at Horizon Community College and Joint Chair of Barnsley Alliance;
Paul Crook, Principal at Penistone Grammar School and Chair of the Barnsley Alliance Secondary Heads Group;
Yiannis Koursis, Principal, Barnsley College;
Toni Rhodes, Vice Principal Quality and Access to Learning, Barnsley College;

Mel John-Ross, Executive Director Children's Services, BMBC;
Nina Sleight, Service Director, Education, Early Start & Prevention, BMBC;
Darren Dickinson Interim Head of Barnsley Alliance, BMBC;
Liz Gibson, Virtual Headteacher, Looked After Children & Vulnerable Groups, BMBC;
Angela Stephens, Business Improvement & Intelligence Advisor, BMBC;
Cllr Margaret Bruff, Cabinet Spokesperson for Children's Services, BMBC;

The Executive Director Children's Services, BMBC introduced the item, highlighting the very positive nature of the report which sets out what real improvement has been made in the Borough and expressing pride in this achievement.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

It was highlighted by Nick Bowen that there were only a handful of appeals questioning the grades which secondary school students had received. Parents were only able to appeal about the procedure and that schools had followed the guidance. There were no changes as a result of these appeals. The Principal of Barnsley College also confirmed that two appeals had been received on procedural grounds and these were not upheld.

A member queried the number of Year 11 students who had become NEETs (Not in Education, Employment or Training). It was highlighted that Barnsley College had 7 Year 11 learners who had been referred to TIAG (Targeted Information, Advice and Guidance Service) and had not re-enrolled in education. Penistone Grammar School had zero NEETs. All schools work hand in hand with TIAG to make sure all transitions are monitored closely, particularly the most vulnerable, ensuring wrap around support is available for them. Close monitoring is done every year but with a heightened focus in 20/21 to ensure young people are on the right provision and are able to progress in that provision.

With regard to the examinations and centre assessed grades situation, Members queried what had been learned from last year's experience. Paul Crook explained that Secondary School Leaders had been challenged and are now in a much better position than previously and can provide ample evidence that the grades which students are given accurately reflect what they would have achieved in examinations. Schools are working hard to ensure nobody is at a disadvantage because they cannot take the examinations. Clear plans are in place to keep students motivated and to enable them to achieve to the best of their ability. Yiannis Koursis confirmed that Barnsley College is also better prepared this year. One of the challenges is that over 2000 vocational exams planned for January have been cancelled alongside GCSE and A Level examination and these are often overlooked. However, students will still receive a grade relevant to their ability and will be able to progress.

In terms of Barnsley College, it was highlighted that the Government has provided limited support for vulnerable students who may not have IT equipment/wifi at home and that the College itself provided devices with 4G connectivity for some students. Vulnerable students are also provided with a facility or a space at the college to work in.

BMBC did a lot of work last year to ensure that vulnerable pupils have access to devices and wifi connectivity. This was achieved through a variety of means but included donations from businesses and MATs (Multi Academy Trusts). Barnsley has a remote learning platform which is fit for purpose. Vulnerable and 'digitally disadvantaged' children can also access learning on site if they haven't got a device or a quiet study space at home. All Looked After Children are offered a school place, with £400 per Barnsley child put into school budgets in November to provide an appropriate device, which is carefully monitored. Looked After Children from other authorities have a similar scheme in place.

Barnsley has a Vulnerable Children's Tracker which closely monitors the attendance of vulnerable and key worker children. The tracker also provides information around which agencies have seen children face to face during the current situation. Remote learning access is also monitored. Work is underway to support families who are reluctant to send their children to school with Early Help and Education Welfare.

It is recognised that Covid has impacted on children's emotional wellbeing and mental health. A holistic support programme is in place with partners to address this. Vulnerable families are identified to ensure Early Help is in place through family centres. Before September it was envisaged that lots of children would struggle getting back to school after the lockdown, but this wasn't the case, with most really keen to get back to school. Covid has had an impact with concerned parents and families but a lot of support is in place.

The emotional wellbeing of teaching staff is vitally important and schools and colleges have staff wellbeing strategies in place. It seems that although some schools had staff absences of around 25 - 30% due to Covid, absence due to other issues has reduced, which indicates the strategy is working. It was highlighted that there are lots of resources available to staff to support their wellbeing and they have been incredibly resilient despite frustrations around the situation. Staff have risen to the notion that there are many people in the country who are much less fortunate than they are. Lots of staff are choosing to be in school to work and deliver lessons, with tea and cake essential to enhance camaraderie. Barnsley College has a staff wellbeing mobile phone app; access to counselling and support and an in-house wellbeing team. All schools and college staff also have access to wider mental health and wellbeing support offered through BMBC, with regular team meetings and contact with managers.

As highlighted in the report, there is a very positive trend in educational outcomes in Barnsley, with every school showing improvements. Only one school still needs to make significant improvements. When compared nationally, we can be confident that the results are a true reflection of Barnsley's direction. Core subjects of maths and english are a particular strength, with areas requiring further focus including history, geography, languages and science.

Everything is being done to minimise any disadvantage due to the pandemic for all children. There will undoubtedly be an impact across all year groups but this is being mitigated as much as possible. This includes 'live' learning every day, school assemblies and lots of pastoral contact with students, particularly years 10 and 11 to ensure appropriate transition to their next phase. Post 16 providers keep in close contact with schools and school leavers to help them to catch up, working closely

with students to quickly rectify any problems. This increased communication across partners is proving to be a great success to offset any 'learning loss' as a result of Covid, with the aspiration that by the end of their second A level year learners are able to progress to university etc., as they would have done prior to Covid.

It was reported that 10% of Penistone Grammar School students didn't get into the university of their choice due to the algorithm problem. When this decision was overturned the students in question had gone through clearing and their preferred university places had been filled. 5 students out of 135 had decided to take a year out from university with a view to going in September 2021. Some students decided not to go to university at all as it was felt that they wouldn't be able to have the full university experience whilst still paying tuition and accommodation fees. Barnsley College reported a similar situation with some students not getting in to the university of their choice and a large number of students also deferred their application.

At secondary school level parental involvement in home schooling is minimal as schools are doing it. Many parents have thanked the schools for what they have done. It was acknowledged that the situation may be different for primary schools.

RESOLVED that representatives be thanked for their attendance, contribution and the hard work they had done to improve the educational outcomes for Barnsley's children and young people in these very challenging times.

5 Measures to Strengthen and Support Barnsley's Exam Cohort for 2020-21

Members were invited to consider a report of the Executive Director Core Services and the Executive Director Children's Services, co-produced with Secondary Heads, Barnsley Alliance and Barnsley College around the impact to the 2020/21 exam cohort. The report sets out how preparations for a change around exams going ahead was planned for and that Members should be assured that the strength of school leadership and the partnership arrangements put in place to minimise disruption for Years 11 and 13 in particular are robust.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

Principles and standards with regard to the remote learning offer are agreed by Barnsley Alliance. There are a number of options regarding the remote learning platform which are agreed individually by MATs or governing bodies linked to their current IT systems and the support they receive. Schools are also supported to publish their remote learning offer by 26th January on their websites. The DfE sets out the detail of what should be offered. Primary schools may need additional support with putting together their offer but this is improving day by day.

Maximum use is made of 'catch up' funding, including one to one work, group work, additional lessons, additional tutors and after school and Saturday sessions organised. Careers professionals are on hand in school to offer extra careers advice. There are also much improved resources on school websites. It was pointed out that Barnsley students work best with staff they know and trust rather than using the resources of large national tutoring organisations. 'Live' daily lessons are helping to

close any learning gaps. Youth workers are also helping support young people with advice around healthy eating, sleeping etc. to support schools to do what they do best.

An advert for the Programme Manager post to co-ordinate and support implementation of the programme is being advertised this week. Other resources are being redirected to focus on this project (which is time limited) and backfilling any gaps.

It was reiterated that some students had decided to defer a university place last year because of the disruption. It is envisaged that there may be more Year 13 students this year who also do this so that they can have the university experience they are dreaming of, both educational and social. Some students may take this as an opportunity to do voluntary activities to add to their CV. Indeed, some Year 1 students have been doing tutoring with current students although the current restrictions in place for volunteering in communities make this difficult.

There are no guidelines as yet regarding centre assessed grades and the appeals process, although it is likely to be an appeal against the process once again rather than the teacher assessment. Use of supply teachers varies from school to school but Horizon and Penistone Grammar school currently do not employ supply teachers, particularly as no visitors are allowed on school sites and it is not appropriate to use staff who are working across a number of schools during the pandemic as this could lead to more positive cases in school. There have been difficulties but these have been carefully managed through closure of 'bubbles' and other teachers covering online classes. The situation may be different around primary schools.

RESOLVED that representatives be thanked for their attendance and contribution.

6 Children's Social Care Performance

Members were provided with a redacted version of the Children's Social Care Performance Report, for information only.

RESOLVED that the report be noted.

7 Exclusion of the Public and Press

RESOLVED that the public and press be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

8 Inspection of Local Authority Children's Services (ILACS): Annual Conversation with Ofsted

Members were invited to consider a report of the Executive Director Core Services and the Executive Director Children's Services in respect of the annual conversation with Ofsted, the accompanying Self-Evaluation of Children's Social Work Practice in BMBC and the letter from Ofsted in response to the meeting and self-evaluation.

The Executive Director, Children's Services outlined the report, highlighting that Ofsted had confirmed that there will be a focussed inspection regarding assurance around the pandemic. It was felt that this will be challenging but Barnsley is confident when considering the context in which the sector is working. It will not be a full inspection so will not be graded and is welcomed as it will outline areas for improvement and will in readiness for the full inspection.

The results of a recent Peer Review regarding a 'front door' health check are currently awaited. Lots of work has been done on the 'voice of the child'. It was reported that the Targeted Youth Service and Early Help are doing fantastic work with Looked After Children and the Youth Council, moving from consultation to coproduction and making real differences, although there is still more to do around working with parents and carers of young people.

RESOLVED that the report be noted and thanks offered to all the teams who are working so hard, in challenging circumstances, for Barnsley's Children and Young People

9 Children's Social Care Performance

Members were invited to consider a cover report relating to Children's Social Care Performance in relation to the Data Report and the Explanatory Document.

Debbie Mercer, Service Director Children's Social Care & Safeguarding, BMBC, was welcomed to the meeting. It was highlighted that good performance has been maintained in the majority of areas throughout the report. Strengths were outlined, including Early Help and rate of re-referrals. Areas to note include the rise in the number of children in care and the length of court proceedings. It was reiterated that Barnsley remains committed to maintaining a stable work force and agency staff are not used. Reduction of caseloads is also a priority.

RESOLVED that Debbie be thanked for her attendance and contribution and the report be noted.

Chair

MEETING:	Overview and Scrutiny Committee - Thriving and Vibrant Economy Workstream
DATE:	Tuesday, 9 February 2021
TIME:	2.00 pm
VENUE:	This Meeting Will Be Held Virtually

MINUTES

Present

Councillors Ennis OBE (Chair), Carr, Clarke, Fielding, Gillis, Gollick, Green, Hayward, Hunt, W. Johnson, Lofts, McCarthy, Newing, Richardson, Smith, Sumner, Tattersall and Wraith MBE together with co-opted member Ms. G Carter

1 Apologies for Absence - Parent Governor Representatives

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

2 Declarations of Pecuniary and Non-Pecuniary Interest

Members of the Committee made declarations of non-pecuniary interest in connection with the items on this agenda as follows:

Cllr Tattersall - Cabinet Support Member (Place)

Cllr Richardson - Trustee of Cooper Art Gallery, vice-chair of Northern College, Heritage Champion and involved in the Eldon Street project.

Cllr Smith - sits on the Maurice Dobson Committee Trust.

Cllr Lofts volunteered at Hemmingfield pit for many years.

3 Minutes of the Previous Meeting

The minutes of the meeting of the Committee held on 12th January 2021 were received by Members.

4 Barnsley's Culture and Visitor Economy Offer

Members were invited to consider a report of the Executive Director Core Services and the Executive Director Place in respect Barnsley's Culture and Visitor Economy Offer including the impact of Covid-19.

The following witnesses were welcomed to the meeting:

Matt Gladstone, Executive Director-Place, BMBC

Kathy McArdle, Service Director, Regeneration & Culture, Place Directorate, BMBC

Sue Thiedeman, Head of Culture & Visitor Economy, Place Directorate, BMBC

Lynn Dunning, Group Leader, Heritage & Arts, Place Directorate, BMBC

Matt Mitchell, Events & Logistics Manager, Place Directorate, BMBC

Devinia Skirrow, Communications & Marketing Manager, BMBC
Cllr Cheetham, Cabinet Spokesperson, Regeneration & Culture

The Head of Culture & Visitor Economy, Place Directorate, introduced the item, highlighting Barnsley's culture and visitor economy offer, including the impact of Covid-19. It was explained that Barnsley has a relative abundance of heritage assets which form the backbone of Barnsley's visitor economy. Barnsley has five museum sites which are BMBC managed and which along with heritage assets make a positive impact on people's lives, particularly the vulnerable, and also enhance civic pride. The situation with Covid has been exceptionally challenging but Barnsley has still managed to win various national awards and accolades. Barnsley has also supported independent artists and freelancers during this difficult and challenging period. There is no doubt that the forthcoming year will continue to be very challenging.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

It was reported that the Worsbrough Wetlands Project received £100,000 of funding just before the Covid outbreak to conserve and enhance habitat sites at Worsbrough (particularly those of the harvest mouse and the willow tit), focusing on biodiversity and care for the site, balanced with the needs of the public and the access they require. A Cultural Recovery Grant of £160,000 was received from the National Lottery Heritage Fund to support post-Covid recovery work at Worsbrough Mill to enlarge the shop, café and offices and to undertake emergency works to the mill machinery which has seen a four-fold increase in demand for flour during the pandemic to fulfil orders from bakeries and retail customers. The current layout of the accommodation makes it difficult to socially distance.

Although attendance at Worsborough has fallen by 8%, it appears busier than ever and is clearly important to the local community. However there has been a negative impact on the site in terms of litter, maintenance of footpaths, and issues and repair work which will need to be addressed in the future. The next year will focus on what further investment can be brought in for Worsbrough and a masterplan exercise is currently underway. There are plans for a new micro bakery, a new shop and an enhanced café business.

In terms of wider recovery plans, Experience Barnsley will reopen with new content, extra investment has been made, some high profile exhibitions have been rescheduled and some exhibitions have been held on line. Events will be reinvigorated and held 'in person' to increase footfall in the town centre when it is safe to do so. The schools offer will be adapted and changed. Some volunteering programmes have continued. The Sheffield City Region (SCR) have a new Director in post for the arts, culture and heritage and hopefully will lead to increased funding. The Welcome to Yorkshire offer has been refreshed but at the moment it is not possible to promote travelling to the area. Culture has been vitally important during Covid, with unprecedented numbers during lockdown but the future is still uncertain about reopening. Events will present a challenge and social distancing could be in place for years. However, the team is very creative and innovative and will continue to look at different opportunities.

Barnsley MBC has worked very closely with the Maurice Dobson Museum in Darfield and other local heritage groups, with grant support from the National Lottery Heritage Emergency Fund for equipment and materials needed to help with Covid recovery and small discretionary grants. The Maurice Dobson Museum received business rates relief in the first tranche of Covid and smaller grants to help with the cost of PPE, signage etc., post Covid. Barnsley was very proactive with discretionary grants, with money placed directly in to bank accounts by the finance team.

A report in 2017 referred to the Visitor Economy Strategy in Barnsley and a vision for Barnsley to be one of the UK's emerging visitor destinations by 2020. It was highlighted that the Visitor Economy strategy is due to be refreshed in line with the 2030 plans. There have been some successes but there are weak areas, one of which is governance, linked to the fact that most of the attractions are run or supported by the Council and there is a weaker offer from external partners. The pandemic has also affected partners' abilities to engage, with furlough schemes etc., being used, although great strides have been made with Welcome to Yorkshire. The Visit Barnsley platform will be replaced and will be made more relevant to the current situation, linked to the town centre. The big events previously held put Barnsley on the global map and this continues, albeit virtually, and helped to change people's perceptions. A professional high-quality film will be used to promote Barnsley, in conjunction with Welcome to Yorkshire, both nationally and internationally, once the Glassworks project is officially launched.

Elsecar attracted Great Place Funding from the Arts Council and National Lottery Fund, one of the aims of the programme was to support the development of a high quality, brand new tourism proposition for England linked to Wentworth Woodhouse and Wentworth Castle Gardens. Funding will need to be secured and a masterplan and options appraisal is being worked up alongside partners with the railway as a complementary and integrated tourism offer. It was explained that the Elsecar Railway Trust surrendered the lease back to Barnsley Council in August because of various issues, exacerbated by the pandemic. Barnsley is working closely with the Trust with a view to getting the railway up and running as soon as possible, although at the moment there is a lot of work to be done and investment will need to be secured.

There are a number of railway interest and volunteer groups across the Borough, such as the Hull and Barnsley Railway group and the fledgling Community Rail partnership (which covers the whole of the Borough). The team is happy to promote and facilitate joint working amongst these groups once the pandemic is over. Hemmingfield pit is located at the end of the Elsecar railway line and is an integral part of the Elsecar project due to its historical and cultural importance. Volunteers at the site have been supported with lottery funding and have been put forward for discretionary grants.

Barnsley is responsible for wetlands and biodiversity projects alongside Natural England, Yorkshire Wildlife Trust, the Environment Agency and neighbouring Local Authorities to look at biodiversity across the Dearne Valley and the Region. The Yorkshire Wildlife Trust is involved in the Fleets site in Barnsley, but this project has stalled recently due to staff absences and other factors. Natural England is currently looking at the Borough as a whole with a view to securing Sites of Specific Scientific

Interest (SSSI) status. The consultation document for this will be shared with Councillor Lofts, who is involved with the canal to the west of the Fleets.

Barnsley has many heritage sites such as Wortley Top Forge, Monk Bretton Priory and Rockley Abbey. These attractions are an important part of Barnsley's heritage and have received grants during the pandemic. Prior to the pandemic work was underway with English Heritage and friends groups looking at improved facilities for the public, possibly linked to the principal towns project. It was highlighted that Monk Bretton Priory is in a flood risk area and a large part of the area is classed as a high rated flood zone with the Environment Agency. Part of the investment for floodwork along Lang Avenue is being done with a view to reclassifying this status.

The impact of the pandemic has been huge and has put enormous financial pressure on the Council. Survival of cultural organisations is critical but there is a need to be realistic and prioritise the sites which can attract match-funding for investment. Wentworth Castle Gardens is now led by the National Trust. Cannon Hall and Cannon Hall Farm have made admirable efforts during the pandemic. Hotel provision across the Borough needs to improve but the team is working hard to develop this.

Some of Barnsley's attractions, such as Cannon Hall, are inaccessible to families who do not have their own transport, with an expensive and infrequent bus service. Discussions have taken place with partners around public transport and campaigns to enable families to access travel in school holidays for a special rate has been promoted. However, issues will continue to be raised. Active travel routes are being explored but this also brings difficulties. It was felt that the future success of visitor attractions is important for regeneration and should be referred to the Mayor of the Combined Authority. The bus review highlighted the need for investment, but funding is currently being used to bail out bus, rail and tram services etc., which are around 70% down compared to pre-Covid. There is a need to look at more creative options such as an 'uber' style service and use of electric vehicles to help with the carbon footprint. There are difficult issues to confront but there needs to be an affordable option going forward.

Barnsley Museums is now responsible for Barnsley Main Colliery whilst the Parks Department looks after the park area. The building is part of the Council's planned maintenance programme and there is a good system for responding to repairs and looking at long term potential usage for the site alongside active volunteer groups. Important structural work has taken place to the head gear to conserve it for the future and it is now a grade II listed building. It was also noted that Helen and Richard Totty have contributed voluntary work led on the Barnsley Main Heritage site and have been instrumental in keeping the site looking good throughout the pandemic.

The Trans Pennine Trail (TPT) is difficult to access in some areas (around Wickes) but is no longer the responsibility of the Culture and Visitor Economy Team, as it now falls under strategic Transportation within the BMBC structure. Various upgrades are planned, funding is being sought for improvements and volunteers work along many of the sections. It was felt that there had been a large increase in littering along the TPT (and at Worsbrough) since the pandemic began, with a need for more litter bins. Tracey Brewer now has responsibility for the TPT and will be informed of this.

It is essential that children and young people are involved in taking the culture and visitor economy forward, as this is their future. It was suggested that the young Mayor could take a lead on this. Barnsley's first ever Children's Festival is planned for September 2021, with a key theme of Regeneration 2030 and encompassing future town design, future housing etc.

It was reported that just over 100,000 come to Cannon Hall in a year, with 500,000 visiting the park and outdoor green space. The £4m Parks for People project is just coming to an end and did have a focus on encouraging people to visit the museum. It was reported that 60% of visitors to the museum are from outside the Borough. Lots of work has been done to make the Hall more interesting and child friendly; the Hall has been showcased digitally during lockdown, which has led to an increase in interest which should lead to an increase in visitors once lockdown ends.

Councillor Ennis felt that as lockdown eases an opportunity should be taken to promote 'staycations' rather than planning holidays abroad and that Barnsley has much to offer in terms of visitor attractions and this will be an opportunity to encourage overnight stays in Barnsley, which will help with recovery. Promotional planning is already underway on this agenda along with partners such as Welcome to Yorkshire, the City Region and Visit England.

Members felt that volunteers, friends' groups and charities across the Borough have worked very hard during the pandemic and that they should be commended for their contribution, which has included litter picking, housekeeping, interpretations, workshops, consultations, future service planning and promotion. Many essential things could not have been done without the goodwill and support of volunteers.

RESOLVED that:

- (i) Representatives be thanked for their attendance, contribution and for the success in achieving various national awards and accolades
- (ii) Volunteers be officially thanked, once the pandemic is over, for their unstinting work across the Borough;
- (iii) Lynn Dunning be tasked with contacting Barnsley College with a view to taking forward the Fleets project
- (iv) Natural England consultation document to be shared with Cllr Lofts;
- (v) Cllr Green to be put in touch with the Community Rail Partnership that covers the whole of the Borough;
- (vi) Issues regarding provision of public transport to cultural and heritage sites to be raised with the Mayor of the Combined Authority by the committee;
- (vii) Lynn Dunning to raise issues regarding signage on the TPT to Monk Bretton Priory with Tracy Brewer;
- (viii) Members provide details of specific litter bins needed at Worsbrough to Lynn Dunning and along the TPT to Tracy Brewer; and
- (ix) The young Mayor be invited to participate in the Children's Festival regarding culture and heritage to promote this amongst young people.

Chair

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MEETING:	Overview and Scrutiny Committee - People Achieving Their Potential Workstream
DATE:	Tuesday, 9 March 2021
TIME:	2.00 pm
VENUE:	Held Virtually

MINUTES

Present

Councillors Ennis OBE (Chair), Carr, T. Cave, Frost, Hayward, W. Johnson, Makinson, McCarthy, Newing, Phillips, Pickering, Smith, Tattersall and Williams together with co-opted member Ms. G Carter

5 Apologies for Absence - Parent Governor Representatives

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

6 Declarations of Pecuniary and Non-Pecuniary Interest

Members of the Committee made the following declarations of non-pecuniary interest in connection with the items on this agenda.

Gemma Carter (Parent Governor Representative) as she is currently the Director of an Alternative Therapeutic Provision in the Barnsley area.

Councillor Smith as he sits on the Maurice Dobson Committee Trust.

Councillor Newing as she works for CAMHS

Councillor Tattersall as she is a Governor at Springwell and Greenacre schools.

7 Minutes of the Previous Meeting

The minutes of the meeting held on 9th February 2021 were received.

8 Children & Young People's Mental Health Services (CYPMHS) in Barnsley

Members of the Committee were invited to consider a report of the Executive Director Core Services in respect of Children and Young People's Mental Health Services in Barnsley.

The following witnesses were welcomed to the meeting:

David Ramsay, Deputy Director of Specialist Services, SWYPFT

Kate Jones, Barnsley CAMHS Service Manager, SWYPFT

Dr Ovidiu Sandica, Consultant Child & Adolescent Psychiatrist and Medical Clinical Lead for Barnsley & Wakefield CAMHS, SWYPFT

Lucy Hinchliffe, Commissioning and Transformation Manager, Barnsley CCG

Lauren Nixon, Children and Young People's Emotional Health and Wellbeing

Transformation Lead, joint appointment for BMBC Public Health and Barnsley CCG

Lesley Pollard, Managing Director, Chilypep

Chloe Whitham, Volunteer, Chilypep

Dave Ramsay introduced the report, providing a detailed report to the background to the performance of Barnsley Child and Adolescent Mental Health Services (CAMHS) from 2014 to date. It was highlighted that the report also covers the work of Chilypep (children and young people's empowerment project) together with MHST (Mental Health School Team), previously provided by Mindspace, but now Compass. A previous OSC raised concerns around long waiting times and the increasing pressures around ADHD cases. There have been a number of key improvements since then, including a 7 day crisis response service with intensive home-based treatment available, a 24-hour response into BHNFT for young people in crisis, work around strengthening pathways and strengthening of the school support service. Covid has brought challenges but has also provided an opportunity to look at new ways of working digitally, which has been well received by children and families. In Sept 2019, 330 children and young people were waiting for treatment, with 230 waiting for more than 12 months. Currently, the waiting list is 66, which means that now no child waits more than 12 months for treatment. Next steps include securing the funding envelope for the new service with the CCG; agreeing priorities for development and a further development of the single point of access to ensure the service is responsive to every request for support. Some of the new ways of working which have developed during Covid will be retained going forward. Lesley Pollard explained that Chilypep has been heavily involved in the waiting list reduction initiative alongside CAMHS and Mindspace. Funding has been extended for one of the programmes (BRV work with boys), albeit some of the programmes were difficult to deliver virtually such as groupwork. The number of referrals received for BRV were double those contracted for during Covid, and there is now a waiting list which is being worked through. A project around personal health budgets was very successful and supported a reduction in the waiting list or prevented young people from being added to the waiting list, but funding for this has not been extended.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

It was acknowledged that work has been done in developing the crisis service, although there remains a gap in the system, with children having to attend A and E outside of hours. There is an ambition to develop the service up to age 25 included within the specification over a period of time (resource dependent) and also strengthening support to Children in Care up to age 25 on a phased basis. Chilypep are the lead provider for the Wellbeing hub, which may develop differently following lessons learned through Covid.

In terms of transitions, there are transition clinics available for young people transitioning to adult mental health services from the age of 17 1/2 which should help to alleviate anxieties and give a view as to what future adult provision will look like.

The Children and Young People's Emotional Wellbeing Hub will be developed to act as a drop-in facility and will provide a single point of contact to access appropriate services, extending into CAMHS and other emotional wellbeing services to support children and young people in Barnsley. The site for the hub has been secured on the second floor of the YMCA building in the town centre, with the lease signed prior to the lockdown. The new-build Youth Zone won't be around for a few years but all the

developments around the town centre will be linked together to avoid duplication of existing services, with 'spokes' in the community. The Children and Young People's Emotional Wellbeing Group is looking at developing workstreams to drive forward service improvements, looking across the whole system to engage young people, particularly those not in mainstream education settings. Dave Ramsay confirmed that CAMHS will support the development of the Hub.

Work is being done by all partners including CAMHS and Educational Psychology around the post-Covid situation. This includes providing training to ensure all staff (including school staff) work in a trauma informed way to support children and young people. CCG funding is being sought to make services permanent. The MHST contract which is being delivered by Compass began on 1st February working with schools, and is a key partner in joining up the lower level offer with the CAMHS service, making referrals everyone's business and making links with other early intervention services to ensure a robust offer. Compass, the new provider for MHST's, and Chilypep also have a role to play in supporting schools to embed a positive emotional wellbeing approach across schools, providing training, support and toolkits. Barnsley will be bidding for a share of the £79m of funding for mental health services for children and young people which was recently announced and in particular how funding could be used to support the most vulnerable.

It was acknowledged that it is important to ensure staff emotional wellbeing is supported. This is done through regular supervision, review of caseloads and 'protected time' to enable staff to attend a variety of wellbeing sessions. Occupational Health support and training and development is also available for staff to ensure they have the skills to deliver. Chilypep and Compass staff are supported through staff assessments, action plans, regular team meetings and virtual social gatherings. Staff are doing the best they can in difficult times.

The post of Children and Young People's Emotional Health and Wellbeing Transformation Lead was created to look at the current landscape of children and young people's emotional wellbeing services. A report will be prepared by the end of March which will identify strengths, gaps, funding requirements and will include promotion of service offers. Although there is lots of support available, this can be difficult to navigate and the system needs to be consolidated. Smaller pieces of work (such as TADs) are often commissioned by Area Councils and schools. Rachel Payling has information about Area Council funding as it can differ by area. It was felt that this should be discussed at Area Council Chairs' meetings.

Barnsley has just set up a pilot bereavement service with Compass to support children and young people with bereavement, which will be going Borough wide from 1st April. Within Public Health a 12 month post is being created to support trauma informed practice across the Borough, helping those with adverse childhood experiences (ACEs) and pulling on all services across Barnsley.

Outcomes for young people using Chilypep or Compass services are monitored in a variety of ways. If it is felt that a service isn't working for a young person they can be re-referred to CAMHS. Funding has recently been secured for two trainee Wellbeing Practitioners for 1 year by Chilypep. Development of the Single Point of Contact (SPOC) should also help improve support for young people. The South Yorkshire Eating Disorder Association (SYEDA) deliver a low level intervention for children and

young people with eating disorders and body/self-esteem issues. The current CAMHS service doesn't include eating disorders although referrals for this are increasing in Barnsley and specialist inpatient treatment beds are not staffed up for this because of Covid.

There has been an increase in some children and young people experiencing increased anxiety and depression, particularly those with other neurological problems such as ADHD. The stopping and starting of school arrangements has also been unsettling for lots of young people. Chilypep have seen young people presenting with anxiety, isolation, and stress and worry around the financial impact of Covid on families. It is hoped that the needs of all children and young people will continue to be met, although the wider service developments will take time.

RESOLVED that:

- (i) Witnesses be thanked for their attendance and contribution;
- (ii) Information on what each area council commissions regarding emotional wellbeing services be circulated to all members;
- (iii) Services ensure they are promoted via printed literature, as not everyone has access to online facilities, and
- (iv) Services ensure that when they apply for funding for mental health services, they should also incorporate funding to support staff wellbeing.

9 Special Educational Needs and/or Disabilities (SEND) Provision in Barnsley

Members of the Committee were invited to consider a report of the Executive Director Core Services and the Executive Director Children's Services in respect of SEND provision in Barnsley.

The following witnesses were welcomed to the meeting:

Mel John-Ross, Executive Director – Children's Services, BMBC

Nina Sleight, Service Director – Education, Early Start & Prevention, BMBC

Darren Dickinson, Interim Head of Barnsley Schools Alliance, BMBC

Amber Burton, SEND Service & Strategy Manager, BMBC

Alex Taylor, SEND Participation Officer, BMBC

Councillor Margaret Bruff, Cabinet Spokesperson – Children's Services, BMBC

Nick Bowen, Executive Principal of Horizon Community College and Joint Chair of Barnsley Schools' Alliance

Nichola Smith, Head Teacher, Meadstead Primary Academy and Chair of Barnsley Schools' Alliance Leadership Sub-Group

Yvonne Gray, Headteacher of Cudworth Churchfield Primary School and Joint Chair of Barnsley Schools' Alliance Board

Nina Sleight Introduced the report, highlighting the significant improvements that have been made in respect of SEND provision in Barnsley. Performance is well above national average on a number of indicators. The report sets out the priorities which form the basis of the improvement programme. Significant investment has been made to improve access and support with a focus on how children, young people and families experience the service. The engagement and participation strategy has recently been launched and there is a strong SEND youth forum. Two

priorities at the moment are being really focused on and include the preparation for adulthood strategy and SEND placement sufficiency. There has been a strong partnership response to the impact of the pandemic.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

The Educational Psychology (EP) service has operated at full capacity throughout the pandemic, albeit virtual in the main. Educational Psychologists have visited on site when possible, in accordance with Covid guidelines. There has been an increase in (virtual) front line contact with increased accessibility as there has been no need to travel. There are issues around capacity because of people leaving and the challenges in recruiting to their posts. There should be a full team in place by September. A new programme of delivery for the EP service is currently being developed, with a better offer for schools and settings targeted at areas of higher deprivation, to be implemented from September. EHCPs written during the current period will still be accurate. There is some confusion about the EP assessment and what it entails and the service is working closely with partners to communicate this. Evidence suggests that quality of assessments remains high. Schools are advised to contact either the EP service or Amber Burton, SEND Service & Strategy Manager, if there are any access issues or concerns around EHCP assessment.

The Strategy and improvement plan is closely monitored and evaluated at all levels. There is a quarterly review of key indicators reporting into Council, Cabinet and the CCG Governing Body. The SEND Oversight Board brings all key partners together. There is a monthly performance meeting which looks at key indicators (quantitative) and is paired with qualitative information which is used to make changes to continually improve the service. The SEND Impact multi-agency group looks at key indicators and areas of biggest impact and where attention should be focussed. There is a range of sub-groups with a particular focus on a specific priorities and regular sessions are held with families who are experiencing the service. All the information obtained, both quantitative and qualitative, is used to ensure the service is on track and is making a real difference to children, young people and their families. A range of outcomes will demonstrate if children's needs are being effectively met through the right support at the right time and within the Borough.

Early identification of educational difficulties can be more challenging if the child doesn't attend pre-school settings and some families experience a range of emotions and difficulties when learning that their child may have some difficulties. More children have been home schooled during the pandemic but there is no indication that there has been a rise in formal Elective Home Education (EHE) for this group of children in particular, although this is being monitored and addressed. A SEND toolkit has been developed for use with the early years sector and some settings support children's needs really well. A good transition into school is essential. Lots of work has been done with the Public Health team around the integrated 2-year health check and a review process is in place for 3 and 4 year olds. Early identification of speech and language needs is crucial as it could impact children throughout their education (including post 16), and we know that if these needs are not met it can lead to poorer outcomes.

Schools and settings have developed much more skill in identifying needs at all stages of a child's education, with lots more specialist interventions as a standard offer. For example, a child on a youth justice trajectory will be picked up much earlier than before. Children with multiple vulnerabilities will be tracked using a range of risk indicators and resources targeted as required.

Members were advised that if a child under 5 attending a setting, presents with some difficulties, parents should talk to a SENCO in that setting. There is also a health notification system which notifies the Local Authority if a child has been identified as potentially having a special educational need through any health processes. When a child is in school, the SENCO should be contacted. Information is shared between early years and school so that the transition into education is watertight. Public Health nursing, family centres and maternity services also have a role in identifying families who are having a baby and building trust through building good early relationships. Statutory timescales for EHC needs assessment are measured by the Department of Education (DfE). In Barnsley 88% of referrals are carried out within timescales, which is better than the national average and has improved over the last 2/3 years. An EHCP does not always result, but the process is kickstarted in an efficient manner.

RESOLVED that witnesses be thanked for their attendance and contribution.

Chair

Chair

MEETING:	Overview and Scrutiny Committee - Strong and Resilient Communities Workstream
DATE:	Tuesday, 23 March 2021
TIME:	2.00 pm
VENUE:	Held Virtually

MINUTES

Present

Councillors Ennis OBE (Chair), Bowler, Carr, Fielding, Leech, Noble, Smith, Stowe, Tattersall and Wilson together with co-opted member Ms. G Carter

6 Apologies for Absence - Parent Governor Representatives

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

7 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Tattersall declared a non-pecuniary interest in Item 13 as she is a Berneslai Homes Board Member. Councillor Noble also declared a non-pecuniary interest in Item 13 as she is a tenant of Berneslai Homes.

8 Minutes of the Previous Meeting

The minutes of the meeting held on 9th March 2021 were received.

9 Homelessness in Barnsley

Members of the Committee were invited to consider a report of the Executive Director Core Services and the Executive Director Adults & Communities regarding the issue of Homelessness in Barnsley.

The following witnesses were welcomed to the meeting:

Wendy Lowder - Executive Director Adults & Communities, BMBC
 Phil Hollingsworth - Service Director Stronger, Safer, Healthier Communities, BMBC
 Paul Brannan - Head of Safer Barnsley, BMBC
 Michelle Kaye - Group Leader, Housing and Welfare, BMBC
 Rachael Todd - Team Leader, Housing & Triage, BMBC
 James Harding - Team Leader Housing & Support, BMBC
 Cllr Jenny Platts - Cabinet Spokesperson Adults & Communities, BMBC

Cllr Jenny Platts introduced this item, outlining the changes to homeless legislation and practice over the last few years and giving an update on the current position in Barnsley and the plans to address homelessness and rough sleeping post Coronavirus (Covid-19). The past 12 months have brought the issue of homelessness into sharp focus, with those facing homelessness at great risk of

coming to harm during the pandemic, necessitating an urgent look at how to support them. Ensuring a warm and safe place to live for these vulnerable people has been a challenge given the urgency and complexity of the problem and the Government directive to do this. However, there is a positive story to celebrate, remarkable efforts have been made to make sure that those Barnsley people facing homelessness and rough sleepers are helped and supported irrespective of the complexity of their situations.

Phil Hollingsworth gave an overview of the situation prior to the pandemic, when the priority was delivery of the Homeless Prevention and Rough Sleeping Strategy and meeting the requirements of the Homeless Reduction Act 2017, encompassing homeless prevention through partnership working, developing personal housing plans for individuals, addressing the causes of homelessness, looking at alternative accommodation provision and working with private landlords and the development of a Homeless Alliance alongside partners.

However, Covid 19 has impacted significantly on the service, with a Government requirement to step up emergency provision as part of the well-publicised 'Everyone in' campaign. As part of this, an additional 12 flats were stepped up to use as temporary accommodation alongside an increase in the number of temporary accommodation units through Berneslai Homes. . More rough sleepers have been accommodated, leading to increased cost of accommodation including use of B&B and hotels, for which £400k of additional funding has been secured from government. More people are presenting in crisis rather than at a preventative stage. The team have worked incredibly hard to put recovery efforts in place, including a proactive early morning outreach to identify any rough sleepers. Entrenched rough sleepers have been remaining in accommodation and have started to develop a good relationship with services. The 12 temporary flats will close eventually but a new service will be developed with a 'Complex Lives Team' approach, learning lessons from the experience of the supporting complex individuals during the pandemic. . It is hoped to move back to a more preventative way of working now that things are settling down.

In the ensuing discussion, and in response to detailed questioning and challenge the following matters were highlighted:

One of the positives to come out of the Covid-19 crisis and associated lockdowns has been the way in which BMBC has tackled the homelessness issue in Barnsley and the speed at which emergency provision was implemented, despite the many challenges.

A lot of work to address the root causes of homelessness was done prior to Covid and laid the foundations for the strategy. There is lots of national data available about why people become homeless. Reasons for homelessness include relationship breakdown, asylum programme, sofa surfing, single people, prison release and hospital discharge. Resources are now being redirected to prevent repeat homelessness, working closely with prisons, hospitals etc. Reasons for homelessness are very similar to those in neighbouring authorities. There has been a 'spike' during Covid 19 in homeless cases due to domestic abuse. Both perpetrators and victims of domestic abuse have been supported.

Around 130 Rough sleepers have been taken off the streets since Covid began. Care leavers also feature in the homeless population and information can be provided regarding the actual numbers, but they are relatively small. Causes of homelessness can be due to lifestyles, life chances, drugs, alcohol and mental health which are all key factors that appear in homelessness. There is an exit plan to accommodate these individuals in a managed way, with funding opportunities, as part of the recovery plan. A diverse range of accommodation options are being explored and developed.

There are very limited numbers presenting from outside of the area, usually bordering authorities. These cases are sometimes accommodated on a very short term basis and then re-accommodated in their relevant local authority, which is possible under legislation.

It was highlighted that many of those supported have had a difficult path in life from childhood through to adolescence and adulthood and will have been in contact with a wide range of services. The key to success is ensuring that partners work around the person to get them back into accommodation with therapeutic services, which is often a gap. Individuals have a personal housing plan developed with them setting out what BMBC will do, what partners will do and expectations of the individual. This support plan is closely monitored and reviewed and all those involved will have a copy. If an individual is not happy with the plan it can be renegotiated and revised whilst managing expectations.

From 31st May the temporary ban on S21 evictions will be lifted and an increased number of people facing homelessness from private accommodation is expected. There has already been an increase in numbers of people with S21 notices and early work and support is being done with landlords and tenants. The exact numbers are unknown, but the team is encouraging landlords considering eviction to approach them. Financial support is available for those who are struggling, with proactive support available for both landlords and tenants.

Prior to the pandemic lots of work was being done around prevention but this has changed due to Covid, with more people presenting as in crisis, with less opportunities to work with people in a face to face setting. There is a need for all agencies who do early preventative work, both statutory and non-statutory, to refer people at an early stage for advice and support. This includes landlords and private lettings agencies. Elected Members are also strongly advised to refer in when they become aware of a potential homeless issue.

There is a small cohort of people repeatedly presenting as homeless. This can be due to complex needs such as being in and out of prison, sofa surfing, mental health and trauma. These underlying issues have to be addressed to break the cycle of homelessness, using a partnership approach. The landscape of legislation is complex and the relationship between safeguarding adults and homelessness is now being strengthened, aided by the establishment of the Vulnerable Adults Panel.

There was an increase in families using B&B accommodation prior to the pandemic, due to changes in both policy and changes in need. The service was working hard to secure alternative accommodation to B&B, including Berneslai Homes properties, with the number of family accommodation units increasing from 5 to 19. The standard of B&B accommodation provided out of area is inspected by other local

authorities and is visited by staff in the Housing Options Team. . Many local hotels, including 'chain' hotels, have closed due to the pandemic. The vision for the future is not to use B&B at all if possible, as stated in our Strategy.

Members highlighted that some serious anti-social behaviour had been experienced in communities over the last few months, perhaps as a result of the ban on evictions, and some individuals had been congregating and causing a nuisance. Members were reassured that there is no excuse for antisocial behaviour and the Service Director and/or Head of Safer Communities is happy to discuss individual cases with Elected Members outside of the meeting.

A small dedicated 'Complex Lives Team' will work with individuals historically in housing crisis over a number of years, to minimise the challenges and maximise the positives. Officers will carry small caseloads of 5 or 6 cases. Success will be reliant on close partnership working, with a proactive package of wraparound support available to those individuals moved on into their own accommodation, including tenancy support and support with other wider issues.

A small number of ex-forces veterans present as homeless and are linked in to the diverse range of services and armed forces organisations who can help them to secure accommodation, provide bonds, purchase furniture, help with alcohol, drugs and mental health issues, and pay off any arrears if needed. Often the link with the Armed Forces is not made until individuals present with a problem. A huge amount of work has been done under the Armed Forces Covenant Plan to re-energise work with veterans both locally and across the South Yorkshire Region and to meet the needs of veterans.

Access into primary and secondary health care services for the homeless and rough sleepers is currently being explored with the Clinical Commissioning Group (CCG). Such wraparound support is part of the recovery plan and closer links to GPs are crucial to this going forward. The service has been working closely with the CCG on Covid vaccinations, and the majority of the residents in the 12 flats have received their first vaccine. . Follow up work will be done with regard to those not yet vaccinated and how to manage the second vaccination. How to manage those currently on the streets and in B&B accommodation is currently being addressed.

Plans are in place to close the 12 temporary flats post-Covid and close work is underway with Barnsley Homes around temporary dispersed accommodation. The service is hoping to replicate the temporary flats model and purchase a small self-contained unit with staff on site 24 hours , with work to move people on in a managed way. A range of options are being explored to enable an assessment of the individual's needs, including dispersed and clusters of accommodation. A 'Housing First' model is currently being successfully piloted in Rotherham and Sheffield. This will use a preventative approach, with dispersed properties and wraparound support from a range of services. Barnsley is seeking to learn from these pilot areas to develop a scheme that can work for Barnsley.

It was acknowledged that those with complex needs will require support from services which are currently under strain, such as mental health. Flexibility and ease of access to services is crucial and is currently being explored together with how individuals can be supported to engage with services, keep appointments etc. It is hoped that the Complex Lives Team will be able to address some of these issues as

part of the wraparound core offer. The Health and Wellbeing Board is also picking this issue up as an area of focus. A Mental Health Partnership has been established and will look at the whole issue of mental health post-Covid for the entire Borough. There is also a mental health helpline to enable individuals to get early help.

It was highlighted that people in local businesses and communities build up relationships with people who may be at risk of homelessness. Work has been done in the town centre around this, as rough sleepers use the shop fronts of larger stores to sleep in etc. and stores were aware of how to refer individuals in. Since the pandemic work has also been done with shopkeepers in outlying areas such as Wombwell. This is something which needs to be done do across the Borough, as many people within communities do not know where to refer concerns about individuals but are keen to help.

Many volunteer groups work closely with the homeless and the work of volunteers and what they offer is very highly valued. Many groups feed in intelligence and drop-in sessions which have continued to run throughout the pandemic are attended by staff, to maintain contact with vulnerable individuals where possible.

RESOLVED that

- (i) Witnesses be thanked for their attendance and contribution;
- (ii) Information about care leavers experiencing homelessness be shared with the Committee,
- (iii) Further information be provided on the Housing First Model, and
- (iv) Shops and businesses in principal towns be approached about the Duty to Refer and raising awareness of the services available.

Chair

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Item 4

Report of the Executive Director Core Services and the Integrated Care Partnership, to the Overview and Scrutiny Committee (OSC) on 27 April 2021

Development of Integrated Care in Barnsley

1.0 Introduction

- 1.1 The purpose of this report is to provide an overview and update to the Barnsley Overview and Scrutiny Committee (OSC) in relation to the development of integrated care in Barnsley, the impact of the COVID pandemic on partnership arrangements, and the opportunities presented by the Government's recent white paper "Integration and Innovation: Working Together to Improve Health and Social Care for All".
- 1.2 Health and care organisations have been able to respond effectively to the COVID-19 pandemic, maintaining essential services for patients and service users, support staff and work with partners to protect vulnerable people and communities because of the strength of relationships and partnership working that has been developing over recent years. The COVID-19 pandemic has put unprecedented pressure on health and care services and has confirmed integrated working and partnership works. Only by working collectively have organisations been able to deliver at pace and scale, working seamlessly as one and strengthening the building blocks which were formed before the pandemic.
- 1.3 In February 2021, the Government set out proposals to bring forward legislation that aims to further integrate and improve care at neighbourhood, place, and system level. This presents Barnsley place with an opportunity to further build on partnership working and learning from shared experiences through COVID to improve health and care services for local people.

Level	Size	Example
System	More than 1 million people	South Yorkshire and Bassetlaw
Place	Approximately 250,000 to 500,000 people	Barnsley
Neighbourhood	Approximately 30,000 to 50,000 people	Central, Dearne, North, North East, Penistone and South

Barnsley Place and Neighbourhood Map



- 1.4 Central to these is the proposal to establish integrated care systems (ICSs) as statutory bodies in all parts of England. These ICSs will merge some of the strategic planning functions currently being fulfilled by non-statutory ICSs or sustainability and transformation partnerships (STPs) with the functions of clinical commissioning groups (CCGs), which will be abolished.
- 1.5 This provides further opportunity for partners in Barnsley to organise to deliver an ambitious programme to improve health and wellbeing alongside the local population, improve quality of care services and outcomes, increase efficiency and productivity, and reduce health inequalities across the borough and wider region.

2.0 Background

- 2.1 Closer integration between health and social care is a fundamental part of both national policy and of local strategy and is essential for meeting health and care needs across an area, coordinating services and planning in a way that improves population health and reduces inequalities between different groups.
- 2.2 In 2016, NHS organisations and local councils were asked to come together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England and set out their proposals to improve health and care for patients. Over time, these partnerships evolved to form an integrated care system (ICS), to take collective responsibility for managing resource.
- 2.3 The Government White Paper “Integration and Innovation: Working Together to Improve Health and Social Care for All” was published in February 2021. It sets out a vision for integrated working at a system, place and neighbourhood level across England and changes to legislation that may support this shift from competition to greater collaboration within the National Health Service. The proposals include establishing integrated care systems (ICSs) as statutory bodies in all parts of England.
- 2.4 ICSs exist to improve the health of all residents, better support people living with multiple and long-term conditions, preventing illness, tackling variation in care, and delivering seamless services while getting maximum impact for every pound. They bring together the NHS, local councils and other important strategic partners including the voluntary, community and social enterprise sector. These structures will enable health and care organisations to join forces and apply their collective strength to addressing their residents’ biggest health challenges, many made worse and highlighted by the pandemic.
- 2.5 The Department of Health and Social Care states that it has decided against giving ‘place’ a statutory underpinning although it is explicit that there will be an expectation that ICS NHS bodies delegate ‘significantly’ to place level, as well as to provider collaboratives.
- 2.6 Part of our vision is that decisions about how services are arranged should be made as closely as possible to those who use them. For most people their day-to-day health and care needs will be met locally in the town or district where they live or work. Partnership in these ‘places’ is therefore an important building block of integration, often in line with long-established local authority boundaries. The strengths of the system is that arrangements can be adapted to reflect what makes sense locally.
- 2.7 The proposal is that these place-based partnerships be supported by a statutory NHS ICS body to oversee NHS functions across the whole system, and a statutory health and care partnership made up of a wider group of organisations that would bring together a wider group of partners to develop overarching plans across health, social care and public health.
- 2.8 ICSs will also be expected to work closely with health and wellbeing boards and required to ‘have regard to’ the joint strategic needs assessments and joint health and wellbeing strategies produced by health and wellbeing boards. The legislation will be amended to assist organisations by enabling decisions to be taken by joint committees and to facilitate increased ‘collaborative commissioning’.
- 2.9 These forms of collaboration and integration will be supported by a range of other measures, including:
- a duty to collaborate across the NHS and local government
 - a shared duty on all NHS bodies to pursue the ‘triple aims’ of the NHS Long Term Plan (better health and wellbeing, better quality health care and ensuring the financial sustainability of the NHS)
 - a duty on NHS trusts and foundation trusts to ‘have regard to’ the system’s financial objectives

- 2.10 Strong place-based partnership arrangements have been crucial in delivering their local and national ambitions for integrated care.
- 2.11 Health and care commissioners and provider organisations have been working collaboratively across Barnsley to integrate services and provide more care closer to home for local people for some time. In the Barnsley Plan 2016 the Barnsley Integrated Care Partnership (ICP) set out a vision for an integrated joined up health and care system where the people of Barnsley experience continuity of care. Since then the partners have continued to work together and closely with the Barnsley Health and Wellbeing Board to deliver that vision.
- 2.12 The proposed changes will mean further strengthening the local partnerships arrangements, establishing them on a legal footing, and enabling resource to flow through from the system to services that can best support improving health and wellbeing for local communities and the vision for Barnsley 2030.
- 2.13 Current members of the Barnsley Integrated Care Partnership are as follows –
- Barnsley Community Voluntary Services
 - Barnsley Healthcare Federation
 - Barnsley Hospice
 - Barnsley Hospital NHS Foundation Trust
 - Barnsley Metropolitan Borough Council
 - Healthwatch Barnsley
 - NHS Barnsley Clinical Commissioning Group
 - South West Yorkshire Partnership NHS Foundation Trust

3.0 Current Position

- 3.1 **Partnership working through the COVID-19 pandemic** - As a place, partners have responded well to the demands of the COVID-19 pandemic. This has renewed shared commitment to collaborative working to improve health outcomes for local people and prioritise tackling health inequalities.
- 3.2 Barnsley has seen higher rates of COVID-19 cases and deaths than other parts of the UK. This may in part be due to an older population, higher prevalence of long-term conditions, including chronic respiratory disease and higher levels of social deprivation. We have worked with our local communities to provide support for those who are most vulnerable, including people who were asked to shield, and residents have complied with lockdown and responding to the enhanced testing programme. Like in many other areas, we have seen less people accessing health services during the acute phases of the pandemic, this has included people who would likely need to be referred to secondary care for urgent treatment. Some people are still understandably nervous about accessing health and care services and confused about the best action to take to protect themselves and loved ones from exposure to the virus.
- 3.3 Throughout the pandemic partners have worked within local, regional and national command and control structures to coordinate contingency planning and ensure rapid escalation and resolution of any operational challenges. This has been a two-way approach, linking what is happening in our services, through to what's happening in our local communities. This has included working through the community resilience cell to target support to those most vulnerable to the virus and social distancing measures.
- 3.4 The local vaccination programme exemplifies the strong partnership that has been developing in Barnsley in recent years. Together, partners quickly and successfully mobilised a significant community vaccination hub service across Barnsley. This has included a full vaccination programme for care home residents and staff, vaccinations to those who are housebound and dedicated clinics for vulnerable groups such as those who are homeless.
- 3.5 A dedicated post-COVID assessment clinic has been rapidly established to provide timely and equitable access to people experiencing multiple long-term health effects (12 weeks plus) following COVID-19 infections, regardless of whether they were admitted to hospital. The persistent symptoms that patients may experience include breathlessness, chronic fatigue, brain fog, anxiety and stress are commonly known as 'long COVID'. These patients require detailed investigation as well as intensive and specialist

support. The community clinic launched at the end of December 2020 and is provided by Barnsley Healthcare Federation. Patients attending the clinic complete a comprehensive holistic assessment covering physical, cognitive and psychological aspects of health in line with National Institute for Health & Care Excellence (NICE) guidance. The clinic assesses and triage patients to the most appropriate service(s); patients may need therapeutic input, rehabilitation, psychological support, specialist investigation or treatment once they have been assessed at the clinic.

3.6 Information and advice for people recovering from an acute COVID-19 infection, or who think they may have long COVID, is available on the national yourcovidrecovery.nhs.uk website. Additional targeted communications are planned to raise awareness of the service.

3.7 **Tackling health inequalities** - COVID-19 has shone a light on health inequalities, and further increased the inequality gap both nationally and across the borough. The coronavirus pandemic is affecting social, economic, and family lives dramatically and in widely varying ways, and its potential for impacts on inequalities not only now but in the longer term is huge:

- Between the start of March and the middle of April, age-adjusted death rates in the most deprived tenth of areas in the UK were more than double those in the least deprived tenth of areas.
- Older people, people from Black, Asian and minority ethnic (BAME) groups and those from more deprived areas are all more likely to be severely affected by COVID-19.
- Diabetes, other long-term conditions (such as chronic lung disease), smoking and excess weight are all further factors that increase the risk of being severely affected by COVID-19.
- Bereavement, isolation, loss of income and fear are triggering mental health conditions or exacerbating existing ones.
- Many people may be facing increased levels of alcohol and drug use, insomnia, and anxiety.
- COVID-19 itself can lead to neurological and mental complications, such as delirium, agitation, and stroke.
- People with pre-existing mental, neurological or substance use disorders are also more vulnerable to infection - they may stand a higher risk of severe outcomes and even death.
- People living with severe mental illness are more likely to be obese, have heart conditions and/or diabetes, be inactive, smoke, and suffer social deprivation – all factors linked to greater risk of COVID-19.
- Reduced activity levels (due to shielding and staying home more because of COVID-19) resulting in 'deconditioning' of older people and those with long-term health conditions, meaning reduced fitness, mobility, balance, independence and increased isolation and loneliness.
- Excluding key workers, most people in the bottom tenth of the earnings distribution are in sectors that have been forced to shut down, and 80% are either in a shut-down sector or are unlikely to be able to do their job from home – compared with only a quarter of the highest-earning tenth.

3.8 From the collective insight gathered we know that, for example in relation to the move towards digital services (telephone and online appointments), some members of our local communities have been disproportionately affected:

- Many people have embraced digital ways of engaging with services. Telephone and video appointments have been shown to be particularly successful in children's services such as therapies.
- Some people in excluded groups have struggled to access and use healthcare services during the pandemic and have sometimes faced digital exclusion.
- Those in excluded groups have fewer resources and access to support to mitigate against the negative impacts of COVID-19.
- There is never a one size that fits all solution. Therefore, the best solution would be the development of a blended offer, including text, phone, video, email and in person appointments.

3.9 NHS England have set out eight urgent actions to tackle health inequalities, these are to:-

- Protect the most vulnerable from COVID-19
- Restore NHS services inclusively
- Develop digitally enabled care pathways in ways which increase inclusion
- Accelerate preventative programmes which proactively engage those at risk of poor health outcomes

- Particularly support those who suffer mental ill-health
- Strengthen leadership and accountability
- Ensure datasets are complete and timely
- Collaborate locally in planning and delivering action

3.10 In response to this the Barnsley partnership has:-

- Implemented a recovery plan for cancer, including understanding hidden harm and variations in referral patterns. This work is being done in conjunction with the Cancer Alliance. In Barnsley the rate of two-week referrals for suspected cancer recovered quickly after the initial wave of the pandemic, faster than in other parts of the region.
- Detailed analysis of urgent and planned care pathways using indices of multiple deprivation.
- Ongoing work between Barnsley Hospital and primary care to support and prioritise patients waiting the longest for planned procedures. This includes consideration of quality of life and social circumstances to prioritise existing services for those in the greatest need.
- Expanded the Barnsley Hospital Healthy Lives team (secondary care prevention offer). Recruitment to new alcohol care teams and expansion of tobacco control advice service.
- Developed a local mental health projection model to understand the likely impact of COVID on population need and demand over the coming months and years.
- All partners are working continuously to improve data quality, including the recording of ethnicity and other protected characteristics. This leads to better intelligence and insights.
- The health intelligence cell has worked with partners to develop surveillance reporting of health inequalities. This includes COVID 19 vaccine uptake and coverage.
- Barnsley Hospital Population Health analyst has provided tailored health inequalities intelligence to hospital business units to aid strategic planning.
- NHS leaders are present on place-based economic development boards.
- A team of community engagement officers has been established by BMBC to support recovery.
- An engagement and experience leads cell has been established to bring together collective insight, intelligence and experience gathered to help to shape future patient and public involvement.

3.11 **Primary care** - Primary care has seen considerable change in recent years. Following the publication of the NHS Long Term Plan, the Barnsley Primary Care Network (PCN), which includes six neighbourhood networks were formed. This put many of already existing arrangements onto a more formal setting. There is closer working between primary care and the integrated neighbourhood teams of nurses and allied professionals. Across Barnsley there has been a programme of wider system development through integrated wellbeing teams which span health, social care, community and voluntary sector and community leaders. Barnsley has been on the leading edge of developing new roles in primary care including clinical pharmacists, social prescribing advisors, receptionist care navigators and healthcare assistants. Prior to the pandemic Barnsley GPs had started to adopt digital services for example, teledermatology.

3.12 The COVID-19 pandemic has brought about significant changes in general practice and primary care. This has included a GP COVID 19 service for those with confirmed or suspected infection who need access to primary care, providing this at designated clinics and in people's homes. There has been a shift to telephone or video triage first, which means that patients can get access to GP services from their own homes and only need to come into to practice if there is a clinical need for face to face appointments. Non-COVID-19 telephone and video appointments have become a much more significant part of everyday work and form a key component of the 'talk before you walk' model being implemented across health and care. This has been to keep patients and staff as safe as possible and the method of appointment are always based on a clinical decision. GPs have been supporting community services that have had capacity reduced by new requirements for personal protective equipment (PPE), social distancing and supporting the care home population to look after patients in their homes.

3.13 **Urgent and Emergency Care** – Over recent years a priority in Barnsley has been to develop effective out of hospital services which support the direction of travel towards the provision of high-quality care in the community. This has included the development of enhanced primary care services such as IHEART Barnsley, improved care co-ordination through the introduction and embedding of Rightcare Barnsley Single Point of Access (SPA) and strengthened community offers through the Neighbourhood Integrated Teams, BREATHE (respiratory) and the Integrated Diabetes Service. Up to the pandemic, however, we

have continued to see increases in the level of hospital activity, particularly increasing trends in A&E attendances and in unplanned admissions to hospital.

- 3.14 As a result of the pandemic, A&E attendances reduced to around 50% of the recent levels and non-elective admissions (non-COVID) also reduced.
- 3.15 The aim of partner organisations is to build on the learning from COVID, lock-in some of the new ways of working, as well as providing a strong alternative offer for patients. Our approach will mean:-
- People can access appropriate services when they require them.
 - Those attending A&E are triaged to appropriate care and support, including primary care, as appropriate.
 - That pathways are in place to enable patients who require assessment and treatment outside of A&E to access these pathways directly following an assessment by an appropriate healthcare professional (111, 999, GP, Community Services).
 - That there is high quality, clear and accessible information available to support patients to choose what is most appropriate. Building on 'talk before you walk' to encourage people to seek advice and guidance as the 'default'.
- 3.16 **Care Closer to Home** - Prior to the COVID pandemic, the partnership were in the process of mobilising a new neighbourhood teams service specification across Barnsley to create multi-disciplinary teams of nurses and allied health professionals, working closely with general practice, to support people who are at risk of hospital admission or recovery following an episode of illness or injury. Much of this work had to be put on hold as teams turned their attention to preparing for and managing the impacts of the pandemic.
- 3.17 Work to develop a community single point of access (SPA) has continued through the pandemic. The SPA brings together the RightCare Barnsley and Community Nurse Referrals Service to manage referrals from health professionals to community services, to avoid hospital admissions where it is appropriate and to facilitate discharge from hospital. The teams have been instrumental in ensuring continued patient flow through services during the pandemic, preventing delays in hospital that can lead to poorer health outcomes.
- 3.18 During the pandemic services were quickly stepped up to support care homes in symptomatic testing, outbreak management and increased wrap around care. Partners implemented discharge to assess (D2A) processes which involve funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. This means people can then be assessed for their longer-term needs in the right place. D2A is one of the areas that demonstrate the benefits of closer working between health and social care to provide seamless care for individuals.
- 3.19 A partnership Care Closer to Home Board has been established to:-
- Oversee the implementation of discharge-to-assess principles that enable early supported discharge from hospital, prevent delays, and have helped to protect capacity in the secondary care for COVID-19 patients.
 - Develop a new model of intermediate care that embeds the principle of "home first". Step up/step down beds will be provided from fewer care homes resulting in a more efficient service. More staff will be supporting people in their own homes, which is shown to improve recovery and is often the preference of service users and their families.
 - Create neighbourhood based multi-disciplinary teams working with general practice to support people at risk of hospital admission or to enable smooth discharge and meeting the needs of people with ongoing case managed support.
 - Integrate community and primary care in Barnsley to deliver a joined up, person-centred approach.
 - Adopt a population health management approach to target interventions to those most in need and those who will benefit the most.
- 3.20 **Care homes plan** - All local authorities were asked by Government to review or put in place a care home support plan, drawing on local resilience and business continuity plans and submit a planning return by 29 May 2020. The Barnsley Care Homes Plan was developed by partners across social care, primary

care, community health services, public health, and the hospital. The plan ensures that all care homes have access to enhanced health and care services, including community multi-disciplinary teams, to ensure that residents benefit from high quality care and to support the resilience of staff and providers.

3.21 The Barnsley Care Homes Plan covers:-

- Engagement with care homes
- GP practice alignment to care homes
- Personalised care
- Multidisciplinary working to community services and access to consultant geriatrician
- Care planning
- Specialist support - hydration and nutrition, rehabilitation, end of life and dementia care
- Supply and availability of medication and related queries
- Testing/swabbing
- Remote monitoring
- Infection prevention and control including provision of PPE and training
- Data and information sharing
- Supporting care homes with digital capabilities and skills
- Commissioning, contracting and finance
- Mutual aid

3.22 **Planned Care** – the NHS Long Term Plan set an ambition to deliver more diagnostic and outpatient care in the community and closer to home, increase virtual outpatient consultations where this is appropriate and delivers value for money and to improve quality of care provided to patients by minimising the requirement for multiple attendances to a hospital where this can be avoided.

3.23 Through the planned care board, the partnerships have begun to:-

- Capture and permanently adopt planned care pathway changes e.g. non face to face 'digital first' patient care using digital technology / Referral Assessment Service (RAS) / Triage where this is appropriate and expand to all appropriate specialties to give full coverage.
- Develop clinical pathways that see patient initiated follow up (PIFU) protocols across all appropriate specialties. PIFU puts patients in control of making an appointment when they need it and provides them with direct access to guidance when they need it.
- Increase advice and guidance and referral assessment across all appropriate specialties to support referral avoidance and ensure all referrals for planned care follow the appropriate pathway and route for care.
- Ensuring any diagnostic tests required are completed prior to a planned outpatient appointment where this is appropriate.
- Ensure consistency in approach for referrals for both primary care and consultant to consultant referrals.
- Improve communications between primary care and consultants.
- Ensure elective care is delivered in the most appropriate clinical setting, for example procedures being undertaken as part of an outpatient appointment rather than day case or an inpatient admission.
- Embed the national and local Commissioning for Outcomes policies to ensure equality across the population.

3.24 **Digital** – As a result of the pandemic there has been a significant shift to digital channels for direct clinical care in primary care, community, and secondary care. Remote technology now plays a much greater role in management and administration with many more people working from home. Organisations have shared data and information more readily for system intelligence and surveillance, which has partly been enabled by temporary changes to the information sharing regulations to support the health and care response to the COVID pandemic (Control of Patient Information Regulations 2002 (COPR)). Organisations have worked together more closely to manage the pressures of the pandemic from clinicians in the frontline to support services and senior management, all supported by increased use of digital.

3.25 The Strategic Digital Group (SDG) is currently in the process of refreshing the digital plan (Local Digital Roadmap (LDR) 2016). The draft digital priorities for integrated care in Barnsley are:-

- Shared Care Record (SCR)
- Digital inclusion (ensuring the benefits of the internet and digital technologies are available to everyone) and literacy (ability to find, evaluate, and compose clear information through writing and other media on various digital platforms)
- COVID 19 recovery
- Change management, stakeholder engagement and communications

3.26 These draft priorities closely align to the ICS four missions:-

- Integrated care
- Digital citizen
- Integrated care/data intelligence
- Change management

3.27 **Workforce development** - There are challenges right across the health and care workforce including shortages in areas of nursing, allied health professionals, registered managers, and carers. In South Yorkshire and Bassetlaw, we tend to grow our own workforce, and this is even more important in the context of increasing unemployment because of the economic impact of the pandemic. Young people are increasing looking at jobs and careers in health and care which we must capitalise on to ensure services are resilient for the future. This means:-

- Looking after our people – improving work conditions, increasing access to training and development, quality health and wellbeing support for everyone and protecting people from discrimination.
- New ways of working – supporting innovation and entrepreneurship, co-designing care with staff and service users, supportive multi-disciplinary team working and new workforce roles.
- Growing for the future – improving how we recruit, train and keep our people, and welcome back colleagues who want to return.

3.28 The workforce strategy has been adopted to support Barnsley partners to move toward greater workforce integration and to ensure that Barnsley is developing the right workforce for the future. Our aim is to create a sustainable, joined up, future proof workforce that is shaped by the needs and preferences of our local population. This will involve strong place-based leadership, co-ordinating workforce planning on a place level, reshaping the workforce, delivering care in teams, ensuring that Barnsley is the best place to work for health and care professionals, community activation and exploiting new technologies.

3.29 Through the integrated workforce group the partnerships has:-

- Completed a workforce modelling project to understand the out-of-hospital workforce required to meet the changing health needs of the local population over the next 10 years. This work is informed workforce planning in primary and community care.
- Successfully launched a local training hub that is delivering clinical skills training to adult social care staff from care homes and homecare agencies via Zoom using the innovative Project Echo methodology. Project ECHO is a distance learning methodology that breaks down hierarchies of specialist knowledge by creating virtual knowledge sharing networks. More information on Project Echo can be found at (<https://www.hospiceuk.org/what-we-offer/clinical-and-care-support/project-echo>)
- Established a Placements and Learning Environments group that is working to improve and maximise student placements across Barnsley. There remains a placements deficit across the region because of the pandemic and the Government's planned expansion of places University courses. The workforce hub has secured funding to support coordination of pre-registration nurse placements in places and increase the role of digital. Barnsley has secured resource to test place-based allocation of nursing placements and embed a new coaching model for supervision.
- Worked closely with the South Yorkshire and Bassetlaw workforce hub to create a programme of interventions that will promote the diversity of roles in health and care to school children at key points in their school education. This has included engaging with local school leaders to design a simulation tool for secondary school pupils that is currently in development.
- Supported local partners to maximise the use of the apprenticeship levy locally, including facilitating sharing between organisations.

- 3.30 **Health intelligence** – before the pandemic, the partnership had established a population health management unit. The role of the unit was to provide health intelligence and insight to inform strategy development and operation planning that will improve health outcomes and reduce inequalities. The Unit led on the development of the integrated care outcomes framework, which was adopted by the Health and Wellbeing Board, and the revision to the joint strategic needs assessment.
- 3.31 Throughout the pandemic the unit evolved into a health intelligence cell to provide surveillance and intelligence for recovery, seeking out and sharing feedback from communities, patients, service users and wider stakeholders, on the proposed changes to services which are identified in the priority work streams.
- 3.32 The health intelligence cell has continued to produce regular health surveillance reports relating to COVID and the impact on health and care service delivery, wider community, and hidden harms as well as developing information sharing arrangements and population health intelligence capability.
- 3.33 **Strategic estates** - Prior to the pandemic, the Barnsley Strategic Estates Group (SEG) had agreed a direction of travel for developing an estates strategy. Starting with overall coordination of partner estates strategies which were all in the process of refresh.
- 3.34 Currently, the SEG is working on increasing out of hospital access and capacity in our community assets. Community Health Partnerships (CHP), a national body has agreed to fund an options appraisal that will consider how our LIFT estate could be adapted and updated to respond to a pandemic situation, now and in the future.
- 3.35 **Engagement and involvement** – There has been a wide range of patient and public involvement activity, both before and during the pandemic, which has been used to inform the development of our plans to integrate care in Barnsley and across South Yorkshire and Bassetlaw. Knowing what matters to people about the way services join up and their role as individuals or as part of a wider community has helped inform local integration plans so far.
- 3.36 In addition to the conversations about integrating care in its widest sense, there has been a wealth of information and insight collected from Barnsley 2030. Together, and with other insights collected, there is sufficient insight and input to mean that there won't be a new, stand-alone piece of engagement activity carried out on the national legislation or the local governance arrangements for place-based partnerships.
- 3.37 It is clearly understood that ongoing collaboration with communities is vital. It is through these mechanisms that the detail sat within the integrated care plans will continue to be discussed and debated to understand how best to navigate what matters most to local people, partners and stakeholders.
- 3.38 Some examples of the activity and themes that have been coming through are outlined below.
- 3.39 During spring and summer 2019 we talked to patients, members of the public and a wide range of stakeholders about their views of the NHS Long Term Plan to help shape how we bring the plan to life. This included a workshop with Barnsley Community Voluntary Service (CVS) for the third sector, a workshop with adult learners and several focus groups with members of the public at local venues. Healthwatch Barnsley carried out over 250 surveys and ran some focus groups. The Healthwatch feedback reports are available to view here: <https://healthwatchbarnsley.org.uk/home/about-us/our-reports/>
- 3.40 The feedback gathered in Barnsley was brought together with all the conversations that also took place across South Yorkshire and Bassetlaw and these were the broad themes that emerged:-
- Integrated working - The different parts of the NHS need to work together in a more integrated way and it's not just the role of the NHS to achieve the aims set out in the long term plan; the wider system should all be working together to achieve these aims, in particular local authorities, schools/colleges, communities and the third sector.
 - A focus on prevention and self-care to manage long-term conditions is strongly supported.
 - People want more services to be provided locally and see GP practices as an appropriate place to provide many of these services.

- Improved access to current services is a priority, including appointments at GP practices.
 - More investment in clinical staff is needed in both primary and secondary care.
- 3.41 The emerging themes from the above conversations helped inform how we developed the service specification for neighbourhood networks and teams. This was integral to our collective plans in Barnsley to develop local community services and primary care network during 2019/20 with the overarching aim of ensuring that patients and families experience joined up care and are supported and empowered by what feels like 'one integrated team', each delivering their part without duplication regardless of the organisation they work for.
- 3.42 The overall engagement approach for this work was a joint one with the CCG, South West Yorkshire Partnership NHS Foundation Trust and Barnsley Healthcare Federation co- hosting seven engagement sessions across the borough. The face to face sessions were well attended and the conversations were productive.
- 3.43 The key themes that emerged out of this work were as follows:-
- The concepts of 'societal hubs' was raised, outlining the opportunities to link in with, or offer, more community-based services within each neighbourhood network area.
 - The areas covered by the six neighbourhood networks - some people asked about the areas included in each of the neighbourhood networks/Primary Care Network.
 - Supporting people and giving them confidence to manage a long-term condition is important. People said, it's not just medical, it's motivational.
 - Early intervention to provide tailored advice, advocacy and information is also important in developing these services. It can minimise the impact by preventing people reaching those crisis situations, leading to a reduction in stress, anxiety and depression and consequently improving physical and mental health and wellbeing.
 - Develop the signposting opportunities or direct referrals for onward support and guidance on non-health specific issues, such as debt and financial advice issues which impact on people's health and where early intervention has positive benefits.
 - Integrated approach - Organisations who provide health and wellbeing services and some third sector organisations expressed their interest in being involved in the future development of neighbourhood networks and saw how their work was closely linked.
- 3.44 There were more specific themes emerging for the following areas:-
- The single point of access (SPA), will be critical to making this way of working happen. The team needs to have excellent knowledge of what is available, when and where. There needs to be the right clinical and administrative skill mix. It needs to be easy and quick for people to refer into. It needs to be flexible and support good communication for everyone using it and not add unnecessary steps into the process.
 - In relation to the scope of services included, some people suggested that mental health should be part of the integrated team. People were keen to discuss what else (outside of community services) could form part of an integrated team in the future, such as adult social care, health and wellbeing services, and practice nursing teams. Some people said there should be more detail on how teams work with care homes.
 - Consistent response times are important. They need to be developed with consideration of other response times in both health and social care services. They should consider specific profession's guidelines. There should be good communication and conversation with the person receiving care in relation to appointment/visit times for example.
 - Having access to the same records and IT systems is important. The systems should support good communications within and across the neighbourhood teams.
 - One team. Everyone should feel part of one team, where there is trust and respect for each other's professions and the decisions made. There should be clear leadership. There should be face to face contact within teams. People shouldn't feel isolated, whichever team they work in and wherever they are based. There should be strong professional leadership, which is valued and recognised.

4.0 Future Plans – Challenges and Opportunities

- 4.1 The Barnsley Integrated Care Partnership is in the process of reviewing and updating the reset and recovery plan, following the publication of NHS planning guidance in March 2021. The updated plan will cover the period up to April 2022 and ensure alignment with longer term plans including Barnsley 2030.

The current priorities agreed for the last half of 2021/22 are below.

- Deliver the local reset and recovery priorities:
 - Coronavirus management and recovery
 - Supporting complex, vulnerable, and shielded people (including the health and care workforce)
 - Understanding the impacts of the epidemic
 - Lock in change
 - Financial balance
 - COVID-19 vaccination programme
- Working together to fully mobilise the Neighbourhood Teams in localities, building stronger shared leadership arrangements across primary and community care in the first instance, whilst also ensuring that Barnsley Primary Care Network (PCN) goes from strength to strength.
- Supporting the development of the Barnsley Health and Wellbeing Board initiated Mental Health Partnership, recognising the increasing need being generated because of COVID-19 and on-going work to ensure parity of esteem.
- Revisiting and further strengthening joint commissioning arrangements between the CCG and the Local Authority, to ensure a one integrated commissioning plan for Barnsley, focussed on the life course – Starting Well, Living Well and Ageing Well.
- Having a clear and consistent one voice for Barnsley within the South Yorkshire and Bassetlaw ICS, through the continued development of our Barnsley Integrated Care Partnership governance.

- 4.2 **System development and ICS establishment** - The NHS 2021/22 priorities and operational planning guidance aims to support ICSs to deliver their four core purposes of:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience, and access
- Enhancing productivity and value for money; and
- Helping the NHS to support broader social and economic development

- 4.3 The guidance focusses on system development and ICS establishment that requires all systems to produce or update System Development Plans (SDPs) by the end of June 2021 (Q1), to set out how they will develop the leadership, capabilities and governance required to take on their anticipated statutory responsibilities from April 2022.

- 4.4 The Barnsley ICP is contributing to the system development plan. Representatives from Barnsley are part of each of the four design groups set up by the SYB ICS to lead on the future operating model for the ICS, how it will work with regional and arm's length bodies of the Department of Health and Social Care (such as NHS England, Health Education England and the Care Quality Commission), place-based partnership arrangements and the future of commissioning.

- 4.5 As well as supporting the design work for the ICS, the Barnsley ICP is in the process of agreeing a local place development plan that will enable maximum delegation to the partnership from the ICS in April 2022. A design team has been established and is jointly chaired by the Chief Executive of BMBC and the Accountable Officer of Barnsley CCG. The role of the place design team will be to develop proposals for how the Barnsley place partnership might use the direction set out in the White Paper 'Integration and Innovation - Working together to improve health and social care for all', to strengthen further partnership working.

- 4.6 **Recovery of planned, elective surgeries and treatments** – The pandemic has had a significant impact on the delivery of elective care and, as a result, on the lives of many patients who are waiting for treatment. Additional funding has been made available to support the recovery of elective activity, as well as the recovery of cancer services. Systems have been asked to rapidly draw up delivery plans across

elective inpatient, outpatient and diagnostic services for adults and children (including specialised services) for April 2021 to September 2021.

- 4.7 Systems are asked to plan for the highest possible level of activity. Access to the Elective Recovery Fund (ERF) will be subject to meeting gateway criteria including addressing health inequalities, transformation of outpatient services, implementing system-led elective working, tackling the longest waits, and supporting staff.
- 4.8 In Barnsley, partners have worked hard to prioritise cancer services during the pandemic. The SYB Cancer Alliance and Barnsley Cancer Steering Group are using a behavioural insights approach to minimise these 'hidden harms' from the pandemic. To manage some of the delays and in line with national guidance, all cancer patients have been clinically prioritised to identify which patients need to be treated urgently and which patients do not require diagnostics or treatment in the short-term. The process has been implemented for all new referrals and patients on treatment pathways.
- 4.9 **Adult social care strategy** - It is unfortunate that there has not been a published national strategy for Adult Social Care at the same time as the NHS White Paper however it is anticipated that this will be shared during 2021 and afford partners an opportunity to create greater synergies in approach to deliver the right service, at the right time in the right place. A continuous improvement programme for Adult Social Care will be tabled at Cabinet in due course.
- 4.10 **Health inequalities** – the renewed focus and emphasis on tackling health inequalities is welcomed by partners across Barnsley. In line with the NHS Planning Guidance 2021/22 partners are committed to restoring services inclusively, prioritising those people and communities experience inequalities and implementing population health management and personalised care approaches to improve health outcomes.
- 4.11 All NHS partners now have Executive Director leads within their organisation for tackling health inequalities and all six of the neighbourhood clinical directors within the local PCN are also leads for inequalities. Health inequalities leads and integrated care partnership leads are working to agree a set of priorities and key actions on health inequalities in Barnsley on top of the eight urgent actions set out by NHS England and NHS Improvement in their pandemic phase three letter.
- 4.12 **Efficiencies Executive** - In an increasingly challenging financial environment, it is important that the partnership has a robust mechanism for identifying and implementing opportunities to maximise the value (in terms of health outcomes) of its resources and ensuring that expenditure does not exceed the Barnsley place health and care financial allocation.
- 4.13 The Efficiency Executive will be the focal point for managing the efficiencies programme process ensuring a collective approach and responsibility for delivery. It will both support and hold to account clinical leads, management and project leads responsible for the delivery of efficiency projects and provide assurance to the partnership on the delivery of these programmes.

5.0 Invited Witnesses

- 5.1 The following witnesses have been invited to today's meeting to answer questions from the Overview & Scrutiny Committee:-
- Adrian England, Chair, Healthwatch Barnsley
 - Chris Edwards, Accountable Officer, Barnsley Clinical Commissioning Group and Rotherham Clinical Commissioning Group
 - Gill Stansfield, Deputy District Director and Clinical Transformation Lead, Barnsley General Community, South West Yorkshire Partnerships NHS Foundation Trust
 - Jeremy Budd, Director of Strategic Commissioning and Partnership, Barnsley Clinical Commissioning Group
 - Julia Burrows, Director of Public Health, Barnsley Metropolitan Borough Council
 - Dr Mehrban Ghani, Chair, Barnsley Healthcare Federation, Accountable Clinical Director, Barnsley Primary Care Network, and GP Partner at the White Rose Medical Practice
 - Dr Richard Jenkins, Chief Executive Officer, Barnsley Hospital NHS Foundation Trust

- Wendy Lowder, Executive Director Adults and Communities, Barnsley Metropolitan Borough Council
- Cllr Platts, Cabinet Spokesperson, Adults and Communities, Barnsley Metropolitan Borough Council
- Cllr Andrews, Cabinet Spokesperson, Public Health, Barnsley Metropolitan Borough Council

6.0 Possible Areas for Investigation

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

- Over the last 12 months, what has gone well and what new ways of working will continue?
- What does recovery look like for the residents of Barnsley and the work of the partnership?
- What do you consider to be the current strengths and weaknesses of the partnership?
- What are the next steps for integration and how do you expect the Policy Paper to impact on partnership working?
- What mechanisms are in place to hold the partnership to account?
- To what extent does the Health & Wellbeing Board feature in the overall governance arrangements both now and in the future and is there duplication of membership?
- Does the partnership have the capacity and support it needs to drive change?
- What are the barriers that prevent health and social care integrating further and how can these be removed?
- What has been Healthwatch's role in shaping the work of the partnership?
- How do you know that you are considering the right issues, at the right time and with the right information to make the most effective decisions?
- How will you ensure that you do not digitally exclude a section of the community and ensure equity of access to services?
- Can you give an example of how engagement with residents has shaped plans to integrate care?
- Which of the key themes from engagement with the public will be taken forward and what influenced your decision?
- How confident are you that the views captured during the engagement sessions are representative of the community as a whole (eg. BAME, LGBTQ, SEND, carers, care homes, geographic locations, age range etc)?
- When will you know if Barnsley qualifies for the Elective Recovery Fund and how will this be used to improve outcomes for residents?
- What mechanisms are in place to ensure that you maximise the value (in terms of health outcomes) of resources without exceeding the Barnsley place health and care financial allocation and do you consider them to be robust?
- How would you describe the current culture and support offered to the workforce across the partnership and do you consider this appropriate and sufficient to ensure that Barnsley is seen as an employer of choice?

- What do you expect the place-based partnership to look like in 12 months-time and what changes will residents see?
- What can members do to support the work of the partnership in developing integrated care in Barnsley?

7.0 Background Papers and Useful Links

7.1 The following links have been used in the preparation of the report and may be useful for further information:

The Kings Fund – Integrated Care Systems Explained: System/Place/Neighbourhood: -
<https://www.kingsfund.org.uk/publications/integrated-care-systems-explained#systems>

Department of Health & Social Care Policy Paper – Integration & Innovation: Working Together to Improve Health & Social Care for All:-
<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

The Kings Fund – Health & Social Care White Paper Explained:-
<https://www.kingsfund.org.uk/publications/health-social-care-white-paper-explained>

NHS England – Health Inequalities Eight Urgent Actions:-
<https://www.england.nhs.uk/about/equality/equality-hub/action-required-to-tackle-health-inequalities-in-latest-phase-of-covid-19-response-and-recovery/>

NHS Long-Term Plan:-
<https://www.longtermplan.nhs.uk/>

South Yorkshire & Bassetlaw Integrated Care System:-
<https://www.healthandcaretogethersyb.co.uk/>

8.0 Glossary

BMBC Barnsley Metropolitan Borough Council
 CCG Clinical Commissioning Group
 ERF Elective Recovery Fund
 ICP Integrated Care Partnership
 ICS Integrated Care System
 LTP NHS Long Term Plan
 NHS National Health Service
 SDG Strategic Digital Group
 SEG Strategic Estates Group
 SDP System Development Plan
 SPA Single Point of Access
 STP Sustainability and Transformation Partnership
 SYB South Yorkshire and Bassetlaw
 VCSE Voluntary, Community and Social Enterprise Sector

9.0 Officer Contact

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 19 April 2021



Meeting:	Safeguarding Private Member Briefing
Date of meeting:	
Report Title:	Children's Social Care Monthly Report – February 2021
Author:	Matt Biggs, Business Improvement Advisor

1. Background	<p>Members of the Committee will be aware that the People Directorate has a monthly children's social care report, which contains an overview of the major performance indicators for children's safeguarding and social care.</p> <p>The February 2021 edition of the children's social care report is attached. It includes a summary section with an overview of performance, using RAG (Red, Amber, Green) ratings and direction of travel for most indicators. Barnsley's historical performance and comparisons with other local authorities are also included.</p> <p>More detailed information against most indicators can be found in the main body of the report, where members will find graphs, tables and a management performance analysis at the top of each page, which highlights areas of performance considered good and areas where improvement is required.</p>
2. Summary	<p>Below is a summary of key performance issues highlighted in the report.</p> <p><u>Early Help Assessments</u></p> <p>Trends in previous years show seasonal variations in the numbers of Early Help Assessments (EHAs) completed, 128 EHAs had been completed at the end of February which is 75 less than in January (203). The number of interventions closed in February (46) was also lower than that of the previous month (66) as well as the same point in the previous year (64).</p> <p><u>Contacts</u></p> <p>Contacts during February (295) show a decrease from January's performance (322) but an increase from February 2020 (270). The percentage of contacts proceeding to referral decreased slightly from 75.8% in January to 74.6% in February.</p> <p><u>Referrals</u></p> <p>The number of referrals decreased in February to 227, 11 lower than January but slightly above the average of the last 12 months (223). Expressed as a rate per 10,000 under 18 year olds, the year to date figure at the end of February was 527.3; below the 2019/20 statistical neighbour (769.6) average and the national (534.8) average. We continue to see a high proportion of referrals going to assessment, with 98.2% in February.</p> <p>Re-referrals reduced from 23.5% in January to 15.9% in February – however this is higher than February 2020 (10.7%). Our year to date performance of 15.7% is currently below the 2019/20 Statistical Neighbour average (20.6%), as well as the national (21.3%) and regional (22.6%) averages.</p> <p><u>Assessments</u></p> <p>The number of assessments undertaken has decreased slightly from 290 in January to 280 in February. However the number of assessments in February have increased by 34.6% compared to February 2020 (208). The rate of assessments for the year to date of 597.4 per 10,000 0-18 population is below the 2019/20 statistical neighbour average (909.2) but above the national (553.6) average.</p>

The percentage of assessments completed within 45 working days of referral remained high at 100% in February, rising from 99.6% in January and well above the 2019/20 national (83.9%) and statistical neighbour (81.6%) averages.

Performance for the percentage of assessments undertaken in under 20 working days has dropped from 31.2% in January to 22.5% in February and is 5.5% lower than the same point in 2020. Year to date performance of 35.8% is above target (35%) and above the 2019/20 statistical neighbour (28.6%) and national (30.7%) averages.

The proportion of assessments ending in no further action has decreased from 32.2% in January to 22% in February.

Section 47 Investigations

The number of S47 investigations undertaken reduced to 72 in February from 82 in January and is lower than February 2020 (80). When expressed as a rate per 10,000, the year to date figure (215.2) is above the 2019/20 national benchmark (167.2) but below our statistical neighbour average (283.1).

Percentage of S47s converting to child protection conferences decreased from 27% in January to 13% in February and remains below the 2019/20 statistical neighbour (38.1%) and national (38.5%) averages. The proportion of Section 47 investigations ending in no further action decreased in February to 12.9% from 19.2% in January.

Child Protection (CP)

The number of children with a CP plan at the end of February (235) increased slightly from January (233) but is 64 less than the February 2020 figure (299). That figure equates to a rate of 46.3 per 10,000 under 18 year olds, above the 2019/20 national average (42.8), but below our statistical neighbour (70.8) average.

Performance for initial child protection conferences (ICPC) within timescale for February is 80%. Year to date performance of 86.7% is above target (85%) as well as the 2019/20 statistical neighbour (76.5%) and national (77.7%).

The proportion of children becoming subject of a child protection (CP) plan for a second or subsequent time ever decreased to 31.8% in February from an annual high of 48% in January. However this is still significantly higher than performance in February 2020 (0%). Throughout the last 12 months, 55 children have been subject to a CP Plan for a second or subsequent time ever, equating to 18.8%. Comparatively, performance remains below the 2019/20 statistical neighbour (21.7%), and national (21.9%) averages.

████████████████████ This equates to 1.7% of all plans, remaining below the 3% target, but above the 2019/20 statistical neighbour (1.9%) and national (2.1%) averages.

████████████████████ Year to date performance of 4.2% (15 closures) remains above the 3% target, as well as the 2019/20 national (3.6%), but below statistical neighbour (4.7%) averages.

Performance for the timeliness of child protection reviews has remained at or close to 100% since May 2016, with a 100% year to date average. This is above 2019/20 statistical neighbour (89.4%) and national (91.5%) averages. The timeliness of child protection visits has remained close to 100% since December 2016, with 100% in February and 99.7% for the year to date.

Care Proceedings

[REDACTED]. The average duration of open proceedings cases has remained constant in the same period, from 31.8 weeks to 31.7 weeks. The average age of concluding cases over a 12 month period has risen slightly to 40.2 weeks and is higher than the same point last year (34.4).

Looked After Children

The number of looked after children decreased to 343 at the end of February from an annual high of 352 in January. Barnsley's current rate of LAC (67.5 per 10,000) is well below statistical neighbours average rates (111.4 per 10,000) but above the national average (67.0 per 10,000). The number of children coming into care during the month (12) was in line with January (11) and significantly below the number leaving care (20).

The proportion of looked after children with three or more placements (in the previous 12 months) increased from 3.7% in January to 4.7% February. This is below the 9.5% target, and continues to compare well against 2019/20 statistical neighbour (9%) and national (11%) averages.

The proportion of children looked after continuously for 2.5 years, and in their current placement for more than 2 years, decreased slightly to 65.8% in February, below the 68% target, as well as 2019/20 statistical neighbour (66%) and national (68%) averages.

The number of looked after children going missing increased for the second consecutive month to an annual high of 17. [REDACTED]

The proportion of looked after child cases reviewed within timescales was above target (97%) at 98.8% for February and 99.4% year to date. The proportion of LAC visits in time was 99.4% in February and year to date performance (99.8%) is just below target (100%).

The proportion of health assessments for looked after children completed on time was 98.2% in February, decreasing slightly from 99.1% in January. Performance locally remains above the 2019/20 national (90%) and statistical neighbour (92%) averages. The proportion of children looked after for 12 months or more who have had a dental assessment declined for the twelfth consecutive month to 33.3% in February, as a consequence of COVID19.

The proportion of looked after children (aged 4 to 16 years inclusive) recorded as having a completed Strengths & Difficulties Questionnaire was 96.9% at the end of February, a slight increase from 96.3% in January and above the 80% target.

The proportion of looked after children with a Personal Education Plan (PEP) increased to 99.5% in February but remains just below the 100% target. The proportion with a termly PEP decreased slightly to 97.7% in February, just below the 98% target.

Quality of Schools Attended by Looked after Children

The proportion of looked after children attending schools rated good or outstanding by Ofsted in February (77.6%) was in line with the same month the previous year (77.1%)

School Attendance and Absence of Looked after Children

School attendance and exclusion data has been not been reported on for January and February 2021, as a result of COVID 19.

Adoption

With the exception of 2013/14, Barnsley's performance has remained well above statistical neighbours, regional and national benchmarks.

In relation to the timeliness of our adoption processes, against the target of 120 days between a placement order and a child being matched, timescales decreased significantly to 133.8 days in February, from 144.9 in January and 296.7 in February 2020.

Care leavers

Care Leaver performance is measured 'accumulatively', using information recorded at the last visit, relevant to those care-experienced young people who have a birthday within the current month. This is then added to the previous performance, recorded since April, and builds up over the year. Reporting for care leavers can fluctuate significantly due to the small numbers of young people in the cohort.

Performance for February shows that 72.9% of the cohort aged 19-21 were engaged in EET. Comparatively, the data is well above the 2019/20 statistical neighbour (52%) and national (53%) averages.

The timeliness of care leaver visits decreased slightly in February (99.1%) compared to January (100%) but remains above the measure at the same point in 2020 (92.9%).

Children in Need

There was 1,827 open Child in Need (CIN) cases at the end of February, a decrease from 1,866 in January. When comparing against 2019/20 benchmarks, Barnsley's rate of 359.7 remains lower than Stat Neighbours (487.4) but above the National average (323.7).

Caseloads

February 2020 data shows a sharp increase to the caseloads of the Disabled Children's Team, rising to an annual high of 26.9 cases per worker. There is a similar increase to the Adoption/Fostering Teams (21.8 cases per worker - an annual high). Elsewhere numbers are consistent with previous months.

3. Recommendations

The committee is asked to review the attached report in a private session and challenge performance. Any areas for investigation or improvement can be agreed for formal detailed discussion at a future meeting of the Overview and Scrutiny Committee.

4. Attachments/background papers

- None

5. Possible Areas for investigation

- What does the data tell you about the overall picture of children's social care in Barnsley? What are our families experiencing?
- How has returning to school impacted upon our children in care? How do you know?

- Was the impact of Covid the reason for an increase in the number of children coming into care or was it something else? How do you know?
- What are the priorities for children's social care over the coming months?
- When do you expect performance to improve for dental appointments for children in care?
- How do you differentiate between genuine cases of neglect and those that are living in poverty?
- How do you know that the right children are being progressed to the next stage of the process?
- When sharing Child Protection Reports with parents and families, what support is available so that they fully understand the content and the implications of the report?
- What are the SDQ's telling you and what are you doing with the information? Can you give an example of changes made to service delivery or support as a result of the findings?
- What happens if a care leaver refuses the offer of accommodation and how are the associated risks assessed?
- How confident are you that there is sufficient planning and support for children and young people when released and discharged from secure settings?
- How many complaints has the council received from children in care (either from them or on their behalf)? What has been the learning from them?
- What recently published evidence and cases of good practice have been used to improve services locally?
- Are case loads for all teams considered to be at a manageable level?
- What can members do to support the work of children's social care in Barnsley?

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