

# Public Document Pack



<b>MEETING:</b>	Overview and Scrutiny Committee - Full Committee
<b>DATE:</b>	Tuesday, 26 April 2022
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## 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.

Minutes

#### 3 Minutes (Pages 5 - 54)

To approve the minutes of the following meetings  
Full Committee 7<sup>th</sup> September 2021  
Sustainable Barnsley Workstream 12<sup>th</sup> October 2021  
Growing Barnsley Workstream 2<sup>nd</sup> November 2021  
Healthy Barnsley Workstream 30<sup>th</sup> November 2021  
Full Committee 11<sup>th</sup> January 2022  
Sustainable Barnsley Workstream 8<sup>th</sup> February 2022  
Growing Barnsley Workstream 8<sup>th</sup> March 2022  
Healthy Barnsley Workstream 22<sup>nd</sup> March 2022

Overview and Scrutiny Issues for the Committee

#### 4 Progress on the Development of Integrated Care in Barnsley MBC (Pages 55 - 70)

4a Development of Integrated Care in Barnsley – Cover Report  
4b Development of Integrated Care in Barnsley – Report of the Barnsley Place-based Partnership

#### 5 One Adoption South Yorkshire (OASY) Regional Adoption Agency (Pages 71 - 88)

5a One Adoption South Yorkshire (OASY) – Cover Report  
5b One Adoption South Yorkshire (OASY) Report  
5c One Adoption South Yorkshire Strategic Plan 2021 – 2024

**6 REDACTED Children's Social Care Performance Report (For Information Only) (Pages 89 - 94)**

**7 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.

**8 Children's Social Care Performance Report Private Member Briefing (Pages 95 - 144)**

8a NOT FOR PUBLICATION Children's Social Care Monthly Report – February 2022

8b NOT FOR PUBLICATION Children's Social Care Monthly Performance Report – February 2022

8c NOT FOR PUBLICATION Understanding & Challenging Children's Social Care Performance Reports

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](mailto:scrutiny@barnsley.gov.uk)

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

Councillors Ennis OBE (Chair), Bowler, Bowser, Cain, Clarke, Coates, K. Dyson, Felton, Fielding, Frost, Gollick, Green, Hand-Davis, Hayward, D. Higginbottom, Kitching, Lodge, Lowe-Flello, Markham, McCarthy, Mitchell, Newing, Noble, Osborne, Pickering, Richardson, Risebury, Smith, Stowe, Sumner, Tattersall, Wilson, Wraith MBE and Wray 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

Dr Richard Jenkins, Chief Executive, Barnsley Hospital NHS Foundation Trust

Wendy Lowder, Executive Director Adults & Communities, BMBC

Julia Burrows, Executive Director Public Health, BMBC

Julie Chapman, Service Director Adult Social Care & Health, BMBC

Andrew Osborn, Interim Service Director Commissioning & Integration, BMBC

Adrian England, Chair, Healthwatch

Dr Mehrban Ghani, Chair, Accountable Clinical Director, Barnsley Primary Care Network, and GP Partner at the White Rose Medical Practice

Jeremy Budd, Director of Strategic Commissioning and Partnerships, Barnsley Clinical Commissioning Group

James Barker, Chief Executive, Barnsley Healthcare Federation

Gill Stansfield, Deputy District Director and Clinical Transformation Lead, Barnsley General Community, South West Yorkshire Partnerships NHS Foundation Trust

Cllr Platts, Cabinet Spokesperson, Adults and Communities, Barnsley Metropolitan Borough Council

Cllr Andrews, Cabinet Spokesperson, Public Health, Barnsley Metropolitan Borough Council

Jamie Wike, Chief Operating Officer, Barnsley Clinical Commissioning Group

Item 5 2:45pm

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

Sophie Wales, Service Director Children's Social Care & Safeguarding, Children's Services BMBC

Claire Brodie, Interim Head of Service Children in Care, Children's Services, BMBC

Sharon Wood, Service Manager Provider Services, Children's Services, BMBC and Service Manager, OneAdoptionSouthYorkshire

Michael Richardson, Adoption Team Manager, Barnsley Team, OneAdoptionSouthYorkshire

Stephanie Evans, Head of Service, OneAdoptionSouthYorkshire  
Cllr Trevor Cave, Cabinet Spokesperson Children's Services, BMBC

Item 8 3:30pm

Mel John-Ross, Executive Director- Children's Services, BMBC  
Sophie Wales, Service Director Children's Social Care & Safeguarding, Children's  
Services BMBC  
Cllr Trevor Cave, Cabinet Spokesperson, Children's Services, BMBC

<b>MEETING:</b>	Overview and Scrutiny Committee - Full Committee
<b>DATE:</b>	Tuesday, 7 September 2021
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	The Assembly Room - The Civic

## MINUTES

### Present

Councillors Ennis OBE (Chair), Bowler, Bowser, Cain, Clarke, K. Dyson, Frost, Gollick, Hayward, Kitching, Lodge, Lowe-Fiello, Newing, Noble, Osborne, Pickering, Smith, Stowe, Sumner, Tattersall, Wraith MBE and Wray.

### 16 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.

### 17 Declarations of Pecuniary and Non-Pecuniary Interest

Cllr Tattersall declared a non-pecuniary interest in Minute Nos. 10 and 12 due to her membership of the Corporate Parenting Panel. She also declared a non-pecuniary interest in any matters relating to Berneslai Homes in view of her being a Berneslai Homes Board Member.

Councillor Newing declared a non-pecuniary interest in Minute Nos. 8, 9, 10 and 12 as she works for the NHS.

Councillor Lodge declared a non-pecuniary interest in Minute Nos. 8, 9, 10 and 12 as he is employed by an organisation which supports vulnerable adults and children.

### 18 Minutes of the Previous Meetings

The minutes of the following meetings were received and approved by Members as a true and accurate record:

Full Committee held on 27 April 2021 (Item 3a)  
Sustainable Barnsley Workstream held on 1 June 2021 (Item 3b)  
Growing Barnsley Workstream held on 29 June 2021 (Item 3c)  
Healthy Barnsley Workstream held on 20 July 2021 (Item 3d)

### 19 Barnsley Safeguarding Adults Board Annual Report 2020-21

The following witnesses were welcomed to the meeting:

Bob Dyson, Independent Chair, BSAB  
Wendy Lowder, Executive Director – Adults & Communities, BMBC  
Julie Chapman, Service Director – Adult Social Care & Health, BMBC  
Cath Erine, Barnsley Safeguarding Adults Board Manager, BMBC  
Cllr Jenny Platts, Cabinet Spokesperson – Adults & Communities, BMBC

Susan Brook, Designated Nurse Safeguarding Adults, Barnsley Clinical Commissioning Group (CCG)  
Chief Superintendent James Abdy, Barnsley District Commander, South Yorkshire Police (SYP)  
Becky Hoskins, Deputy Director of Nursing & Quality, Barnsley Hospital NHS Foundation Trust (BHNFT)  
Emma Cox, Assistant Director of Nursing, Quality & Professions, South West Yorkshire Partnership Foundation Trust (SWYPFT)

Members were shown a presentation about the work of the BSAB and were invited to consider a report of the Executive Director Core Services (Item 4a) and the Barnsley Safeguarding Adults Board Annual Report 2020-21 (Item 4b). Bob Dyson introduced the BSAB Annual Report, highlighting that everything had changed during the pandemic and creative ways of working had to be developed.

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

A huge amount of awareness raising and training has been done around self-neglect and hoarding. Through the Safer Neighbourhood Service, a hoarding support group has been developed. The issues and triggers to this behaviour are now better understood, and early help can stop the situation spiralling out of control. It is estimated that nationally between 3% - 7% of people have problematic issues with hoarding and this has increased during the pandemic through proactive targeted work, which should be seen as a positive. It was felt that there is a need to mobilise strategic resources and connect the 'front line', engaging others in the community such as the local hairdressers, the Post Office etc. Elected Members also have a role to play in reporting concerns.

Residents of care homes are subject to a full needs assessment with twice yearly reviews. A contract monitoring system is in place for the care homes and social care work closely with the Care Quality Commission (CQC) to ensure care homes reach the required standards of care. There is an established care home network which brings together SWYFT, Public Health and managers of care homes and other health professionals such as the diabetes nurse, podiatrist etc. to ensure needs are met and information received is shared and acted upon. If a care home has to stop taking residents due to negative inspection findings, social care and the CQC work with managers and staff, residents and their families to understand what has happened and to recommend and monitor improvements to raise standards of care. However, this will take time as sustained improvement will take time to embed. In such instances, it is not advisable to move residents out of care homes unless absolutely necessary, as this causes major disruption and can have negative impacts on the lives of residents.

The BSAB Audit process is a mechanism for learning from both good and poor practice, with findings from reviews disseminated amongst all partners, actions and recommendations followed through and embedded into practice. The process also ensures the Board is abiding by its own policies, and provides feedback to staff. A Peer Review is due to take place in around 6 months' time and the findings will be shared with the Scrutiny Committee.

It can be difficult to engage individuals and obtain consent from them. Often, individuals view the way they live their lives as the norm, and do not want any help. It is essential that staff take the time to develop a good relationship to help and support individuals, and they will try different methods to achieve this. Financial abuse can be difficult to deal with, particularly if family members are involved and workers have to initiate an often delicate and difficult conversation to encourage individuals to open up to them.

Communication is one of the biggest challenges facing the BSAB. The new Communication Plan will help the wider population to understand what safeguarding is about, and what responsibilities they have. A considerable amount of work has been done, with easy to understand information provided in many formats. Elected Members have a role to play in sharing the message amongst their networks and in the community. There is a regional Safeguarding Awareness week in November to get the messages across. Local partners such as Barnsley FC and the local market are involved and leaflets etc will be distributed at the transport interchange. There is a reluctance within communities to report safeguarding concerns, awareness raising is being tackled by public facing events with faith groups and others. Elected Members are in a good position to help with this as they have local knowledge.

All agencies involved in safeguarding have high selection and recruitment standards to ensure only the very best levels of service. For example, the police selection process consists of a stakeholder group, who submit questions in advance of interviews. Once employed there is ongoing monitoring and development of individuals, with a structured plan to address any development and training issues. Individuals are rigorously vetted through the DBS process. It is not yet clear how the new Adult Social Care Bill will help with the high turnover of care workers, particularly within domiciliary care. Providers hold responsibility for staff training, but multi-agency training through the BSAB is also available to them.

There has been an audit following the sad deaths of four young homeless individuals in Barnsley. It was found that all of them had troubled lives from a very young age. A joined up approach is needed across children's and adults services to ensure people don't fall through the gaps. Work is now being done through the Safer Partnership Board to look at housing and other issues such as transition to address what may have led the individuals to become homeless. The Multi agency Panel looks at people who are struggling but don't qualify for formal safeguarding intervention and is able to offer help through partners. Work with private landlords has not progressed due to the pandemic but will be picked up as those with private landlords don't have the same services as those with a social landlord. A private sector housing plan is to be brought forward shortly. The Police work across all types of tenancy and are ideally placed to refer in to the process.

Members were advised that the most effective way to report a safeguarding concern is through Adult Social Care. There is a robust 'front door', referrals are triaged and the most appropriate response is given. Adult Social Care sits within the Customer Access Team (CAT) and feedback is given to every referral. Interim arrangements fall within the Better Lives Barnsley Programme. Members will be provided with the relevant contact phone number.

**RESOLVED** that

- (i) Witnesses be thanked for their attendance and contribution and for the excellent work of the BSAB in safeguarding vulnerable people in Barnsley;
- (ii) Members continue to raise awareness of safeguarding and report concerns in their communities, and
- (iii) Members be provided with the contact number for reporting safeguarding concerns.

## **20 Draft Barnsley Local Safeguarding Children's Partnership Annual Report 2020-21**

The following witnesses were welcomed to the meeting:

Bob Dyson, Independent Chair, LSCP

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

Pam Allen, Interim Service Director, Children's Social Care & Safeguarding, BMBC

Cllr Sarah Tattersall, Cabinet Support Member – Children's Services, BMBC

Chief Superintendent James Abdy, Barnsley District Commander, South Yorkshire Police (SYP)

Nikki Kelly, Named Nurse Safeguarding Children, Barnsley Hospital NHS Foundation Trust (BHNFT)

Angela Fawcett, Designated Nurse Safeguarding Children and Looked After Children, Barnsley Clinical Commissioning Group (CCG)

Emma Cox, Assistant Director of Nursing, Quality & Professions, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

Diane Drury, Head of Safeguarding & Quality Assurance, Children's Services, BMBC

Members were invited to consider a report of the Executive Director Core Services (Item 5a) and the Barnsley Local Safeguarding Children's Partnership Annual Report 2020-21 (Item 5b).

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

Bullying is a constant theme within safeguarding and has far reaching impacts on children. All schools are required to have an Anti-bullying strategy, which forms part of each school's annual self assessment. Tackling bullying relies on initial reporting of concerns and schools need to recognise the impact of bullying on an individual and take action. Schools are visited regularly and OFSTED inspect schools against their bullying procedure. The SEND Youth Forum and the Youth Councils were involved in refreshing the overall Strategy and included some very powerful case studies, with the voice of the child evident throughout. These bodies also helped to develop the Anti-Bullying Commitment which all schools in the Barnsley Alliance have signed up to and is in evidence in all schools. The SEND Youth Forum is being supported to produce a young people's peer challenge where they go in to schools and look for evidence of commitment.



It was highlighted that bullying can lead on to tragedies such as the recent stabbing of a 15 year old boy in Monk Bretton, and needs to be tackled using a multi agency approach. There is a definite crossover between safeguarding and the Community Safety Partnership. Funding has been allocated by the Police to reduce knife crime etc., with a whole host of activities to address this. Bullying and knife crime has to be considered against the backdrop of the online world, where online bullying can spill over into real life. Prevalence of knives and gang activity is relatively low in Barnsley but nevertheless a significant piece of work is being done to address it, with Police Officers going in to schools to work with them and to offer support, as education is key to tackling this growing issue.

A discussion took place around ways to address the criminalisation of young people, particularly males, who engage in 'sexting' and sharing images on social media etc using mobile technology. This type of behaviour can ruin future life chances and many young people aren't aware of the longer term implications. All schools are involved in educating young people about the dangers of this type of behaviour. A recent large scale operation involved the exploitation of children by an offender in Wales, with a cluster of activity in Barnsley connected to Facebook. It was pointed out that 'spent' convictions and cautions of young people will not reappear in later life, based on individual assessment. The Police don't want to criminalise this type of behaviour when the issue is education. Rather, there is a proportionate enquiry aimed at diverting individuals away from that behaviour through education. Prosecution will be pursued only if it is in the public interest. Education and diversion is a better option. Barnsley is in the top quartile nationally for young people entering the youth justice system for the first time. Partnership work is effective, with good outcomes evidenced.

Lots of work is done on child Neglect in Barnsley, which can present as a form of parental bullying and hidden harm. Neglect continues to be most likely reason for a child to be taken into care. A Neglect Strategy and toolkit has been produced alongside the NSPCC. It may be necessary to resurrect the Neglect sub-group, but this will need resourcing as responsibility for Neglect was shared amongst the other sub-groups in the Action Plan. Early Help and Intervention to promote good parenting is important in tackling neglect, but parents have to accept help and parents need to be encouraged to use community support to help them. Staff have to have the time to have difficult conversations and the time and skills to be curious and persistent, which has been difficult to achieve during the pandemic?

The recent audit examined a wide range of issues. Elective Home Education (EHE) is a particular area of concern as there has been a big increase during the pandemic, leading to potential safeguarding concerns as children are not seen in schools and may fall through the gap. Work with the Barnsley Sexual Abuse and Rape Crisis Service (BSARCS) has been strengthened, as the audit found that Barnsley wasn't making best use of that organisation to ensure correct support for children needing wraparound care. Our response to this has now been strengthened. During the pandemic, the Board's training offer was increased, with almost twice as many people taking up the 'virtual' training offer. Topics covered include safe sleeping and safety in the first year of life.

Sexual abuse and harassment is a very emotive topic which when identified is taken very seriously. This has evolved in recent times with the use of social media.

Education Improvement Officers ensure findings of the inspection report are cascaded and discussed with both primary and secondary headteachers. There is also an audit tool to support schools to help them to review the robustness of their approach to this issue. When OFSTED inspect schools this is a criteria which has to be evidenced. Twilight training sessions and webinars are provided for head teachers and designated safeguarding leads. An external trainer provides robust training covering policies, procedures and awareness raising.

Availability of CAMHS for young people is a national problem, with long waiting times for treatment. There is significant investment in the service alongside an action plan. Schools can be a pathway into the acute service. The Early Help offer is also in place and can be accessed before CAMHS. CAMHS services worked differently during pandemic, both in terms of group and individual work, but never stopped and provided an emergency service at all times. Where children and families did not have computer access, equipment was provided. Members were urged to feed in any concerns they may have so that they can be addressed. Early Help offer in place before get to CAMHS.

It was reported that sadly 13 babies have died in 5 years in Barnsley, some of which may have been due to modifiable factors such as co-sleeping. Child deaths are always investigated, with the aim of learning lessons and modifying practices. Everyone has a responsibility to report concerns - for example, unsafe sleeping arrangements can be identified by agencies other than health such as a housing officer may see a child sleeping on a sofa, which will need addressing. Training programmes are rolled out to different agencies to spread learning as widely as possible. There are many training programmes, such as Managing Crying, Don't Shake the Baby and the ICON programme which gives parents strategies to deal with behaviours such as crying. GPs, hospitals and community services all have procedures in place to alert when babies and young children are not being brought to appointments - they are not simply marked as 'did not attend' as there may be a safeguarding issue.

Early Help is a strong element of the partnership, with a review of the all age Early Help Strategy due to the pandemic. There has been a lot of disruption and staff changes in some localities but the Early Help service is generally stable, despite the challenges presented by the pandemic. If Members are concerned about the Early Help service in their area they should flag concerns up with Children's Services, who are happy to investigate further.

It was reported that court proceedings have been delayed during the pandemic, but the service is slowly getting back to normal. This is a national issue which has had a significant impact on children.

**RESOLVED** that witnesses be thanked for their attendance and contribution and the report be noted.

## **21 Children's Social Care Performance Report**

Members were invited to consider a cover report relating to Children's Social Care Performance. The redacted report was provided for information only.

**RESOLVED** that the report be noted

## **22 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.

## **23 Children's Social Care Performance Report**

Members were invited to consider a cover report relating to Children's Social Care Performance (Item 8a) in relation to the Data Report (Item 8b) and the Explanatory Document (Item 8c). Mel John-Ross introduced the report. Areas to note include the increase in contacts and assessments; the rise in the number of children in care; the strength of partnership working during the pandemic (particularly with schools) and the flexibility of working offered during the pandemic.

Strong overall performance has been maintained in the majority of areas throughout the report, despite the additional challenges and pressures brought about by the pandemic.

It was reiterated that Barnsley remains committed to maintaining a stable work force and agency staff are not used for front line posts, which has been the case for a number of years. Staff welfare and reduction of caseloads for all social workers remains a priority. Face to face working in localities has continued throughout the pandemic but on a more flexible level and the refurbishment of Westgate will not affect staff adversely.

The service was last subject to a full OFSTED inspection in October 2018 and received a judgement of 'good'. The Annual Engagement is due in October 2021. Additional Social Workers and Family Support Workers (assigned to Social Workers) have been recruited. Barnsley is a nationally recognised 'Employer of Choice' for Social Workers.

**RESOLVED** that

- (i) the performance report be noted, and
- (ii) the service be congratulated on recruitment of social workers and the excellent service provided to children and their families in Barnsley.

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Chair

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<b>MEETING:</b>	Overview and Scrutiny Committee - Sustainable Barnsley Workstream
<b>DATE:</b>	Tuesday, 12 October 2021
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

**Present** Councillors Ennis OBE (Chair), Cain, Coates, Fielding, Frost, Gollick, Green, Hayward, Lodge, Markham, Osborne, Richardson, Smith, Tattersall, Wraith MBE and Wray

### 24 Apologies for Absence - Parent Governor Representatives

Apologies for absence were received from Ms G. Carter in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

### 25 Declarations of Pecuniary and Non-Pecuniary Interest

Cllrs Osborne, Markham and Smith declared non-pecuniary interests with regard to Minute No. 27 due to their membership of the Low Valley Flood Community Group. Cllr Tattersall declared a non-pecuniary interest in the same Minute No. due to her membership of the Berneslai Homes Board.

### 26 Minutes of the Previous Meeting

The minutes of the meeting held on 7<sup>th</sup> September were received.

### 27 Barnsley Flood Recovery

The Committee received a report of the Executive Director Core Services and the Executive Director Place on Flood Recovery in Barnsley (Item 4a) and Flood and Water Management Act 2010 Section 19 Statutory Report (Item 4b). The report provided an update regarding activity across the borough following the November 2019 floods which directly affected 100 properties and 11 businesses.

The report covered progress on the following key areas:-

- remedial works undertaken by the Council and partner organisations to date to reduce the likelihood and impact of further flooding
- measures being undertaken by the Council to bolster the response to any future flooding incidents · the “Section 19” report which identifies whether the relevant flood risk management authorities discharged their statutory duties or not
- the proactive steps being taken in conjunction with Sheffield City Region Combined Authority (SCR) to raise the profile of the lack of investment into flood mitigation in South Yorkshire

The following witnesses were welcomed to the meeting:

Paul Castle, Service Director Environment and Transport, Place Directorate, BMBC  
Matt Bell, Head of Highways and Engineering, Place Directorate, BMBC  
Ian Wilson, Service Manager, Highway Delivery, Place Directorate, BMBC  
Daniel Crossley, Head of Repairs, Maintenance & Building, Berneslai Homes  
Nicola Staniforth, Project Manager, Place Directorate, BMBC  
Councillor Pauline McCarthy, Cabinet Support Member (Environment and Transportation), BMBC

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

Flood monitoring relies on systems installed across the Borough which give an indication of river levels together with Met Office advance warnings which indicate when task and finish groups and Blue Light services should be mobilising. The current level of monitoring is satisfactory. If more is needed, this will be flagged up and increased when made aware of a possible incident.

In terms of risk assessments for possible areas of flooding, good data has been provided over the last 15 years. Work is ongoing with Sheffield City Region (SCR), the Environment Agency (EA) and Yorkshire Water Authority (YWA) to try to determine any likely future risk areas and prioritise investment. Awareness of 'low spots' and 'high spots' drives investment.

Recent problems at Darton were discussed. It is difficult to determine the future and implement new flood measures as some events may occur once in every 100 years. Councillors expressed concern that lots of money had been spent in Darton as part of the Principal Towns Project, the benefits of which would be negated should the area be subject to widespread flooding. It is hoped that a culvert programme will be undertaken this year in Darton, and local Councillors will be informed once the scheme has been fully formulated.

Work on the spillways at Worsbrough has commenced. The Inspector's 10-year draft report has been received for review and comment and the recommendations therein are currently under consideration. It is expected that further work to bolster spillways and flood defences will be required and funding needs to be set aside for this purpose. Advice has been sought from the EA's Fisheries Team in respect of timings to conduct the repairs so as to minimise the impact on fish stocks and spawning activity, although no complaints or reports of fish deaths have been received.

Lundwood was one of the areas identified as a high risk location following the November 2019 floods. The Mill of the Black Monks business was once again flooded and the business ruined. Monk Bretton Priory is unable to access grant funding because of the risk of flooding as it sits on a flood plain, despite the fact that it has never flooded. Enquiries will be made as to why this is. It was reported that residents of the Ings Road gypsy camp had moved to a site at Brierley due to fears of effluent. This was permitted under the condition that the Ings Road site can only be used by mobile travellers rather than as a permanent site. Concerns were raised about the need to have sufficient resources and a maintenance programme to carry

out preventative work at the site as it doesn't seem to be an area of focus at the present time.

Thanks were expressed to all who helped to fill sand bags at Lundwood which helped to avoid the 'near miss' in January 2020. It was reported that sand bags are located at the front of the Ings Road Depot and are accessible 24hrs a day.

Bulling Dike (Low Valley) is categorised as a Flood Zone 2 location and forms part of the River Dearne catchment. In November 2019 the dike overtopped and flooded properties on Station Road, Cotterdale Gardens and surrounding streets. The Dike is the responsibility of the Danvm Drainage Commissioners Internal Drainage Board (IDB), who have carried out remedial works in consultation with BMBC. Similarly, the River Dove is the responsibility of the Environment Agency (EA) It was reported that the dike had only been partially dredged as IDB workers couldn't get equipment round to complete the dredging. Flytipping has also caused blocking under the culvert, which is difficult to remove because it is in standing water. Residents are frustrated as they cannot see the results of work which has been done and Darfield and Low Valley do not seem to be identified as a priority.

Residents on Station Road reported the events of 2019 as being chaotic, with no coordination between Emergency Services. Residents reported having to try to stop traffic themselves. It was also felt that the culvert on Station Road, which had been filled in, should in fact be enlarged.

Lots of work has been done on Lang Avenue since the 2012 floods and various 'near misses'. Residents are always anxious when there is severe weather. Members were reassured that a key element of work is ongoing resident engagement, actively listening to residents and involving them fully. In June 2020 70 properties on Lang Avenue (previously affected by flooding) were visited to check that property flood defences installed continue to be fully functional. A Berneslai Homes led tasks and finish group has also been established to determine the long-term options for this area. A letter was sent in July to update residents in the area and a newsletter is planned, complete with photographs, so that residents are kept fully informed of progress.

In October 2020, Yorkshire Water complete a number of maintenance activities to a stretch of a local drainage ditch, removing 50 tons of debris and improving watercourse flow. £1m has been identified in the budget and modelling work for different scenarios has taken place to give an indication as to whether what has been done is enough to protect the area. Possible works include deepening the woodland area, placing a 'bund' around properties, improving surface water drainage assets and raising kerb lines. This will be assessed throughout the winter period and plans drawn up based on what the model tells us. This could take a further 9-12 months based on what model shows.

A member was aware of an issue with run-off water in Lundwood. It seems that there is a pump at the rear of Lang avenue, with the combined sewers draining from Monk Bretton to a sump, with water then pumped under the railway into the sewage works. The valve does not always work which leads to water straddling the bund and flooding homes further along. Photographic evidence of the problem can be provided. The pump is the responsibility of Yorkshire Water and Members were assured that this issue will be taken up with them. All combined sewage and surface

water drainage systems have been mapped and work done to clear them where a problem has been identified. Lang Avenue is regularly checked and silt removed.

A small dedicated team is responsible for looking after over 50,000 gullies. Following the 2019 situation, work was done at various locations to clear gulleys and keep them in working order. As part of their mapping work, the team also identified 500 locations of faults caused by others such as cutting through pipework etc. A programme of more than 200 schemes has been developed, including installing kerbs with holes in them to take away excess water. A Member reported that the majority of gullies in Darfield are full of vegetation and have not been cleared, raising concerns that they had not been properly inspected.

Members were reassured that following the 2019 floods, every affected property was visited by the engagement team and all residents and tenants in Wombwell provided with front and rear guards and waste pipe blocks, which they are shown how to use - this is a continuous programme. When tenancies change and new people move in this information is also provided to new tenants. Unfortunately, nothing can be done when water comes through the sub floor. Member can be confident that for Winter 2021/22, all properties have flood defences and know how to use them.

A Member was aware of recent flooding causing significant damage to football and cricket pitches at Worsbrough, where the River Dove crosses Worsbrough Bridge. It seems the riverbank has eroded which causes the pitches to flood. This is the responsibility of the relevant landowner, who will be approached to offer a solution to the problem, although sometimes it can be difficult to identify land ownership.

**RESOLVED** that

- (i) Witnesses be thanked for their attendance and contribution, and flood wardens be thanked for their practical help during the 2019 floods;
- (ii) The service continues to use local member intelligence and inform local councillors of work in their area;
- (iii) The service investigates and informs members why flooding impacts upon Monk Bretton Priory's ability to apply for grant funding and what can be done to improve the situation;
- (iv) Enquiries be made as to why Bulling Dyke was only partially dredged and whether it would be possible to enlarge the culvert on Station Road;
- (v) Investigations be carried out to establish what can be done for Darfield and Low Valley for future protection (including gulley inspection and clearing) and feed back to the Committee;
- (vi) Relationships and ongoing communication methods with all partners be strengthened, to include the IDB, Yorkshire Water, Emergency Services and the Environment Agency to ensure seamless multi-agency working;
- (vii) Officers to liaise with the Internal Drainage Board to understand how the investment has been spent and to outline their future plans;
- (viii) Officers to contact Yorkshire Water about water which runs off from the fields near Lang Avenue and the effectiveness of the pump to remove excess water;
- (ix) The maintenance programme for gully cleaning should be interrogated to make sure it is effective and is reflective of the plan;
- (x) The online reporting system should be investigated to make sure it is always available and in working order, and



(xi) Officers identify and approach the owner of the land at Worsbrough with regard to flooding of cricket and football pitches.

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Chair

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<b>MEETING:</b>	Overview and Scrutiny Committee - Growing Barnsley Workstream
<b>DATE:</b>	Tuesday, 2 November 2021
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis OBE (Chair), Cain, K. Dyson, Fielding, Gollick, Green, Hand-Davis, Hayward, Lodge, Markham, Noble, Osborne, Pickering, Smith, Stowe, Sumner, Tattersall, Wraith MBE and Wray

### 28 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.

### 29 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Tattersall declared a non-pecuniary interest in Minute No. 31 as she is a Berneslai Homes Board Member.

Councillors Noble and Lodge also declared non-pecuniary interests in Minute No. 31 as they are Berneslai Homes Tenants. In addition, Councillor Lodge is employed by a social housing provider.

### 30 Minutes of the Previous Meeting

The minutes of the meeting held on 12<sup>th</sup> October (Sustainable Barnsley Workstream) were received.

### 31 Berneslai Homes Annual Report 2020-21

The following witnesses were welcomed to the meeting:

Amanda Garrard, Chief Executive, Berneslai Homes  
 Arturo Gulla, Executive Director of Property Services, Berneslai Homes  
 Dave Fullen, Executive Director of Customer & Estate Services, Berneslai Homes  
 Kathy McArdle, Service Director, Regeneration & Culture, Place Directorate, BMBC  
 Sarah Cartwright, Head of Strategic Housing, Sustainability & Climate Change, Place Directorate, BMBC  
 Cllr Tim Cheetham, Cabinet Spokesperson – Place – Regeneration & Culture, BMBC.

The Committee received a report of the Chief Executive, Berneslai Homes and the Executive Director Core Services, BMBC regarding the annual performance of Berneslai Homes for 2020-21 together with the Berneslai Homes Together with Tenants Annual Report, which provided a more detailed reflection on the

achievements and challenges faced during the year and which was developed with their Tenant Voice Panel, a group of nine tenants who meet to share their views on how the service is performing.

Kathy McArdle and Sarah Cartwright introduced this item. It was explained that a review of the Council's existing client and contract management arrangements in relation to the Berneslai Homes had been undertaken by ARUM. This was timely as social housing had changed dramatically over almost 20 years since the inception of ALMOs and also changes in legislation around Building and Fire Safety. Berneslai Homes' new contract expires in 2030, which is also an important year for the Council. The Review outlines what 'good' looks like through observation and analysis of current arrangements against best practice and tenant engagement, and puts forward a number of recommendations around Governance (including meeting arrangements and scrutiny), Performance, Plans and budget setting, the Assurance Framework and roles and responsibilities. These will be taken forward through a robust implementation plan. Amanda Garrard then gave an overview of the Annual Review 2020/21, which had been a year like no other for both staff and tenants alike. Areas for Improvement and future priorities were outlined.

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

Anti-Social Behaviour (ASB) is one of the hardest problems to deal with and has been identified as an area for improvement. Partnership working between Berneslai Homes, the safer Neighbourhood Teams (SNTs), Police, Probation and other agencies is crucial in tackling this issue, particularly when responsibility goes beyond Berneslai Homes and has to be escalated. It can be difficult to balance the needs of the individual and the community and can be particularly distressing when neighbours are vulnerable and/or older people. Decisions as to whether the perpetrator or the victim of ASB should move are not taken lightly, and involve social care, the Probation service, witness support, housing advice and homeless and others in order to achieve the best outcome for all. Cases are individually managed and work on behaviour change and addressing the root causes of the behaviour is undertaken rather than the ultimate sanction of people losing their home. Experience shows that tenants with problems will continue to live in Barnsley even when they are moved from their homes, which just means the problem is passed from one area in Barnsley to another. It was explained that over the last 12 months access to the Courts was suspended due to Covid restrictions so no evictions for ASB took place. Drug use by tenants does not necessarily lead to eviction. Figures from the previous year are available. There are very good working relationships and full cooperation in Barnsley with all agencies but in particular with South Yorkshire Police. The new Chief Superintendent invited Berneslai Homes to meet with him to strengthen this relationship and work towards the best solution to address ASB.

When a tenant moves into a Berneslai Homes property they are made aware of their rights and responsibilities under the tenancy agreement. Every new tenant is visited within 28 days. Where concerns are identified prior to the tenancy commencing and following a risk assessment they are allocated a Housing Coach to ensure they are adequately supported to enable them to commence and sustain their tenancy. The early signs of the impact of this service are positive. It was highlighted that sometimes perceived ASB is nothing more than lifestyle clashes, with young people living amongst elderly residents. It was explained that all properties have age

designations and under the choice-based lettings scheme, if an applicant qualifies for the property, they would be able to apply. This is also being examined as part of the lettings policy review.

Bank End in Worsbrough has been subject to high levels of ASB during the various lockdowns and the whole area has suffered as a result. It has not helped that a recent media article has stigmatised the area, referring to all residents as 'scum'. To combat the ASB pop-up Police stations have been developed with increased out of hours patrols. Berneslai Homes work closely with the Police around evidence, but some matters are the responsibility of the Police rather than the Landlord. Lamp post cameras have been erected but have not provided sufficient evidence. Injunctions have been used where appropriate. Close work with other agencies such as social care for those who need support has been developed. The situation is better than it was 12 months' ago but there are still areas for improvement. All concerned are committed to continue to work together and address these issues. There are no plans to increase the number of Housing Management Officers at the moment, although their role is being reviewed to evaluate if some of their tasks could be disseminated to others or if the current structure is still the most appropriate. The Safer Neighbourhood Service is also being reviewed in terms of staffing and structure to see if they could provide more 'out of hours' resources within the same budget envelope.

A Member was aware of the availability of funding for social housing through South Yorkshire Pensions. However, it was explained that in order to take advantage of this the Council would need to undertake more borrowing for larger scale social housing and also identify potential sites. Modular properties for vulnerable groups have been successful in other areas and are good in terms of sustainability and zero carbon, but the right sites and numbers of people have to be available, which is not the case in Barnsley. Doncaster has done some of work in this area but it is very expensive.

It was felt that with the various 'Masterplans' now coming through it is better to develop and grow housing stock linked to these sites using S106 agreements. The Council has conversations with developers when planning applications come through in order to get the best deal for Barnsley. It was explained that shared ownership schemes are not available within the HRA, but Berneslai Homes works closely with housing associations and other affordable housing providers to advertise their deals although it is not something they could deliver themselves.

Members were reassured that applications for Right to Buy on new social housing are covered by the cost floor, which means that nobody can purchase the property for 15 to 20 years. However, S106 properties can be a problem and a number of new build properties have been lost because of the discount. Last year around 100 properties were lost due to Right to Buy and this figure is expected to rise this year. Unfortunately, Right to Buy is subject to Government legislation so has to be adhered to. Tenants moving into bungalows with age designations (i.e. specifically for older people) are not covered by Right to Buy. Berneslai Homes is looking at designations of properties as part of the lettings policy review.

Satisfaction levels for Grounds Maintenance are an area for improvement, currently standing at 65%. Work is ongoing with Neighbourhood Services to see what can be

improved, looking at different options for some areas. This may include the development of wildflower meadows, mini forest work etc. with the aim of attracting wildlife, improving the general appearance and diversity of an area whilst enhancing the environment.

A Member was aware of tenants moving into properties which were of a very poor standard. Although Barnsley spends less on void properties than neighbouring Authorities, all properties let should be up to the minimum standard. In some instances, if an area will be subject to an upcoming programme -such as kitchen installations – a new tenant may have to wait for this type of work until the programme begins in the area.

A key priority for the period to April 2022 is to move away from gas heating to ground and air source heat pumps and retrofitting existing council homes. There is a need to ensure that the fabric of the property is right first before renewables are installed and lots of insulation work has been done already. Air source pumps are the favoured option as prices are coming down and systems are becoming more efficient. All Berneslai Homes new build properties will be built with air source heat pumps (with training for tenants), solar panels and battery packs. Help is available to help tenants to monitor energy efficiency, ensure they are on the right tariffs etc. £5m of grant funding for energy efficiency has been secured so far, which will be used primarily for private housing. However, there will be a huge shortfall in funding, which will need a creative solution, as is the case in the whole of the UK.

Another priority is to work with the Council to ensure communities have access to affordable broadband and can access services effectively. Lots of work has already been done within the community, supporting tenants with computers and giving them access to free Wi-Fi. Through ESF funding, 400 tenants will be supported into employment or training over the next 3 years. Barnsley is also on target for gigabit technology by 2030, working with Cityfibre and partners.

Funding bids have been submitted for the Darfield area as part of the South Yorkshire Flood Catchment Plan. This is managed by Matt Bell and is the responsibility of the Mayoral Combined Authority. Dan Jarvis has given assurances that Barnsley is a priority.

The report indicates that 7158 households are currently in rent arrears. This situation has multiple causes. Some will be due to a move to Universal Credit (and will need support in managing this transition) whilst other tenants may have been furloughed and have experienced a reduction in income. There has been a shift away from enforcement to a more understanding approach, with associated offers of help to prevent the situation escalating. £1.1m of additional benefit has been obtained over the last year through benefit maximisation and help has been offered for those in debt who are experiencing financial difficulties. Berneslai Homes funds a specialist Money Advice worker through Barnsley Citizens Advice Bureau and help is also available through Income Officer and Tenancy Support Officers. Housing Coaches are in place to identify new tenants at the beginning of their tenancy who may not have experience of managing a home, bank accounts etc. and will work with tenants to enable them to sustain their tenancies and manage their money successfully. The culture in Barnsley is predominantly that people want to pay their bills but have experienced financial difficulties and don't know what to do about it. It was reiterated

that the Courts have been closed for over a year so no evictions for arrears have taken place, although the aim is to keep eviction for rent arrears to a minimum.

The under-occupation charge (known informally as the 'bedroom tax') remains in place and is set down in benefit regulations. Discretion is always exercised for those people who may be classed as under occupying and face the bedroom tax but are looking at transferring to a more suitable property which they would not face the tax. Work with Benefits and Taxation is undertaken to try to help to alleviate the situation.

Members were aware of instances of contractor repairs carried out to poor standards of quality. It was explained that Berneslai Homes has its own workforce and aims to do most of the work itself. Quality checks are carried out on contractors and they are price checked. Members with a concern were advised to pass on any information about poor standards of work for further investigation.

There are currently 7482 people on the housing register, with 4800 in Band 4, the lowest priority. Those people in Band 1 are in, urgent housing need. Some of those in Band 4 are not actively bidding. All applicants are contacted at least once every 12 months to check they still want to be on the register. Between 125 and 150 new people join the register every week. Some may be on the list as a type of 'insurance policy'. A small number of properties are allocated on the basis of the length of time they have been waiting. This has been examined as part of the lettings policy review and will be going to Cabinet on 17<sup>th</sup> November.

**RESOLVED** that:

- (i) Witnesses be thanked for their attendance and contribution;
- (ii) Members note the report;
- (iii) Members be provided with eviction data for previous years
- (iv) The £20 charge for bins be looked at with Paul Castle and Neil Copley;
- (v) Information around flood bids for Darfield ward be provided;
- (vi) Contractor retention figures be provided;
- (vii) Members should continue to pass information about sub-standard works, voids and problem tenants on to Berneslai Homes for resolution;
- (viii) A workshop around ASB involving local councillors, Legal Services and partners be organised, and
- (ix) A copy of the Strategic Housing Needs Assessment should be made available to those Members who request a copy.

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Chair

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<b>MEETING:</b>	Overview and Scrutiny Committee - Healthy Barnsley Workstream
<b>DATE:</b>	Tuesday, 30 November 2021
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis OBE (Chair), Bowler, Cain, Fielding, Gollick, Hayward, Lodge, Newing, Noble, Osborne, Smith, Tattersall, Wilson, Wraith MBE and Wray together with co-opted member Ms. G Carter (attended virtually)

### 32 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.

### 33 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Ennis declared a non-pecuniary interest in Minute No. 36 as he is a non-Executive Director of Barnsley Health Federation. He vacated the Chair during discussion of this item. Councillor Newing also declared a non-pecuniary interest in Minute No, 36 as she is employed by the NHS.

### 34 Minutes of the Previous Meeting

The minutes of the meeting held on 2<sup>nd</sup> November 2021 (Growing Barnsley Workstream) were received.

### 35 Dental Services in Barnsley

The following witnesses were welcomed to the meeting:

Deborah Pattinson, Dental Commissioning Lead – Yorkshire & the Humber, NHS England and NHS Improvement  
Michael Speakman, Secretary, Barnsley Local Dental Committee  
Margaret Naylor, Chair of the Local Dental Network South Yorkshire and Bassetlaw

Deborah Pattinson introduced this item and provided the Overview & Scrutiny Committee (OSC) with an update from NHS England and NHS Improvement on dentistry, including dental provision in Barnsley; the impact of Covid 19; and the key challenges faced. A position statement was also provided by Healthwatch Barnsley to demonstrate what they are hearing from Barnsley residents, the work they have done and the next steps they plan to take to help improve dentistry services for residents across the borough.

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

The Chief Dental Officer instructed all dentists to close at the start of the Covid-19 pandemic in March 2020 whilst at the same time establishing an emergency urgent dental care network, with a view to practices reopening in June. Practices have been delivering a much reduced dental service because of the measures which had to be put in place to keep staff and patients safe, with urgent care prioritised. This has led to a growing backlog of non-urgent work. Nationally there is also a contract restriction in place, managed locally and regionally. All finances are allocated within the dental contract in perpetuity and include orthodontics and community surgery. Flexible commissioning has been paused during the pandemic and a different type of contracting approach may be needed.

The tremendous difficulties facing dentistry at the moment were highlighted, including the increased need for PPE; the impact of social distancing requirements and stringent infection control measures which mean that following a dental procedure with a drill the surgery has to be left fallow for a significant period of time, which in turn limits the capacity of the dentist to do other routine and non-urgent work, including orthodontics referrals and oral surgery. However, it was reiterated that all patients in pain and/or vulnerable are seen as a priority and many of Barnsley's dentists have stepped up and volunteered to become urgent dental practices. There have also been difficulties in finding dentists and nurses to work in Barnsley, which will remain as a challenge when things return to normal.

Barnsley has no stand-alone urgent dental care centre but patients can access urgent dental care via a call centre and will be offered emergency dental care close to their address - although it seems that in practice patients are usually asked to travel to Sheffield. Each practice should act as an urgent dental care centre and should see patients regardless of their home address. Barnsley dentists have all worked extremely hard to continue to provide services. A separate 'hub' would require staffing with additional dentists and this would be difficult to do, given local and national recruitment difficulties. It is unclear why this is, although dentists from abroad have been lost due to Brexit (particularly from Spain and Portugal) and it will be a problem for the next 5/10 years. Training numbers remain fairly stable. It is a very long process to recruit dentists from overseas.

It is not possible to give a geographical breakdown of the areas of highest demand for urgent dental care as each dental practice records Units of Dental Activity (UDAs) delivered, not the geographical location of patients, although it may be possible to obtain this information through calls to the 111 service.

According to Healthwatch Barnsley, over 70% of calls received by them were in respect of patients being unable to access routine dental appointments. It was explained that routine active care appointments within 1-2 months. However, this does not include check-ups and this may mean that more dental work will be required in the future. This can't be helped, as urgent care must be prioritised.

It is not possible to determine how many dentists Barnsley needs, as practices keep their own staff records and some will be fully NHS and/or part private. Practices are currently putting in place new infection control measures in order to recommence

routine work, with a 65% activity target. Private dental practices are subject to the same decontamination procedures and must provide their own PPE. Where practices are able to they are already offering regular appointments and many Members had personal experience of receiving dental care during the pandemic and spoke very positively of the services received. Dental contracts are measured by Units of Dental Activity (UDAs), not how many full or part time staff are employed or the size of population they serve.

A member reported that there are 55 registered NHS dental practices in Barnsley. Some of these will provide services in other areas outside of Barnsley. GP contracts are based on population numbers and patient lists, but dental contracts work to a different delivery model and don't cater for 100% of the population. This model of contracting started in 2006, with no end date, and does not take account of population growth or the need for additional dentists in the area over time.

Remote working (as in primary care) for dentists is problematic as patients have to be physically present. As yet there is no technology available to assist with remote triaging. Ventilation systems have been installed in some practices, with tools which don't require aerosols - this will help to avoid cross contamination.

Elderly patients in care homes are usually brought into the surgery, although some dentists who have a contract to deliver services in care homes will visit the homes in full PPE if needed. However, many homes don't want people going in at the moment.

**RESOLVED** that:

- (i) Witnesses be thanked for their attendance and contribution;
- (ii) Thanks be expressed to the dental practices in Barnsley who have strived to deliver services throughout the pandemic; and
- (iii) Through local MPs, the delivery model for dental contracts should be reviewed nationally through Parliament, to look at both contract perpetuity and also financial provision for areas affected by population growth
- (iv) The possibility of Barnsley having a 111 walk-in UDC service should be investigated.

**36 Barnsley Urgent & Emergency Care (UEC) Delivery Board Strategic Winter Plan 2021/22**

The following witnesses were welcomed to the meeting, some of whom attended and contributed virtually:

Wendy Lowder, Executive Director Adult & Communities, BMBC

Julie Chapman, Service Director Adult Social Care & Health, Adults & Communities, BMBC

Andrew Osborn, Interim Service Director Commissioning & Integration, Adults & Communities, BMBC

Carrie Abbott, Service Director Public Health & Regulation, BMBC

James Barker, Chief Executive Officer, Barnsley Healthcare Federation  
Bob Kirton, Chief of Delivery and Deputy CEO, Barnsley Hospital NHS Foundation Trust  
Gill Stansfield, Deputy District Director and Clinical Transformation Lead, Barnsley General Community, South West Yorkshire Partnership Foundation Trust  
Jamie Wike, Chief Operating Officer, Barnsley Clinical Commissioning Group  
Councillor Jenny Platts, Cabinet Spokesperson Adult & Communities, BMBC  
Harry Truelove, Yorkshire Ambulance Service.

Councillor Jenny Platts introduced this item, highlighting that winter itself is not an emergency but part of essential future planning, with local plans providing resilience to enable us to manage pressures. The Winter Plan for 2021/22 has had input from all health and care partners in Barnsley, with lessons learned from 2020/21.

Jamie Wike reiterated that the purpose of the winter plan is not to duplicate or replace any of the existing plans, but a plan to manage the additional pressures of winter. There are 4 key pressure points, linked to the pandemic, which have placed additional pressure on an already stretched health and care system:

1. Covid pressures remain very high
2. Non-covid health problems are move severe
3. The workforce is depleted by sickness and recruitment challenges, and
4. This pressure is across the whole of the health and care sector.

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

There has been a reduction in covid case rates but these remain high. Hospitalisations are lower than the peak but are still very high. Death rates are 32 times greater in unvaccinated people. High vaccination rates equate to low infection rates and this will be crucial as we move through the winter plan. Non covid-related mental and physical health levels are close to pre pandemic levels. Workforce pressures (staff absences, recruitment etc) are severe across every part of the health and care sector. All of winter will be complicated and pressurised, but lessons have been learned and risks and challenges identified. 4 areas - preventing/minimising urgent care demand, access to urgent/same day care and treatment, treatment (in-patient care) and flow, discharge and out of hospital support.

The Winter Plan is monitored and assessed daily through health and care partner SitRep phone calls to consider presenting challenges, with a senior level system wide call several times a week. The Urgent and Emergency Care Board and Integrated Care Partnership are also involved in monitoring the plan. The flexibility and agility of services to respond is more challenging as the pace of response is often based on service capacity, staffing levels etc. Conversation take place every week and this has been successfully managed over the last few winters. The focus is on patient safety and escalation frameworks are in place, with trigger points across each organisation. The plan is followed every day, 7 days a week. Organisations across the whole sector work well together, flexing and adapting to peaks and troughs and other pressures.

Members felt that often people attend the Accident and Emergency Department when this is not necessary and that this should be discouraged. Strong navigation at the 'front door' and clear communication messages are in place but unfortunately some will choose to attend A&E rather than another setting, particularly if they have experienced difficulties accessing GP services. Many patients are frustrated at not being able to access services and the messages about waiting times, the importance of uptake of vaccination and the need for people to be sensible and do the right thing should be strengthened.

Yorkshire Ambulance Services (YAS) are experiencing unprecedented demand on Emergency Category 1 and 2 calls, but a reduction in Category 4, which seems to indicate that people are ringing the services they need. Response times are below optimum levels, which is due to demand and prioritising Category 1 and 2 cases. People are encouraged to call 101, which was created to reduce pressure on the 999 system. Recruitment of paramedics is challenging and more are needed. Pathways and career progression is being explored to address this, alongside creative ways of working around triage. Ambulance services in Barnsley are under more pressure than South Yorkshire neighbours but are nonetheless performing well. More information around performance will be provided.

GP services have been experiencing many pressures and challenges and work is underway to improve GP telephone systems but this will take some time and still requires staffing. It has helped that Barnsley now has just one Primary Care network, enabling GPs to work closely together. One improvement during the pandemic has been the aligning of Physiotherapists to individual GP practices.

Very few people experience delayed discharge from hospital due to strong discharge processes. However, the nature of the care market in Barnsley needs to change, working to 'home first' principles with good quality home based care. There is a gap in the market for residential care provision for those with dementia and mental health needs, which is being explored and developed. The Overview and Scrutiny Committee task and finish group are looking into early diagnosis of dementia alongside a network of organisations. Review findings will be reported back through Scrutiny. The Third Sector Dementia Alliance will also be holding a Member briefing on dementia.

Members were reassured that although some hospital departments - such as oral surgery - have experienced difficulties, patients are risk assessed and get the care they need. Elective care beds are protected throughout the winter to help with sustained recovery. The 2-week Cancer target is being achieved, although there is some pressure on the 62 day target. There is no evidence to suggest that people are deterred from seeking treatment and communication messages are clear that if people need to use services they should come forward.

Workforce issues are a universal challenge across the whole health and care community, with some organisations more affected than others. Recruitment to care is very difficult and it is impossible to recruit to some posts. The sector needs to work together to raise the profile of some posts/careers and also to address issues such as the implementation of the Living Wage and the development of a Health and Care Academy. Receiving the Pride of Barnsley award, the Covid-19 memorial and the Freedom of the Borough award go a long way to helping to recognise the valuable

work done across the health and care sector, which is much appreciated. We have to all work together and look after each other.

**RESOLVED** that

- (i) Witnesses be thanked for their attendance and contribution;
- (ii) Thanks be expressed to all health and social care workers for their hard work and commitment to Barnsley,
- (iii) Town centre provision to support individuals under the influence of excess alcohol be explored in order to reduce demands on A & E;
- (iv) A more rigorous approach be explored around communicating information relating to primary care options, e.g. Pharmacy First, NHS111 and iHeart to reduce unnecessary demand on A & E; and
- (v) Yorkshire Ambulance Service to provide the Committee with performance data in relation to response times.

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Chair

<b>MEETING:</b>	Overview and Scrutiny Committee - Full Committee
<b>DATE:</b>	Tuesday, 11 January 2022
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	The Civic, Barnsley - The Civic

## MINUTES

### Present

Councillors Bowler, Bowser, Cain, Clarke, Coates, Fielding, Green, Hayward, Kitching, Lodge, Lowe-Fllo, Markham, McCarthy, Mitchell, Noble, Osborne, Smith, Stowe, Sumner, Tattersall, Wilson, Wraith MBE and Wray together with co-opted member Ms. G Carter

### 37 Apologies for Absence - Parent Governor Representatives

Due to the absence of Councillor Ennis, Councillor Noble was proposed as Chair for the meeting.

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

### 38 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Tattersall declared a non-pecuniary interest in Minute Nos. 40, 41 and 43 due to her role as Cabinet Support Member for Children's Services, membership of Barnsley Schools Alliance, Corporate Parenting Panel and her role as school governor. Councillors Bowser, Lodge and Wilson also declared non pecuniary interests in the same Minute Nos. above due to their roles as school governors

Gemma Carter (Parent Governor Representative) declared an interest in Minute Nos 40, 41 and 43 due to her role as Director of alternative provision.

### 39 Minutes of the Previous Meeting

The minutes of the following meetings: Full Committee – 7 September 2021; Sustainable Barnsley Workstream – 12 October 2021 and Growing Barnsley Workstream – 2 November 2021 were deferred to the next full meeting of the Committee.

The minutes of the Healthy Barnsley Workstream meeting held on 30<sup>th</sup> November were approved as a true and accurate record.

### 40 Provisional Education Outcomes Across the Borough 2020/21

The following witnesses were welcomed to the meeting:

Mel John-Ross, Executive Director Children's Services, BMBC  
Jane Allen, Service Manager for Education Welfare, Children's Services Directorate, BMBC  
Helen Collins, Business Improvement and Intelligence Advisor, Core Services Directorate, BMBC  
Liz Gibson, Virtual Headteacher, Looked After Children and Vulnerable Groups, Children's Services Directorate, BMBC  
Nina Sleight, Service Director, Education, Early Start & Prevention, Children's Services Directorate, BMBC  
Neil Wilkinson, Projects and Contracts Manager, Place Directorate, BMBC  
Anna Turner, Interim Head of Education and Partnerships, Children's Services Directorate, BMBC  
Yiannis Koursis (CEO and Principal of Barnsley College)  
Lee McClure, Headteacher at Springvale Primary School and Joint Chair of Barnsley Alliance  
Ken Merry, Vice Principal for Quality, Barnsley College  
Councillor Trevor Cave, Cabinet Spokesperson for Children's Services, BMBC

The Overview & Scrutiny Committee were provided with a report detailing the provisional education outcomes for children and young people in the borough for Key Stage (KS)4 and Key Stage (KS)5. It was explained that due to the impact of Covid, all GCSE and A level examinations were cancelled, and outcomes for all students nationally were awarded based on teacher assessed grades. Results are therefore not directly comparable to results from 2020 and 2019. Teacher assessed grades considered a range of evidence, including practice exams and coursework, whereas in 2020 GCSE students were awarded centre assessed grades based on what their teachers expected them to achieve in exams. 2019 was the last year that students achieved results based upon the examinations they sat.

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

T levels are being offered as an alternative to A levels as a pilot in 2020/21 in Barnsley. Students can access gold standard qualifications highly regarded by employers, which will add value to the workplace, introduce higher level skills to the area and mean that more students will be accessing university degrees in subjects they have already studied at T level 3, such as engineering. Entry requirements for T levels are currently 5 x GCSEs at grade 4 and above plus an assessment. In the future there may be options for awarding T levels at 4/5. The overall aim is to find entry placements with employers for all T level students. This can be challenging but can be overcome by working creatively and collaboratively with partners.

The % of young people who are NEET (Not in Education, Employment or Training) was 5.1% in January, February and March. This compares favourably to regional figures (6.3%) and national (5.5%). Numbers are kept low due to collaborative working between the Local Authority and partners such as Barnsley College. The TIAG team supports every single young person who is NEET and provides targeted intervention. Current year data was taken during the time when the country went into lockdown, which hindered work as staff were not able to visit young people at home. 99.8% of young people are offered some form of education and training, a figure which has been consistent over a number of years.



The top skills required by employers are: working in teams, work readiness, communication, collaboration, readiness to learn and having aspirations. Through the Barnsley Alliance these skills are built into the curriculum, with close collaboration between all phases of education, from primary through to College. By starting in primary school with 'apprentice' type initiatives and experiences, this provides a fantastic opportunity for secondary education to work with.

Numbers of children Electively Home Educated (EHE) has risen by 35% during the pandemic, which is a concern as children may be missing out on social interaction and engagement and there may be safeguarding concerns. School attendance orders to enforce a return to school are required if education is not deemed efficient and suitable however in most cases these are not required as either the education improves or children return to school. A EHE advisor visits families, and if education is deemed to be unsuitable families are supported and the advisor will work alongside them. 84 former EHE children have returned to school in the last academic year without the need for a legal order. Families are visited at the point of notification and support is offered in partnership with the schools involved. A parental guide and a guide for young people is available setting out what EHE means and what resources and support is available. There is a suite of resources which parents are directed to, but it is parental choice. Health services remain in place for those with health needs and/or safeguarding plan. In the case of children with an EHCP or disability, the EHE advisor will support families in the annual review meeting and works alongside other professionals. EHE is overseen by the safeguarding partnership as it is a concern, particularly with the most vulnerable. Safeguarding relies on partnership working and information sharing. Children not in the school system are identified through health and the voice of the child is always captured. A review is currently underway, looking at how the young people are supported and if increased capacity is needed.

Reasons for EHE as a choice vary. It may be for philosophical reasons; due to health concerns since the pandemic or dissatisfaction with school. Lots of work takes place between the school and the family to find a way back. Children will be returned to their original school but if this is not appropriate the Local Authority would work with parents and the Barnsley Schools Alliance. Families do not always fully understand their responsibilities with regard to education whilst some children have thrived in the home environment during the pandemic.

The EHE advisor gets to know the families well and works with them to understand the reasons for their choices. Where there are no concerns families are fully supported and signposted to various community groups. The EHE advisor has recently been nominated (by a parent) for a national award.

During the first lockdown, disadvantaged and vulnerable pupils became a priority. A tracking system was introduced, working alongside Education Welfare, to ensure pupil safety, with a result that more vulnerable children were seen in school in Barnsley than elsewhere. The breadth of the curriculum is on offer to these children, including staying fit and healthy, citizenship and PHSE. The Barnsley Alliance shares assessment and prediction data in clusters. Pupils re assessed by schools and support targeted where appropriate.

Throughout the pandemic schools have been supporting each other, sharing best practice and working creatively to ensure pupils are in the best position to mitigate effects of the disruption. Most children are enthusiastic to be back in school. There will be a mental health impact but work is ongoing with emotional wellbeing projects developed in partnership with the CCG to minimise this. Collaborative work with youth services takes place and schools are supported to access digital resources which have been developed. There is a collective focus on all children but particularly the most vulnerable. A full CPD and leadership programme is in place for staff. Children are supported through educational psychology and trauma informed practice. The Literacy Launchpad closes the gap in primary schools for disadvantaged children, alongside SALT programmes so that children catch up as soon as possible. Results for Looked After Children continue to improve year on year and every child is tracked closely. Children are taught in smaller groups in school, which has led to increased progress for some, particularly in phonics and reading skills. Adolescents have found the return to school based learning challenging, but are helped to readjust and integrate, with a personalised service for every child.

Disadvantaged children are identified in a number of ways: through Pupil Premium, those accessing social care support and those with an EHCP. Pupil Premium is triggered by receipt of free school meals - parent have to self-identify and apply. It was felt that schools should promote Pupil Premium as it helps both children and schools. Looked After Children (and previously Looked After) and Forces children are automatically identified. Pupil Premium for Looked After Children is specifically for that child, whereas for other children it is given to the school for them to support the whole cohort, not just the individual child. It can help with a myriad of things and when used effectively will close the gap between disadvantaged and non-disadvantaged children. The introduction of universal free school meals removed the incentive for parents to register for Pupil Premium. Once a child receives this, it stays with them throughout their education and can help a school enormously.

A Post 16 Education Advocate works closely with TIAG to ensure that each looked after young person is supported individually, targeting specific interventions for those who are struggling and broader than focussing on education. There is a clear gender and attainment gap, with girls outperforming boys on a number of indicators. This has been a trend for some time and has not been helped by Covid. Specific strategies in Early Years, Primary and Secondary are needed, with early intervention and tracking essential. A key line of enquiry is looking at remote learning. Schools are able to track remote learning and who is engaged with it, inviting those who are not able to access remote learning are invited to stay in school.. Staff absence during Covid has had an impact and this is a national issue. Data will be available by the end of January and where concerns are identified Barnsley Alliance will intervene. Girls outperform boys in subjects such as engineering, but the data is skewed by student numbers.

Mental Health support for staff is available along with a wellbeing network for peer to peer support. The Local Authority is keen to ensure support is in place for employees. CPD is available through webinars. Barnsley Alliance meets weekly with cluster leads and representatives from their area.

It was felt that there is a consistency of approach across the Borough. Low numbers of appeals indicate strong communication with fair and accurate judgements. Internal monitoring and support takes place within schools and with peer challenge. Monitoring and assessment activities are built into schools' calendars. Assessment processes will recommence within the primary sector shortly.

**RESOLVED** that:

- (i) Witnesses be thanked for their attendance and contribution;
- (ii) Data relating to the number of NEET young people who have received interventions (and how many have been positively impacted) will be provided to the Committee, and
- (iii) For those families entitled to free school meals, schools should be advised to look at ways to increase the number that take them up.

**41 Children's Social Care Performance Cover Report October 2021 (Redacted)**

Members were invited to consider a cover report relating to Children's Social Care Performance. The redacted report was provided for information only.

**RESOLVED** that the report be noted

**42 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.

**43 Children's Social Care Performance Cover Report October 2021 (Redacted)**

Members were invited to consider a cover report relating to:

7a – Children's Social Care Performance Cover Report October 2021

7b – Children's Social Care Performance Report October 2021

7c – Understanding Children's Social Care Performance Public Document Pack

7d – Outcomes of the Annual Ofsted Conversation Between the Director of Children's Services and Ofsted

Mel John-Ross introduced the report, explaining that the service was last subject to a full OFSTED inspection in October 2018 and received a judgement of 'good'. A letter from Ofsted has now been received, following the most recent, annual engaged meeting with Ofsted. Items discussed within the letter included Ofsted inspection activity, care leavers in unsuitable accommodation,

school attendance (including persistent absence and exclusion) for Looked After Children, sector led improvement, social worker recruitment and retention, wellbeing and caseloads. The next inspection activity could be either a focused visit, a JTAI or a short inspection. Additional Family Support Workers (assigned to Social Workers) have been recruited whilst we recruit to the new and additional Social Worker posts. Barnsley is recognised as an 'Employer of Choice' for Social Workers.

**RESOLVED** that:

- (i) The performance report be noted;
- (ii) Members be provided with a breakdown of children not in suitable accommodation, and
- (iii) Members be provided with national and regional comparator data for caseloads.

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Chair

<b>MEETING:</b>	Overview and Scrutiny Committee - Sustainable Barnsley Workstream
<b>DATE:</b>	Tuesday, 8 February 2022
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis OBE (Chair), Bowler, Cain, K. Dyson, Fielding, Frost, Gollick, Green, Hayward, Lodge, Lowe-Fiello, Markham, Mitchell, Noble, Osborne, Richardson, Risebury, Tattersall, Wilson and Wraith MBE.

#### 44 Apologies for Absence - Parent Governor Representatives

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

#### 45 Declarations of Pecuniary and Non-Pecuniary Interest

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

#### 46 Minutes of the Previous Meeting

The minutes of the meeting held on 11<sup>th</sup> January 2022 were received.

#### 47 Violent Crime in Barnsley

The following witnesses were welcomed to the meeting:

Paul Brannan, Head of Safer Barnsley, Bernaslai Homes  
 Phil Hollingsworth, Service Director Safer Stronger Healthier Communities, BMBC  
 James Aaby, Detective Chief Superintendent, South Yorkshire Police  
 Paul Ferguson, Superintendent, South Yorkshire Police  
 Ian Bailey, Violence Reduction Unit Partnership Manager, South Yorkshire Police  
 Rosemary Clewer, Senior Commissioning Manager, BMBC (VIRTUAL)  
 Wendy Lowder, Executive Director Adults and Communities, BMBC (VIRTUAL)  
 Cllr Jenny Platts, Cabinet Spokesperson Adults and Communities, BMBC

Cllr Platts introduced the report, providing the Overview & Scrutiny Committee (OSC) with an update on the work of the Community Safety Partnership and South Yorkshire Violence Reduction Unit in Barnsley towards tackling violent crime and its impact on the communities of Barnsley. The report outlined the current performance against priorities and the governance arrangements in place. Cllr Platts reiterated that Barnsley is generally a safe place to be and everything is being done to ensure this continues.

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

Operation Sceptre is a nationwide week of intensive action which focuses on raising awareness of knife crime and police activity to tackle the issue. This took place in Barnsley and across South Yorkshire in December 2021, with targeted activity and operations to disrupt criminal activity and knife crime whilst raising awareness of knife crime and the devastating effects it can have on families and the wider community. Although there is heightened activity for Operation Sceptre, this works continues throughout the year every day, with dedicated teams that look to disrupt this activity, to educate and stop knife crime in our communities. Drug taking and anti-social behaviour were the targets as officers from South Yorkshire Police took to the streets of Barnsley town centre for a proactive operation in September 2021. Operation Sidewinder saw the Barnsley Central Neighbourhood Policing Team out and about, a drugs dog. The operation saw numerous officers providing a high-visibility presence in the town centre and the sniffer dog hard at work locating people with drugs in their possession. Operation Sentinel took place last Saturday (and every month) and saw officers mingling discretely amongst the general public in the Town Centre, looking out for vulnerable people and potential offending behaviour.

It was acknowledged that although there has been a stabbing in Monk Bretton recently, knife crime is relatively low. Nonetheless, trends and patterns are monitored and targeted pieces of work take place when necessary. There has been a rise in knife crime across South Yorkshire but Barnsley is not experiencing this at the moment. Support and advice is in place across schools to reduce levels of threat and there are a number of programmes aimed at 11-16 year olds aimed at deterring young people from crime. Street Smart in Locke Parke is a good example of how this type of approach is successfully reaching young people in Barnsley. This type of work starts in primary schools with PCSOs, linked in to Headteachers and pastoral staff, and increases as children get older, with a targetted approach where necessary and appropriate. Some of the programmes are led by armed officers who talk to teenagers about the perils of weapons, drugs etc., in consultation with teaching staff. There is on average around 20 to 25 knife incidents per month (over the last three months), but this should be kept in context as there is a balance between reactive and proactive work – if more proactive searches take place, more knives and weapons will be found but this does not necessarily equate to an increase in crime. For example, a frequent scenario is a builder who turns up for work with a knife and is stopped by Police as part of a stop and search operation. 'Stop and search' is a contentious issue with polarised views. During the 4 months between October and January, 784 searches took place, with action taken in 1 in 5.

Members were aware of serious anti-social behaviour incidents which had taken place in their wards and which seem to be ignored by Police despite there being video evidence of the incidents. This leads to frustration and deters residents from reporting it. It was acknowledged that video evidence is particularly valuable and reporting should always be followed up. Similar experiences were reported when using the 111 service. It is essential that public confidence in reporting crime improves. Problems experienced in Bank End, Worsborough, are finally coming to a resolution after 3 years. Police have used a structured methodological approach to resolving this situation – understanding what is driving the problem, working with

different agencies over a sustained period using a problem solving approach. Benefits take time to bear fruit and communication with residents is key.

It was acknowledged that poverty and deprivation drive many crimes, which is why the Area Team approach was introduced four years ago. Community Wardens were introduced to reinforce the feedback link back into communities, to foster engagement and build relationships in the community between BMBC, the Police, Elected Members and communities and has been working well. Communication is always a challenge as lots of information is received and it is essential that it is followed up and fed back at the right time. Various means of communication are used, including social media community alerts and newsletters.

Operations are not confined to the town centre. In November more than 130 officers came together with partners and took part in Operation Duxford across the whole of Barnsley to pro-actively tackle criminality and engage with the local community. As part of the operation 12 arrests were made for offences ranging from drugs and possession of a firearm to burglary and theft and harassment and racially aggravated assault; 27 stop and searches were carried out; 8 vehicles were seized under Operation Takeaway, knives and other dangerous weapons were taken off the district's streets; 25 hotspot visits took place, support was offered at 3 pop up police stations and 65 members of the public were signed up to the Smart Water property protection scheme. The Safer Streets Home Office initiative brought in £500k to spend on extra CCTV in the Dearne to target burglary and this has had a positive impact on other crime. Grant funding will be made available to local authorities to look at combatting violence against women and girls, looking at engagement and education. Problems around fear of attack at Locke Park were identified and BMBC are investing in better lighting to combat fear of crime. A coordinator has been appointed to combat the rise in fear and mistrust of the Police from young women, taking elements from the national strategy and plan to develop Barnsley's own plan. This is an area of focus going forward and tangible measures will be put in place to turn around mindsets and perceptions so that women and girls feel safe and supported.

Drug production and increased drug use and drug related violence, particularly amongst young people, has been linked to organised crime locally, regionally, nationally and globally, and poses a significant threat to communities. Significant work is taking place across the Borough to target organised criminals, along with a national process for understanding and mapping organised crime. It is known that organised crime groups come into the UK from different global communities, but the problem is no worse in Barnsley than elsewhere.

Barnsley has recently seen 42 positive disruptions of organised crime groups - some at a relatively low level and some of a more serious nature. Drug production activities have been dismantled and continue to be monitored. 34 cannabis cultivations ('farms') were detected within the last year, with £1m of drug production disrupted and £0.5m of cash proceeds obtained. South Yorkshire Police have been working very closely with the Home Office around serious organised crime tactics, which is given priority as it is seen as presenting a risk of significant harm to society.

It was felt by a Member that cannabis and synthetic drugs such as 'spice' are increasingly seen as part of a 'normal' night out, which is a cause for concern.

However, this has to be tempered against an exploration of what is 'problem' drug use and the reasons why people take drugs, which could be to drown out previous unresolved life experiences. Project ADDER is a national initiative which combines targeted law enforcement against criminal gangs with improved treatment and recovery services. Although Barnsley is not one of the pilot sites, learning from the initiatives will be taken on board. Levels of drug treatment and support offered are monitored quarterly and compared to other areas through the Safer Barnsley Partnership Board.

The Police work closely with Berneslai Homes around eviction of problem tenants for problem drug use and crime. This course of action removes the risk of harm from that area and broadcasts the wider message that crime doesn't work. This is a continuous war and is intelligence led, with responsibility placed on everyone within the community, from members of the public, staff, reporting through Crimestoppers and local Councillors. It was explained that anybody evicted from a property is entitled to housing support and advice so the Local Authority would be aware of their location, although evidence suggests that people tend to stay within the same community as they have been removed from. It is a matter of getting the balance right. The level of action taken has to be proportionate, must demonstrate that everything has been done to try to resolve the situation and to identify the impact on the surrounding community. Partial closure orders are often used rather than eviction. It is important that children and young people know the potential implications of their behaviour and that their parents may be evicted, which can be a sufficient deterrent. A dedicated officer works with private landlords to make sure they are aware of their responsibilities around drugs and allowing criminal activity in their properties. Criminal cases are brought to court regardless of tenure, but responsibility for penalties lies within the judicial system.

It was reported that the night time economy in the town centre effectively 'died' during the pandemic but when public houses etc., opened back up there was an increased incentive to tackle crime together using a multi-pronged approach, which included working with door staff, identifying potential domestic abuse situations and drug use, combatting under-age drinking, provision of plastic glasses and use of CCTV to make the town centre a safer place to be. 15 crime 'hotspots' were identified across South Yorkshire and only one was in Barnsley Town Centre. Barnsley town centre has successfully achieved the Purple Flag award for the third consecutive year. Lots of new venues are opening within the Town Centre but assurances were given that there are enough resources to police this effectively. Every weekend uniformed officers from the police and other services are on patrol and are using tracking devices and other technology to ensure this is effective. Designing out crime was part of the town centre planning, which includes anti-terrorism features.

Members have themselves been subject to physical attacks and verbal abuse. Barnsley launched its No Place For Hate campaign in July 2021, which aims to stamp out online abuse in the hope that it can make social media a more friendly place and to eradicate hate speech from social media platforms. Hate crime includes verbal abuse, which can quickly escalate to violence. Hate crimes are scrutinised through the neighbourhood policing teams when reported and proactive work in schools takes place to encourage reporting. Regular meetings with the Iman take place at the Mosque, which has been subject to attacks in the past. A new Communications Manager is looking at ways of addressing hate crime and violent



crime (including domestic abuse) using social media and other means. Members of the LGBT+ community and minority groups must be encouraged and empowered to report hate crime. Cruelty towards animals will always be thoroughly investigated and perpetrators prosecuted.

Members were encouraged to be the 'eyes and ears' within their communities and to encourage residents to be vigilant and always report suspicions to the police, as this can help to combat crime and make everyone feel safe.

**RESOLVED** that

- (i) Witnesses be thanked for their attendance and contribution and for their hard work within the communities of Barnsley;
- (ii) Performance information around knife crimes and levels of drug treatment and support should be provided to the Committee; and
- (iii) Elected Members should continue to encourage communities to report suspicious activity.

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Chair

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<b>MEETING:</b>	Overview and Scrutiny Committee - Growing Barnsley Workstream
<b>DATE:</b>	Tuesday, 8 March 2022
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

**Present** Councillors Ennis OBE (Chair), Bowler, Cain, Fielding, Green, Hayward, Lodge, Markham, McCarthy, Osborne, Risebury, Sumner and Tattersall.

### 48 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.

### 49 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Lodge declared a non-pecuniary interest in Minute No. 51 as his partner is employed by BMBC.

Councillor Sumner declared a non-pecuniary interest in Minute No. 51 as her brother is employed by BMBC.

Councillor Risebury declared a non-pecuniary interest in Minute No. 51 as she is a Trade Union employee and member.

### 50 Minutes of the Previous Meeting

The minutes of the Sustainable Barnsley Workstream meeting held on 8<sup>th</sup> February were received.

### 51 A Sustainable Workplace and a Healthy Workforce

The following witnesses were welcomed to the meeting:

Phil Quinn, Head of Service HR & Organisation Development, Core Services, BMBC  
 Janet Glover, HR Advisor - Employee Wellbeing, Core Services, BMBC  
 Ben Potts, Project Manager (Workstyle), Core Services, BMBC  
 Michael Potter, Service Director Business Improvement, HR & Communications, Core Services BMBC  
 Cllr Alan Gardiner, Cabinet Spokesperson Core Services, BMBC (attended virtually)

Michael Potter introduced the report, informing the Overview and Scrutiny Committee of the initiatives developed to support the emotional and physical wellbeing of employees, particularly during the pandemic. Key findings from the Feb 2020 (pre-

pandemic), May 2020 and October 2020 staff surveys were shared and Members were updated with regard to the actions implemented as a result of the surveys.

Members were informed how employee wellbeing was addressed during the pandemic and how different ways of working will help to sustain the organisation and drive it towards 2030, as well as helping to support our workforce in the process. An update on the progress the organisation is making in the return to the workplace was presented, which will involve working to a new hybrid model which will encourage green and active travel.

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

The gender pay gap identified within the staff surveys will be picked up in a series of action plans related to the People Strategy. The 2021 report showed positive progress in this regard, but will continue to be monitored at all levels within the organisation. Career progression routes for females with caring responsibilities are being monitored to ensure that any barriers are removed. Barnsley's aim is to make BMBC an employer of choice by offering flexibility, apprenticeships and coaching and mentoring opportunities alongside consideration of a development programme specifically for women in social care as it is acknowledged that the barriers females in work face are different to those faced by men.

Under the 'Barnsley is Our Office' initiative it has been agreed that from 4th April employees will work from a Barnsley location three days per week (with some exceptions). A myriad of different working patterns are being considered alongside a requirement for flexible office working space. Staff wellbeing will be monitored throughout the implementation and a range of metrics are currently being drawn up to monitor sickness absence, productivity, retention and recruitment. This will be monitored continuously and fully evaluated after six months. Staff reaction to the proposals has been mixed. Misconceptions and concerns will be addressed in individual teams.

BMBC has teamed up with Health Assured to deliver an employee assistance programme to support staff health and wellbeing. The scheme costs c£5,000 annually. Usage is slow at the moment, but it is fairly new scheme and will be further promoted. Regular usage statistics are provided. Support from the scheme is also available to the wider family of the employee. The breadth of support offered includes legal and financial support and guidance and help with addiction and relationship issues.

There have been a number of positives arising out of the pandemic. One of these is digital progression. For example, the use of Microsoft Teams in children's social care has led to increased productivity and quicker decision making in a more business-like manner. Every service now has a business continuity plan in place. Public perception of the Council appears to have improved due to the support that the Council has given during the pandemic. Partnership working is more effective, particularly with health partners such as SWYFT and Barnsley Hospital. The pandemic shone a light on the value of staff working from home and demonstrated that an agile hybrid working model works for the organisation and for individuals, particularly for those with caring responsibilities. Awareness of, and support for, staff

mental health and wellbeing has improved because of the pandemic, breaking down barriers for all.

There was a degree of staff anxiety within the organisation before the pandemic, as highlighted in the staff survey. This was due to a combination of factors, including: the challenges facing the organisation in terms of workload, budget cuts etc, the level of uncertainty in the jobs market, the ongoing impact of the austerity measures and the rising profile of mental health and anxiety problems. It is important that managers recognise mental health difficulties in their staff and support them to get the help and support they need in order to create a positive and inclusive culture. Targeted support for teams and individuals is available and there is an occupational health and counselling service with individual risk assessments for staff returning to work.

Work is being done across the organisation to ensure women are not disadvantaged due to issues such as caring responsibilities, maternity leave etc., with a range of options available including part time and flexible working. Lone workers are identified and individually risk assessed. Staff (of either gender) appear to be reluctant to report violence and aggression and this needs to improve. Car parking arrangements at Westgate are being reviewed so that staff do not have to walk long distances late at night. Childcare vouchers are available and the availability of creche facilities for staff, possibly with a discount, will be explored as the cost of childcare can sometimes be prohibitive.

Levels of work related stress are difficult to determine as there are multiple reasons for stress, only some of which may be work related. Workloads can cause stress for staff. Managers are provided with a pro forma checklist for regular one to one meetings and are advised to check on staff health and wellbeing on a regular basis, as a priority. There is a health and safety 'tool kit' and when work related stress is identified the Occupational Health service is involved and will make clear recommendations following assessments. If it is a team issue, specific tailored interventions will be put in place based on circumstances, including work with managers. Data and intelligence is gathered and triangulated and if patterns emerge involving a large amount of staff in a particular area, work is done to try to understand and address any issues. Core flexi hours were abandoned during pandemic, giving greater flexibility. This now needs to be monitored. The Trade Unions had highlighted that home energy costs are increasing and a working from home allowance has been included within the pay claim. Indeed, some staff have chosen to now work from the office 5 days per week and this is being constantly reviewed. The reward and recognition scheme for 100% attendance is being reviewed as it could lead to unintended consequences where staff come to work whilst ill and it also presents a disparity with hybrid working.

**RESOLVED** that:

- (i) Witnesses be thanked for their attendance and contribution;
- (ii) Members note the report;
- (iii) Consideration be given to extending the availability of childcare facilities for staff (to include an exploration of creche provision);
- (iv) Refresher training for managers to be offered to help with spotting the signs and having conversations with staff who may be suffering from poor mental health

- (v) Support services available be actively promoted, particularly the app and helpline, to increase uptake and subsequent support;
- (vi) All policies reflect duty of care requirements, regardless of where employees are working, particularly as the council is working towards 'Barnsley is our Office';
- (vii) Core flexible working hours be reinstated now that the organisation is in the 'recovery' phase after Covid, and
- (viii) The reward and recognition scheme for sickness absence be reviewed.

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Chair

<b>MEETING:</b>	Overview and Scrutiny Committee - Healthy Barnsley Workstream
<b>DATE:</b>	Tuesday, 22 March 2022
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

**Present** Councillors Ennis OBE (Chair), Hayward, Lodge, Markham, Mitchell, Newing, Osborne, Risebury, Tattersall, Wilson and Wray together with co-opted member Mrs G Carter (Parent Governor representative)

**In virtual attendance** Mrs G Carter (Parent Governor Representative)

### 52 Apologies for Absence - Parent Governor Representatives

Mrs G Carter was in attendance and, therefore, no apologies for absence were received in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

### 53 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Newing declared a pecuniary interest in Minute No 55 'Children and Young People's Mental Health Services (CYPMHS) Provision in Barnsley' in view of her employment with the Children and Adolescent Mental Health Service (CAMHS).

Councillor Risebury declared a non-pecuniary interest in Minute No 55 'Children and Young People's Mental Health Services (CYPMHS) Provision in Barnsley' as a member of the Corporate Parenting Panel.

Councillor Tattersall declared a non-pecuniary interest in 55 'Children and Young People's Mental Health Services (CYPMHS) Provision in Barnsley' and Minute No 56 'Special Educational Needs and/or Disability (SEND) Provision in Barnsley' in view of her membership of the Corporate Parenting Panel and School Alliance. In addition, as she was a Cabinet Support Member for Children's Services she was attending the meeting in an observer capacity only and would not be asking any questions.

Councillor Wilson declared a non-pecuniary interest in 55 'Children and Young People's Mental Health Services (CYPMHS) Provision in Barnsley' in view of his membership of the Corporate Parenting Panel.

### 54 Minutes of the Previous Meeting

The minutes of the meeting Growing Barnsley Workstream held on the 8<sup>th</sup> March, 2022 were received.

It was noted that the declaration by Councillor Sumner as detailed within Minute No 49 should be amended by the deletion of the word 'husband' and the replacement of the word 'brother'.

## 55 Children & Young People's Mental Health Services (CYPMHS) Provision in Barnsley

The following witnesses were welcomed to the meeting:

Laura McClure, Service manager Barnsley CAMHS, SWYPFT  
Dr Ovidiu Sandica, consultant Child and Adolescent Psychiatrist and Medical Clinical Lead for Barnsley and Wakefield CAMHS, SWYPFT  
Patrick Otway, Head of Commissioning (Mental Health, Children's and Maternity), Barnsley CCG  
Laura Nixon, Children and Young People's Emotional health and Wellbeing Transformational lead, joint appointment for BMBC Public Health and Barnsley CCG  
Jan Smith, Interim Operations Manager, Compass  
Jamie Wike, Chief Operating officer, Barnsley CCG

In attendance virtually:

Lesley Pollard, Managing Director, Chilpep

The Committee received a report that provided the background to Children and Young Peoples Mental Health Services (CYPMHS) in Barnsley and appendices to that included:

- a report provided by Barnsley CCG and South-West Yorkshire NHS Partnership Foundation Trust on the key activities of each service in detail including waiting lists for CAMHS as well as the plans and challenges for the future;
- a report provided by Barnsley CCG and SWYPFT summarising the information on the activities undertaken to improve and transform the provision of CYPMHS in Barnsley; and
- a report provided by the Children and Young People's Emotional Health and Wellbeing Transformation Lead which included updates on the progress of the recommendations made by the Children and Young People Emotional Health and Wellbeing Task and Finish Group in accordance with the Groups recommendations.

A brief introduction was then given by Patrick Otway and Jan Smith who outlined the key activities, plans and challenges facing Mental Health Service provision in Barnsley. Particular reference was made to the significant growth in demand for services, the principles underpinning the delivery of services, the impact of Covid on service provision and demand, workforce development and investment and challenge for the future. Reference was also made to the strong ethos within Barnsley of partnership working and collaboration which would continue for the benefit of children within the borough.

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

- there was a discussion of issues associated with eating disorders which had an impact both on physical and mental health. These challenges were



acknowledged, and it was noted that a specific eating disorder team had just been formed and appropriate appointments had been made. It was acknowledged that currently service provision was not equitably spread thorough Barnsley schools and work was progressing to try to address these inequalities. It was noted, however, that the Service was working hard to ensure that all staff had the appropriate knowledge and skills to address issues raised

- Reference was made to the establishment and launch of a new Single Point of Contact for all referrals into CAMHS/COMPASS Mental Health Support Teams. Information was provided as to how this service would operate and the benefits to be gained which included the removal of duplicate referrals and a reduction in the feeling of being 'bounced' around the system. It was noted that the major issues identified via this approach were in relation to eating disorders and emotional health and wellbeing
- Information was provided about the lessons learned as a result of the Covid Pandemic. In this context reference was made to the development of hybrid models involving the use of digital technology. Services would continue to monitor and evaluate the impact and any appropriate changes made. It was important, however, to ensure that no one was disadvantaged because of lack of access to digital solutions and also that confidentiality was maintained at all times. Face to Face contact would still be maintained where appropriate or for more complex cases
- Arising out of the above, it was noted that one of the primary issues arising out of the Covid Pandemic was the increase in the number of eating disorders evidenced. Barnsley currently had the highest number of cases within the Yorkshire and Humber region in relation to self-harm and work was being undertaken to support young people and their families. In addition, it was noted that Lauren Nixon was working with Compass to develop appropriate training packages. In view of the high number of cases, work had been undertaken with both Rotherham, Sheffield and Doncaster to examine if there was anything they were doing differently, however, no significant differences had been identified. It was hoped that ongoing work with schools would bring about a significant reduction in the number of cases
- In response to detailed questioning, reference was made to the arrangements in place to ensure transition from Children and Young Peoples Mental Health Services have at aged 18+. Work was undertaken with the Adult Mental Health Service and transition clinics were organised to ensure that needs were assessed and to ensure that the correct services were in place. It was acknowledged, however, that improvements could always be made and to this end, work was progressing to ensure that a more cohesive model was in place to ensure that there was a smooth transition beyond the age of 18
- Arising out of the above, reference was made to the signposting that would take place to ensure that upon transition, individuals were able to access appropriate benefits. It was noted that clinicians would do all they could to assist by providing a summary of services provided to individuals as well as completing forms if required. They would also provide supporting evidence in the event of assessments being required. In addition, it was reported that Services used the same system database which assisted in smooth transition of information. Reference was also made to the support that could be offered by DIAL

- There was a discussion of the way in which ‘therapy’ was provided. It was noted that CAMHS adopted a fluid approach but if evidence suggested it would be successful, a group approach would be adopted but this was not the default position
- Information was provided about the mechanisms in place for reviewing the effectiveness of services together with details of the most recent review. Overall, the review had been positive with responses from children and their parents saying that their needs were met with a compassionate approach. Comments had been made about the waiting times to be seen by CAMHS but once involved with the process most clients had an excellent experience. In relation to future developments, CAMHS was looking to develop reporting mechanisms with other partners and to identify how to share practice so that all practitioners could see the child’s ‘journey through the system’ as this would ensure consistency of approach.
- Information was provided about the steps being taken to improve waiting times. It was stressed that ‘whole system’ support arrangements should ensure that only those who required the support of CAMHS were actually seen by that service as this would ensure that individuals were referred to the appropriate agency/service for support
- Reference was made to the increase in demand for bereavement services which had significant from last summer. Work had been undertaken with the CCG and other partners to recruit to two posts who would be in place until July 2022. A review would then be undertaken to determine future arrangements going forward
- Arising out of the above, information was provided about the skills of staff within the bereavement services team and of the arrangements in place to ensure their professional support and supervision
- Information was provided about the current position with regard to the introduction of the whole system approach which would commence in Early Years/Nursery Units. Staff were being trained to, amongst other things, spot and support wellbeing issues at an early stage as it was hoped that this would prevent the development of further mental health needs at a later date. It was important to ensure that specialist intervention and support was provided as and when it was needed. Arising out of this discussion, reference was also made to the counselling arrangements that were in place
- In response to specific questioning, reference was made to the relationships between individual Services/Providers and the CCG. Particular reference was made to the establishment of various steering groups, which were to meet to review arrangements and timescales and to examine how the CCG could provide better support. Information was also provided about the financial arrangements, to the requirement to submit business cases to support various initiatives and to the arrangements in place to ensure that things were working as efficiently and effectively as possible. It was also reported that the ADHC Group was looking at how partnerships were being managed and how additional support could be provided. The CCG was very supportive of the whole system approach
- Information was provided about current staffing levels particularly in the light of the Covid pandemic. Whilst some staff had left, this had not been an unprecedented change and was in line with what would normally be expected. Staff wellbeing was particularly key and arrangements appeared to be working well as evidenced by staff surveys and appraisals. There were currently a

number of vacancies and whilst there were no issues with recruitment, Services were always looking to make the working arrangements more attractive in order to improve retention rates. From the clinical side, Dr Sandica stated that he had kept the same number of staff for the last five years and he had not lost a single medic

- It was felt that there would be little impact on provision following forthcoming changes in relationships with the CCG. Patrick Otway stated that he would still retain his role as Head of Commissioning and there would still be colleagues offering support, so he saw the arrangements going from strength to strength. Jamie Wike felt that the new arrangements would provide many opportunities for continuing partnership working. Whilst there would be some areas for further development, he still saw services continuing to work closely to meet the needs of the population albeit working arrangements may be slightly different.

**RESOLVED:**

- (i) That witnesses be thanked for their attendance and contribution; and
- (ii) That the report and appendices thereto be noted.

**56 Special Education Needs &/or Disability (SEND) Provision in Barnsley**

The following witnesses were welcomed to the meeting:

Nina Sleight, Service Director Education, Early Start and Prevention  
Anna Turner, Schools Governance and Alliance Board Manager  
Neil Wilkinson, Projects and Contracts manager  
Kwai Mo, Head of Service Mental Health and Disability  
Lee McClure, Headteacher Springvale Primary School and joint Chair of Barnsley School Alliance  
Patrick Otway, Head of Commissioning (Mental Health, Childrens' and maternity, Barnsley CCG)  
Jamie Wike, Chief Operating Officer, Barnsley CCG  
Rebecca Appleyard, Team Member Disabled Children's Team  
Councillor Trevor Cave, Cabinet Spokesperson Childrens' Services

In attendance virtually:

Amber Burton, SEND Service and Strategy Manager

Nina Sleight thanked the Committee for the invitation to attend this meeting. She introduced the report which provided an update on support and provision for children and young people with special educational needs and/or disabilities (SEWND) aged 0-25 in the local area. She pointed out that whilst the Local Authority had a key and curial role in the development of the local area SEND system, the local area included the Clinical Commissioning Group, Public Health, NHS England for specialist Services, Early Years settings, schools and further education providers. Partnership working including with children, young people and parents/carers was, therefore, crucial.

The report then summarised the outcome in relation to the recent local area SEND inspection in September 2021 which resulted in the requirement to produce and submit a written statement of action. The report also informed the Committee of the Council's improvements so far and those still to be undertaken. It was pointed out that arrangements were now in place to bring about those improvements and to drive them forward.

An appendix to the report provided the main findings, strengths and areas for development as identified by Ofsted and the Care Quality Commission during the inspection.

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

- The reasons for the apparent discrepancy in the number of pupils registered with an EHCP were outlined. This was largely because some pupils were in colleges or were in out of district provision. It was accepted that this information should be clearly outlined within any future reports
- An explanation was provided of the reasons for the apparent high number of EHCPs in some schools, this was largely because of the particular needs of the children concerned and also because of the importance of keeping children within their original setting wherever possible. It was also pointed out that some schools, Hoyland Springwood for example, had specialist provision which would lead to a higher proportion of children with an EHCP.
- The numbers of SEND pupils and those with EHCP by gender was largely a reflection of the national statistical breakdown. It was acknowledged, however, that early identification of specific needs was key so that appropriate and targeted support could be provided
- Work was progressing in relation to the development of the local offer and website and also to raise awareness of this both with families and across services. Information was provided about the consultations that had taken place and the work that had been ongoing for a number of months. Information was also provided about the associated IT systems behind it. Following the first three months, feedback was to be collected which would feed into the second phase of development of the offer. It was suggested that the involvement of the Area Teams would be invaluable in spreading information about the services available
- Amber Burton commented specifically on the importance of ensuring that needs were met appropriately be that by the provision of an EHCP or by other SEND support. Arising out of this, reference was made to the way in which needs could be reviewed either by annual review or early review processes. It was stressed that the majority of children were in the correct setting to have their needs met which was usually within a mainstream school. If issues were raised or highlighted it was important to look at early intervention to ensure that all needs were addressed
- There was a discussion about exclusions of pupils with SEND. It was important to try to ensure that the number of exclusions was reduced. There was a need to recognise where things were not working or relationships were breaking down so that interventions could be put in place and exclusions avoided. Work was ongoing with the School Alliance on this. Lee McClure gave his perspective of this work being undertaken and on the importance

that behaviour and other policies within schools were appropriate. It was important to ensure that differing strategies and arrangements were in place to address an individual child's needs. It was equally important to learn from other practitioners so that good practice could be shared and differentiated arrangements put in place

- Arising out of the above, there was a detailed discussion about exclusions and particularly their use when the root cause may be an unmet demand. Reference was made to the way in which the use of exclusion could be reduced and of the ways in which issues of concern could be escalated either via the Council's internal mechanisms, through Governing Bodies, Trust Boards, the Regional Schools Commissioner or via Ofsted. If such issues arose in Barnsley dialogue on SEND issues would continue in parallel to any escalation processes
- It was important that schools continued to develop inclusive provision and the Local Authority was keen to enable and promote this approach through workforce development and training, through investment in SENDCO's and CPD. Ensuring that schools were in the best possible position to be able to seek support and build skills was crucial as this would ensure that staff were more confident and that practice was good across all areas
- There was a discussion of Governance arrangements and membership of Academies and Academy Trusts. Particularly reference was made to the reduction in the number of Councillors elected on to such Governing Bodies. Information on this could be provided.
- It was acknowledged that the educational landscape was continually changing. The Authority currently worked with 15 Trusts and reference was made to the work of the Barnsley Schools Alliance which provided a mechanism for support and challenge. It was important to realise that all Academies within the Borough participated in the Alliance where there was a shared desire and vision to ensure that Barnsley pupils achieved their potential
- The peer challenge and support approach could not be underestimated, and in this respect, reference was made to the work of the various Alliance Subgroups which were tasked with examining targeted topics.
- Arising out of the above discussion, reference was made to the wider work of the Alliance and to the work of the Council's School Evaluation officers in developing strategies and assisting schools in being more critical and challenging of their policies and practices
- Amber Burton stated that the Authority had a clear understanding of the performance of all schools. It was aware that there were a high number of pupils with EHCP's and where there were issues with attendance and absence. These issues were monitored all the time and this allowed individual schools to be targeted for extra support where it was felt there were issues or challenges. Schools were also willing to work with the Authority to address such issues in a collaborative partnership to make positive changes
- There was a discussion of some school policies, and particularly those in relation to behaviour, being discriminatory against some pupils. This was particularly unhelpful for some SEND pupils and it was agreed that such practices should be discouraged. In this respect it was important to recognise that there was some really good work being undertaken within schools which should be disseminated throughout the borough as examples of good practice with, at the same time, poor practice being identified and addressed

- Reference was made to the need for schools to be encouraged to facilitate after school (and school holiday) activities and clubs and for such facilities to be made available for wider community use (particularly the secondary phase facilities). It was suggested that such facilities could be developed into community hubs and centres and that pupils with SEND should be encouraged to participate as appropriate. Various suggestions were made as to possible future activities/uses including the use of IT, careers advice events and local businesses giving advice to pupils on how to apply for jobs. Amber Burton stated that such issues had been picked up as part of the inspection and the local area partnership was currently undertaking a piece of work to try to address this.
- In response to specific questioning, Amber Burton stated that there was currently no backlog in the EHCP Annual Review Programme. This was largely because of the Council investment into the EHCP Team and better day to day management of the processes
- Information was provided about the support provided for SENDCO's and the comprehensive CDP offer that was available. This was available either virtually or in school and had continued throughout the Covid pandemic. It was available for everyone in school and to health and social care colleagues as well

**RESOLVED:**

- (iii) That witnesses be thanked for their attendance and contribution; and
- (iv) That the report be noted.

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Chair

## Development of Integrated Care in Barnsley – Cover Report

### 1.0 Introduction and Background

1.1 The purpose of the attached report (Item 4b) is to update the Overview & Scrutiny Committee on the work done by the Barnsley Place-Based Partnership in relation to the development of integrated care in Barnsley, the impact of Covid 19 on partnership arrangements, and their response to the introduction of recent Government White Papers and the Health and Care Bill which is now in the final stages of its journey through Parliament.

### 2.0 Background

2.1 Since 2016, NHS organisations and local councils have been working together as part of Integrated Care Systems (ICSs) to plan and deliver joined up services to improve the health of people who live and work in the area. They exist to achieve four aims:-

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience, and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

2.2 In February 2021, the Government set out proposals in the “Integration & Innovation: Working Together to Improve Health & Social Care for All” White Paper to further integrate and improve health and social care at neighbourhood, place and system level. These are defined as:-

Level	Size	Example
System	More than 1 million people	South Yorkshire
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

2.3 In April 2021 the Overview & Scrutiny Committee were presented with a report by the Barnsley Place-Based Partnership to outline the work being done to strengthen the partnership and the revised priorities for the second half of 2021/22.

2.4 The Barnsley Place-based Partnership currently has the following members:-

- Barnsley Community Voluntary Services
- Barnsley Healthcare Federation
- Barnsley Hospice
- Barnsley Hospital NHS Foundation Trust (BHNFT)
- Barnsley Metropolitan Borough Council
- Healthwatch Barnsley
- NHS Barnsley Clinical Commissioning Group (CCG)
- South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

### **3.0 Current Position**

3.1 The Health and Social Care Bill which follows the White Paper published in February 2021 is now completing its journey through Parliament and the NHS is working with sector partners to put in place the new arrangements described by the Bill from 1 July 2022.

3.2 This year, the Government has also published two additional white papers that reinforce the direction of travel towards integrated person-centred care that have implications for the journey forward for the Barnsley Place-Based Partnership. These are:-

- People at the Heart of Care: adult social care reform
- Health & Social Care Integration: Joining up care for people, places and populations

3.3 The attached report (Item 4b) provides an update on the development of integrated care in Barnsley and the progress made by the partnership against the backdrop of COVID, including their achievements for 2021/22 and future plans and challenges which include:-

- Refreshing the Health & Care Plan for 2022/23
- Developing a five-year strategy by April 2023
- The appointment of an Executive Place Director for Barnsley
- Managing the impact of COVID 19 on the workforce and monitoring staff turnover
- The recovery of planned care
- Alleviating pressures in urgent and emergency care
- Responding to the increased demand for mental health services

### **4.0 Invited Witnesses**

4.1 The following witnesses who are responsible for the development of integrated care in Barnsley have been invited to today's meeting to answer questions from the OSC:

- Dr Richard Jenkins, Chief Executive, Barnsley Hospital NHS Foundation Trust
- Wendy Lowder, Executive Director Adults & Communities, BMBC
- Julia Burrows, Executive Director Public Health, BMBC
- Julie Chapman, Service Director Adult Social Care & Health, BMBC
- Andrew Osborn, Interim Service Director Commissioning & Integration, BMBC
- Adrian England, Chair, Healthwatch
- Dr Mehrban Ghani, Chair, Accountable Clinical Director, Barnsley Primary Care Network, and GP Partner at the White Rose Medical Practice
- Jeremy Budd, Director of Strategic Commissioning and Partnerships, Barnsley Clinical Commissioning Group
- James Barker, Chief Executive, Barnsley Healthcare Federation
- Gill Stansfield, Deputy District Director and Clinical Transformation Lead, Barnsley General Community, South West Yorkshire Partnerships NHS Foundation Trust



- Cllr Platts, Cabinet Spokesperson, Adults and Communities, Barnsley Metropolitan Borough Council
- Cllr Andrews, Cabinet Spokesperson, Public Health, Barnsley Metropolitan Borough Council
- Jamie Wike, Chief Operating Officer, Barnsley Clinical Commissioning Group

## **5.0 Possible Areas for Investigation**

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

- What do you expect the place-based partnership to look like in 12 months-time and what changes will residents see?
- What does success look like, and how will you measure it?
- Which areas of care are causing the greatest concern at the present time? What are the implications of not addressing these concerns?
- What are the barriers to integrating health and social care further? How can these be removed?
- How will the partnership be held to account?
- Can you give an example of how the patients voice has been used to shape service delivery over the last year?
- What practical steps are you taking to recruit and retain staff?
- How have operational pressures impacted the partnerships implementation of priorities?
- What is the impact of the achievements made for last year?
- When do you expect to have completed the actions that have been rolled over from last year?
- When do you expect to return to zero out of area placements for mental health patients?
- Does the partnership have the resources needed to implement service improvements?
- How do you plan to communicate service changes and improvements to local residents in a clear and accessible way?
- When do you expect to see an improvement in A&E waiting times and ambulance hand-over performance?
- When will you know if the measures put in place to improve access to GP services are being effective?
- What can elected members do to support the work of the Partnership?

## 6.0 Background Papers and Links

Item 4b (attached) Development of Integrated Care in Barnsley

HM Government: Health and Care Bill

<https://bills.parliament.uk/bills/3022>

Department of Health & Social Care Policy Paper: Integration and 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>

HM Government: Policy paper People at the Heart of Care: adult social care reform

<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform>

HM Government: Policy paper Health and social care integration: joining up care for people, places and populations

<https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

The Development of Integrated Care Report to OSC 27<sup>th</sup> April 2021

<https://barnsleymbcintranet.moderngov.co.uk/documents/s78594/Item%20%20-%20The%20Development%20of%20Integrated%20Care%20in%20Barnsley%20210427%20FINAL.pdf>

## 7.0 Glossary

A&G	Advice & Guidance
BHF	Barnsley Healthcare Federation
BHNFT	Barnsley Hospital NHS Foundation Trust
BMBC	Barnsley Metropolitan Borough Council
CAMHS	Child & Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CYP	Children & Young People
ERF	Elective Recovery Fund
HIAG	Health Informatics Assurance Group
ICB	Integrated Care Board
ICDG	Integrated Care Delivery Group
ICP	Integrated Care Partnership
ICPG	Integrated Care Partnership Group
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
LTC	Long Term Care
LTP	NHS Long Term Plan
MHST	Mental Health Support Teams
NHS	National Health Service
nMAB	Neutralising monoclonal antibody

OSC	Overview & Scrutiny Committee
PCN	Primary Care Network
PIFU	Patient initiated follow-up
PMO	Programme Management Office
RAS	Referral Assessment Services
SDEC	Same day emergency care
SDG	Strategic Digital Group
SEG	Strategic Estates Group
SDP	System Development Plan
SMI	Severe Mental Illness
STP	Sustainability and Transformation Partnership
SWYPFT	South West Yorkshire Partnerships NHS Foundation Trust
VCSE	Voluntary, Community and Social Enterprise Sector

## 8.0 Officer Contact

Jane Murphy, Scrutiny Officer, [Scrutiny@barnsley.gov.uk](mailto:Scrutiny@barnsley.gov.uk)  
 12 April 2022

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## Development of Integrated Care in Barnsley

### 1.0 Introduction

- 1.1 At the last time of attending the Overview and Scrutiny Panel in April 2021, the Barnsley Place-based Partnership and wider system partners were considering the implication of the White Paper “Integration and Innovation: Working Together to Improve Health and Social Care for All”. The Health and Care Bill that followed the white paper is now completing its journey through Parliament and the NHS is working with sector partners to put in place the new arrangements described by the Bill from 1 July 2022.
- 1.2 This year the Government has also published two additional white papers that reinforce the direction of travel towards integrated person-centred care that have implications for the journey forward for the Barnsley Place-Based Partnership. These are:
- People at the Heart of Care: adult social care reform
  - Health and social care integration: joining up care for people, places, and populations
- 1.3 As one of the first Integrated Care Systems, South Yorkshire is well placed to make the best of the opportunities that these changes present but there are still many unknowns.
- 1.4 As one of four place partnerships within South Yorkshire, Barnsley Place-Based Partnership will continue to be the engine room for change, prioritising action on improving health and health outcomes, tackling health inequalities, and delivering value for money.
- 1.5 From 1st April 2022 the district of Bassetlaw will align with the Nottingham and Nottinghamshire Integrated Care System (ICS), moving it from the South Yorkshire and Bassetlaw ICS.

### 2.0 Background

- 2.1 Integrated care is care that is planned with people who work together to understand the service user and their carer(s), puts them in control and coordinates and delivers services to achieve the best outcomes.
- 2.2 Closer working 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.
- 2.3 Since 2016, NHS organisations and local councils have been working together as part of Integrated Care Systems (ICSs) to plan and deliver joined up services and to improve the health of people who live and work in their area. They exist to achieve four aims:
- Improve outcomes in population health and healthcare
  - Tackle inequalities in outcomes, experience, and access
  - Enhance productivity and value for money
  - Help the NHS support broader social and economic development.
- 2.4 The vision for the Integrated Care System in South Yorkshire is “For everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well, for longer”
- 2.5 Following several years of locally led development and based on the recommendations of NHS England and NHS Improvement, the government set out plans to put ICSs on a statutory footing.
- 2.6 The new arrangements include the South Yorkshire Integrated Care Board (ICB) which will be a statutory NHS body and must be operational from 1 July 2022.

- 2.7 By September 2022 a South Yorkshire Integrated Care Partnership (ICP) will be established. The main role of the ICP will be to develop a strategy that addresses wider health, public health, and social care needs of the system. The ICB and local authorities will have to have regard to that strategy when making decisions.
- 2.8 Place-Based Partnerships, where there will be one person accountable for the delivery of a shared plan and outcomes at place level, are expected to be in place by April 2023.
- 2.9 Finally, the Healthcare Bill will enable provider collaboratives to form. Guidance around provider collaboratives is flexible. It is envisaged that collaboratives will focus on programme delivery and explore common approaches to service transformation and delivery, for example diagnosis and quality improvement. In South Yorkshire there are four provider collaboratives that are forming –
- Primary Care
  - Children and Young People
  - Mental health, learning disabilities and autism
  - Acute Care
- 2.10 The changes will mean further strengthening the partnership arrangements in Barnsley, 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.
- 2.11 Current members of the Barnsley Place-Based Partnership are as follows: –
- Barnsley Community Voluntary Services
  - Barnsley Healthcare Federation
  - Barnsley Hospice
  - Barnsley Hospital NHS Foundation Trust (BHNFT)
  - Barnsley Metropolitan Borough Council
  - Healthwatch Barnsley
  - NHS Barnsley Clinical Commissioning Group (CCG)
  - South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

### **3.0 Current Position**

#### Barnsley Health and Care Plan 2021/22

- 3.1 The priorities of the Barnsley Place-Based Partnership health and care plan for 2021/22 were: –
- Look after our people, including their mental health and wellbeing
  - Deliver the COVID vaccination programme
  - Accelerate recovery of planned care services for physical and mental health and transform delivery
  - Increase uptake of early help for children and young families
  - Joining up care and support in thriving communities
  - Responsive and accessible care in crisis
  - Strengthen our partnership
  - Make mental health everybody's business
- 3.2 Our achievements in these areas in 2021/22 include: -
- We have worked across the South Yorkshire and Bassetlaw ICS to increase access to employee assistance programmes, including making a universal offer available to NHS organisations including primary care, the independent adult social care sector and community and voluntary sector
  - We have delivered the COVID vaccination and booster programmes achieving a level of higher level of uptake than regional and national across age and at-risk groups

- We have embedded the use of referral assessment service (RAS) and advice and guidance (A&G) for primary care. We have met the target for rolling out Patient Initiated Follow Up (PIFU) across major specialties.
- We have established Mental Health Support Teams (MHST) in schools across Barnsley and launched CYP Mental Health Contact Point bringing together MHST and Children and Adolescent Mental Health Services (CAMHS)) and we are ahead of the national target for maternity continuity of care.
- We have continued with mobilisation of integrated neighbourhood teams, increasing urgent community response activity and established community urgent responders for falls.
- We have used the Barnsley vulnerabilities index to target support to those most in need because of the pandemic and through a difficult winter
- We have set-up same day emergency care (SDEC) for medicine and surgery at Barnsley Hospital and re-established GP streaming in the Accident and Emergency Department
- We have produced an all-age mental health strategy to underpin delivery across our partnership increasing provision of early support
- We have delivered improvements to the adult social care front-door, run a successful pilot of community reablement pathways and supported the sector to recruit into care roles.
- We have created a Place Agreement signed off by Barnsley Integrated Care Partnership Group and the sovereign boards of member organisations.
- We have appointed a programme manager to support our shared ambitions to exploit opportunities presented by digital technologies and continued work on shared care records
- We have completed a six-facet review of the primary care estate
- We have delivered Project Echo Essentials of Care training to more than 500 workers across health and care
- We have established a partnership PMO with monthly PMO meetings, highlight reporting and programme reporting to ICDG and ICPG alongside a dashboard of indicators.

### Operational pressures

- 3.3 In December 2021 the NHS returned to a level 4 incident following the emergence of a new Covid variant and increased community prevalence. BHNFT saw a rise in the number of patients testing positive for Covid in the week before Xmas. This coincided with a significant rise in staff absence for Covid reasons.
- 3.4 The winter plan development and execution across the system has been successful, working to manage COVID and seasonal changes in demand safely. BHNFT responded quickly to introduce services such as virtual ward and nMAB (Neutralising Monoclonal Antibodies) delivery to reduce the need for hospitalisation for patients with COVID.
- 3.5 However, these pressures did impact on delivery in some areas of the health and care plan 2021/22 and priorities carry forward in 2022/23.

### Tackling Health Inequalities

- 3.6 Improving health intelligence continues to be a feature of partnership work in Barnsley. Work to target support to those who are most vulnerable and increase access to COVID vaccinations in communities that have seen relatively low rates of uptake has identified people and households with significant needs that were not being met previously.
- 3.7 Through a workshop with Executive Director leads for Health Inequalities from across the partnership, partners have devised a three-tier framework to embed action on health inequalities across partner organisations and programmes and linking to Barnsley 2030 ambitions. Barnsley Place-Based Partnership established a Health Inequalities Action Group (HIAG) with representatives from secondary care, local authority, community health, mental health, and primary care.
- 3.8 HIAG is helping organisations including Barnsley Hospital, SWYPFT, Barnsley PCN and Adult Social Care to use the framework to create action plans on health inequalities and align ambitions across partners. HIAG is working with the Health Intelligence Cell in Barnsley to improve data quality and reporting of health inequalities through routine reporting and provide bespoke intelligence products that support decision making.

- 3.9 This year NHS England and Improvement has developed the Core20PLUS5 approach to reducing health inequalities that asks systems to prioritise people from the 20% IMD most deprived communities (“Core20”), locally determined target groups (“plus”) and five clinical areas. The Core20PLUS5 initiative is welcome and will inform part of our work locally and across South Yorkshire. These five clinical priorities are all areas that are being progressed in Barnsley using local insights on our population.
- Serious mental illness (SMI) – the aim of the Place-Based Partnership is to increase in uptake of physical health checks and improved physical health outcomes as a result. Work is underway to gather intelligence and insights, completing a health needs assessment, engaging with people with lived experience of SMI through the recovery college and exploring opportunities presented by new technologies.
  - Hypertension case finding – In 2021/22 Barnsley PCN began case finding for hypertension and a community pharmacy scheme for blood pressure testing was commenced. In 2022/23 through the Heart Health Alliance, partners will begin a programme of targeting blood pressures checks in community settings, beginning in our most deprived neighbourhoods.
  - Continuity of care in maternity - BHNFT is ahead of the national target for continuity of care and has recently completed a piece of engagement work to understand the experience of women from Black and Minority Ethnic communities.
  - Chronic respiratory disease - COVID vaccine efforts continue with a particular focus on community pop-up clinics that target people from more deprived communities where uptake has been lower than other communities in Barnsley. Flu vaccine uptake rates this year are higher than national over the majority of target groups
  - Early cancer diagnosis - The Barnsley Cancer Steering Group is leading work on behavioural insights/nudge theory with GP practices. This includes promoting screening through community groups such as the community shop in the Dearne. Barnsley PCN is supporting screening programmes to improve uptake.

### Primary Care

- 3.10 Throughout the pandemic General Practice has continued to be open and available to patients across Barnsley. Demand for appointments is growing. In the three months from November 21 to January 22 there were 372,271 appointments in general practice compared to 352,355 in the same period before the pandemic. This represents a five percent increase overall. During this period practices were also supporting the COVID vaccination efforts.
- 3.11 Practices in Barnsley are being supported through training and IT to ensure that patients who require an appointment or support are booked into an appropriate appointment with the appropriate service/clinician first time to reduce potential duplication and create capacity. Same day or next day appointments are not always required or preferred, and recovery of long-term conditions management is a priority alongside urgent need.
- 3.12 Winter Access Funding has been utilised to support additional clinical and admin capacity across to enable recovery, increase extended hours appointments, improve telephony and intelligent call handing (cloud based and hosted systems) and additional clinical space.
- 3.13 The PCN is working with partners to maximise the use of Additional Roles Reimbursable Scheme to recruit to new roles and increase access including –
- Care Coordinators embedded in every practice – supporting recovery of Long-Term Care (LTC) management and supporting patients to access the right services in a timely manner
  - Personalised Care Team (Social Prescribing and Health & Wellbeing Coaches) providing an alternative to GP nurse appointment where appropriate and reducing high intensity users
  - Physicians Associates and Trainee Nurse associates embedded into practices to provide additional capacity



- First contact physios in place providing additional appointments for Musculoskeletal issues – plans include exploring opening access for other services to refer directly including ED
  - Clinical Pharmacists and Pharmacy Technicians working as part of practice teams – medicines reviews etc
  - Mental Health Practitioners in place and working as part of community mental health services
- 3.14 The Primary Care COVID clinic will be retained into 2022/23 (not counted in GP appointment data) to provide same day appointments for patients who have tested positive for COVID but require other primary care support
- 3.15 A community pharmacy referral service is in place enabling GP practices to refer appropriate patients to Community Pharmacy.
- 3.16 The PCN model for Covid Vaccination supported by BHF will continue to minimise the impact of Spring and Autumn Booster programmes on core work of general practice.

### Engagement and involvement

- 3.17 During the COVID pandemic our respective engagement, experience and equality leads have worked together to help ensure that the experiences and perspectives of our residents and service users have informed our priorities and delivery.
- 3.18 We will build on this to deliver a shared approach to engagement and participation that truly values to perspectives and contributions of people in our place.
- 3.19 Our local principles align themselves closely with those set out within the national ICS implementation on working with people and communities guidance.
- 3.20 Understanding the issues, challenges and barriers faced by local people during lockdown and at the height of the pandemic, helped to shape the ongoing COVID response to try and ensure that people were supported appropriately.
- 3.21 Some of the specific examples of work that involved engagement with local people, community groups/forums and stakeholders from over the past year includes but is not limited to the following:-
- The COVID-19 Emergency Contact Centre (including a wide-ranging offer for food, shopping, prescription & befriending support for the most vulnerable residents)
  - The development of COVID community champions (targeting migrant and disabled communities)
  - Community Listening events led by Area Council teams, seeking feedback to aid the development of a new All Age Mental Health Strategy, developing a new Carers Strategy and targeted engagement to assist with the ongoing roll out of the COVID-19 Vaccination programme.
- 3.22 All the above created opportunities to discuss and involve local people to understand the real issues they faced because of lockdown and other COVID restrictions. Throughout much of our collective engagement work, several key themes have again come to the forefront including –
- Having access to different types of support and information.
  - The importance of clear, consistent, and regular communication in a range of appropriate and accessible formats
  - The importance of joined up thinking and the effective integration of services beyond organisational boundaries and systems
  - Ensuring that health and care services can be flexible and tailored to different people's needs and circumstances
  - Carers and/or family members are involved as equal partners in any planning and decision making that takes place
- 3.23 Our focus on engagement and involvement work continues to evolve and develop and this needs to be further strengthened on a system wide footing. There is a requirement as part of the wider ICS developments, but also a recognition of the value in developing more proactive approaches to gathering

and making better use of our collective local insights and experience data to ensure the local voice is at the forefront of developments in Barnsley beyond organisational boundaries across our wider partnership.

- 3.24 Some of the work focusing on inequalities and engaging with protected characteristics groups has also been reviewed alongside this work with plans to develop a more proactive approach to engaging with local people moving forward, and to strengthen the service user voice through a variety of different ways including but not limited to via forums/groups, individual feedback through champions/connector schemes and links with local partner & community organisations.

#### 4.0 Future Plans & Challenges

- 4.1 **Health and Care Plan Refresh to 2022/23** – Barnsley Place Partnership has undertaken a refresh of the local health and care plan for 2022/23. The following priorities have been identified through a process of reviewing asks of the system from national bodies, policy papers, engagement with local residents and service users during 2021/22 and progress with the work programme -

- **Growing our workforce (capacity, capability, and resilience)** - We will work with partners across our place to increase opportunities for people from deprived communities and those under-represented in the health and care workforce, embed career pathways across health and care and provide exemplary employee assistance and support programmes.
- **Strengthening our joint approach to prevention (making every contact count)** - We will work with our communities to increase capacity across three tiers of support (self/guided, one-to-one and directed) with an initial focus on preventing and reversing deconditioning for older people, bereavement, emotional wellbeing and resilience.
- **Improving equity of access (no wrong door)** - We will ensure that everyone who needs support can access it at the right time and in the right place. We will start with the customer experience, ensure different points of access in our system operate to the same guiding principles and create safe space for people in mental health crisis.
- **Joining up care and support for those with greatest need (integrated personalised care)** - We will work to ensure that care we provide is holistic, person centred and coordinated. To deliver this we will deliver phase three of neighbourhood teams including social care and mental health and developing care pathways for eating disorders, personality disorders, frailty and dementia.

#### Five-year strategy by April 2023

- 4.2 During 2022/23 the Barnsley place-based partnership will be engaging and involving partners, residents, service users and other stakeholders to develop a longer-term plan for health and care services in the borough in line with national planning timelines for ICPs and ICBs.

#### System Development

- 4.3 The South Yorkshire ICB has appointed a Chair and Chief Executive Designate and are in the process of appointing to Executive and Non-Executive Director posts. The ICB will begin to meet in shadow form in May 2022.
- 4.4 The appointment of an Executive Place Director for Barnsley will be a key step in the development of the desired place-based arrangements that have been agreed by partners in Barnsley, to operate as subcommittee of the ICB through a Place Director with delegated authority for allocating resources. The job description for the Barnsley Executive Place Directors is now out to advert, closing date for applicants 7 April and interviews scheduled to take place w/c 25 April. There are three place director positions out to advert (Barnsley, Sheffield, and Doncaster).

#### COVID and the impact on the workforce

- 4.5 There is evidence that high levels of community transmission persist but with reduced monitoring and surveillance this is difficult to fully understand. There are still low numbers of cases requiring hospital

treatment compared to the previous peaks of the pandemic but the number of positive cases in hospital remains significant. There are high levels of staff absence due to COVID and infection prevention and control measures continue to put additional strain on the workforce and estate.

- 4.6 Employers across our health and care system are seeing higher levels of burnout and more colleagues accessing support services but more still who would benefit. BHNFT and SWYPFT have reported higher numbers of staff retiring in the latter part of 2021/22. In some cases, these are colleagues who have delayed retirement to support the pandemic response, but some retirements are reportedly because of burnout.
- 4.7 Through the next stage it is important that organisations pay attention to how people are feeling, recovering, and responding to the next set of challenges.
- 4.8 Close monitoring of staff turnover is taking place to develop appropriate plans to support retention and recruitment of staff and already positive work has taken place to support staff's health and well-being including better access to support including counsellors.

#### Recovery of Planned Care

- 4.9 The health and care system in Barnsley is in a relatively good position compared to other areas with lower numbers of long waits for treatment. However, supporting people who are seeing their treatment delayed is still creating pressures in general practice and impacting on patient experience. Referrals to secondary care have not recovered to the levels seen in 19/20 before the pandemic but this was an exceptional year.
- 4.10 As at the end of January 2022 there were 59 Barnsley CCG patients waiting over 52 weeks at BHNFT, the majority of which are under trauma and orthopaedics and general surgery. There were currently 8 patients registered with Barnsley GPs who have been waiting for more than 104 weeks, the majority of which are at Leeds Teaching Hospitals and Doncaster and Bassetlaw Teaching Hospitals. Current performance is in line to achieve zero by March 2022. Barnsley Hospital have zero 104+ week waiters. Overall treatment volumes remain high as ongoing backlog recovery is well underway.
- 4.11 Overview and Scrutiny recently received a report relating to the recovery of cancer services so this will not be covered in detail.

#### Urgent and Emergency Care

- 4.12 Barnsley is seeing high levels of urgent and emergency care across physical and mental health which is further evidence of harms caused by COVID through increased isolation, loneliness, physical deconditioning and fear and anxiety.
- 4.13 A&E 4-hour performance continues to be below the target and has been impacted by significantly increased activity levels and challenges with flow. High bed occupancy, care home closures and reduced capacity in community services are contributing factors.
- 4.14 There are severe pressures in other parts of the region with increasing ambulance handover times, delayed transfers of care and out-of-area placements for mental health crisis.
- 4.15 The social care market is still recovering from COVID and adapting to the home first approach that has been adopted by health and care. There is now greater competition in the jobs market that means despite uplift in pay to the national living wage, the sector is struggling to recruit, this is particularly true in homecare.
- 4.16 Same day emergency care (SDEC) has been implemented at Barnsley Hospital for medicine and surgery and these pathways are available to RightCare Barnsley to avoid the need for hospital admission where appropriate.
- 4.17 BHNFT has a dedicated ambulance handover nurse and increase cubicle capacity for handovers.

- 4.18 Weekly multi-disciplinary team review of patents with a long length of stay - 'Long Stay Wednesday', a live dashboard, local targets and implementation of the SAFER Care Flow Bundle have supported clinical teams to manage and reduce long lengths of stay through winter.
- 4.19 Barnsley partners have fully implemented the Discharge to Assess model which is an example of best practice nationally.

### Mental Health Crisis

- 4.20 Prior to the pandemic Barnsley had 0 out of area mental health in-patient beds placements and this had been the case for around 10 years. Community Mental Health Teams are well resourced (Including home based intensive treatment team) and sufficient beds commissioned to meet usual, pre-pandemic level of demand.
- 4.21 However, the pandemic has led to increased acuity, increase in psychotic presentations, increase in A&E attendances, increase in crisis care and increase in overall demand for mental health services.
- 4.22 Barnsley continues to see low numbers of out-of-area placements in comparison to other areas of South Yorkshire.

## **5.0 Background Papers and Useful Links**

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

HM Government: Health and Care Bill

<https://bills.parliament.uk/bills/3022>

HM Government: Policy paper People at the Heart of Care: adult social care reform

<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform>

HM Government: Policy paper Health and social care integration: joining up care for people, places and populations

<https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

King's Fund: Integrated care systems: how will they work under the Health and Care Bill?

<https://www.kingsfund.org.uk/audio-video/integrated-care-systems-health-and-care-bill>

Local Government Agency (LGA) response to "Health and social care integration: joining up care for people, places and populations"

<https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-health-and-social-care-integration-joining-care>

NHS Confederation: The integration white paper: what you need to know

<https://www.nhsconfed.org/sites/default/files/2022-02/Integration-white-paper-what-you-need-to-know.pdf>

NHS England and Improvement: Core20PLUS5 – An approach to reducing health inequalities

<https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/#:~:text=Core20PLUS5%20is%20a%20national%20NHS,clinical%20areas%20requiring%20accelerated%20improvement.>

NHS England and Improvement: 2022/23 priorities and operational planning guidance

<https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/>

NHS ICS Implementation Guidance on Working with People & Communities

<https://www.england.nhs.uk/wp-content/uploads/2021/06/B0661-ics-working-with-people-and-communities.pdf>

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

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

The Development of Integrated Care Report to OSC 27<sup>th</sup> April 2021  
<https://barnsleymbcintranet.moderngov.co.uk/documents/s78594/Item%204%20-%20The%20Development%20of%20Integrated%20Care%20in%20Barnsley%20210427%20FINAL.pdf>

Improving Cancer Early Diagnosis Report to OSC 20<sup>th</sup> July 2021  
<https://barnsleymbcintranet.moderngov.co.uk/documents/s85188/Item%204b%20-%20Improving%20Cancer%20Early%20Diagnosis%20Report%20to%20OSC.pdf>

## 6.0 Glossary

A&G	Advice & Guidance
BHF	Barnsley Healthcare Federation
BHNFT	Barnsley Hospital NHS Foundation Trust
BMBC	Barnsley Metropolitan Borough Council
CAMHS	Child & Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CYP	Children & Young People
ERF	Elective Recovery Fund
HIAG	Health Informatics Assurance Group
ICB	Integrated Care Board
ICDG	Integrated Care Delivery Group
ICP	Integrated Care Partnership
ICPG	Integrated Care Partnership Group
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
LTC	Long Term Care
LTP	NHS Long Term Plan
MHST	Mental Health Support Teams
NHS	National Health Service
nMAB	Neutralising monoclonal antibody
OSC	Overview & Scrutiny Committee
PCN	Primary Care Network
PIFU	Patient initiated follow-up
PMO	Programme Management Office
RAS	Referral Assessment Services
SDEC	Same day emergency care
SDG	Strategic Digital Group
SEG	Strategic Estates Group
SDP	System Development Plan
SMI	Severe Mental Illness
STP	Sustainability and Transformation Partnership
SWYPFT	South West Yorkshire Partnerships NHS Foundation Trust
VCSE	Voluntary, Community and Social Enterprise Sector

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**Report of the Executive Director Core Services  
to the Overview and Scrutiny Committee (OSC)  
on 26<sup>th</sup> April 2022**

**One Adoption South Yorkshire (OASY) - Cover Report**

## **1.0 Introduction**

1.1 The purpose of this report is to provide the Overview & Scrutiny Committee with an overview of the regional adoption agency, One Adoption South Yorkshire (OASY), since its 'go live' date in January 2021.

## **2.0 Background**

2.1 In 2015, the government set out their plans to regionalise adoption and move towards setting up regional adoption agencies (RAA), citing that system of adoption was highly fragmented which was leading to inefficiencies, high costs and delays for children.

2.2 Regional adoption agencies are being set up across England, and the expectation is that large regional organisations will be able to pool together resources and share best practice.

2.3 One Adoption South Yorkshire (OASY) was launched in January 2021 as South Yorkshire's regional adoption agency, following on from successful launches of both One Adoption West Yorkshire and One Adoption North and Humber.

2.4 OASY brought together the adoption services from Barnsley, Sheffield and Rotherham councils and Doncaster Children's Trust. The service is responsible for recruiting and assessing new adopters, finding families for children with a plan for adoption across the South Yorkshire region and providing ongoing support for adoptive families.

## **3.0 Current Position**

3.1 The attached report (Item 5b) provides an update on the work of OASY since the launch last year including the organisational structure; financial arrangements; performance data for 2021/22 (up to January 2022); and future plans and challenges for the coming year.

3.2 Item 5c (attached) is the agency's strategic plan to cover the years 2021-24 which outlines what they plan to do in the form of six priorities, how they plan to achieve those priorities, and what the outcome will be.

## **4.0 Invited Witnesses**

4.1 The following witnesses have been invited to today's meeting to answer questions from the OSC:

- Mel John-Ross, Executive Director-Children's Services, BMBC
- Sophie Wales, Service Director Children's Social Care & Safeguarding, Children's Services BMBC
- Claire Brodie, Interim Head of Service Children in Care, Children's Services, BMBC

- Sharon Wood, Service Manager Provider Services, Children's Services, BMBC and Service Manager, OneAdoptionSouthYorkshire
- Michael Richardson, Adoption Team Manager, Barnsley Team, OneAdoptionSouthYorkshire
- Stephanie Evans, Head of Service, OneAdoptionSouthYorkshire
- Cllr Trevor Cave, Cabinet Spokesperson Children's Services, BMBC

## 5.0 Possible Areas for Investigation

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

- What achievements are you most proud of in the setting up of the new Regional Adoption Agency and how do they benefit adopters and adoptees?
- How has the DFE's Adoption Strategy 2021 impacted upon the work of OASY?
- What impact has the creation of OASY had on adoption timescales in Barnsley compared to performance prior to January 2021?
- How does performance compare to other regional adoption agencies?
- How effective are the re-configured Adoption Panels? How do you know?
- Is there equity amongst the partnership?
- What mechanisms are in place to ensure that data is robust and how do you investigate areas of poor performance?
- What are the barriers to improving matching and adoption timescales and how can these be overcome? Do you explore alternative placement types as well as traditional placements?
- What are your plans to make One Adoption South Yorkshire more accessible to potential adopters?
- What steps are you taking to recruit a more diverse range of adopters and what benefits will this bring?
- Do you have the resources to provide the level of post adoption support that you aspire to?
- How is the voice of the child and adopters being used to develop services and what are they telling you?
- What steps are taken to prevent placement breakdown and how prevalent is this in Barnsley?
- How will you ensure a consistent approach to post adoption support across the region and when do you expect this to be in place?
- What post adoption support do you provide to adoptees as well as adopters?



- What support is currently in place for birth parents? Going forward, what would you like support for birth parents to look like?
- How does the agency work with Virtual Schools?
- What can members do to support the work of OASY?

## 6.0 Background Papers and Links

Item 5b (attached) One Adoption South Yorkshire Report

Item 5c (attached) One Adoption South Yorkshire Strategic Plan 2021-24

Department For Education: Regionalising Adoption June 2015  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/437128/Regionalising\\_adoption.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/437128/Regionalising_adoption.pdf)

Department for Education: Adoption Strategy July 2021  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1006232/Adoption\\_strategy.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1006232/Adoption_strategy.pdf)

One Adoption South Yorkshire  
<https://www.oneadoption.co.uk/about-us/south-yorkshire>

One Adoption South Yorkshire Statement of Purpose 2021-22  
<https://www.oneadoption.co.uk/sites/default/files/202202/OASY%20statement%20of%20purpose.pdf>

## 7.0 Glossary

DfE Department for Education  
 OASY One Adoption South Yorkshire  
 OSC Overview & Scrutiny Committee

## 8.0 Officer Contact

Jane Murphy, Scrutiny Officer, [Scrutiny@barnsley.gov.uk](mailto:Scrutiny@barnsley.gov.uk)  
 12 April 2022

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## Report of One Adoption South Yorkshire (OASY) to the Overview and Scrutiny Committee (OSC) on 26<sup>th</sup> April 2022

### One Adoption South Yorkshire (OASY)

#### 1.0 Introduction

- 1.1 The purpose of this report is to inform the Overview and Scrutiny Committee of the progress of One Adoption South Yorkshire (OASY), the new regional adoption agency in South Yorkshire, since the 'go-live date' of 1<sup>st</sup> January 2021.

#### 2.0 Background

##### Core Purpose

- 2.1 The purpose of One Adoption South Yorkshire (OASY) is to find loving, stable, permanent homes for children in local authority care in the region. It provides training and support for those wanting to adopt a child right the way through the process. It has expert social work staff on hand to provide guidance and advice for those wanting to know more about adoption and carries out assessment and training for those wishing to adopt, as well as finding families for children needing adoption and providing adoption support. It also works with adopters, adopted children, birth families, and the voluntary and private sectors to deliver a range of adoption support services.
- 2.2 The organisation has developed a strategic plan to cover the years 2021 – 24 (Item 5b attached).
- 2.3 The plan on a page outlines the priorities for the partnership, the outcomes it wants to achieve, and outlines how it plans to achieve them. It is hoped that this will lead to:-
- A broad range of adoptive families to meet the needs of children
  - Children spending less time in care before going to live with their adoptive families
  - Adoptive families being supported and children remaining secure in their care

##### Organisation

- 2.4 OASY is a 'partnership' model Regional Adoption Agency (RAA). There are now 31 Regional Adoption Agencies (RAAs) in England rather than the 180 original adoption agencies. There are only five or six local authorities that remain unaligned, but they have plans to join a RAA in the future. The 'partnership' model is used by many of the more recently created RAAs.
- 2.5 Doncaster Children's Services Trust (DCST) is the host agency. There is a very small 'Hub' team comprising of the Head of Service, a full-time Business Support Officer and a planned, but not yet available, half-time Data and Performance Analyst. As host agency, DCST is responsible for employing the 'Hub' staff and supporting the management of those aspects of the budget which are held centrally.
- 2.6 As a partnership model all the teams remain employed by their previous employing authority. Practitioners and Business Support staff remain locally based, as do the Panel Advisors and Panel Administrators.

- 2.7 The Adoption Panels were re-configured in May 2021 into East and West panels. The East panel covers Rotherham and Doncaster and the West panel covers Barnsley and Sheffield. There are a minimum of two panels per month in each area and each Panel has a Chair and two Vice-chairs to ensure there is sufficient capacity to cover all the expected approvals and matches each year. The intention is to engage both Chairs centrally through DCST and have a 'central list' of panel members to meet at least once per month in each of the four localities.
- 2.8 Each local authority has made a 'contribution in kind' for support services such as Human Resources, Finance, Communications, Business Intelligence and Commissioning.
- 2.9 The main marketing and communication strategy is managed through a commissioned service from Leeds City Council which covers the management of the One Adoption website on behalf of all three of the Yorkshire and Humber Regional Adoption Agencies.
- 2.10 At national level the Regional Adoption Agencies are well supported with regular leadership meetings and developmental opportunities for practitioners and adopters.

### Finance

- 2.11 One Adoption South Yorkshire was created by bringing together the Adoption budgets from the four partner agencies. These budgets have now been configured into three sections:-
- **The Staffing budgets** – all staff continue to be employed by their previous employing authority. There have been no secondment arrangements or TUPE arrangements. The staffing complement remains exactly as it was and the budgets remain with the local authorities with recruitment and other employment activities managed through the respective Human Resources teams. The staffing budgets are managed locally and no overspends are possible. However any underspends can be re-cycled into the RAA staffing arrangements with the agreement of the employing Local Authority.
  - **The Locality Budgets** – each of the four localities has retained an element of their original adoption budget which covers staff mileage, local Adoption Panel expenses, support funds for adopters and adopter expenses.
  - **The Central Budget** – included within the central budget are the employment costs of the very small group of hub staff, the Head of Service, a full-time business support officer and a part-time data and performance analyst. There is no additional funding for these posts, the cost has to be found through underspends on the existing budget. The Central budget includes the inter-agency budgets for all 4 areas, the budget which covered the commissioned services for all 4 areas and a small central marketing budget for local events and activities.

### Adoption Support Fund

- 2.12 The Adoption Support Fund is a substantial funding commitment by central government to adoptive families and the management of this fund is a substantial undertaking. In 2020/21 the area now covered by One Adoption South Yorkshire claimed around £1.5 million for therapy for individual families.
- 2.13 The Adoption Support Fund was transferred from the four local agencies to the Central RAA portal on 1<sup>st</sup> April 2021. This has been a substantial piece of work involving setting up new contracting and payment processes.

2.14 Currently the funding is agreed from year to year which makes forward planning extremely difficult but there are already clear opportunities arising from bringing the arrangements together under the RAA, as it is much easier to oversee the kinds of therapies being sought and the range of providers and in the future it should be much better planned and better coordinated enabling us to make the best use of the funds available. In March 2022 the DofE guaranteed ASF funding for a further 3 years.

### 3.0 Current Position - Performance

3.1 Performance data is collected both for the individual authorities and for the RAA as a whole and is split between adopter data and children's data. At the present time the organisation is able to produce reliable data based on the requirements of the Adoption and Special Guardianship Leadership Board, but there are some areas of data collection, particularly around post adoption support and the stability of adoptive families, that the organisation will need to develop further in the future.

#### Adopter Data

3.2 National Adoption Regulations have specific expectations regarding the length of each element (stage 1 and stage 2) of the journey to approval for adopters

3.3 Stage 1 starts when a completed Registration of Interest form is received and the potential adopter has consented to starting the formal adoption process, which includes obtaining references and background checks. This stage should take no longer than 2 months.

3.4 Stage 2 is an in-depth assessment where a social worker works with the potential adopter and their family to assess their strengths and discuss the sort of children they feel they could adopt, before presenting it in a report to the Adoption Panel. This is the point where individuals are formally approved to adopt and this process should be completed within 4 months.

#### **No. at Stage 1 (Start date and no end date)**

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Barnsley	9	6	6	5	4	5	7	8	8	7		
Doncaster	6	7	7	5	5	5	7	8	10	12		
Rotherham	5	3	8	9	7	7	2	2	4	5		
Sheffield	7	8	7	5	9	9	7	7	6	3		
<b>One Adoption SY</b>	<b>27</b>	<b>24</b>	<b>28</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>23</b>	<b>25</b>	<b>28</b>	<b>27</b>	<b>0</b>	<b>0</b>

#### **No. at Stage 2 (start date and no end date)**

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Barnsley	10	12	9	5	6	6	4	1	2	4		
Doncaster	7	9	8	11	8	7	9	6	7	6		
Rotherham	11	12	9	8	5	3	5	7	7	8		
Sheffield	8	11	9	9	10	6	8	12	10	9		
<b>One Adoption SY</b>	<b>36</b>	<b>44</b>	<b>35</b>	<b>33</b>	<b>29</b>	<b>22</b>	<b>26</b>	<b>26</b>	<b>26</b>	<b>27</b>		

**Ave days between Application (Stage 1 Start)/(Stage 2 Start) and Approval**  
**Good performance <183 days, shaded orange**  
**if greater than 183**

	Qtr 1 21_22	Qtr 2 21_22	Qtr 3 21_22	Qtr 4 21_22	Full Year
Barnsley	221.7	231.2	240.8	-	230.0
Doncaster	218.7	215.2	189.2	300.0	218.3
Rotherham	158.7	162.3	184.0	-	163.6
Sheffield	235.7	214.8	285.6	118.0	233.9
<b>One Adoption SY</b>	<b>207.2</b>	<b>203.4</b>	<b>231.6</b>	<b>239.3</b>	<b>212.8</b>

- 3.5 The annual average across the RAA is longer than the expected target of 186 days from Registration of Interest to Approval and the table shows that, in some months, specific adopters in specific teams have taken longer than the average. This kind of individual variation is very hard to avoid due to the specific circumstances of individual adopters, but the table shows an acceptable level of performance across all teams especially during the covid pandemic, although there remains scope for improvement.

Number of Adopters Approved

- 3.6 The four offices have been very similar in performance over the last year. This has been consistent with their performance as individual agencies in previous years. The business case for the RAA indicated that there would need to be 92 adopter approvals per year to meet the needs of the children needing families across South Yorkshire. In 2021-22 we are likely to be just under that target but as there were fewer children to be placed in 21-22 there are still more adopters than children needing families in South Yorkshire. This picture is reflected nationally as there has been a national decline in children needing adoptive placements over the last three years.

**No. of Adopters Approved**

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Barnsley	2	1	3	3	2	1	2	0	2	0	0	0	16
Doncaster	0	0	3	0	4	2	1	3	1	2	0	0	16
Rotherham	2	1	3	2	2	4	0	0	2	0	0	0	16
Sheffield	3	0	3	3	1	4	1	1	3	1	0	0	20
<b>One Adoption SY</b>	<b>7</b>	<b>2</b>	<b>12</b>	<b>8</b>	<b>9</b>	<b>11</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>68</b>

- 3.7 There are early indications that one of the challenges for OASY, as for many RAAs, is to recruit adopters who will be a good match for the children needing families. A very basic illustration of this is if we compare this table of the ethnic characteristics of adopters within the RAA with the ethnic characteristics of children needing families.

	ABAN	AIND	AOTH	BAFR	CHNE	MOTH	MWAS	NOBT	WBRI	WIRI	WOTH	Total
Barnsley	0	0	0	0	0	0	1	0	89	1	1	92
Doncaster	0	0	0	0	0	0	0	0	68	0	2	70
Rotherham	0	0	2	0	0	1	0	0	76	0	3	82
Sheffield	3	2	0	2	1	1	0	3	112	0	2	126
<b>One Adoption SY</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>345</b>	<b>1</b>	<b>8</b>	<b>370</b>
% Barnsley	0%	0%	0%	0%	0%	0%	1%	0%	97%	1%	1%	
%Doncaster	0%	0%	0%	0%	0%	0%	0%	0%	97%	0%	3%	
%Rotherham	0%	0%	2%	0%	0%	1%	0%	0%	93%	0%	4%	
%Sheffield	2%	2%	0%	2%	1%	1%	0%	2%	89%	0%	2%	
<b>% One Adoption SY</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>0%</b>	<b>1%</b>	<b>0%</b>	<b>1%</b>	<b>93%</b>	<b>0%</b>	<b>2%</b>	

### Ethnicity of Children

	ABAN	AIND	AOTH	BAFR	BOTH	CHNE	MOTH	MWAS	MWBA	MWBC	NOBT	WBRI	WIRI	WIRT	WOTH	WROM	Total
Barnsley	0	0	0	2	0	0	1	1	0	0	0	40	0	0	0	0	44
Doncaster	0	0	0	0	0	0	0	0	0	0	0	25	0	0	0	0	25
Rotherham	0	0	2	0	0	0	0	6	0	1	0	46	0	0	0	7	62
Sheffield	0	0	7	0	4	0	1	0	4	3	0	43	0	2	4	5	73
<b>One Adoption SY</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>154</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>12</b>	<b>204</b>
% Barnsley	0%	0%	0%	5%	0%	0%	2%	2%	0%	0%	0%	91%	0%	0%	0%	0%	
%Doncaster	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	
%Rotherham	0%	0%	3%	0%	0%	0%	0%	10%	0%	2%	0%	74%	0%	0%	0%	11%	
%Sheffield	0%	0%	10%	0%	5%	0%	1%	0%	5%	4%	0%	59%	0%	3%	5%	7%	
<b>% One Adoption SY</b>	<b>0%</b>	<b>0%</b>	<b>4%</b>	<b>1%</b>	<b>2%</b>	<b>0%</b>	<b>1%</b>	<b>3%</b>	<b>2%</b>	<b>2%</b>	<b>0%</b>	<b>75%</b>	<b>0%</b>	<b>1%</b>	<b>2%</b>	<b>6%</b>	

3.8 At the outset of the RAA in January 2021 the organisation had 20 more adopters available than we had children to place. Early analysis would suggest that this was partly due to adopters having different characteristics and different expectations about the children they felt able to care than the children needing to be placed. But this was also possibly due to the impact of covid on both the courts and social work practice meaning that care proceedings were taking longer, and fewer children were available for adoption. In the early months of the RAA many of these adopters were matched with children from within the RAA and in some cases externally so the current position is much improved but there are still more adopters than children needing placements and there is still a mis-match between the available adopters and the children. Now that Covid seems to be at an end and the teams can get out more to spread the word the aim of the RAA has to be to identify adopters with more diverse backgrounds to meet the needs of children. This is not just adopters from minority ethnic backgrounds but adopters who would consider brother and sister groups and children with more complex needs

### Children Placed for Adoption 2021-22

3.9 The RAA Business Case expected that across South Yorkshire 154 children would be placed for adoption each year. Therefore, the figures below would indicate that the figure last year was lower than expected. In previous years the four areas were very similar in the number of children placed. In all 4 areas the number of children placed have fallen this year with a likely explanation being the impact of covid where the courts have been moving more slowly. However the table this year shows a greater decline in children placed in two of the local authorities which might indicate a change in practice in those areas. As we emerge from the pandemic it should be possible to investigate these apparent changes more closely.

### Children who were placed during (includes those later Adopted or no longer placed)

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Barnsley	1	1	1	3	3	2	0	4	0	0	0	0	15
Doncaster	1	0	1	0	1	4	1	2	1	1	0	0	12
Rotherham	3	3	3	0	4	2	0	6	0	1	0	0	22
Sheffield	5	1	6	1	2	2	2	2	0	1	0	0	22
<b>One Adoption SY</b>	<b>10</b>	<b>5</b>	<b>11</b>	<b>4</b>	<b>10</b>	<b>10</b>	<b>3</b>	<b>14</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>71</b>

### Children Placed Within the RAA

- 3.10 This is obviously a key area of interest for the new RAA. The aim would be to place as many children as possible with the organisation's own adopters. There is a financial element to this as every external placement incurs a cost. The local authorities have maintained the cost of an adoption placement at the same level for several years, but the Voluntary Adoption Agencies have been increasing their charges in recent years. However, the aim to place as many children with in-house adopters is not just about costs. The RAA know the organisation's own adopters much better than those from other agencies, so the RAA can more confidently match them with children in the RAA. The organisation is in a much better position to support adoptive families when they are within the local area rather than hundreds of miles away, and a key aim of the SYRAA is to create a local adoption community where the organisation can support RAA adoptive families, RAA adopters can support each other, and the organisation has good relationships with partners in education, health and community services which can offer additional support where needed.
- 3.11 In order to support good matching within the RAA one of the very first actions back in January 2021 was to set up a monthly matching panel where any child needing more careful consideration for matching or where they may have to search externally for a family could be considered. At the same time, the RAA began negotiations with Link-maker, the national matching agency to re-configure the four agencies into one on their system. As everyone is on different recording systems and different communication systems the single area on Link-maker has been the key to successful matching. Across the RAA everyone can see all the adopters' profiles and all the children's profiles at any time. Even at this early-stage practitioners have made real efforts to move away from familiar ways of working such as looking first at what adopters are available within their own locality and are now looking much more broadly across all four teams from the earliest opportunity. The South Yorkshire RAA is a good size, with a total population of 1.4 million to give sufficient choice and a broad enough geographical sweep for the organisation to find the right families for RAA children.
- 3.12 There has been an increase in the percentage of children being placed within the RAA since we went live in January 2021. In 2020-21 52% of children were placed with in-house adopters whereas so far in 2021-22 the figure is 66%.



### Children who were placed from within the RAA (includes those later Adopted or no

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
Barnsley	1	0	1	3	2	0	0	4	0	0	0	0	11
Doncaster	1	0	1	0	1	2	0	1	1	1	0	0	8
Rotherham	3	3	1	0	2	1	0	6	0	0	0	0	16
Sheffield	1	1	1	1	2	2	2	1	0	1	0	0	12
<b>One Adoption SY</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>7</b>	<b>5</b>	<b>2</b>	<b>12</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>47</b>
% Barnsley	100%	0%	100%	100%	67%	0%	-	100%	-	-	-	-	73%
%Doncaster	100%	-	100%	-	100%	50%	0%	50%	100%	100%	-	-	67%
%Rotherham	100%	100%	33%	-	50%	50%	-	100%	-	0%	-	-	73%
%Sheffield	20%	100%	17%	100%	100%	100%	100%	50%	-	100%	-	-	55%
<b>% One Adoption SY</b>	<b>60%</b>	<b>80%</b>	<b>36%</b>	<b>100%</b>	<b>70%</b>	<b>50%</b>	<b>67%</b>	<b>86%</b>	<b>100%</b>	<b>67%</b>	<b>-</b>	<b>-</b>	<b>66%</b>

### Timeliness

- 3.13 The national target for the A2 indicator is 121 days. As is evident from the table below there have been periods where this target has been achieved by most of the partner agencies and there has been one quarter where the RAA average was below the national target. This is because there are relatively small numbers of children involved and for most very young children this target can be achieved by most agencies. So, the months where an agency has only placed babies will be the ones under target. The months where an agency has placed older children they are likely to exceed the target. The aim is always to reduce the waiting times for all children and the RAA will continue to do work on the timeliness of placements.

### **Average time from Placement Order to Matching (A2 Indicator) (for those children adopted)**

	Qtr 1 21 22	Qtr 2 21 22	Qtr 3 21 22	Qtr 4 21 22	Full Year
Barnsley	142.6	57.0	88.0	50.0	117.3
Doncaster	220.0	149.0	53.0	-	144.0
Rotherham	282.3	174.1	401.8	112.8	239.7
Sheffield	193.9	200.8	158.5	157.0	186.2
<b>One Adoption SY</b>	<b>191.7</b>	<b>151.4</b>	<b>213.2</b>	<b>125.4</b>	<b>177.9</b>

### Average Time Between Entering Care and Being Placed with Adoptive Family

- 3.14 The national target for this measure is 426 days, and as this table demonstrates the full-year average for the RAA is under this target and there are some quarters where many of the individual teams are well under it. As above this depends on the ages and characteristics of the children whether they are very young or not, whether they are part of a sibling group or not, whether they have complex needs or not. However as with the A2 measure improvements can always be made and this particular target is a measure of how well the RAA is working with the local authorities as they are the ones responsible for initiating care proceedings and making the decisions in respect of the children.
- 3.15 The table below shows all the children where an adoption order has been made in the last year but does not show the improved timeliness figure for those children adopted by foster carers. Where this happens the time period is reduced to the date the child was first placed with the

foster carers which obviously results in much shorter period between entering care and being placed with a permanent family.

### **Average time from entering care to being placed with foster carer (A10 Indicator) (for those children adopted)**

	Qtr 1 21 22	Qtr 2 21 22	Qtr 3 21 22	Qtr 4 21 22	Full Year
Barnsley	315.1	401.6	477.0	358.0	350.7
Doncaster	437.0	389.7	524.0	-	426.0
Rotherham	475.4	506.8	316.8	296.3	431.4
Sheffield	341.3	535.7	731.3	737.0	471.9
<b>One Adoption SY</b>	<b>359.0</b>	<b>474.8</b>	<b>512.3</b>	<b>499.0</b>	<b>421.7</b>

#### **4.0 Post Adoption Support**

- 4.1 Ultimately the key to any Regional Adoption Agency’s success will be the quality of its post adoption support. The aim of any RAA is to provide permanent loving and supportive homes for children and supporting families into the future will be necessary to ensure their success. Potential adopters will chose the agency they wish to go with according to what they have heard about the quality of the assessment, the success in placing children but also according to what they have heard about the support for families after the adoption order has been made.
- 4.2 The One Adoption South Yorkshire vision is to contribute towards making South Yorkshire a great place to raise children in general but in particular to create a supportive community for adopters and adopted children. For this vision to become a reality requires commitment from all partners as well as the ongoing efforts of RAA practitioners.
- 4.3 Families who adopt a child or young person may need continued support and assistance. Children who are adopted can have ongoing needs and adopters may benefit from ongoing support. They are entitled to receive support from the local authority which placed the child for up to three years after the Adoption Order is made. After that the responsibility to access support passes to the local authority where the family lives. Adoption Support Workers provide support and advice when it is needed. They support the adopter and the child throughout their lives, making sure they have the help needed to tackle the most difficult issues and connecting them with the services that can provide the most help.
- 4.4 A range of events, training and support groups are available including:-
- Help and advice with social workers over the phone or in person
  - Support groups where adopters can meet each other and children can play
  - Workshops and training on a range of topics
  - Free membership for Adoption UK for one year post adoption order
  - Peer mentoring from other adopters
  - Support for adopted children in school. Every adopted school age child is eligible for pupil premium.

- Teenagers support groups
  - Letterbox exchange, a confidential service to facilitate the exchange of letters between adopters and birth families
  - Help and advice about future contact between the child and birth family including the role of social media
  - Lifestory Work – children may want more information and support around understanding their birth family history
- 4.5 However, capacity is uneven across the four South Yorkshire teams, and this is an area where the RAA needs to develop more consistency as it starts to work together as a single service.
- 4.6 The RAA needs to work closely with the four virtual heads and local schools to ensure that children’s needs are recognized in schools, staff are well prepared to respond to individual need and the pupil premium is well spent. The organisation needs to work closely with colleagues in children and young people’s mental health services right across the spectrum, public, private, school-based, community based, supported by the Adoption Support Fund, provided by voluntary agencies or free from the NHS. The RAA needs to work closely with adopters and adopted children so the organisation knows what works and what they think would best meet their needs. Also, the RAA needs to get involved with its local communities so that adopted children are involved in universal activities such as local sporting and cultural activities. The organisation needs to work with colleagues in Children’s Social Care and local Youth Services to ensure that where these specialist services are needed adopted children get the support they need.
- 4.7 The RAA has existing commissioned services which support the Post-Adoption offer and in the first year the organisation has been reviewing these and considering whether they meet the needs in their current form or whether the RAA might want to think about using these services differently.
- 4.8 In the early stages of the RAA the organisation has been focussing Post Adoption Support development on two key areas:-
- The initial post placement offer to new adopters – at the moment this is very different in each of the 4 areas. In the coming months the organisation will be consulting with practitioners, with adopters, with partners and with colleagues in Finance to develop an appropriate and consistent offer. From April 2022 we will be introducing a standardised initial offer for all adopters across the 4 authorities.
  - The longer-term multi-disciplinary offer which could, if required, support a family and a child into early adulthood.
- 4.9 The organisation intends to put together both offers using a combination of in-house RAA resources, commissioned services, support from local authority colleagues and support from partner agencies.
- 5.0 Future Plans & Challenges**
- 5.1 The basis of the South Yorkshire Regional Adoption Agency was to start out with everything as it was in December 2020; with minimal disruption to staff, to agencies, to adopters and most importantly to children. There were clear benefits to working together but these had not yet been translated into practice at the point of implementation.

5.2 After a year in operation matching is well-established across the RAA and everyone is using the national data-base, Link-maker, to identify suitable matches across the sub-region rather than just within their own team. Children are being placed more quickly, and the reduction in waiting times for adopters is beginning to be evident. The introduction of the central website and the electronic expression of interest has seen a significant increase in the number of adopters coming forward. Training has been offered centrally for some time and the service is now offering joint marketing and joint introduction meetings. With the basic service functioning well, the organisation can now move on to consider those areas where it needs to improve:-

- **Recruiting a more diverse range of adopters to meet the specific needs of many of the children the RAA is family-finding for** - There are multi-ethnic and multi-cultural communities in South Yorkshire and the RAA needs to be promoting the organisation, making the service more approachable if that is the issue and finding the right families for children.
- **Post Adoption Support** – the quality of the RAA’s post adoption support is key to adopters having confidence to adopt with the organisation in the first place and key to keeping families together as life takes its course. At the moment each area team has its own approach to settling in grants, allowances, training, and initial support – the service needs to come together with a consistent offer right across the RAA. The shared initial offer will be in place from April 2022 but there is much to do to standardise the ongoing support offer across the 4 localities.
- **Support for birth parents and more direct approaches to post adoption contact** - At the moment most arrangements for post adoption contact is via the letter-box scheme but with the advent of social networking and the increased use of Early Permanence Placements where adopters have more contact with birth parents the service needs to be considering and refining the approach used. From April 2022 OneAdoptionSouthYorkshire will be trialling, along with 4 other Regional Adoption Agencies, a new electronic system which should support safer, more regular and more frequent communication between adoptive and birth families

5.3 Throughout 21-22 the organisation has been reviewing its performance, reviewing the budgets, receiving feedback from adopters and considering what changes it could and should be making. At the start of the second financial year we now have proposals agreed by the RAA Governance Board which includes senior officers from all 4 authorities to strengthen key areas of activity and help us move towards becoming the outstanding RAA we intend to be.

## 6.0 Background Papers and Useful Links

- Item 5b (attached) One Adoption South Yorkshire Strategic Plan 2021-24
- Department for Education Statutory Guidance on Adoption 2013:-  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/270100/adoption\\_statutory\\_guidance\\_2013.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270100/adoption_statutory_guidance_2013.pdf)
- One Adoption South Yorkshire website:-  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/270100/adoption\\_statutory\\_guidance\\_2013.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270100/adoption_statutory_guidance_2013.pdf)

## 7.0 Glossary

NHS      National Health Service

OASY One Adoption South Yorkshire  
RAA Regional Adoption Agency  
SYRAA South Yorkshire Regional Adoption Agency  
TUPE Transfer of Undertakings (Protection of Employment) regulations

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# One Adoption South Yorkshire's plan 2021 – 2024



## What we'll do...

### Our vision

One Adoption South Yorkshire will be an outstanding adoption agency, developing the local adoption community to provide families for those children who need them, and ongoing support to those families as required.

### Our mission

- To provide children who need them with stable loving families to support them into adulthood.
- To establish a shared identity as a Regional Adoption Agency bringing together teams, partners, adopters and children from across the region as one.

### 4 outcomes

- 1 Children move in with their adoptive families without delay.
- 2 Adoptive families and birth families get help and support at every stage of the adoption journey.
- 3 Children are looked after well, have a good understanding of their identity and a strong sense of belonging and stability with their adoptive family.
- 4 Children, adopters, birth parents and adopted adults see themselves as important members of the adoption community and their wishes and feelings are addressed and influence the development of the adoption service.

### 6 priorities:

- 1 Recruit a diverse range of adoptive families to meet the needs of children. Especially we need more families for groups of brothers and sisters, for black and minority ethnic children and for children with complex needs.
- 2 Work with the children's teams in the local authorities and the Doncaster Trust to improve the experience for children needing adoptive families.
- 3 Promote the use of Early Permanence Arrangements wherever appropriate.
- 4 Promote the placing of children within or close to South Yorkshire to facilitate good matching and ongoing support for families.
- 5 Implement a multi-disciplinary model of adoption support across South Yorkshire to ensure that families are receiving the right support from the right agencies to enable them to flourish.
- 6 Work with the children's teams and other partners to improve the flexibility, variety and quality of post adoption contact.



## How we'll do it...

- Deliver the benefits of a regional service while maintaining strong local relationships.
- Use a therapeutic, trauma informed approach where appropriate, matching the intervention to the child and their family.
- Create a South Yorkshire community of Support for adopted children and their families.
- Use the benefits of being part of a national initiative to create permanence and stability in children's lives.
- Create a skills and development framework to include everyone involved in adoption.
- Shared budgets, shared marketing, commissioning and service development strategies ensure the most efficient and effective use of resources.
- Use research and evidence-based practice to understand and improve our service to children and their families.
- Regular engagement with children, young people and adopters, shaping practice and service development.

## How we'll know if we've made a difference

We'll have a broad range of adoptive families to meet the needs of children.  
 Children will spend less time in care before going to live with their adoptive families.  
 Adoptive Families will be supported and children will remain secure in their care.



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<b>Meeting:</b>	Safeguarding Private Member Briefing
<b>Date of meeting:</b>	26 <sup>th</sup> April 2022
<b>Report Title:</b>	Children's Social Care Monthly Report – February 2022
<b>Author:</b>	Ian Standeven, Business Improvement Officer

<b>1.</b>	<p><b>Background</b></p> <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 2022 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>
<b>2.</b>	<p><b>Summary</b></p> <p>Below is a summary of key performance issues highlighted in the report.</p> <p><u>Early Help Assessments</u> Early Help data had been impacted by the recent system migration resulting in a backlog of activity, a data cleansing exercise has now taken place and information backdated. 111 EHAs had been completed in February based on the information available, with 64 interventions closed. The total number of active cases at the end of February was 3045.</p> <p><u>Contacts</u> Contacts during February (351) show an increase from January’s performance (236) and above the 12 month average (302). The percentage of contacts proceeding to referral reduced to 64.2% in February, an annual low and below the 12 month average of 79.8%.</p> <p><u>Referrals</u> The number of referrals increased from 170 in January to 232 in February, remaining below the average of the last 12 months (240). Expressed as a rate per 10,000 under 18 year olds, the year to date figure at the end of February was 563.8; below the 2020/21 statistical neighbour (653.0) but above the national (494.3) average. We continue to see a high proportion of referrals going to assessment, with 99.6% in February.</p> <p>Re-referrals reduced from 23.5% in January to 16.4% in February – slightly higher than February 2021 (15.9%). Our year to date performance of 17.2% is currently below the 2020/21 Statistical Neighbour average (24.4%), as well as the national (22.7%) and regional (22.6%) averages.</p> <p><u>Assessments</u> The number of assessments undertaken has increased from 233 in January to 286 in February. The number of assessments in February have also increased compared to February 2021 (263). The rate of assessments for the year to date of 660.7 per 10,000 for the 0-18 population is below the 2020/21 statistical neighbour average (891.4) but above the national (517.6) average.</p>



The percentage of assessments completed within 45 working days was maintained at 99.5% in February, well above our 2020/21 statistical neighbour average (84.6%) and the national average (87.6%).

Performance for the percentage of assessments undertaken in under 20 working days increased from 33.7% in January to 42.8% in February, well above February 2021 (22.5%). Year to date performance of 27.1% is below target (35%) and below the 2020/21 statistical neighbour (34.4%) and national (33.5%) averages.

The proportion of assessments ending in no further action has increased from 24.5% in January to 36.1% in February.

#### Section 47 Investigations

The number of S47 investigations undertaken reduced from 85 in January to 79 in February and remains below the average for the last 12 months (96). When expressed as a rate per 10,000, the year to date figure (226.1) is above the 2020/21 national benchmark (164.4) but below our statistical neighbour average (259.4).

Percentage of S47s converting to child protection conferences increased from 26% in January to 34% in February and remains below the 2020/21 statistical neighbour (39.2%) and national (36.5%) averages.

The proportion of Section 47 investigations ending in no further action reduced from 16% in January to 13.5% in February.

#### Child Protection (CP)

The number of children with a CP plan at the end of February (280) increased from 269 in January and is above the February 2021 figure (235). That figure equates to a rate of 54.8 per 10,000 under 18 year olds, above the 2020/21 national average (41.4), but below our statistical neighbour (67.4) average.

For timeliness of initial child protection conferences (ICPC), the proportion of investigations proceeding to conference within timescale in February (90.3%) reduced from January (100%). Year to date performance of 90.4% is above target (85%) and above the 2020/21 statistical neighbour (89.2%) and national averages (83%).

■■■■ became the subject of a child protection (CP) plan for a second or subsequent time ever in February, increasing from ■■■■ in January, and above the average for the last 12 months ■■■■. Year to date performance at the end of February (18.3%) was also outside the internal target of 0-18%. Throughout the last 12 months, 64 children have been subject to a CP Plan for a second or subsequent time ever. Comparatively, performance is below the 2020/21 statistical neighbour (22.3%), and national (22.1%) averages (lower performance is better).

16 CP plans were open for 2 years or more at the end of February, the same as January. This equates to 5.7% of all open plans, above the 0-3% target, and above the 2020/21 statistical neighbour (1.9%) and national (2%) averages.

■■■■ lasting 2 years or more ceased in February. Year to date performance of 2.3% (7 closures) is below the 3% target, as well as the 2020/21 national (2.9%), and statistical neighbour (3.7%) averages.

Performance for the timeliness of child protection reviews has remained at or close to 100% since September 2016, with a 100% year to date average. This is above 2020/21 statistical neighbour (93.6%) and national (93.2%) averages. The timeline lss of child protection visits decreased from 99.4% in January to 97.2% in February, with 98.6% for the year to date.



Care Proceedings

The number of new court proceedings in February (6), the same as in January (6). The average duration of open proceedings has increased in the same period, from 32.9 weeks to 33.4 weeks. The average age of concluding cases over a 12 month period has increased from 50.3 weeks in January to 51.1 weeks in February and is significantly higher than the same point last year (40.2).

Looked After Children (LAC)

The number of looked after children increased from 348 at the end of January to 350 at the end of February. Barnsley's current rate of LAC (68.5 per 10,000) is well below statistical neighbours average rates (112.0 per 10,000) but above the national average (67.0 per 10,000). The number of children coming into care in February was 16, which was above the number leaving.

The proportion of looked after children with three or more placements (in the previous 12 months) increased from 10.1% in January to 10.3% in February. Performance is above the 9.5% target, and 2020/21 statistical neighbour (8.3%) and national (9%) averages.

The proportion of children looked after continuously for 2.5 years, and in their current placement for more than 2 years, increased from 62.2% in January to 68.5% in February, slightly above the 68% target and the 2020/21 statistical neighbour (68.3%), but below national (70%) averages.

The number of incidents of looked after children going missing decreased from 18 in January (relating to 11 children) to 17 in February (relating to 11 children). Performance in February was below the 12 month average (18).

The proportion of looked after child cases reviewed within timescales was above target (97%) at 97.5% for February and 98.7% for the year to date. The proportion of LAC visits in time was 95% in February, and year to date performance (97.9%) remains below the aspirational target (100%).

The proportion of looked after children with a completed health assessment in the last 12 months was 95.0% in February, the same as January. Performance locally remains above the 2020/21 national (91%) and statistical neighbour (92.7%) averages. The proportion of children looked after for 12 months or more who have had a dental assessment decreased from 75.6% in January to 71.2% in February.

The proportion of looked after children (aged 4 to 16 years inclusive) recorded as having a completed Strengths & Difficulties Questionnaire was 70.9% at the end of February, reducing from 72.2% in January and below the 80% target.

The proportion of looked after children with a Personal Education Plan (PEP) at the end of February was 97.7%, the same as January, remaining below the 100% target. The proportion with a termly PEP increased to 99.5% for February.

Quality of Schools Attended by Looked after Children

The proportion of looked after children attending schools rated good or outstanding by Ofsted reduced in February compared to the previous month, declining from 82.8% to 79.5%.

School Attendance and Absence of Looked after Children

In February, primary school attendance for looked after children increased slightly to 96.6% and persistent absence rates increased slightly to 8.3%. No primary aged LAC received fixed term exclusions up to the end of February.

Secondary attendance for looked after children reduced slightly from 90.4% in January to 90.2% to the end of February. Rates of persistent absence reduced from 24.3% in January to 23.2% in February. Secondary LAC fixed term exclusions increased to 14.3% in the same period.



	<p><u>Adoption</u> With the exception of 2013/14, Barnsley's adoption performance has remained well above statistical neighbours, regional and national benchmarks. Year to date performance for adoptions at the end of February is 21.7%</p> <p>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 reduced slightly from 113.2 in January to 112.3 in February and remains below target and significantly below performance in February 2021 (133.8).</p> <p><u>Care leavers</u> Care Leaver performance is measured 'accumulatively', using information recorded around birthdays, 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.</p> <p>Performance for February shows that 66.7% of the cohort aged 19-21 were engaged in EET. Comparatively, the data is above the 2020/21 statistical neighbour (50.1%) and national (52%) averages.</p> <p>The timeliness of care leaver visits was maintained at 100% in February in line with the same point in 2021. At the end of February, 93.3% of care leavers aged 19 to 21 with birthdays between April - February were in suitable accommodation.</p> <p><u>Children in Need</u> There were 1685 open Child in Need (CIN) cases at the end of February, increasing from 1630 in January, but lower than February 2021 (1821). When comparing against 2020/21 benchmarks, Barnsley's rate of 329.9 remains lower than Stat Neighbours (440.5) but above the National average (321.2).</p> <p><u>Caseloads</u> February data shows an increase to the caseloads of the integrated Frontdoor/ Assessment and Safeguarding Teams from 21.6 in January to 24.3 in February. Caseloads in other teams have reduced or remained consistent with January 2022, and at the same point in February 2021.</p>
	<p><b>Recommendations</b></p> <p>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.</p>
<p><b>4.</b></p>	<p><b>Attachments/background papers</b></p> <ul style="list-style-type: none"> <li>• Item 8b - Children's Social Care Monthly Report – February 2022</li> </ul>
<p><b>5.</b></p>	<p><b>Possible Areas for investigation</b></p> <ul style="list-style-type: none"> <li>• What are the priorities for children's social care over the coming months and what impact will that have on looked after children?</li> <li>• What do you consider to be the strengths and areas for development in children's social care at present?</li> <li>• How would you describe the impact you are having upon the lives of those in children's social care? How do you know?</li> </ul>



- How is the voice of the child reflected in your work?
- How confident are you that the children, young people and families are getting the right help at the right time? How do you know?
- What is in place to support staff to cope with increased workload in the Front door/Assessment and Safeguarding Teams?
- Does the service have the capacity to deal effectively and safely with the number of children coming into care?
- Has the backlog of EHA migration activity been completed and what impact has this had upon service provision?
- Is the Early Help offer effective? How do you know?
- What actions are you taking to understand the reasons and improve persistent absence performance in secondary schools?
- What are the barriers to improving performance for the SDQ's? How can these be overcome?
- 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 learning is to be taken from those children that have been placed on a CPP for a second time this year to prevent it happening to other children in the future?
- What can members do to support the work of children's social care in Barnsley?

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# Item 8

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