

# Public Document Pack



<b>MEETING:</b>	Overview and Scrutiny Committee - Full Committee
<b>DATE:</b>	Tuesday 23 April 2024
<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.

#### 3 Minutes of the Previous Meeting (*Pages 5 - 12*)

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

9 <sup>th</sup> January 2024	Full Committee
13 <sup>th</sup> February 2024	Sustainable Barnsley Workstream
5 <sup>th</sup> March 2024	Growing Barnsley Workstream
26 <sup>th</sup> March 2024	Healthy Barnsley Workstream

Overview and Scrutiny Issues for the Committee

#### 4 Barnsley Health & Care Plan 2023 - 2025 (*Pages 13 - 58*)

To consider a report of the Executive Director Core Services and the Integrated Care Partnership on the Barnsley Health & Care Plan 2023-25 (Item 4a), the Barnsley Place Based Partnership Health & Care Plan 2023-25 (Item 4b), and the Progress Against the 2023/24 NHS Operational Planning Objectives for January/February 2024 document (Item 4c).

#### 5 FOR INFORMATION ONLY - Children's Social Care Performance Report - February 2024 (*Pages 59 - 66*)

To note the redacted report of the Executive Director Core Services and the Executive Director Children's Services on Children's Social Care Performance for February 2024 (Item 5a), and the Monthly Performance Update Data Tables for February 2024 (Item 5b)

## **6 Exclusion of the Public and Press**

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

## **7 Children's Social Care Performance Report - February 2024 (Pages 67 - 80)**

To consider the report of the Executive Director Core Services and the Executive Director Children's Services on Children's Social Care Performance for February 2024 (Item 7a), the Monthly Performance Update data tables for February 2024 (Item 7b), and the Understanding Children's Social Care Performance document (Item 7c).

Reason restricted:

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

## **8 Strengthening Children's Services Quarter 2 Report 2023-24 (Pages 81 - 90)**

To consider a report of the Executive Director Core Services and the Executive Director Children's Services on the steps taken to strengthen Children's Services.

Reason restricted:

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

Enquiries to Jane Murphy/ Anna Marshall, Scrutiny Officers

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

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

Councillors Ennis OBE (Chair), Barnard, Bellamy, Booker, Bowler, Bowser, Christmas, Clarke, Denton, Eastwood, Fielding, Green, Hayward, Hunt, Lodge, Markham, McCarthy, Mitchell, Moore, Morrell, Moyes, Murray, O'Donoghue, Osborne, Peace, Pickering, Risebury, Sheard, Smith, Tattersall, Webster, A. Wray and N. Wright together with Statutory Co-opted Member Iles (Parent Governor Representative)

Electronic Copies Circulated for Information

Sarah Norman, Chief Executive  
Wendy Popplewell, Executive Director, Core Services  
Rob Winter, Head of Internal Audit and Risk Management  
Michael Potter, Service Director, Business Improvement, HR and Communications  
Sukdave Ghuman, Service Director, Law and Governance  
Press

Witnesses

Item 4, 2pm

- Wendy Lowder, Executive Director Place, Health and Adults, Barnsley Metropolitan Borough Council and NHS South Yorkshire Integrated Care Board
- Anna Hartley, Executive Director of Public Health and Communities, Barnsley Council
- Cllr Jo Newing, Cabinet Spokesperson, Place Health & Adult Social Care, Barnsley Council
- Cllr Wendy Cain, Cabinet Spokesperson, Public Health and Communities, Barnsley Council
- Bob Kirton, Managing Director and Deputy Chief Executive Officer, Barnsley Hospital NHS Foundation Trust
- Dawn Lawson, Executive Director of Strategy & Change, South-West Yorkshire Partnership NHS Foundation Trust
- Gill Stansfield, Director of Services, South-West Yorkshire Partnerships NHS Foundation Trust
- James Barker, Chief Executive, Barnsley Healthcare Federation
- Adrian England, Independent Chair, Mental Health, Learning Disabilities, Dementia and Autism Partnership
- Joe Minton, Portfolio Lead – Transformation and Delivery, NHS South Yorkshire Integrated Care Board
- Adam Layland, Director of Partnerships & Operations, Yorkshire Ambulance Service

Items 5 – 7, 3pm (approx.)

- Matthew Boud, Service Director, Children's Social Care & Safeguarding, Barnsley Council
- Carly Speechley, Executive Director Children's Services, Barnsley Council
- Cllr Trevor Cave, Cabinet Spokesperson, Children's Services, Barnsley Council

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<b>MEETING:</b>	Overview and Scrutiny Committee - Full Committee
<b>DATE:</b>	Tuesday 9 January 2024
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis OBE (Chair), Barnard, Bellamy, Bowser, Christmas, Clarke, Eastwood, Fielding, Green, Hayward, Lodge, Markham, McCarthy, Mitchell, Morrell, Moyes, Murray, O'Donoghue, Osborne, Peace, Pickering, Sheard, Smith, Tattersall, Webster, A. Wray and N. Wright

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

Councillor Bowser declared a non pecuniary interest in relation to being a member of the Corporate Governing Body

Councillor Clarke declared a non pecuniary interest in relation to being Chair of the Family Hub at Kendray and Worsborough

Councillor Eastwood declared a non pecuniary interest in relation to being a member of the Fostering Panel and a member of the Corporate Parenting Panel

Councillor Lodge declared a non pecuniary interest in relation to being Trust Governor at The Mill Academy and an employee of Centrepont who deliver training for Young People

Councillor O'Donoghue declared a non pecuniary interest in relation to being a Corporate Parenting Panel Member

Councillor Peace declared a non pecuniary interest in relation to being the Cabinet Support Member, Children's Services

Councillor Tattersall declared a non pecuniary interest in relation to being a member of the Berneslai Homes Board

Councillor Webster declared a non pecuniary interest in relation to having a family member in current mainstream SEND provision.

### 18 Minutes of the Previous Meeting

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

Full Committee – 12 September 2023

Sustainable Barnsley Workstream – 10 October 2023

Growing Barnsley Workstream – 31 October 2023

Healthy Barnsley Workstream – 28 November 2023

## 19 Provisional Education Outcomes for Barnsley 2023

The following witnesses were welcomed to the meeting:-

- Nina Sleight - Service Director Education, Early Start & Prevention, Children's Services, Barnsley Council
- Anna Turner - Head of Service, Education & Partnerships, Children's Services, Barnsley Council
- Neil Wilkinson - Projects and Contracts Manager, Employability & Skills, Place, Barnsley Council
- Tom Smith - Head of Employment & Skills, Place, Barnsley Council
- Jane Allen - Service Manager, Education Welfare and Inclusion, Children's Services, Barnsley Council
- Tom Oates – Virtual School Head, Barnsley Council
- Kerry Blantern - Senior Performance and Intelligence Officer, Core Services, Barnsley Council
- Angela Lomax, Group Leader, Raising Participation, Children's Services, Barnsley Council
- Andy Lancashire - Co-Chair of Barnsley Schools' Alliance
- David Akeroyd - CEO & Principal, Barnsley College
- Cllr Trevor Cave - Cabinet Spokesperson, Children's Services

Nina Sleight provided members of the Committee with a highlight of some of the key details contained within the report. There were positive educational outcomes across early years to post 16 which were as a result of hard work from children, young people and staff working in settings and schools alongside partnership working.

The report overall, was positive in terms of outcomes and how partnerships had come together to address challenges and priorities that had been identified through the Education Improvement Strategy, SEND Strategy and More and Better Jobs Strategy to progress children's aspirations.

Councillor T Cave provided members with a historical context to the report in the fact that around 20 years previous, Barnsley was one of the poorest performing councils in relation to education in the country. This had now risen to better than national average which has been supported by the sector and the Council's commitment of investments into various aspects of helping children and young people such as creating the Barnsley School Alliance, successful engagement with schools, Strategy for SEND and recently the creation of the Family Hub model.

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

In relation to what support is available for young people who miss their grades for their chosen steps. Members were informed that initially young people received career guidance and their plans would have a built in alternate plans. Work with schools was undertaken around May to collect intended destinations of where young people were thinking of going. For the people who do not get offered a Post 16 learning offer, alternate learning options are looked into in order to make a September Guarantee offer to every young person no matter where it is an offer for.

In August when the grades are known colleges carry out careers guidance sessions for those who either got higher or lower grades than expected. There is a live database to pick up the young people who have been identified as not moving onto post 16 education, employment or training in order to help them get back into some sort of provision.

Barnsley College reported that the vast majority of Y11 pupils in Barnsley schools apply and are successfully offered a place on a programme. It was reported that the remaining cohort would stay at Penistone Grammar School Sixth Form or other provisions out of Borough. Members were informed that young people not receiving their expected grades wasn't a barrier for education at the College and that there was a course for every child in the Borough on offer. It was acknowledged that this may not be the course they initially wanted but it could still lead to their intended goal just via a different path or a one year intervention to retake qualifications such as GCSE Maths or English. No young person was disadvantaged and career guidance was always available.

Concerns were raised that SENDCO staff in schools were being shared and splitting time between schools and classrooms. It was reported that this would be a concern and to report any instances of that to Children's Services in order for them to look into the matter. The Council had invested in a SEND Improvement Team who work collaboratively with Schools to create inclusive settings. Various assessments are carried out to look into school outcomes, attendance, number of children on SEND support and EHCP etc to gain a comprehensive picture of each school. This enables the Send Improvement Team to identify whether there are any specific areas of need to be looked at and supported. This enables the SENDCOs, who are in the best position to support individual children with need, to fulfil their role.

Children not attending full time education is a key priority for Barnsley Schools Alliance. It was acknowledged that there were non-attendance issues such as days off in term time, but the focus of the Barnsley Alliance was on suspensions and exclusions and what factors were at play within that and how the Partnership could address those issues. A commitment had been made between Chief Executives of Multi Academy Trusts to work with the Barnsley Schools Alliance around issues of exclusions and suspensions and how to support staff. Some identified factors were complex issues within communities and families that required additional support. What inclusive practices had been seen in schools, how that works and what steps had been taken to support children to prevent behaviours resulting in suspensions or exclusion. It is a priority to create strategies and plans around schools to support them to be fully inclusive schools with pupils regularly attending and able to thrive alongside schools managing behaviours safely and supporting their right to do that by addressing behaviours.

Education Welfare and Inclusion had data around suspensions and exclusions and would work with schools to ensure a good package of support to identify where the young persons behaviours are being driven from as there will be some unidentified need. The data collated is shared with Leaders in schools for good practice.

Members were concerned that some exclusions and consequences were arbitrary for something as simple as not wearing a specific bag. This could be seen as a hostile environment for children transitioning from Year 6 to Year 7. It was felt that there

was a need for more understanding in schools. In response members were informed that Academies write their own policies, but that negotiations could take place with schools as to what is in the best interests of children and the impact and wider impact that isolation can have on the child and their families. Members heard how a Early Intervention (Green) Panel had been introduced for those children getting repeat suspensions. Secondary leaders bring information to a specific Panel and have those conversations about children and come forward with suggestions and how to approach particular behaviours in order to avoid permanent exclusion.

Members questioned whether it was a legal or advisory rationale to have SEND teachers in school. In response members were informed that each school is required to have a designated SENDCO and large secondary schools have pastoral staff who work under guidance of the SENDCO to support children.

The statistics provided to members around the reasonings behind suspensions, fixed term exclusions and permanent exclusions was from 2018/19. Members enquired whether there was an up to date list to show whether the reasonings for suspensions and exclusions had shown to be for more arbitrary reasonings. Members heard that local data is collected every time a young person is excluded. Work is then undertaken with young people and families to support transition to the next destination, which would depend on the nature of their permanent exclusion. They were able to analyse whether it was a one off serious incident or whether it was an accumulation of different issues resulting in conversations with schools to deal with the issue accordingly.

Permanent Exclusions were defined by strict legal guidance. In terms of fixed term period and suspensions, these would be looked into if the case was brought to the attention of Children's Services. The Committee was assured that as a Partnership, this was a key priority to ensure they impact positively and reduce fixed term suspensions and exclusions within the Borough. When asked why it feels arbitrary there tends to be a wider case, information and other incidents surrounding it.

In terms of school uniforms and sanctions for not wearing it correctly, it was acknowledged that sometimes this can be a rule the young person does not wish to stick by but also that it could be a parental or carer breakdown and not the child's fault. Every family is unique and would be looked into without pre judgment in order to judge each situation and circumstances around the incident.

Education Psychologists were leading on a research piece of work with Children going through the Fair Access Panel due to permanent exclusion to understand how they feel and how it was impacting them. To understand as a system and Partnership, how they could be supported through the next step. The voice of the child, young person and their families is important.

Members enquired whether the education outcomes had improved following most of the schools moving to Academies. Schools in Barnsley had significantly improved but it was difficult to say whether this was due to how services are addressed, how they have come together as a partnership or the move to academies. Benefits of Partnership working with local and national Academy Trusts had already been seen in terms of sharing expertise.



There were no active plans for Penistone Grammar School, who was the last remaining maintained secondary school in the Borough, to be academized, but this was always an option for them.

Members asked how GCSE and A Level results compared to better areas and private schools. In response members were informed that key stage 4 was below national average and whilst this was not where Barnsley wanted to be, it compared to the Boroughs neighbours. Other areas of the Country who had less socio economic deprivation were above national average and the details of private schools was not known. In regards to A Level uptake, it was not always the right route for some young people. This needed to be looked at more widely into Post 16 achievement rates which were around 8% higher than national average. Young people are offered a wide and good deal of choice across the landscape of the Borough for Post 16 options.

Members questioned whether anyone in the Borough takes International Baccalaureate, but there were no current plans for this. In terms of Sixth Form provision, Penistone Grammar school offered a limited range of subjects whereas Barnsley College offered a broad range meeting the needs of every young person in the Borough. It was felt that other schools in the Borough did not offer alternate provisions as they would not be financially viable and they would only be able to offer limited courses. Nationally there had been a reduction in Sixth Form provisions.

The numbers of parents and children choosing to electively home educate (EHE) had risen significantly, this area of work is a key priority for the Education Welfare Service. Parents choosing EHE receive significant support and information into what it entails. An Education Welfare Officer carries out a visit at the point of notification of EHE and the children are spoken to alone in order to gather whether it is parents decision or the child's, EWS and existing services involved in supporting the family continue to support families where required including advice to get back onto the pathway into education if they decide to return to school. Early intervention with agencies, families and the school is carried out to try and understand the barriers to remaining in education. Year 11 has the highest cohort and work is undertaken to ensure the children and young people get the most appropriate career advice so as not to be disadvantaged by being out of school based education. Barnsley college confirmed they were working with 100 EHE students on a part time basis due to a funding contract through the Government.

It is a Barnsley priority to be above national average across all Key Stages. The comparison with national statistics and regional neighbours provides a benchmark as to what the threshold is and whether out of step or doing better than areas with the same demographic. Each school and trust has their own action plans in terms of results which was reviewed in Summer as to what can be done different the following year. The Committee was assured that everyone was working hard to get above average.

If a pattern of suspensions and exclusions appears around a particular child, then schools keep a log in order to investigate the possible reasonings behind them by looking at the child in a wider context. Meetings are created with parents and carers to undertake assessments to understand whether there is any unmet need and

provide support for that. This preventative work should then prevent further suspensions and the possibility of permanent exclusion.

It was acknowledged that Academies were well placed to improve education outcomes and that it was in Barnsley's best interest to have fewer but better Academy Trusts in the Borough rather than more Academy Trusts. Members heard how it would be more challenging to work with more providers and leaders and governance structures. Less Academy Trusts works hand in hand to improve education outcomes for children and works with the flow of what the Borough is trying to achieve. Members noted that it was the Department for Education that ultimately decides which Trust runs with a school.

**RESOLVED:-**

- (i) that the witnesses be thanked for their attendance and contribution;
- (ii) that the report be noted;
- (iii) that members would like to know how do schools pick up on as yet unidentified children with SEND?
- (iv) that members would like to know what are the next steps for those children, how are their needs met in the short term and what support is available for parents and children until an EHCP or support plan has been put in place?
- (v) that members would like to know what statistics are collected by the service in relation to SEND and are these benchmarked against other Local Authorities?

**20 FOR INFORMATION ONLY - Children's Social Care Performance Report October 2023 (REDACTED)**

Members were invited to consider a cover report relating to Children's Social Care Performance October 2023. The redacted report was provided for information only.

**RESOLVED** that the report be noted.

**21 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 1 of Schedule 12A of the Local Government Act 1972 as amended, subject to public interest.

**22 Children's Social Care Performance Report October 2023**

The following witnesses were welcomed to the meeting:-

- Matthew Boud, Service Director Children's Social Care & Safeguarding, Children's Services, Barnsley Council
- Trevor Cave, Cabinet Spokesperson, Children's Services, Barnsley Council

Members were invited to consider a report relating to:-

- 6a – Children's Social Care Performance for October 2023
- 6b – Monthly Performance Update Data Tables for October 2023
- 6c – Understanding Children's Social Care Document

Matthew Boud and Councillor Trevor Cave provided Members with an overview of the Childrens Social Care Performance Report for October 2023. Members heard how the significant investment into Childrens Social Care had led to good outcomes from OFSTED.

A significant amount of work had been undertaken to improve practice across Children's Services on children's visits to meet regularly and making the visits into a meaningful record. Work into understanding what a good record and visit looks like was being supported by the Practice Development Hub to ensure the work being carried out was meaningful and purposeful.

In terms of ensuring parents comply with sending their children to school, a whole assessment would be undertaken to look into the circumstances surrounding the child.

Barnsley was not unique in its difficulties of retaining and recruiting qualified and experienced Social Workers. It was important that newly qualified members of staff were made to feel valued and safe in the service which had been reflected in a recent OFSTED and staff survey. A number of initiatives were in place such as apprenticeships and 'grow your own' in collaboration with Universities and employing agency workers on a full time basis.

Members enquired whether there would be an offer of something similar to the Hub in out of town areas as these could be difficult for people to visit. It was acknowledged that in an ideal world a Hub in every area would be the hope but this was not possible.

**RESOLVED:-**

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

**23 Strengthening Children's Services Quarter 2 2023-24**

The following witnesses were welcomed to the meeting:

- Matthew Boud, Service Director Children's Social Care & Safeguarding, Children's Services, Barnsley Council
- Trevor Cave, Cabinet Spokesperson, Children's Services, Barnsley Council

The Service acknowledged that it was important to measure themselves on outcomes from families and children and whether they were delivering sustainable, measurable, achievable outcomes against priorities. It was noted that Barnsley was not as well funded as other authorities so it was vital that when additional money is received it is important to prove that it is making a difference to the Borough's young people.

Members heard how there was a national crisis in terms of funding for Children's Services, particularly in relation to high placement costs. The Service has a statutory responsibility to fulfil the needs of young people and a priority was to increase in house Foster Carers.

One priority for the Service was to ensure a permanent and stable workforce to ensure that Barnsley's young people are not delayed in their needs and they receive consistency and good relationships.

In regard to placements there had been a growth in Kinship Foster Carers which was expected to grow. Work was being undertaken to address the pressures on short term placements and helping young people to find permanent placements quicker so they aren't in foster care long term.

**RESOLVED:-**

- (i) that the witnesses be thanked for their attendance and contribution;
- (ii) that the report be noted; and
- (iii) that Officers provide CIPFA comparator tables to demonstrate the cost per capita of Children's Services compared to other Local Authorities.

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Chair

<b>MEETING:</b>	Overview and Scrutiny Committee - Sustainable Barnsley Workstream
<b>DATE:</b>	Tuesday 13 February 2024
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis OBE (Chair), Barnard, Bellamy, Booker, Bowser, Clarke, Eastwood, Hayward, Hunt, Lodge, Morrell, Moyes, Murray, O'Donoghue, Osborne, Peace, Sheard, Smith, Tattersall, Webster, A. Wray and N. Wright.

### 24 Apologies for Absence - Parent Governor Representatives

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

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

Councillor Bowser declared a non-pecuniary interest as Cabinet Support Member for Core Services

Councillor Osborne declared a non-pecuniary interest as Cabinet Support Member for Environment and Highways, as a member on the Berneslai Homes Board and a member on the Barnsley Premier Leisure Board

Councillor Tattersall declared a non-pecuniary interest as a member on the Bernelsia Homes Board

Councillor O'Donoghue declared a non-pecuniary interest as an employee of Age UK Barnsley

Councillor Moyes declared a non-pecuniary interest as Cabinet Support Member for Regeneration and Culture

Councillor Lodge declared a non-pecuniary interest as an employee of an organisation that holds a contract with Barnsley Council

Councillor Peace declared a non-pecuniary interest as an employee of the Department for Work and Pensions and the Cabinet Support Member for Children's Services.

### 26 Minutes of the Previous Meeting

The minutes of the meeting held on 9 January 2024 were received.

### 27 Medium Term Financial Strategy

The following witnesses were welcomed to the meeting:

- Neil Copley, Director of Finance, Core Services, Barnsley Council
- Steve Loach, Head of Corporate Finance & Business Partnering, Core Services, Barnsley Council
- Wendy Popplewell, Executive Director Core Services, Barnsley Council
- Councillor Robert Frost, Cabinet Spokesperson Core Services

Councillor Frost, Cabinet Spokesperson Core Services presented members with a brief national overview of Local Authority budgets stating that there was an estimated £4billion shortfall in council budgets and that 1 in 5 councils may need to issue a 114 notice in the next 2 years. It was noted that Barnsley was in a sound position and would not be issuing a 114 notice. However, it was acknowledged that rising costs of, and demands for services would not be sustainable and difficult decisions would have to be made for future years to prevent a 114 notice.

Members were informed that the council tax would have to rise by 4.99% with 2% for social care and make £8million of efficiencies to balance the budget.

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

The Best Value Strategy included a competency framework which sets out detailed financial and commercial skills that members and officers need to have in order to make sound decisions. This is used alongside training toolkits and guidance. In addition learning based on sector failings from up and down the country would be embedded across the Authority to ensure jobs are done properly.

Members were informed that the budget pack included a Plan B contingency which was in place for implementing as there was not always the guarantee that some issues could be transformed or innovated out of if resources were being squeezed. It was acknowledged that there would be some difficult decisions for members to make in order to balance the budget in future years.

There was confidence that although the Council had high levels of debt, they had assets that could back up that debt. The Glassworks, for example, had a cost of £140million from borrowing but that debt could be paid from income streams as well as efficiencies and budget reductions that had been made. This ensures that the debt could be paid back regardless of the circumstances.

Members queried whether in the current climate it would be best to sell assets. It was noted that it costs £30million to maintain, heat, clean and light Barnsley Councils assets so selling or repurposing some of the assets that are not in use would be beneficial. It was recommended that a future Scrutiny Workstream look at the Asset Management Strategy in its totality. Members heard that there would be a number of parts to assessing assets within the community including whether it could be used for a different purpose in the community, how to charge appropriately to contribute to upkeep, making buildings more efficient or when to dispose of assets for best value. Members queried whether it would be possible to know how much the council had lost since some assets had been vacant. This would be provided to members in due course.

Members were informed that a new Asset Management System was being invested in, in order to pool all detailed information from different sources with regards to each asset in one place.

Members queried why markets in different parts of the Borough looked and were charged differently. This information would be circulated to members in due course.

Members were informed that there were no plans to charge for room hire in the Town Hall, but that the commercial aspects of the Town hall were being looked at.

In terms of strategies in place to deal with any unforeseen or unknown expenditures that may arise, there was a Reserve Strategy outlined within the papers which detailed an additional financial resilience reserve of £23million for short term emergency unforeseen events. This was appropriate to the current risk environment that the Council saw itself in.

The Best Value Strategy was in place to ensure that taxpayers money is spent well and there was value for money by providing an oversight and scrutiny of the Framework. The significant cost pressures felt particularly this year had largely been from outside of the Council's control. The cost pressures associated with looked after children was a national problem caused by a broken social care market. A moratorium had been placed on spending and every internal process had been scrutinised as to whether it was essential. Recruitment was scrutinised whether the posts were needed or whether they could be filled by cheaper options such as apprenticeships. The increased difficult financial circumstances were an accumulation of things including a decade of under funding from the Government, post pandemic costs, national issues around social care, homelessness and home to school transport. The Council would have to test itself in what services and IT systems needed to be procured and challenge the organisation in its processes and whether something is necessary from a small process to a large contract. Members were informed that across the board, including the NHS, hard decisions were being made in how to spend and this would only get harder in the forthcoming years. Members were reminded that the Council had received a clean bill of health from the Auditors and value for money report.

Members heard that overall the Council had a budget of £217million in reserves at the beginning of the 2024/2025 financial year, the majority of which was committed to spend.

With regards to IT systems, it was not a case of going out to buy what was being sold, a rigorous investigation into whether the systems the council already had could broadly provide the outcome what was required. Alternatively, could the procedures and processes in place be changed to fit with the systems in place. This would ensure a system with a longer lifespan instead of purchasing a customised more expensive system that could not eventually be supported going forward.

Members were informed that Barnsley had an enviable reputation for being run well financially, and many other Local Authorities had visited to see how things are run. One particular thing attributed to the good running of the financial services was that they take learning from good practices elsewhere, they measure themselves against the CIPFA Financial Management Guide and the Team had analysed and checked

themselves against the Section 114 reports from other Authorities as to what had gone wrong and pulled out what could be improved in Barnsley. Revised Contract Procedure Rules had recently been implemented with improvements from what had been seen happening elsewhere.

The Debt Collection Team had recently won an award as the best team in country, which was a positive indication of the investment in the service and the hard work of the Team. Council Tax debt collections had collection rates of around 96% which benchmarked well against other Councils. In terms of business rates members were informed that these were not significantly high. Other debts included residents' debts from services such as bulky waste and Pest Control and debts from public bodies. Council Tax debts were pursued until it becomes uneconomical, but members were assured the Council does everything they can to collect these debts. In terms of the backlog of court hearings in terms of debt collections post covid, members were informed that these had largely been addressed and this was no longer an issue. Members were assured that everything within the Councils power is done to collect debts in the interest of the taxpayers of Barnsley.

In regards to the £15.5million shortfall predicted within the budget papers, members were informed of the phased plans to address this which could generate around £15million in savings. If the proposed plans were to be delivered in full, the savings could be delivered in efficiencies opposed to budget cuts. Members were informed that there would be risk and uncertainty attached to the proposed plans of delivering cheaper but better services, but that contingency plans were in place.

In regards to the risk around significant costs around children social care, whilst demand was starting to plateau, this was a national issue that the Council could not address. The Council would continue to make sure that children get the right care at the right time, but companies were making excessively high profits on the back of this demand so the risk remained. Members were informed that there would be a Financial Recovery Plan for Children's Services to be published to set out minimising the overspend.

Members queried whether budgets for Area Councils would be affected, they were informed that there were no plans to reduce these budgets.

The Council, in collaboration with NHS Partners and a broad range of strategic partners, were hoping to move some services from Barnsley Hospital into the Alhambra Centre. This would contribute to Barnsley's health and wellbeing offer and alleviate some issues at the Hospital associated with parking and missed appointments. The diagnostic centre within the Glassworks had worked well and people had commented how innovative this approach was. It was thought the Centre would hold more complimentary services than commercial services.

The Council's investment in purchasing Barnsley Football club grounds and stadium was seen as a key strategic asset and any profits made from the lease would be invested into improvements within the stadium.

**RESOLVED:-**

- (i) that the Asset Management Strategy be added to the Scrutiny workplan;



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

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Chair

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<b>MEETING:</b>	Overview and Scrutiny Committee - Growing Barnsley Workstream
<b>DATE:</b>	Tuesday 5 March 2024
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis OBE (Chair), Barnard, Booker, Bowler, Denton, Eastwood, Fielding, Hayward, Lodge, Mitchell, Morrell, Osborne, Peace, Sheard, Tattersall, Webster and N. Wright

### 28 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received from Ms E Iles 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 as a member on the Berneslai Homes Board.

### 30 Minutes of the Previous Meeting

The minutes of the meeting held on 13 February 2024 were received.

### 31 Visitor Economy & Destination Management Plan for Barnsley

The following witnesses were welcomed to the meeting:

- Jon Finch, Head of Culture & Visitor Economy, Barnsley Council
- Kathy McArdle, Service Director, Regeneration & Culture, Barnsley Council
- Devinia Skirrow, Communications and Marketing Manager, Barnsley Council
- Ellie Pate, Communications and Marketing Manager, Barnsley Council
- Cllr Robin Franklin, Cabinet Member Regeneration & Culture, Barnsley Council

Kathy McArdle provided members with a brief introduction to the report submitted for members attention. Members were informed that the report submitted covered a series of developments that had happened at a national, strategic, regional and local level to support visitor economy across the UK, South Yorkshire and Barnsley. Work was underway to maximise the advantages of the Borough with its location, heritage and culture and sports aspects to ensure that Barnsley benefits from the growing visitor economy.

Jon Finch provided members with an in-depth update of the Visitor Economy and Destination Management Plan for Barnsley. Members were informed that there would be two tiers of delivery one being at regional level with Destination Development Partnerships and the second tier of Visitor Economy Partnerships.

Following Welcome to Yorkshire going into administration in Spring 2022, the Yorkshire Leaders Board felt this had left a gap so had put in place a light touch Yorkshire tourism initiative regional partnership which started in 2023 focussing on each Yorkshire County ensuring equal representation. Members heard of the in depth work being undertaken with partners in the private and public sectors and the developments in place for the forthcoming development of the Barnsley Visitor Economy Strategy.

Members commented that whilst this was an optimistic view, there were concerns that Barnsley would be competing for visitor economy against Towns and Cities with tourist attractions such as Oxford and Bath. There was also a worry as to travel options on offer. Members were informed that whilst Barnsley had a strong sport and hospitality culture, it also had the strength of a rural tourism offer for people to visit and explore the countryside as Barnsley had a vast green offer. It was important to promote the ecological story of Barnsley alongside what the Town Centre can offer. It was noted that Barnsley also had a number of incredible quality parks in the Borough which was part of the green tourism offer as well as the wider countryside offer.

It was acknowledged that there was a need to work with partners in the transport sector to address and strengthen the travel infrastructure so people could easily access key sites whether they were to be heritage, restaurants and bars or areas of scenery. An initiative that had been put forward was to work with tourism sector partners to enable travel to places such as Wentworth Castle Gardens and other heritage offers across borders. Conversations were also being held with bordering Local Authorities to create a linked travel initiative as connectivity was critical.

In terms of possible developments of a conference centre between the Metrodome and Oakwell, members were informed that whilst in the past this had been touted as a possible location for a conference centre, no plans had come to fruition. Members heard that there would need to be a demand for such a venue and there would need to be a demand study. Members were informed that there had been successes holding dispersed conferences across three or four venues across the Town Centre, which also showcased what Barnsley had to offer. A piece of work was being undertaken for a future masterplan of the Town Centre including the Oakwell area and options to develop that as a destination for leisure.

In regards to visitor numbers and where they were visiting from, members were informed that venues across Barnsley saw visitors from varying geographical areas. Cannon Hall for example, saw more visitors from outside of Barnsley than inside, whereas the other side of the Borough saw visitors from as far as Nottingham. There were fluctuations of visitors depending on the programme of events.

A Visit Barnsley website was in development in order to showcase and bring together everything that Barnsley has on offer and would include all public events taking place across the Borough.

Members raised the need to think about future planning for events in the longer term, and a full and frank discussion took place around the 50<sup>th</sup> anniversary of the miners' strike, with opposing opinions being taken into account.

Whilst Barnsley merchandise was not available to purchase online, there were some items that could be purchased from the Market reception and that this was something to be explored as commercialisation. It was noted that venues such as Cannon Hall and Worsbrough Mill had seen success in selling merchandise and unique products and that there had been an increase in microbreweries across the Borough.

It was felt that the Borough did not have an adequate breadth of overnight accommodation on offer. A piece of work was being undertaken during 2024 to analyse the current offer and what was needed in order to move forward in providing accommodation for people visiting. It was recognised that overnight visitors were essential for the nighttime economy, but that a diverse range of accommodation within the principal towns was also required. There was a need for an accommodation offer in the green belt of the Borough and conversations were being had with Planning on how to facilitate this.

Members were informed that the South Yorkshire Mayoral Combined Authority were on Step 3 of the process of bus franchising tendering of bus routes. Buses had been badly hit by the impact of the pandemic and were still in recovery which had resulted in them only considering particular routes that were profitable. One way of boosting the profitability of a route would be to increase patronage and for it to be tailored to meet need and demand. The Visitor Economy Strategy would be clear in what routes would add value. Private operators such as Globe and White Rose could also be considered as an alternate option for some routes.

A key concern was around skills and employment which had faced significant challenges. It is important to work closely with the SY Mayoral Combined Authority to secure investments in hospitality. Further work would be to carry out a detailed skills analysis to target future investments at sub regional level by working with partners such as Enterprising Barnsley. Zero hours contracts would remain in use for staff employed for events and in museums to provide additional support as and when needed for short periods of time.

Members heard how changing the perceptions of Barnsley was a complex process of addressing different age groups, audiences and markets and required Borough wide efforts in order to do so. There had been significant investments and improvements in what Barnsley had to offer and it was felt that the creation of the Visit Barnsley website would bring everything together to help change the Barnsley story and brand. There had been a number of positive press stories including King Tut in the phone box for Experience Barnsley, Tom Walker playing in the Glassworks Square which had created huge social media coverage, and Barnsley Youth Choir had performed on Radio 4 in December. A number of customer surveys had been carried out in 2022 and 2023 and one of the biggest features to come out of them was that the people of Barnsley felt very proud about the range of events and activities taking place in the Borough.

Members were informed that an events calendar would be a key feature within the Visit Barnsley website in order to keep people up to date and informed of what is happening in and around the Borough. Members were keen that in the meantime they are informed of any wider events planned in order to help promote them. Members heard that there would be no plans to split the Big Weekend and Pride Events in the calendar as they had been a huge success running concurrently.

Resources had been secured to look at how the entrance to the upper floors in the Glassworks could be enhanced to potentially expand the market kitchen and create a new visitor destination. Barnsley had created a can-do environment for entrepreneurs setting up business with support through Enterprising Barnsley. The Glassworks and Market were unique destinations that drew in coach parties to come and visit.

Members were provided with a progress update to the regeneration of the Civic. The capital projects were being finalised and work was being undertaken to progress securing food and drinks suppliers. Plans were in place to promote the opening of the venue in the weeks and months leading up to a big celebration event at the end of the project.

It was agreed that Barnsley had a lot to offer people of varying backgrounds and interests and everyone should act as an ambassador for the Borough in order to promote the attractions and different experiences on offer.

**RESOLVED:-**

- (i) that the witnesses be thanked for their attendance and contribution;
- (ii) that the report be noted;
- (iii) that when developing the strategy and plans for the Borough, officers should consider the following:
  - Options to connect communities to heritage sites via public transport
  - Options to develop the educational tourism offer linked to the curriculum
  - Horizon scanning for future events (Long-term)
  - Promoting parks and wetlands/marshlands as part of the 'green' offer
  - Commercial opportunities eg. selling promotional materials online; and
- (iv) that witnesses share the events calendar with elected members, and elected members should send any events information to a named contact in the Culture & Visitor Economy Team

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Chair

<b>MEETING:</b>	Overview and Scrutiny Committee - Healthy Barnsley Workstream
<b>DATE:</b>	Tuesday 26 March 2024
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis OBE (Chair), Barnard, Bellamy, Booker, Bowser, Clarke, Eastwood, Fielding, Green, Hayward, Lodge, McCarthy, Morrell, Osborne, Sheard and Tattersall

### 32 Apologies for Absence - Parent Governor Representatives

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

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

Councillor Bellamy declared a non pecuniary interest as a member of the Corporate Parenting Panel.

Councillor Eastwood declared a non pecuniary interest as a member of the Corporate Parenting Panel and Fostering Panel.

Councillor Lodge declared a non pecuniary interest as an Adviser in an organisation that offers healthy relationship advice and support.

Councillor Sheard declared a non pecuniary interest as Cabinet Support Member for Public Health and Communities.

Councillor Tattersall declared a non pecuniary interest as a member on the Berneslai Homes Board.

### 34 Minutes of the Previous Meeting

The minutes of the meeting held on 5 March 2024 were received.

### 35 Domestic Abuse Strategy 2022-27

The following witnesses were welcomed to the meeting:

- Anna Hartley, Executive Director Public Health and Communities, Barnsley Council
- Jayne Hellowell, Head of Commissioning – Healthier Communities, Barnsley Council
- Phil Hollingsworth, Service Director Communities, Barnsley Council
- Alice Barker-Milner, Policy Officer, Healthier Communities, Barnsley Council

- Amy Hoyle, Contracts and Relationship Officer, Healthier Communities, Barnsley Council
- Councillor Wendy Cain, Cabinet Spokesperson Public Health and Communities, Barnsley Council
- Sarah Hill, Chief Executive, Independent Domestic Abuse Services (IDAS)
- Detective Inspector Helen Hughes, South Yorkshire Police (SYP)
- Temporary Detective Chief Inspector Nat Humphries, South Yorkshire Police (SYP)
- Kevin Stevens, Head of Service Childrens Social Care and Safeguarding, Barnsley Council
- Rachel Todd, Team Leader Housing and Triage, Safer Communities, Barnsley Council
- Rosemary Clewer, Senior Commissioning Manager, Healthier Communities, Barnsley Council

Jayne Hellowell and Alice Barker-Milner provided members with an overview of the Domestic Abuse Strategy 2022-27.

In response to the Domestic Abuse Act 2021, a needs assessment had identified some key gaps in service provision due to domestic abuse in Barnsley becoming more complex and diverse. These gaps included suitable housing, specialist support to children and young people and skilled work with perpetrators. The Domestic Abuse Strategy 2022-2027 was established to address these gaps and outlined the four main priorities of the Strategy, the current position and achievements of the service provision and future plans and challenges that the service provision faced.

The four priorities of the Domestic Abuse Strategy were outlined:

- Providing victims and survivors with the right support
- Preventing domestic abuse
- Providing strong multi-agency support
- Holding perpetrators to account and supporting them to change their behaviour

Members were made aware that additional funding had been received from the Department of Levelling up of £600,000 per year which had enabled new services to be put in place. It was noted however that this was not guaranteed every year which would result in the service returning to core funding. Members were informed that core funding would be able to support critical services such as support services with IDAS.

Members were informed of a new scheme 'Help Out Barnsley' which was driven by a need for storage facilities for victims who have had to flee their homes with nowhere to place their belongings.

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

Members were informed that families with teenage sons who would not be able to be housed in a refuge would be offered provision through other avenues. Provisions on offer would initially be through bed and breakfast accommodation and following



assessment they would be placed appropriately such as refuge, self contained or supported accommodation.

IDAS has plans to develop properties to accommodate people who cannot access the women's refuge due to more complicated needs. Length of time staying in the safe houses or refuges varied but could be anything up to 18 months, there was a desire to cut this time down to around 6 months by putting pathways in place in collaboration with the Council and other Partners. It was acknowledged that there were a number of complexities to getting people set up in the correct housing environment such as waiting lists for houses, the higher cost of private rented housing and also people being caught up in Tenancy Laws with their former homes.

Members heard how nationally due to demand in refuge accommodation around 65% of women who need refuge would not be able to find space in one. Local housing partners can accommodate people on an emergency basis until space becomes available in a refuge. If space is unavailable in the area, then there is the option to approach other local housing authorities.

Members were informed that Refuges across the UK charge rents for women but that most of the time these are paid through the housing benefit system as it was unlikely the people accessing these services would be able to work. There is an online system to find refuges and people are able to move out of the Barnsley area to find refuge and people are able to move into the Barnsley area if need be. There is a reciprocal arrangement with Sheffield for helping to find accommodation.

In relation to prosecutions, members were informed of non-crime incidents which were where there has been a report of abuse and following the police clarifying the facts of the incident, it could emerge as being an argument but it can be recorded on the South Yorkshire Police systems as an incident but is not classed as a crime. For a serious offence of assault, dependent on each case scenario, people can receive a sentence of around 3 to 4 years or longer if there is an accumulation of offenses. If victims do not wish to engage and press charges themselves then the Police are able to take the prosecution forward to the Crown Prosecution Service. The Police are able to prosecute based on evidence from a variety of sources such as body camera footage of first attending the callout, capturing any injuries sustained, the first victims account when they are in fear, the phone call to the police to report the crime, neighbours statements, CCTV footage and phone downloads. It was reported that there were a variety of reasons that victims may not complain such as fear for their family, the fear of losing their house and home that they have built together or they may not be financially secure to leave. They could also blame themselves for the behaviours of a partner, they could have been isolated from friends and family so feel they have nowhere to go. It was noted that every situation had its own complexities and some traumatic life altering situations.

Restraining orders provide legal protection and extra measures to enable people to feel safer in their homes. A big part of supporting people includes installing alarms, extra locks on doors and windows and CCTV.

Councillors enquired as to what they could do to help. In answer to this they were informed that they could speak with residents out in the community and if anyone needed help refer them to IDAS who are able to provide the best support and are

able to link people up with key partners. Members were informed that they would receive information on how to refer people to IDAS.

The Safe and Together Model had been identified as a potential model to commission for Barnsley as it had successfully been used in other areas including Sheffield. Members were informed that previous models had focussed mostly on survivors whereas this model holds perpetrators to be accountable for their decisions. It also aligns services across the board to work with survivors to keep them with their families as children are often placed in care due to parental domestic abuse.

In terms of preventative work, the challenge as a society of violence against women and men was that sometimes it was seen as ok and normal. Work was being undertaken in schools and with the Youth Association in supporting young people to think about the language they use when it is inappropriate, or they are displaying signs of coercive control to minimise risk of future behaviours. It was important to work together to educate ourselves and others to live in a society where it is unacceptable. This would be by calling it out whether it is on social media or out in society in the constituencies and wards.

Members raised some worrying statistics around young people's views on what circumstances they would class as rape and abuse. It highlighted the extent of the work that is required to educate young people. It was reported that it is the responsibility of all organisations that come into contact with children and young people to get the message across, alongside schools and parents.

It was acknowledged that perpetrators are from all walks of life from lawyers to the unemployed and that there was no stereotype or criminal profile to go by in identifying abusers. Research into some homicides had indicated that substances including alcohol and/or drugs had a clear relationship and were prevalent in domestic abuse homicides although some homicides had been spontaneous with no history of abuse. Campaigns to reduce alcohol intake were held at specific times of year such as Christmas or at Football matches when people's drinking is increased.

Domestic violence was not just a case of someone being physically abused, it includes financial and coercive control and being isolated from family and friends amongst other things. If someone has a history of such behaviours and they are stored in the police databases, if an incident arises with a new partner Officers complete a dashboard which goes before an Independent Review Panel. They then make a decision as to whether this needs highlighting to the new victim as a need to know disclosure in order to hopefully prevent other offences.

The Domestic Violence Disclosure Scheme (DVDS and also known as Clare's Law) had recently been implemented which enables the Police to inform a victim or potential victim of their partner or ex partners previous abuse or violent offending. Thorough research is undertaken into the person requesting the information to ensure they are disclosing the information to the right eligible person and the request has to be completed within 28 days. It was confirmed to members that South Yorkshire Police were complying with Clare's Law.

Strong multi agency support is provided at Multi Agency Risk Assessment Conferences (MARAC). This local partnership meets twice weekly and supports agencies in delivering the best outcomes for victims, particularly high risk domestic abuse victims who are vulnerable to serious harm or murder. The Barnsley Domestic Abuse Team within South Yorkshire Police dip sample cases that have been given a risk level of low, medium or high to ensure that they are filed satisfactorily and they are happy with the investigations and evidence that have lead to that rating. It was reported that if a victim stops reporting and disclosing incidents, and a pattern of behaviour had previously been seen, then some violence prevention initiatives are put in place such as unannounced visits to make sure they are not back in the relationship.

Hairdressers had received some training in were where to report concerning conversations to in order to signpost people to the right support service as they were seen as potentially somewhere that victims could go and speak safely. Stickers had been produced and sent out to businesses in the Borough such as hairdressers, football clubs and hospitals with QR codes on which directs straight to the IDAS website as a mechanism to reach people.

The money received from the Department for Levelling up is shared out to Council's based on a formula. If the additional money was to cease in future then the Service would have to rethink the model to target what was left of resources.

Members commented that some Area Councils had funded domestic abuse services within their own ward areas and queried whether they could join the group to feed their information into the main service. It was advised that this was a conversation to take forward outside the scrutiny meeting.

**RESOLVED:-**

- (i) that witnesses provide data on convictions rates;
- (ii) that witnesses liaise with Area Councils to discuss any commissioned activity at area level to ensure synergy;
- (iii) that witnesses provide mirror stickers and other materials that elected members can use to raise awareness within the community;
- (iv) that the witnesses be thanked for their attendance and contribution; and
- (v) that the report be noted.

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Chair

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## Barnsley Health and Care Plan 2023-25 – Cover Report

### 1.0 Introduction

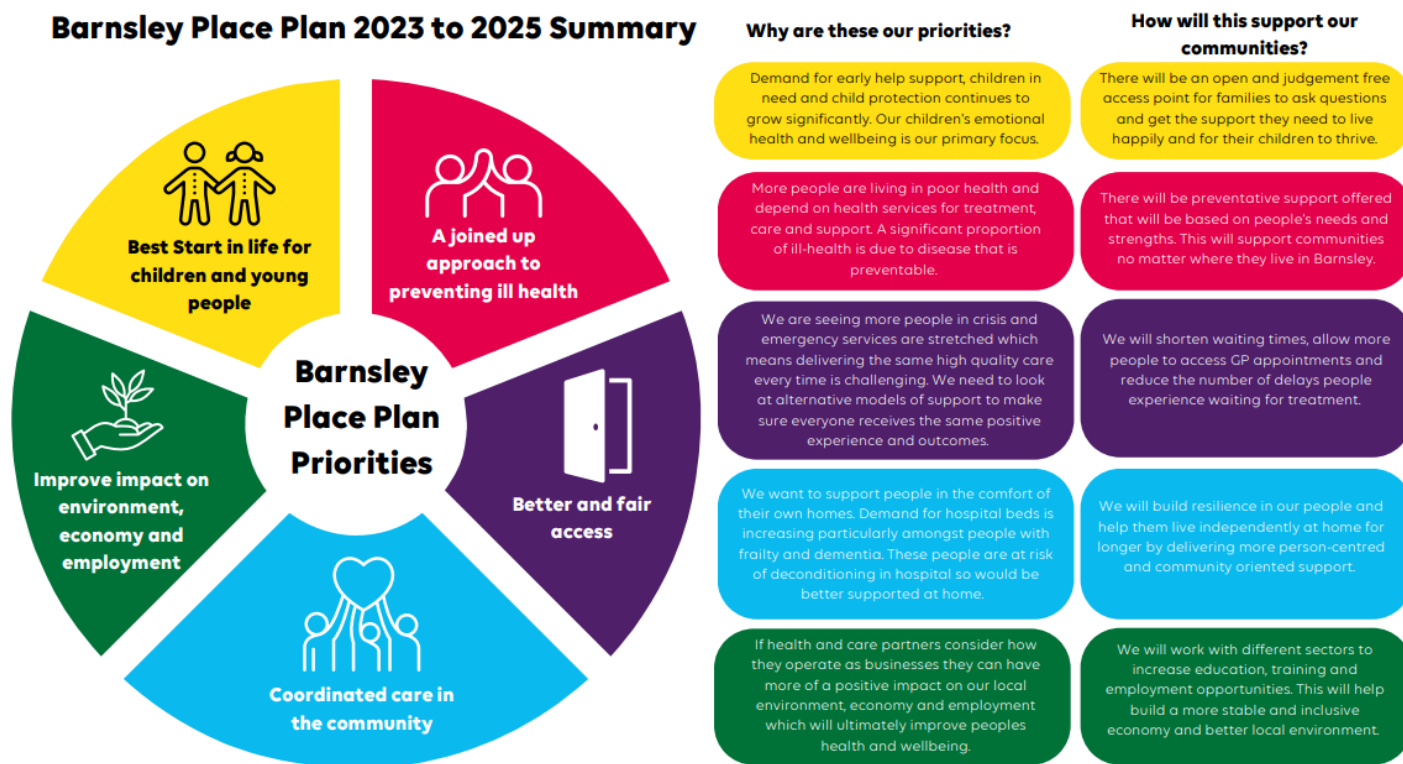
- 1.1 Over recent years the Barnsley Health and Care Partnership (“Place Partnership”) has provided an annual update on integrated care in Barnsley and the South Yorkshire Integrated Care System for Barnsley Overview and Scrutiny Committee (OSC). The last update was in November 2022 and described the role of the newly formed (from 1 July 2022) NHS South Yorkshire Integrated Care Board (ICB) and Integrated Care Partnership (ICP) and the Barnsley Place Partnership Committee, which was established as a committee of the ICB, and access to general practice.
- 1.2 Since November 2022, the Barnsley Place Partnership has supported the overview and scrutiny committee items on mental health in Barnsley, excess deaths, children and young people’s services, special educational needs and disability (SEND), adult social care and healthy life expectancy (HLE), which included tackling health inequalities in Barnsley. The partnership has also provided evidence for the scrutiny task and finish group looking into the health and care workforce in Barnsley this year.
- 1.3 This report focuses on the Barnsley Health and Care Plan 2023-25 (Item 4b – attached) that sets out the Place Partnership priorities for service transformation, engagement and involvement with services users and citizens in Barnsley and progress to deliver the NHS Operational Planning requirements for 2023/24.
- 1.4 Item 4c (attached) outlines the progress against the 2023/24 NHS Operational Plan Objectives for January/February 2024.

### 2.0 Background

- 1.5 The Place Partnership has made significant progress on transforming services for Barnsley people over recent years. Partners have shown that where there is collective ambition and will, we can bring about positive changes to service delivery such as a community diagnostics centre in The Glass Works, suicide prevention, hospital discharge to assess pathways, same day emergency care, improving health checks for people with learning disabilities and a single point of access for children with emotional health and wellbeing needs.
- 1.6 In April 2023 the South Yorkshire Integrated Care Partnership (ICP) launched its strategy ‘*Working together to build a healthier South Yorkshire*’ that expressed a vision where everyone in our diverse communities lives a happy, healthier life for longer. The ‘*Barnsley Health and Care Plan 2023-25*’ and ‘*Tackling Health Inequalities in Barnsley*’ set out the priorities for the Barnsley Place Partnership that are part of delivering the vision, goals, and ambitions of the South Yorkshire ICP and our ‘*Barnsley Health and Wellbeing Strategy 2021-2030*’.
- 1.7 The Barnsley Health and Care Plan 2023-25 focuses on the things partners can do better together:
- Providing more seamless care and avoiding duplication
  - Supporting people to remain healthy
  - Making the best use of the budget
  - Making Barnsley the place of possibilities
- 1.8 The plan contributes to the improvements described in the following -
- South Yorkshire Integrated Care Partnership Strategy
  - Barnsley 2030
  - Barnsley Health and Wellbeing Strategy 2021 to 2030

- Barnsley Mental Health and Wellbeing Strategy 2022 to 2026
- Barnsley Children and Young People’s Plan 2019 to 2022
- Barnsley SEND Strategy 2022 to 2025
- Tackling Health Inequalities in Barnsley

1.9 Barnsley Place Plan 2023-25 sets out five high level priorities and enablers, such as digital, estates, workforce, and involvement, each with a series of deliverables. A summary is shown in the figure below:



1.10 To support delivery of the Place Plan a review of the existing governance arrangements was undertaken earlier in the year. Each of the priority areas has a Senior Responsible Officer (SRO), sourced from the Health, Social Care and Voluntary, Community, & Social Enterprise (VCSE) community, who is responsible for driving forward the work to be undertaken and providing leadership and oversight. It is also the SRO’s responsibility to provide the partnership with assurance on progress of plans. An assurance framework has been developed which includes an oversight framework and scheduling of updates to the Barnsley Partnership on progress, risks, and issues for escalation.

1.11 NHS South Yorkshire Integrated Care Board (ICB) has undertaken a review of its operating model and structures, which has included the Barnsley Place Team. The review was necessitated by the Government’s requirement for ICBs to reduced running costs by 30% by March 2025. The transition to the new structures is currently underway and scheduled to be completed in April 2024. The structure and roles within the Barnsley Place Team will continue to support delivery of the Place Partnership priorities.

### 3.0 Current Position

3.1 Significant progress has been made so far in 2023/24 against the priorities set out in the Barnsley Health and Care Plan 2023-2025.

3.2 The central pillar to delivering the **Best start in life for Children and Young People** has been the development of Family Hubs in Barnsley, which is part of the Government’s Start for Life programme and led by the Barnsley Children and Young People’s Trust.

3.3 Family hubs deliver joined-up early help services for children from pre-birth up to 19 years (or 25 years if the young person has a disability). They bring together practitioners from a range of universal, targeted and specialist services in each local area, including schools, police, social care, private and voluntary

sector, and some adult services. A report was presented to Barnsley Council's Cabinet on 29<sup>th</sup> November 2023 (see background papers).

- 3.4 At the end of February 2024, the Family Hubs in the North-East and North areas of Barnsley were launched with a programme of free, fun activities for all ages. There is now a family hub in each of the six Barnsley neighbourhoods delivering a range of activities; virtually through Microsoft Teams and Facebook, and face-to-face.
- 3.5 As well as family hubs, focus has been improving access to mental health, learning disabilities and autism services for children and young people. Funding has been secured and a bespoke pathway agreed to expediate Autism Assessment for young people aged 17 years, with South-West Yorkshire Partnership NHS Foundation Trust (SWYPFT) taking on the assessment of this cohort of young people. A Parent Peer support offer is being developed for parents of children aged 12 years and over, complimenting the existing under 12yrs offer of pre and post diagnostic support for autism. A new mental health support website for children and young adults, Kooth, is now available in Barnsley. Kooth offers a safe and welcoming place for young people aged 11-25 to seek free, confidential, and non-judgmental professional help for any mental health concerns they may have. Kooth is available seven days a week, 365 days a year and is designed to work alongside other local mental health services. There are no waiting lists or thresholds to meet, and young people don't need a referral from a General Practitioner (GP) to get the help they need. It is instantly accessible, once the user is registered, through an internet-connected smartphone, tablet or computer.
- 3.6 Strengthening our ***joined-up approach to prevention*** continues to be a priority for the Barnsley Place Partnership in 2023-2025 with a central commitment to offer every smoker in Barnsley support to stop, recognising smoking remains the greatest contributor to premature death in South Yorkshire.
- 3.7 Whilst smoking prevalence remains higher in Barnsley than the wider region, the gap has been closed significantly over recent years. Overall, GP practices consistently exceed the national average on the Quality and Outcomes Framework (QOF) metrics relating to smoking and Barnsley Hospital NHS Foundation Trust (BHNFT) and SWYPFT are now screening more than 80% of patients for smoking and seeing improving referral and quit rates as a result. Barnsley stop smoking services achieved almost double the rate of quitters per 100,000 smokers compared with the national average. For the first time, Barnsley Hospital reported that the percentage of mothers who are smokers at the time of delivery was below 10% in the first quarter of this year.
- 3.8 The Barnsley *How's Thi Ticker* campaign continues to receive recognition for its innovative approach to tackling inequalities in early diagnosis of cardiovascular disease. Opportunities to expand the reach and impact of the campaign are being explored and the learning from the approach is informing other areas of work such as early diagnosis of cancer through *Take Action Live Longer*.
- 3.9 ***Better and fair access*** continues to be one of the greatest concerns for the public in relation to health and care services. Despite GP practices providing more appointments and increasing numbers of face-to-face appointments, the public report it is difficult to get an appointment with a GP and the long-term trend is year on year increases in demand for emergency ambulances and Accident and Emergency (A&E) in Barnsley.
- 3.10 There has been a recent All-Member Information Briefing on access to General Practice that set out the steps being taken to increase capacity and improve access for residents. This included updating Elected Members on the wide range of professionals and services now available in general practice through the Government's Additional Roles Reimbursement Scheme (ARRS) and network contract direct enhanced service (DES), move to cloud-based telephony which will improve patient experience of contacting practices, online consultations, and Modern General Practice.
- 3.11 Time has been taken this year to engage with health and care professionals, partner organisations, patients, and service users in the design of the Integrated Urgent Care Front Door in Barnsley, led by the Urgent and Emergency Care (UEC) Board. The board has worked with the national emergency care intensive support team (ECIST) to identify three potential options, with a full options appraisal underway to determine the single preferred option.

- 3.12 A series of service developments have been made over the last year to reduce the pressures on ambulance and emergency department services including expansion of the Urgent Community Response (UCR), virtual wards for frailty and acute respiratory infections, and mental health crisis services.
- 3.13 The Barnsley Health and Care Plan 2023-25 includes a commitment to strengthen joint working between substance use and mental health services. This year, partners have worked with the Mental Health Forum and Recovery Steps Working Together Group of people with lived experience of substance use and mental health to design and develop a new integrated co-occurring needs (ICON) service. This includes multi-disciplinary team working between Child and Adolescent Mental Health Services (CAMHS), adult mental health, Recovery Steps, Childrens and Adults Services to support people with mental health and substance use issues. Recruitment is underway to the new roles.
- 3.14 The Barnsley's NHS diagnostic hub at the Glassworks has been hugely successful in its first year of operating. For instance, waiting times for bone density screenings decreased from six weeks in March 2022 to just one week by October 2022. The centre provides vital services such as breast screening, bone density screening, blood tests, ultrasounds, and X-Rays, and Phase Two has added additional services including bladder screening, CT scanning, and retinal eye screening.
- 3.15 In March, partners announced plans to create a health and wellbeing hub within the Alhambra Shopping Centre. The hub will expand the range of services and facilities available in the Town Centre, including some outpatient services currently delivered at Barnsley Hospital. It's estimated more than 100,000 visits a year could be made to the Alhambra instead of Barnsley Hospital, reducing traffic and pressure on parking in the area around the hospital, while also bringing more visitors and economic benefit into our thriving town centre.
- 3.16 Demand for urgent and emergency care services, including inpatient beds, is increasing particularly amongst people who are frail and/or at end of life, where expanding and enhancing services that provide **coordinated care in the community** could potentially support more residents to live independently at home for longer.
- 3.17 Partners have been working to implement the ReSPECT process for people in Barnsley. The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices. These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their care and treatment. The ReSPECT process can be for anyone but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest.
- 3.18 ReSPECT documents are in place and being used across community and inpatient physical health services in Barnsley and Barnsley Hospital and ReSPECT documents now being seen on mental health inpatient units across SWYPFT. An initial community of practice (CoP) meeting took place in February 2024, attended by SWYPT, GPs, BHNFT, Barnsley Hospice and Yorkshire Ambulance Service (YAS).
- 3.19 A redesign of intermediate care (IMC) services has been completed with a new service model established. The new model should see greater improved services that will reduce admissions, readmissions, and discharge delays. In January, the Place Partnership Board received an update on the IMC review, setting out the short- and long-term estates options for the IMC community bed base, noting that the wider IMC programme work around service specification, medical oversight, workforce modelling, commissioning intension, engagement, mobilisation, and workforce consultation are continuing and on track for completion.
- 3.20 Work continues to improve screening and assessment for falls and frailty with a review of the falls prevention pathway completed and more than 900 ageing well assessments being delivered in GP practices in 2023/24.
- 3.21 The ICB has responsibility for the improvement of dental services and inherited real challenges when the responsibility for dentistry was transferred from NHS England in April 2023. Access to routine and urgent care is a key issue for patients and families and therefore can impact negatively on other primary care



services and patient pathways for other dental and secondary care services. The Government published the Dental Recovery Plan on 7th February 2024 with an aim of making dental services faster, simpler and fairer with 3 components, those being i) to expand access to services, ii) launch of 'Smile for life' programme to be led by local authorities and iii) supporting and developing the workforce – Faster, simpler and fairer: our plan to recover and reform. This will enable non-recurrent initiatives to be commissioned to improve access to dentistry whilst also piloting a range of schemes, learning from these, before making longer term commitments including opportunities for flexible commissioning.

- 3.22 Joint work to **Improve impact on environment, economy and employment** includes the development of the Barnsley Proud to care campaign to support local people in jobs and careers in health and care.
- 3.23 Proud to Care is a local campaign to improve recruitment into the health and care sector in Barnsley. Under the umbrella of Proud to Care the hub delivers targeted recruitment events, pre-employment training, employability, and work experience, pastoral support, and mentorship. As of February 2024, the Barnsley Proud to Care hub has met with around 740 and actively engaged with 544, resulting in 196 people being recruited into health and care jobs. 30 people have enrolled on the *Proud to Care* course which provides essential job-related education and skills as well as employability. 27 people have completed the course and 16 have been supported into paid employment. One is volunteering with the NHS and the others continue to be supported, with five accessing further training in functional maths and English.
- 3.24 On 22 November we held a health and social care careers event, introducing hundreds of local students to a range of job opportunities within health and social care. The event featured a simulated journey of someone who needed emergency help. Students were taken through what happens from the 999 calls to the ambulance crew arriving. They were talked through what would happen in the emergency department, through to the hospital ward and back into community care. Using actual healthcare staff involved in the simulations, gave the students an insight into the real world of health and social care work. From there, the students visited over 40 stands highlighting over 100 different careers. Health and social care staff were on hand to talk about the variety of jobs as well as raise the aspirations of the young people.
- 3.25 The Barnsley Place Partnership is supporting the Pathways to Work Commission and will be collaborating on the proof of concept in the coming months.
- 3.26 Place Partners remain committed to establishing an 'anchor network' in Barnsley and hope to see this develop in the coming months. This is where local organisations that make up the health and care sector recognise the wider positive impact they can have due to their scale and influence and hope to make decisions which contribute to things such as the local economy by providing employment, supporting business growth and skill development.
- 3.27 At the heart of the role of the Place Partnership is the **commitment to listen** consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.
- 3.28 Specific examples of engagement and involvement work undertaken in support of the Barnsley Health and Care Plan include –
- Consultation with the public and stakeholders in relation to our proposed model of delivery for family hubs. The findings from the consultation were used to inform a report for the Council's Cabinet, which presented a recommended model of delivery for the family hubs and start for life programme.
  - To help celebrate carers week, health and care professionals hosted Barnsley's first ever carers road show to provide additional support for those caring for a loved one in Barnsley. Held in Barnsley Market, the event brought together experts from a wide range of different organisations including a large representation from the voluntary, community and social enterprises sector (VCSE). The event received lots of positive feedback and was well attended by unpaid carers.

- In the Autumn 2023, Barnsley Community and Voluntary Services (Barnsley CVS) hosted a #BigConversation with our VCSE community about the health and care plan priorities for 2023-25. The aim of the session was to explore opportunities for more collaborative working across sectors and featured short presentations and discussions around some of our key delivery areas including improving population health and tackling inequalities, better and fairer access, mental health, learning disabilities, dementia and autism and involvement, diversity, and inclusion.
- Maternity Voices Partnership Barnsley work alongside midwives and health care professionals as an independent group and to gather feedback from local families during pregnancy and after, to influence improvements to services.
- The Barnsley Stroke Campaign *Caught in Two Minds* launched in November 2023. Working with stroke cafés. The campaign features local stroke survivors telling their stories and sharing the symptoms they experienced to help everyone think twice about strokes. The campaign also features their loved ones and the professionals supporting stroke survivors in Barnsley, showing how we can all help look out for the signs in the people around us.
- The Mental Health, Learning Disabilities, Dementia and Autism partnership is developing an All-Age Autism Strategy working with a stakeholder group comprising individuals with lived experience, and the statutory and voluntary sector. The group designed and delivered community drop-in events, sessions, and an on-line survey to listen, learn and capture the views of people, families, and professionals.

3.29 Every year NHS England publishes **Operational Planning Requirements** for the NHS which set out the priorities for delivery and service transformation in response to the Government's mandate. For 2023/24 there were around 30 requirements for Integrated Care Systems to deliver.

3.30 Set in the context of a continued backlog of people waiting for treatment and significant demand pressures across all parts of the health and care system including primary, community, secondary and social care, with increased levels of complexity and acuity, many of the performance requirements remain below the levels set out in the NHS Constitution.

3.31 Where the metrics are agreed, overall performance for Barnsley largely compares favourably to regional and national averages but below pre-COVID standards. Challenges include ambulance response times and hospital bed occupancy, services for those with learning disabilities, and long waits (65 weeks +) for elective care which are largely driven by waiting times at hospitals outside of Barnsley. A full summary of performance is available in Item 4c (attached).

#### 4.0 Future Plans & Challenges

4.1 The operational and finance pressures across the system have necessitated a more rigorous focus on areas within the Health & Care Plan that will help mitigate the demand into acute settings and deliver the greatest efficiencies. For Barnsley, **four high impact areas** have been identified for the Place Partnership. These are:

- Improving respiratory pathways - to bring together and support partners in the prevention, diagnosis, treatment, and care of respiratory conditions.
- Integrated Urgent Care Front Door – to provide an integrated urgent emergency care solution which is supported by the system and contributes towards improvement in Urgent Emergency Care (UEC) performance and reduces pressures in the Emergency Department (ED) in Barnsley.
- Frailty pathways - preventing the onset or delaying the progression of frailty through a proactive, joined up and person-centred and community-oriented approach.
- Discharge pathways – to design and deliver a new model of intermediate care services in Barnsley by capturing the learning from the existing model, identifying the future health needs of the population, and building on partnership relationships.

- 4.2 The Health and Care Plan 2023-25 restated the commitment of the Place Partnership to deliver against the Barnsley Mental Health Strategy. Mental Health, learning disabilities, dementia and autism, including provision for children and young people with special educational needs and disabilities remains a priority.
- 4.3 The programmes are at different stages of planning. Overall planning is expected to be completed by June 2024 or before, with all programmes in the delivery phase by the summer of 2024.
- 4.4 The Barnsley Place Partnership is actively managing health and care system risks which are summarised below:
- There is a risk that the current pathways and capacity of services in place to support people with **eating disorders** is insufficient to meet increasing demand and timely care. A local working group has been established to monitor risks and develop solutions. Barnsley is part of the South Yorkshire Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative, which is leading a programme of work to transform eating disorders. The Barnsley Place Partnership is working with other places in South Yorkshire to implement a pilot pathway for adult community eating disorders with funding and specification agreed by each place.
  - There is a risk that the Barnsley health and care system is **not financially sustainable**. Each partner organisation has its internal efficiency plan to drive out costs and unwarranted variation and these are internally reported to boards and executives. Each organisation has agreed through the Finance, Performance and Efficiency Group to share proposals on cost saving programmes to ensure the partnership has oversight of decisions impacting on other parts of the health and care system. Place priority areas of focus have been agreed by Place Partnership and leads assigned to develop detailed proposals and benefits plans with support from all partners.
  - There is a risk that increasing demand on staffing capacity and lack of appropriate bed base for **intermediate care (IMC)** across the service will result in people being unable to be discharged from hospital or admission to hospital will occur where people need care in the community. Spot purchase beds are being utilised to bridge the gap between the capacity issues and current demand. This has financial and quality implications and so is monitored regularly and over winter the use of spot purchase beds has been capped.
  - There is a risk that the cost of the long-term IMC model, based on the future requirements of the Barnsley population, is **not affordable** leading to a gap in capacity and demand resulting in discharge delays, increased bed days and an impact on admissions. The workforce model, estate running costs, new build cost and estimated capital repayment amount is being created to understand the full costs of the service long term. An affordability assessment will outline the known risks in the long-term model and any unknown costings that may be required.
  - There is a risk that **non-elective activity will exceed planned levels** potentially leading to a failure to achieve NHS Constitution targets, financial pressure for place and failure to deliver care in the right time and place to ensure best outcomes and experience. Barnsley UEC Board is established with responsibility for delivering improvements to urgent care services and achieving related targets. The Board is overseeing work to develop appropriate services to ensure that patients can access appropriate care and support outside of hospital, or in a different way in hospital utilising Same Day Emergency Care (SDEC) pathways and implementing a new model at the front of A&E.
  - There is a risk that current commissioned services and pathways and capacity of the **children and young people's services** in place to support children are not able to meet increasing demand. This would result in failure to improve outcomes for children and young people, poor experience, and potential adverse inspection results. The MHLDA Partnership and SEND Area Partnership Board provide oversight. Autism Partnership Delivery Group is taking work forward to develop an All-Age Autism Strategy and Delivery Plan to improve outcomes and support. An Autism Stakeholder Panel has been established to support the development of the All-Age Autism Strategy, and an Autism Spectrum Disorder (ASD) Waiting Times Task and Finish Group is developing plans to reduce waiting times and to support those who are on the waiting list.

- **Health inequalities** persist, continuing to increase the widening gap in access and outcomes, causing harm to health and the economy. A local intelligence and equity group is overseeing the Place Partnership work to tackle inequalities. Partners have established programmes or action plans aligned with the place approach (e.g., strengthening prevention services such as tobacco treatment and alcohol care, establishing an accessible community diagnostics centre, developing more inclusive employment).

## 5.0 Invited Witnesses

5.1 The following witnesses have been invited to today's meeting to answer questions from the Overview & Scrutiny Committee:

- Wendy Lowder, Executive Director Place, Health and Adults, Barnsley Council and NHS South Yorkshire Integrated Care Board
- Anna Hartley, Executive Director of Public Health and Communities, Barnsley Council
- Cllr Jo Newing, Cabinet Spokesperson, Place Health & Adult Social Care, Barnsley Council
- Cllr Wendy Cain, Cabinet Spokesperson, Public Health and Communities, Barnsley Council
- Bob Kirton, Managing Director and Deputy Chief Executive Officer, Barnsley Hospital NHS Foundation Trust
- Dawn Lawson, Executive Director of Strategy & Change, South-West Yorkshire Partnership NHS Foundation Trust
- Gill Stansfield, Director of Services, South-West Yorkshire Partnerships NHS Foundation Trust
- James Barker, Chief Executive, Barnsley Healthcare Federation
- Adrian England, Independent Chair, Mental Health, Learning Disabilities, Dementia and Autism Partnership
- Joe Minton, Portfolio Lead – Transformation and Delivery, NHS South Yorkshire Integrated Care Board
- Adam Layland, Director of Partnerships & Operations, Yorkshire Ambulance Service

## 6.0 Possible Areas for Investigation

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

- In what areas have you seen the most value-added from bringing together agencies on the Barnsley Place Partnership and what are the biggest challenges?
- What are the key positive and negative impacts of Barnsley being part of South Yorkshire Integrated Care Partnership arrangements?
- How have funding arrangements changed from when the CCG was in existence to now, and how has this impacted on the ability to commission effective services that meet the needs of Barnsley residents?
- How do you ensure that the voices of all Barnsley communities influence the design and delivery of services? What evidence do you have of this and what more could be done?
- How will you manage and prioritise the ambitions for health and care services in Barnsley against the financial challenges being seen by all agencies?
- Given the number of strategies and partnerships, how do you ensure that work is undertaken efficiently and avoids duplication?
- How do you ensure that the voices of all partners are taken into consideration to influence decisions accordingly?
- What factors led to the specific four high impact areas being identified (improving respiratory pathways, integrated urgent care front door, frailty pathways, and discharge pathways) and how confident are you that they will generate the required efficiencies?

- How do you demonstrate the impact that the activity in the report is having on outcomes for residents? How do you know you are doing the right things at the right time and what is the information currently telling you?
- What corrective action would be taken if it became apparent that the plan was not going to be successful?
- What more needs to be done to enhance the community care offer for frailty and end of life care?
- What impact do you anticipate the new structure and reduction in back-office operating costs will have on delivering front line services?
- What work has been undertaken amongst Barnsley organisations to prepare for the new powers of the Care Quality Commission (CQC) to inspect ICS' and how local agencies are working together to meet the needs of their local populations?
- What can Elected Members do to best support this work?

## 7.0 Background Papers and Useful Links

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

Item 4b (attached) – Barnsley Health & Care Plan 2023-25 (Updated)

Item 4c (attached) – Progress against the 2023/24 NHS Operational Plan Objectives (January/February 2024 position)

Report of the Executive Director Children's Services to Cabinet on Family Hubs and the Start for Life Delivery Model:

<https://barnsleymbc.moderngov.co.uk/ieListDocuments.aspx?MIId=8974&x=1>

South Yorkshire Integrated Care Partnership Strategy. Working together to build a healthier South Yorkshire: Our Initial Integrated Care Strategy

[https://syics.co.uk/application/files/6816/8666/8429/015307\\_SYB\\_South\\_Yorkshire\\_Integrated\\_Care\\_Strategy\\_Doc.V20.pdf](https://syics.co.uk/application/files/6816/8666/8429/015307_SYB_South_Yorkshire_Integrated_Care_Strategy_Doc.V20.pdf)

Barnsley Place Based Partnership: Tackling health inequalities in Barnsley:

[https://syics.co.uk/application/files/8716/8675/9277/Tackling\\_health\\_inequalities\\_in\\_Barnsley\\_FINAL.pdf](https://syics.co.uk/application/files/8716/8675/9277/Tackling_health_inequalities_in_Barnsley_FINAL.pdf)

Barnsley Health and Wellbeing Strategy 2021-2030: the place of possibilities:

<https://www.barnsley.gov.uk/media/19957/barnsley-hwb-strategy-final-web.pdf>

South Yorkshire & Bassetlaw Integrated Care System

<https://www.healthandcaretogethersyb.co.uk/>

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 Long-Term Plan

<https://www.longtermplan.nhs.uk/>

## 8.0 Glossary

A&E	Accident and Emergency
ARRS	Additional Roles Reimbursement Scheme
ASD	Autism Spectrum Disorder
BHF	Barnsley Healthcare Federation
BHNFT	Barnsley Hospital NHS Foundation Trust
BMBC	Barnsley Metropolitan Borough Council
CAMHS	Child and Adolescent Mental Health Services
CDC	Community Diagnostics Centre
CoP	Community of Practice
CQC	Care Quality Commission
DES	Direct Enhanced Service
ECIST	Emergency Care Intensive Support Team
ED	Emergency Department
ERF	Elective Recovery Fund
GP	General Practitioner
ICB	Integrated Care Board
ICON	Integrated Co-occurring Needs
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMC	Intermediate Care
JFP	Joint Forward Plan
LTP	NHS Long Term Plan
LTWP	NHS Long Term Workforce Plan
MHLDA	Mental Health, Learning Disability and Autism
NHS	National Health Service
PCN	Primary Care Network
SDEC	Same Day Emergency Care
SDG	Strategic Digital Group
SEG	Strategic Estates Group
SEND	Special Educational Needs and Disabilities
SRO	Senior Responsible Officer
SWG	Strategic Workforce Group
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
UCR	Urgent Community Response
UEC	Urgent & Emergency Care
VCSE	Voluntary, Community and Social Enterprise Sector
YAS	Yorkshire Ambulance Service

## 9.0 Officer Contact

Jane Murphy/Anna Marshall, Scrutiny Officers, [scrutiny@barnsley.gov.uk](mailto:scrutiny@barnsley.gov.uk)



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# Barnsley Place Based Partnership

## Health and Care Plan 2023-25

Updated April -24



Barnsley – the place  
of possibilities.



# Welcome

Across South Yorkshire, and here in Barnsley, we want everyone to live happy and healthier lives for longer.

We know times are tough with the ongoing effects of Covid-19 and the rising cost of living. Our conversations with local people, communities and those that work or volunteer in health and care show that having access to high quality care and support is important. That's why we're working together as a partnership to make sure you have the support you need.

This plan was created by our newly formed Barnsley Place Based Partnership and will guide us up until 2025. You'll see below that the partnership is made up of a range of organisations - local NHS services, the local authority and the voluntary and community sector. As individual organisations we can't transform health and care alone. When we come together and work alongside local communities we know that we can make a bigger difference.

We are proud of the impact we have had so far working in partnership - this plan builds on that. It focuses on the things we can go better together:

- Providing more seamless care and avoiding duplication - you feel like you are in control of your care and you are clear and confident of who to contact and when.
- Supporting people to remain healthy - you feel able to do things to stay healthier and happier and feel less like things are being 'done to you'.
- Making the best use of the budget - you feel that you are getting the highest quality of service and the best care knowing that we have worked hard as a partnership to use the money that comes into Barnsley as effectively as we can.
- Be at the heart of making Barnsley the place of possibilities - you feel part of a healthy, learning, growing community whether you work or live in Barnsley.

We want this plan evolve through your involvement, because your health and wellbeing is important to us all. Let's work together for a happy and healthy Barnsley.

This plan contributes to the improvements described in the following:

- [South Yorkshire Integrated Care Partnership Strategy](#)
- [Barnsley 2030](#)
- [Barnsley Health and Wellbeing Strategy 2021 to 2030](#)
- [Barnsley Mental Health and Wellbeing Strategy 2022 to 2026](#)
- [Barnsley Children and Young People's Plan 2019 to 2022](#)
- [Barnsley SEND Strategy 2022 to 2025](#)
- [Tackling Health Inequalities in Barnsley](#)

## Barnsley Place Based Partnership



Brings together organisations involved in health and care from across the borough and is made up of representatives from Barnsley Council, Barnsley CVS, Barnsley Healthcare Federation, Barnsley Hospice, Barnsley Hospital NHS Foundation Trust, Healthwatch Barnsley, NHS South Yorkshire Integrated Care Board and South West Yorkshire Partnership NHS Foundation Trust.

# Our vision, aims and objectives

## Four aims of Integrated Care Systems

Tackle inequalities in outcomes, experience and access

Improve outcomes in population health and healthcare

Enhance productivity and value for money

Help the NHS support broader social and economic development

## Barnsley Health and Wellbeing Strategy vision

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

## Objectives of Barnsley Place Based Partnership

Develop an integrated joined up health and care system where the people of Barnsley experience continuity of care – each partner delivering their part without duplication.

Shift the focus on treating patients with health problems to supporting the community to remain healthy in the first instance.

Embed integrated care that delivers the best value for the Barnsley pound.

Play a pivotal role in delivering our shared vision for Barnsley: the place of possibilities, set out in Barnsley 2030. A healthy, learning, growing and sustainable Barnsley.

# How we plan to improve health and reduce health inequalities

## Tier 1 Increase



The first layer of action is to increase the support we offer to address the key drivers of inequalities.

We will increase:

- Engagement with people and communities who have the least access to health and social care.
- Services and support aimed at raising health awareness; protecting health and wellbeing; and preventing illness.
- Relative investment in communities that have been historically underfunded – especially for preventive, mental health, domiciliary, community and primary care.
- The health awareness and activation so that people with greatest need are best equipped to protect and improve their own health.
- The skills and recruitment to our wider workforce so they support this.

## Tier 2 Improve



The second layer of action is to improve all care services in a way that they are targeted at those where we can make the most difference to reduce inequalities.

We will improve how:

- We understand the communities who experience poorer health outcomes and understand their experience of the health and care system.
- We develop the offer made to Barnsley communities to overcome existing barriers to access and engagement with health and care services.
- Decisions are made and services are targeted at greatest need first, thanks to a better understanding of the range of inequalities across communities.
- We resource, commission and develop the health and care system based on need, shifting away from demand or activity driven delivery.
- We measure inequalities and incorporate this into performance monitoring to generate accountability and resourcing.

## Tier 3 Influence



The third layer is to influence those differences in health which are linked to things like housing conditions, the quality of green spaces and clean air, education and income.

We will influence:

- Social mobility by working more closely with partners in education, linking learning and development with our offer of good employment.
- The local economy by buying goods and services from it and investing in it, in ways that generate sustainable, inclusive economic growth in Barnsley and the region.
- The environment and climate by reviewing our policies and services and ensuring we develop to minimise harm and maximise benefit.
- How health and care is co-developed with communities with shared, distributed responsibility and power.
- Our role as large organisations at the heart of the local community using our resources to benefit the economy and environment, learning from others as we go.

# How the plan fits with Barnsley 2030



Barnsley – the place of possibilities.

"Barnsley 2030 is our collective long-term vision and ambition for our borough. The strategy helps us to work creatively to improve our borough for everyone. It provides a framework for the ambitions and actions of our partners working across the area and it enables us all to believe in the possibilities of Barnsley". - Cllr Stephen Houghton

## Healthy Barnsley 2030 Ambitions



Everyone is able to enjoy a life in good physical and mental health.



Fewer people living poverty, and everyone has the resources they need to look after themselves and their families.



People can access the right support, at the right time and place and are able to tackle problems early.



Our diverse places are welcoming, supportive and adaptable.

## 2030 Board Commitments



Work as partners to drive forward a joint local healthcare system.



Develop services that supports people to get help early.

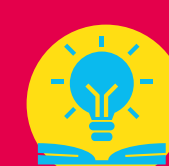


Empower local people to build capacity and resilience.

## What Barnsley organisations will do



Provide shared services to meet the needs of local people.



Work together to share best practice and knowledge.



Support and empower people to have a health and active lifestyle.



Create inclusive, quality job options which offer positive work and life balances.

# How might someone's experience be different through the changes in this plan?

Roman is a 24 year old living with learning disabilities, he currently lives at home with his family. He has little social interaction outside home and would like to play sports.

	Roman's experience now	How Roman's experience could be in the future
<b>Accessing support when I need it</b>	Roman is unsure where to get help and he and his family are struggling. He used to attend a day centre which is no longer open. He would like to spend his time mixing with people more and hopefully getting a job.	Roman sees some information in his local library about Creative Minds and a Good Mood Football League he would like to join. The library worker also gives him a leaflet about the job centre where dedicated help is available for people to get into work for the first time.
<b>Providing information about me</b>	Roman sees his GP when he needs to but isn't in touch with health or social care professionals on a regular basis.	Roman attends his GP practice for his annual physical health check, something which is available to him because he has a learning disability. As part of this, he works out an action plan to help him with the things that matter most to him - he's put in touch with stop smoking services and a healthy living group. His local community learning disability team support with developing easy read information so Roman can manage his own health needs as well as possible.
<b>Planning my care and support</b>	Roman doesn't have a care and support plan.	Roman sees a social worker at a community centre coffee morning and has an assessment under the Care Act 2014 and his parents have a carer's assessment. He is eligible for an individual budget for him and his family to build a support plan around a range of his individual needs.
<b>Building on my strengths</b>	Roman has little social contact with other people and often feels bored and restless.	Roman uses his individual budget to employ a personal assistant (PA) to accompany him to football sessions and trips to town. He is gaining more confidence in getting out and about and becoming less dependent on his parents. His PA also accompanies him to the job centre where he attends weekly groups about getting into a job, he enjoys this and is considering volunteer dog walking supported by the local learning disability services employment scheme.
<b>Meeting my needs</b>	Roman and his family try their best to find things for him to do but he is making little progress with his life and the family are stressed. His mum is struggling with anxiety about his future.	Roman's care and support plan is put in place. In his neighbourhood there is a welcome café run by the talking therapies team where his mum can drop in for advice. From this she accesses the talking therapies services for her own mental health and starts to cope with things better.
<b>Coordinating my care and support</b>	The family don't know anyone other than their GP so tend to go to the surgery when there are problems.	Roman and his family lead their own support with input and advice from a community worker around self directed support. There are cafes at the centre close to their home where they know they can go for a friendly face and practical input when needed. When Roman goes to his GP his health record is joined up with his support plan so everyone is on the same page. A 'hospital passport' can be developed with Roman in case he has to go into hospital, so that his needs can be met and the hospital staff know what is important to Roman.

# Looking back on 2022/23

Despite the many challenges in 2022-23 we have made significant progress as a partnership to improve and transform services for local residents. Below are some of the highlights throughout the year. In addition to these, progress has been made to: ensure more families can access early support; expand access to urgent community services; transform traditional hospital outpatient appointments so, where relevant, people are given advice and guidance and they initiate an appointment when they need one, based on their symptoms and individual circumstances; and increase GP appointments. Waiting times for treatment at Barnsley Hospital are amongst the lowest in our region thanks to the hard work of our clinical front-line teams across our partnership and support from the wider system.

## April to June 22

- We joined the national population health management development programme
- First Barnsley virtual recruitment fair
- PROTECT programme launched with general practices to optimise medicines for patients
- Launch of the Barnsley all age mental health strategy
- Changes made for bones, joints, muscles and spine services to reduce waiting times into trauma and orthopaedics
- 'How's Thi Ticker?' campaign to improve blood pressure control

## July to September 22

- Launch of the Community Diagnostics Centre in new Barnsley retail venue The Glass Works.
- Adult social care front door established to increase prevention and reduce the escalation of health issues
- First patients admitted onto the virtual wards in Barnsley
- Barnsley Support Hub opens its doors for people in mental health crisis
- Partners come together to agree actions to support residents with the cost of living crisis
- Integrated Personalised Care Team IMPACT expands access

## October to December 22

- Publication of the SEND strategy
- First cohort begins Proud to Care training
- 300 older people start the Stride digital pathway to better health
- First referrals to 'Just for you' delivered by Age UK
- Barnsley Mental Health, Learning Disabilities and Autism Partnership launch event
- Psychosocial Engagement Team service recognised as best practice service for suicide prevention

## January to March 23

- Funding secured for phase 2 of the Community Diagnostics Centre
- Launch of targeted lung health checks
- Barnsley Hospice rated outstanding by CQC
- A pilot scheme started to push 999 calls from Yorkshire Ambulance Service stack into RightCare
- Second wave of training in Strengths Based Practice for colleagues in Adult Social Care
- Barnsley Older People's Physical Activity Alliance shortlisted for Local Government Awards

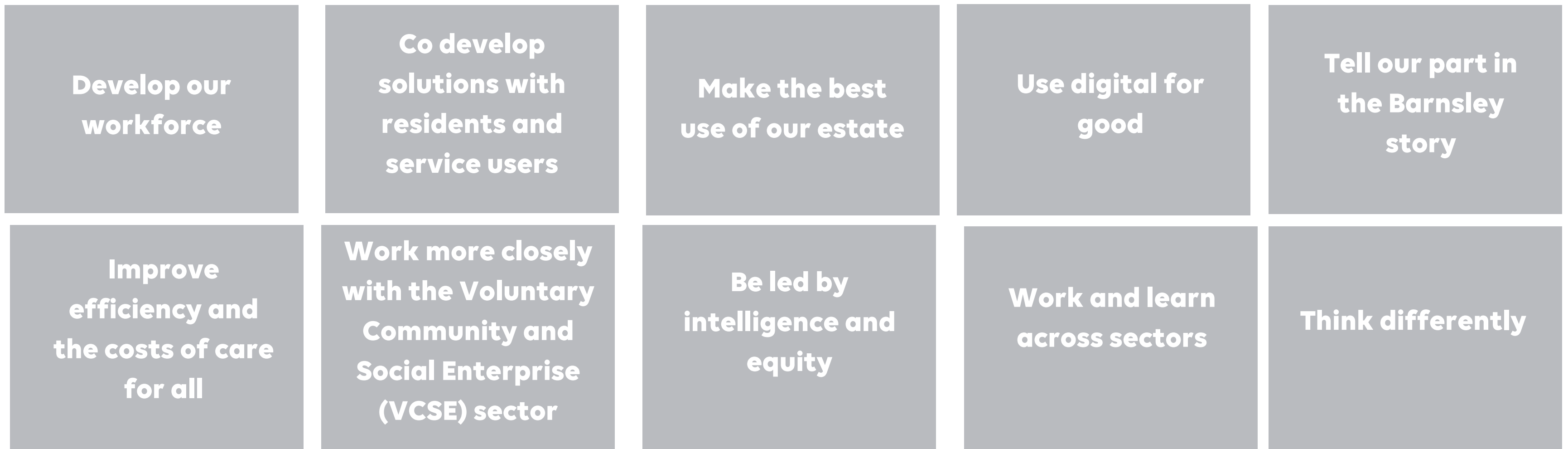


# Barnsley partnership's shared goals and enablers

## Priorities



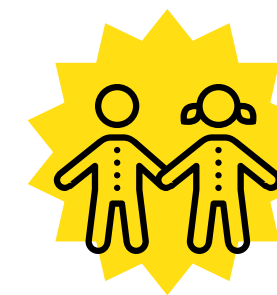
## Enablers





# Best start in life for children and young people

## Our priority for 2023 to 2025



**We will create family hubs to ensure that all our children, pre-birth to adulthood, are well supported by an integrated offer within their communities.**

### Why is it important?

The experiences we have early in our lives, particularly in our early childhood, have a huge impact on how we grow and develop, our physical and mental health, and our thoughts, feelings and behaviour. Ensuring Barnsley is a great place for a child to be born, is one of the key priorities for Barnsley's Health and Wellbeing Board.

Adverse childhood experiences, such as physical, emotional or sexual abuse, exposure to domestic violence, or living with someone who abuses alcohol or drugs for example, can have a damaging impact on a child or young person's development and their potential health and wellbeing throughout their lifetime. Those who have multiple experiences have an increased risk of heart disease, cancer, lung disease, liver disease, stroke, hypertension, diabetes, asthma, arthritis and mental health problems. Children living in deprived areas are more likely to have these adverse experiences compared with their more advantaged peers.

In Barnsley, a significant proportion of children and young people, 15 in every hundred, are growing up in households where no adults work and 22 in every hundred children and young people live in low income households.

Recently we have seen significant increases in demand for early help support, children in need and child protection. In Barnsley, there has been an increase in referrals where emotional health and wellbeing is the main concern.

There is no single, non-stigmatising point of access for family services that helps families to navigate the wide-ranging support they need. Families sometimes experience difficulty interacting with the vast range of services having to 'retell their story' to different teams and professionals.

### Where do we add value?

Across South Yorkshire, the Local Maternity and Neonatal System (LMNS) is working to develop the workforce and improve quality across maternity services, sharing best practice and resource to meet the NHS operational requirements.

This will improve the experience of families and prevent poor outcomes. The Barnsley Place Based Partnership can ensure a joined up approach across early years services, maternity and public health to deliver wrap around support.

The challenges that children and families experience are multiple and complex so require holistic support. As a partnership we are best placed to understand the needs and preferences of residents and bring together statutory providers, community organisations and leaders and other important stakeholders around a shared vision for better health and wellbeing.

Over the last few years we have strengthened the support available for children and young people with emotional and mental health needs through support teams in schools and single point of access. This has led to more people being supported earlier, reducing the demand on statutory services.

# Best start in life for children and young people



## Current state

Families have told us that they sometimes experience difficulty interacting with the complex range of services and have to 'retell their story' to different services and professionals. However, there is no single, non-stigmatising point of access for family services that helps families to navigate and receive the wide ranging support they need.

## Key issues

- A significant proportion of children and young people, 15 in every hundred, are growing up in households where no adults work, and 22 in every hundred children and young people live in low-income households.
- During the pandemic we have seen significant increases in demand for early help support, children in need and child protection.
- There are higher than average rates of children with an education, health and care plan (EHCP).

## Strategy alignment

- Ockenden Review and Better Births
- Ambition within the South Yorkshire Integrated Care Strategy
- NHS Long Term Plan Priority
- Start for Life programme
- Barnsley Children and Young People Strategy and Early Help Strategy
- Barnsley SEND Strategy

## Measure for success

- Increased early help assessments
- Reduced escalation to children's social care
- Increased continuity of carer in maternity
- Improved access to perinatal mental health services
- Improved access to mental health support for children and young people in line with the national ambition
- Increased access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

## Outcomes

- Improvements in school readiness and the gap between children from the most and least deprived communities
- Improved identification of, and provision for, children and young people with SEND but without an EHCP
- Reduced waiting times for child and adolescent mental health services
- Increased proportion of children with a healthy weight
- Reduced tooth extractions

## What we will deliver

Create family hubs	Deliver the improvement plan and written statement of actions on SEND	Review children and young people's mental health services to improve access to support	Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism	Address over reliance of reliever medications; and decrease the number of asthma attacks	Improved access to perinatal mental health services	Improve oral health for childree
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# A joined up approach to preventing ill health



## Our priority for 2023 to 2025

**We will offer every smoker in Barnsley support to stop, making every contact count, and increase the support we provide to help people to address the drivers of inequalities.**

### Why is it important?

Healthy life expectancy is reducing in Barnsley. More people are living in poor health and depend on health services for treatment, care and support. There is a growing gap between the most and least deprived communities. A significant proportion of ill-health is due to disease that is preventable.

As little as 10% of the population's health and wellbeing is linked to access to health care. Things like economic and environmental factors, such as poverty, good quality housing, good education and employment opportunities and access to green spaces, impact significantly on health and drive health inequalities. In Barnsley, our approach is holistic, to tackle risk factors that impact on the health of the population.

Around 1 in 5 adults in Barnsley are smokers (18.3%), according to the national annual population survey (2019). This is significantly higher than the England rate of 13.9%. Smoking rates have been reducing over the last decade but remain high in some groups such as routine and manual workers, people with mental health and respiratory conditions and those who smoke during pregnancy.

Half of all smokers will die as a result of their addiction. Smoking and hypertension are the biggest contributors to premature mortality across the region. In 2018/19 alone, there were almost 4,000 hospital admissions of Barnsley residents for diseases that were totally or partly due to smoking.

Partners in Barnsley recognise that investing time and energy in prevention is essential to make long term demand for healthcare sustainable, even at a time when managing the every day operational demands feel incredibly challenging.

### Where do we add value?

Barnsley Tobacco Control Alliance is leading work across the borough on behalf of the Health and Wellbeing Board. Our vision is to create a smoke-free generation in Barnsley, where smoking prevalence is less than 5% and children and young people can grow up in a place free from tobacco. Through the Active in Barnsley Partnership, health and care providers are working to increase levels of physical activity across our population with the ambition for a healthy and proud Barnsley where active living is part of everyday life for everyone.

Providers and commissioners are individually responsible for supporting people who want to stop smoking to quit. As a partnership we can strengthen this by making smoking a priority so that every contact counts in giving people the opportunity and encouragement to stop smoking.

A strengthened approach to prevention recognises the wider factors that impact on someone's health, as well as smoking, and will ensure that opportunities for interventions are not missed as people move between health and care settings. A quality improvement and behavioural science approach will ensure that we can collectively maximise our impact from brief interventions for everyone accessing healthcare, through to high intensity interventions for those requiring more specialised support.

**We will increase the offer we make to the population to support them address the drivers of inequalities.**

# A joined up approach to preventing ill health



## Current state

Healthy life expectancy is reducing. More people are living in poor health, many will depend on health and care for treatment, care and support. There is a growing gap between the most and least deprived. A significant proportion of ill-health is due to disease that is preventable.

## Key issues

- High levels of deprivation impacting on the health and wellbeing of our population
- Smoking rates have been reducing over the last decade but remain high in some groups such as routine and manual workers
- Data recorded in general practice shows that smoking levels for people with mental health and respiratory conditions are significantly higher than the overall average
- 70% of smokers offered support to stop in general practice in the last two years
- High premature mortality for cardiovascular disease
- Significant variation in the number of smokers recorded versus the estimated numbers across GP practices
- Variation in treatment – blood pressure recording, blood pressure and cholesterol control

## Strategy alignment

- Bold ambition in the South Yorkshire Integrated Care Strategy
- NHS Long Term Plan Priority
- Barnsley Health and Wellbeing Strategy
- QUIT

## Measure for success

- Improved recording of smoking status
- Improvement in the proportion of people offered support to stop smoking
- Increased uptake of smoking cessation support
- Increased identification of hypertension and variability of estimated versus recorded prevalence between practices and along the social gradient
- Improved management of blood pressure and cholesterol
- Greater awareness of the risks of smoking, uncontrolled high blood pressure and cholesterol

## Outcomes

- Reduced smoking rate in adults and smoking during pregnancy and recorded at time of delivery
- Closing the gap between the general population and routine and manual workers
- Reduced incidence of strokes and heart attacks

## What we will deliver

Delivery of PROTECT – identifying potential missed diagnosis, improve lipid management, pharmacy first blood pressure monitoring

Provide more opportunities for physical activity including gym access, community fitness groups, active travel and healthy food

Local targeted campaigns and partnership heart health initiatives to tackle hypertension and stroke. “How’s Thi Ticker?” and “Caught in Two Minds” are working across primary care, local authority, charities, businesses and with residents to raise awareness, blood pressure checks and signpost to treatment.

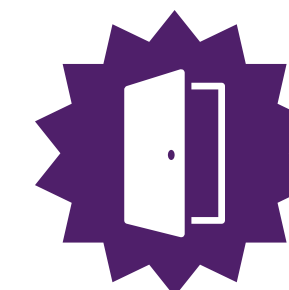
Continue to build on our successful Making Smoking Invisible programme with a targeted focus on inequalities, building capacity and strengthening partnerships.

Further develop our existing comprehensive place tobacco treatment across community and QUIT services offering to help more people stop smoking and to increase the number of smokers engaging with effective interventions to quit smoking.

# Better and fair access

## Our priority for 2023 to 2025

**We will bring urgent care services closer together by developing "an urgent care front door" that is an alternative to A&E. This will enable people to access the right care when they need it – creating a better service for all.**



**We will improve access to care and support in the community for emotional and mental health needs, including addiction and substance use.**

### Why is it important?

Despite GP practices providing more appointments and increasing numbers of face to face appointments, the public report it is difficult to get an appointment with a GP and poor experience trying to make an appointment via telephone.

The long term trend is year on year increased in demand for emergency ambulances and A&E in Barnsley. This was interrupted by the pandemic but levels of attendances are now above what they were in 2019/20. Performance against targets such as the four hour target, ambulance response times and handovers suggests this level of demand is not sustainable.

Recent engagement with residents shows that access to services is the number one concern for the public.

Local analysis shows that a significant proportion of demand for urgent care services is linked to mental health, substance use and addiction and social challenges.

We know that there is a strong link between trauma and long term emotional and mental health needs.

Voluntary, community and social enterprise sector partners report that people from health inclusion groups, such as asylum seekers and refugees, find it particularly difficult to access and navigate health and care services because of barriers such as language.

### Where do we add value?

The pressures on A&E and urgent care providers in Barnsley continue to grow as the needs of our population continues to change and capacity of services is not matched to the demand.

We have been working together to:

- expand the number of urgent out-of-hours GP appointments available
- provide direct access to the integrated multidisciplinary personalised care team (IMPACT) – this is Barnsley's social prescribing service that supports people with their health and wellbeing
- introduce physiotherapists and mental health practitioners in primary care
- re-establish GP presence in Barnsley Hospital A&E department
- create Barnsley Support Hub – this offers free mental health support in Barnsley town centre out of hours
- support people to start doing the things they love again and to stay in their own homes through dedicated reablement care

There is more to do and we know from feedback that we have received, sometimes residents are not aware or do not understand what services are available to them as an alternative to seeing a GP. We also know that sometimes people find it difficult to get the help they need for lots of different reasons including access to transport and communication barriers. By sharing data and insights we can identify and overcome these challenges.

**We will improve the existing services we provide so that care is itself a tool to reduce health inequalities.**

# Better and fair access



## Current state

Some people are accessing services that are not necessarily the most appropriate to their nature of need. Engagement with the public in Barnsley (through the work of the South Yorkshire Integrated Care Strategy) has shown that access to services is their top priority.

## Key issues

- GP practices report a significant proportion of appointments relate to mental health problems, high emergency call numbers and A&E attendances for mental health complaints or diagnosis
- Rising demand for same day urgent and emergency care resulting in longer response times from ambulances, handover delays, crowding the A&E department and longer waits to be seen and admitted and impacting on experience and outcomes.

## Strategy alignment

- Bold ambition in the South Yorkshire Integrated Care Strategy
- NHS Long Term Plan Priority
- NHS Operating Guidance
- Barnsley all age mental health strategy

## What we will deliver

Develop and implement an "urgent care front door" that will be an alternative to A&E

Work with the voluntary and community sector to build capacity and capability for trauma informed support

Implement the new GP contract requirements linked to access

Strengthen the access offer from primary care (including community pharmacy) for all with a focus on Core20plus communities

Increase personalised care interventions

Strengthen joint working between substance use and mental health services

## Measure for success

- Increased number of people accessing services that can support their needs
- Improvement in community networks and non-health services strengthening community cohesion, support, and engagement
- Improved living conditions circumstances e.g. debt, housing sustainable employment
- Increased number of appointments in general practice including same day appointments
- Reduced appointments in general practice associated with mental health and social vulnerability
- Reduced A&E attendances associated with mental health and social vulnerability

## Outcomes

- Improved wellbeing and reduced social vulnerability
- Improved access to urgent and emergency care
- Reduced Did Not Attends (DNAs) associated with mental health and social vulnerability

# Coordinated care in the community

## Our priority for 2023 to 2025

**We will provide more proactive care and support for people who are frail.**

**We will help people to live as well as possible until they die and to die with dignity.**

### Why is it important?

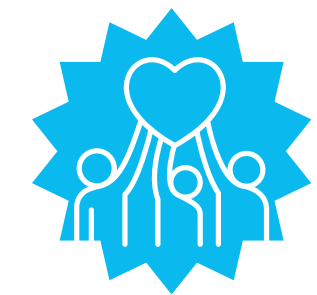
The frail population in Barnsley is growing at a greater rate than the population is ageing. People experiencing inequalities are more likely to experience frailty earlier in their life than expected and those with the greatest need often also have the greatest difficulty in accessing and receiving appropriate care and support.

Physical frailty can potentially be prevented or treated with things such as exercise, protein-calorie supplementation, vitamin D, and reducing the number of medications someone is prescribed or takes.

Across Barnsley approximately 11,500 people living with mild frailty or are pre-frail. Around 1,500 older people move into the frailty group each year. This happens when a person is in their early 60's on average. When this happens healthcare utilisation increases by between 100% (activity) and 300% (cost).

Compared to other areas, Barnsley sees a higher number of hospital episodes for frailty and dementia and year on year these have been increasing along with long lengths of stay (7 days+) in this group.

Barnsley sees particular high levels of people going to hospital because they have fallen, as well as multiple falls, and people being admitted to hospital at the end of their life. However, the proportion of people with end of life care planning in place in those who are frail is low at around only five in one hundred.



### Where do we add value?

The term frailty refers to a person's mental and physical resilience, or their ability to bounce back and recover from events like illness and injury. By its very definition, frailty is multi-factorial, and requires a multi-disciplinary, person centred and community oriented response, that can only be delivered by organisations working together.

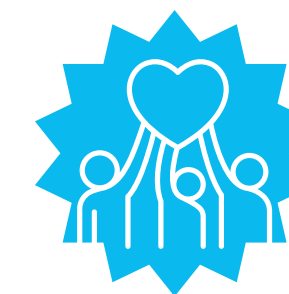
Similarly, good end of life care is holistic and involves effective communication between the individuals, those close to them and health and care professionals supporting them.

In the last year we have expanded urgent community response services, created virtual wards for frailty and tested a digital service for healthy ageing. We also piloted anticipatory care for older people by linking in with the voluntary and community sector to see how they could support older people with mild frailty.

Experience suggests that people at the early stages of frailty have an appetite for services that can support them to live healthier lives and that there is wealth of knowledge, talents and passion in community to help.

**We will improve existing core services we provide so that care is itself a tool to reduce inequalities.**

# Coordinated care in the community for frailty



## Current state

Increasing urgent and emergency care demand relating to growing frailty within our communities. Inpatients beds are often occupied by people with frailty and dementia who are at risk of de-conditioning and would be better supported at their home or place of residence.

## Key issues

- High levels of frailty in Barnsley – more incidences in younger people than neighbouring areas
- Higher number of hospital episodes for frailty and dementia than regional and national comparators
- Year on year increasing long lengths of stay in Barnsley (7+days) most evident for respiratory
- High rates of admission for falls and repeat falls
- High rates of admission to hospital at someone's end of life and low numbers of people with frailty and dementia with future care planning in place

## Strategy alignment

- NHS Long Term Plan – Healthy Ageing
- Health and social care integration

## Measure for success

- Increased screening and assessment of frailty
- Improvements in assessment and treatment of falls, mental health in older people, dementia and bone health
- Increased utilisation of virtual ward capacity
- Increased referrals for preventative and early help interventions
- Increase capacity across the voluntary, community and social enterprise sector
- Increase capacity and capability within the workforce

## Outcomes

- Older people are supported to live independently in their own homes for longer
- Reduced unplanned care for older people
- Improved rehabilitation outcomes length of stay, (derby scores and patient experience measures)
- Reduction in the median age of people entering adult social care
- Improved health related quality of life for people with long term conditions and carers

## What we will deliver

Develop neighbourhood integrated working	Provide holistic assessments for older people to identify and treat potential health problems earlier	Create an anticipatory care register to be able to identify those with frailty to provide better planning and coordination of care across different services and teams	Review of Intermediate care model and pathways step up and step down beds including intensive recovery service	Undertake a review of the dementia support pathway	Development of integrated care pathways for respiratory	Independent sector market development to meet the changing needs of our population
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# Coordinated care in the community for end of life



## Current state

Palliative and end of life care improves people's quality of life of and that of their families who are facing challenges associated with life-threatening illness. This also improves the quality of life of caregivers.

## Key issues

- There are more people needing end of life care and support who are not identifiable on supportive care registers
- People are more likely to be admitted to hospital in the last three months of their lives in Barnsley than in other parts of the country
- Bereavement is an increasingly recorded as a factor in suicides

## Strategy alignment

- National ambitions framework for palliative and end of life care
- Statutory duties for Integrated Care Boards

## Measure for success

- Earlier identification of people at end of life (last 12 months) – increase the proportion of deaths who are people on supportive care registers
- Improved recording of preferences for treatment, ceilings of care and place of death - increase proportion of deaths that are people with end of life care planning in place
- Personalised care planning in place with support to self-manage and symptom control – improved experience at end of life and people who die in place of choice
- Increased capability and capacity in the workforce to support palliative care and end of life – number of people who have completed training in end of life care

## Outcomes

- Improve care and support in the last year of life
- Reduced crisis care in the community for people at end of life – UCR to people at end of life
- Fewer hospital admissions in the last three months of life
- Improved equity of access to end of life care and support – proportion of people with end of life care in place from deprived communities and health inclusion groups
- Better utilised of current resources across the system – number of patients receiving hospice care

## What we will deliver

Implementation and roll out of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) tool across all partners agencies in Barnsley

Baseline and mapping exercise for children and young people, adult palliative care and end of life services (including access criteria) against the Ambitions for Palliative and End of Life Care

End of life and palliative care knowledge and skills framework and training needs analysis and training offer

End of life and palliative care workforce plan

Participation in "Dying Matters" week

# Improve impact on environment, economy and employment



## Our priority for 2023 to 2025

**We will establish a network of large organisations who are at the heart of Barnsley communities to improve our impact by the way we do our business**

### Why is it important?

The impact that the health and care sector has on health and wellbeing in ways other than the services it delivers is huge and can lead to a far-reaching benefit. The way we go about running these large businesses means we have a big impact on our local communities.

These organisations are sometimes called anchor institutions because they are 'rooted in place' and have significant assets and resources which can be used to influence the health and wellbeing of their local community.

Ensuring that we help to address and advocate for the links between the climate and health can lead to a better environment for the people of Barnsley. For example: choosing the right health technologies can reduce or even remove potentially large volumes of waste (e.g. the plastic waste from single-use PPE) and release of harmful gases (e.g. the anaesthetic gas desflurane). We can be a driving force behind the shift to renewable or even local energy and alternatives to private car use.

Ensuring that we support social mobility for Barnsley people will give more people who need the right opportunities for education and employment and, through it, better health. By strengthening health awareness and health and social care opportunities through local education and by making our recruitment and employment more accessible we can get more people into good jobs.

Ensuring that we understand our potential role in the local economy, we can help to build a more stable and inclusive economy, that is without poverty and that generates health and wellbeing through security. By looking at how we spend our money and buy our services, we can generate business and opportunity from and for health.

### Where do we add value?

In its 2021-2030 strategy, Barnsley's Health and Wellbeing Board has committed to reducing health inequalities across people's lifetime - helping to ensure every child is given the best start in life, everyone can access the resources they need to live a healthy life and to age well. It also highlights mental health and addressing things like housing, employment and education which impact on our health.

Barnsley 2030 "the place of possibilities" is the social and economic development plan for the borough which looks across all sectors and has four key themes – Learning, Growing, Sustainable and Healthy Barnsley.

There are health related commitments across the plan, with those specific to inequalities including reducing poverty, improving access to quality housing and affordable energy, improving learning and social connections, and improving access to healthy and active lives.

Collectively, health and care organisations in Barnsley: employ around 12,000 people and provide care and support to approximately 40,000 people every week; has a budget of around five hundred million pounds; and consume huge amounts of energy and food, produce huge volumes of waste and generate massive amounts of vehicle use. This all has an impact on the health of Barnsley and it all needs to be factored in when we consider how we do business.

**We will use our wider influence on the social, economic and environmental factors to tackle inequalities in Barnsley.**



# Improve impact on environment, economy and employment

## Current state

Whilst there is lots of good work ongoing, the approach to how we do business in the health and social care sector in Barnsley is still very varied and not all of our ways of working and interactions with environment, economy and society incorporate health and wellbeing in the same way the way we deliver our services does.

## Key issues

- We produce greater harm on the local climate and environment than we need to
- We spend more money in and procure more contracts from outside the local and regional economy than we could
- Our opportunities for employment can be made more accessible to and inclusive of people from the local communities in greatest need of good jobs

## Strategy alignment

- NHS: Chapter Two of the Long Term Plan; Greener NHS; Core20Plus5
- UK's Net Zero Strategy

## Measure for success

- Develop 'anchor institution' approaches and plans of partner organisations and as a network of health and social care partners
- Begin to measure of the number and size of contracts made locally
- Support for our workforce with protected characteristics, from inclusion groups and who are worst affected by the rise in the cost of living
- Develop an understanding of the make up of our workforce, including social gradient and representation of protected characteristics
- Review of environmental impact and actions to work within planetary boundaries

## Outcomes

- More health and social care money spent locally
- Greater support from the sector to the local economy and business
- Stronger links between and health and social care and education locally
- More good jobs and development for people from more deprived local communities
- A reduction in health and social care waste and harmful emissions
- Better public, active, low-emission and shared transport options for our staff and service users, and more alternative options (e.g. remote and community consultations and care)

## What we will deliver

Establish a Barnsley anchor network	Reduce waste and emissions from health and social care, and greater use of resilient and renewable energy	Explore a community development approach to health in our most deprived neighbourhoods working with primary care, community groups and the ward alliances.
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# Develop our workforce

## Our priority for 2023 to 2025



**We will fill gaps in the health and care workforce by strengthening routes into careers and providing support for those with additional needs**

### Why is it important?

There are pressures across the workforce with significant gaps in some workforce groups: with increased sickness absence, more people leaving for jobs and careers outside of the sector or retiring early, and fewer people actively seeking jobs.

There are not enough staff which affects all staffing groups. Local analysis shows that there is a gap between the supply of workforce and workforce demand over the next five years. It has also shown that approximately a quarter of the workforce are approaching retirement age.

As a result of the pandemic there has been an increase in work related stress across many sectors and in the NHS it is reported that this has resulted in people leaving the workforce, particularly older experienced staff, and new starters.

Engagement with local communities has shown that there is a poor perception jobs in care. Like many other lower paid sectors, the cost of living crisis is expected to impact on the care workforce, making roles less attractive than entry level roles in retail, manufacturing and logistics.

Across Barnsley there are relatively high rates of economic inactivity, including people not working due to long term illness or disability. It is a priority of the South Yorkshire Integrated Care Partnership to reduce the gap in employment for people with physical disabilities and learning disabilities and to provide every care leaver the opportunity to work in health and care.

### Where do we add value?

The South Yorkshire Integrated Care Board workforce hub delivers a broad range of programme activities relating to future workforce, workforce wellbeing and human resources. This supports provider collaboratives, places, professional groups and individual employers. Working at this scale enables better planning of training places with higher education and allocation of workforce transformation funding.

Where we can add value as the Barnsley Place Based Partnership is working with communities, independent sector employers and employment support organisations to create routes into jobs, particularly entry level positions in health and care that do not require an extended period of study and higher level of qualification.

By working together we can support reshaping of the local workforce, including training and development to meet people's health needs as well as local challenges.

In 2022/23 we have successfully launched our Proud to Care training to employment. Whilst we have had a small number of learners we have seen the appetite of people to get into work despite some of the challenges they face. We have also learned there is a wealth of organisations, expertise and passion in Barnsley to support people furthest from employment into good jobs.

We have also seen our Project ECHO (Extension of Community Healthcare Outcomes) hub grow which provides training and learning across our health and care providers in Barnsley. This shows that our workforce are keen to keep learning and developing their practice to provide better care for our residents.



# Develop our workforce

## Current state

There are pressures across the workforce with significant gaps in some workforce groups: with increased sickness absence, more people leaving for jobs and careers outside of the sector or retiring early, and fewer people actively seeking jobs.

## Key issues

- Not enough staff across the system which affects all staffing groups but particularly clinical, clinical support staff and non clinical roles
- Increased work related stress and burnout
- Approximately a quarter of the workforce approaching retirement age
- Increase in the number of people leaving the workforce, particularly older experienced staff, and new starters
- Poor perception of care, cost of living crisis and ongoing national disputes on pay and conditions making health and care roles less attractive

## Outcomes

- The health and care workforce is more representative of local communities
- Fewer vacancies across the health and social care sector in Barnsley
- Improved staff engagement and satisfaction at work

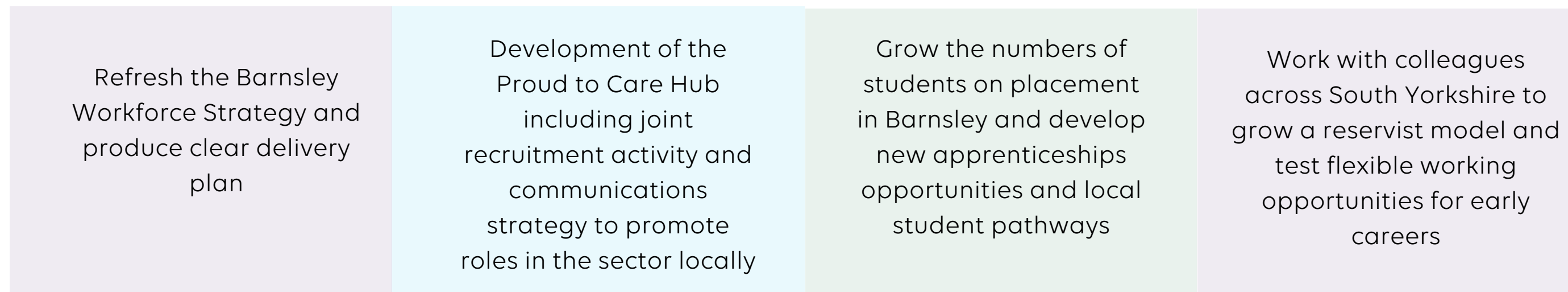
## Strategy alignment

- NHS People Plan and Promise
- Health and Social Care Integration
- SY Integrated Care Strategy to reduce economic inactivity and the gap in employment for people with long term health conditions and learning disabilities

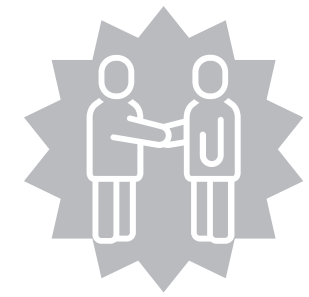
## Measure for success

- Recruitment via Proud to Care and Expression of interest
- Increased job applications and recruitment from deprived communities
- Increase the number of care leavers accessing apprenticeships and employment.
- Increase the number of students and apprentices in health and care including work experience, T-levels, nursing and allied health professional students and apprentices
- Increase the number of people returning to the health and care workforce through flexible working opportunities
- Reduced the number of leavers in the first five years of careers

## What we will deliver



# Involvement and equality, diversity, inclusion



## Our priority for 2023 to 2025

**We will work alongside local people and communities to better understand and develop what matters to them**

### Why is it important?

At the heart of our role is the commitment to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.

Research has shown consistently that outcomes and experience of health and care are better where levels of engagement are higher.

Involving people and communities allows us to understand the services and the care that is on offer from the perspective of the people who use them, it can identify what is most helpful and what is most frustrating for them and how to make improvements.

Involvement gives people the power to manage their own health and make informed decisions about their care and treatment; and supporting them to improve their health and give them the best opportunity to lead the life that they want.

Accountability is one of the themes most apparent from the recent engagement in the South Yorkshire Integrated Care Strategy, alongside access, quality of care, improving mental health and wellbeing, and support to live well.

Our collective involvement work has also shown the importance of clear, consistent and regular communications that is accessible, ensuring that health and care services can be flexible and tailored to different people's needs and circumstances and the need to better involve carers and/or family members as equal partners in any planning and decision making that takes place.

### Where do we add value?

We have agreed principles across the Barnsley partnership to engage with people to inform our decisions and codevelop services.

- Have a strong local focus and work on both strengths and solutions with local communities
- Value equality and the diversity of local communities
- Make sure information is accessible and jargon free
- Ensure that everyone has a voice and we listen and learn from our staff and communities
- Involve the right people, at the right time and come to you
- Keep it simple and be honest about what you can influence
- Avoid repeating the same conversations
- Be open and transparent with what we know and what we have done and why



# Involvement and equality, diversity, inclusion

## Current state

We have made progress on the governance and planning of how we come together as a involvement, experience and equality, diversity and inclusion colleagues across Barnsley and with teams working across South Yorkshire.

## Key issues

- The recording of demographic data, protected characteristics and accessibility standards, is lower than it should be across some health and care services. This is often a combination of people not being asked some or all of the questions, or people not being comfortable in sharing the information. We know that recording and reporting on inclusion data is also challenging.
- We have lots of existing insights which we could make much more effective use of across the partnership and beyond . This include patient experience data.
- We want to focus on working alongside our diverse communities.
- We want to be better at, and put more focus on, working with local people and communities to produce plans and design services and solutions rather than just asking or informing them.

## What we will deliver

Review and develop our model for engagement	Contribute to a South Yorkshire insight bank which brings Barnsley insights into one place for analysis and sharing.	Roll out a partnership wide campaign to improve demographic data collection.	We will grow and develop existing networks, to increase reach and active involvement across our diverse communities	We will work with programme and project leads to advise on and develop people and communities involvement plans aligned to the three tiers health equity approach.	Primary care network people and communities involvement plan.	Training and development programme to support colleagues to produce and design interventions alongside people who will be using them.
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## Strategy alignment

- Barnsley health and care communications strategy
- Barnsley 2030
- NHS South Yorkshire ‘Start with People’ involvement strategy

## Measure for success

- An increase in staff confidence to have the conversation about demographic data collection.
- Re-invigorated primary care patient participation groups in each GP practice, supported by a primary care network involvement plan.
- High satisfaction scores on all involvement activity e.g. clarity and availability of information to make informed decisions, I statements .
- An insight bank in place.
- Inclusion of insights into our dashboards.

# Estates

## Our priority for 2023 to 2025

**We will make the best use of our collective estate**

### Why is it important?

Good quality strategic estates planning is vital to making the most of greater cooperation and collaboration through our partnership to fully rationalise our estate, maximise use of facilities, deliver value for money and enhance people's experience when using health and care services.

It is vital that service and estates planning are joined up to ensure that the best estate is available to deliver the best health and care services and make wise, well founded investment decisions.

The estate is used to provide solutions with primary and community teams located in the same place to support multi-disciplinary team working, integrated service hubs across sectors, supporting care delivered closer to the communities where people live, supporting digital solutions and helping with workforce challenges of recruitment and retention.

The pandemic has had a significant impact on how the health and care buildings have been used to achieve social distancing, support remote working, provide "hot" clinics to provide access to services for people with infection and increase the number of planned operations and procedures to recover waiting lists.

The community diagnostics centre at the The Glass Works is an example of where alignment of clinical service and regeneration strategy came together leading to better access to services, providing residents with a more convenient way to receive ultrasound, x-ray, breast screening, phlebotomy and bone density scans.



### Where do we add value?

We are committed to improving equity of access to services, deliver more care in communities and joining up care for those most in need.

Across our estates there are many multi-purpose buildings where different partners run services, sometimes alongside services from other sectors.

The health and care estate is not always as well used as they could be and there are opportunities to improve this whilst enhancing the range of services delivered in our communities.

This can only be achieved by collaboration across services and organisations and co-development with residents and communities.





# Estates

## Current state

There is a lack of understanding and clarity on the estate held across Barnsley and how this can be used more effectively across partners and voluntary sector to meet the needs of our population. Lease arrangements sit with individual organisations and flexibility remains limited on some of the estate across Barnsley.

## Key issues

- There is a perception Barnsley estate is underused
- There is a lack of understanding of the estate portfolio across Barnsley
- There is a lack of strategic oversight of estate linked to place plans
- Some estate is not fit for purpose and is not flexible to meet service demands, pressures and change plans

## Outcomes

- Estate is used to capacity with plans for development clearly identified to access available funding sources.
- Estate is accessible and meets the needs of people across Barnsley, with one approach to health and care.

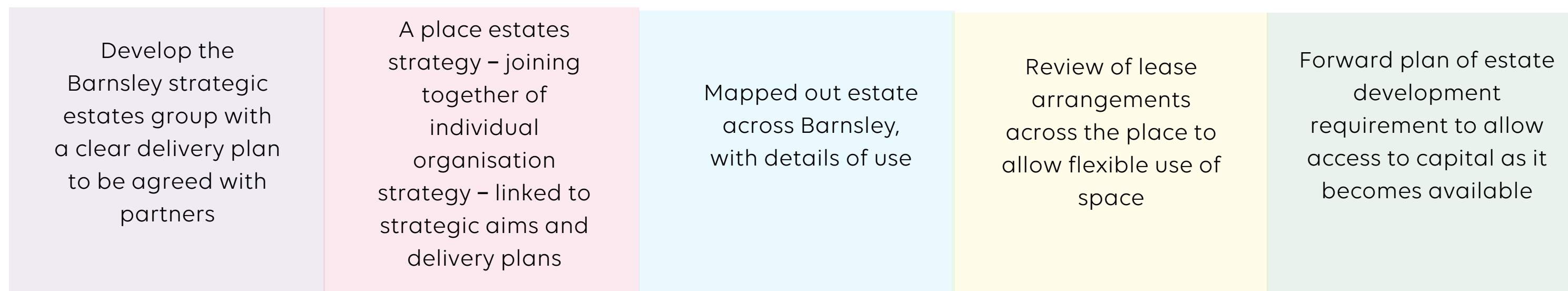
## Strategy alignment

- Government Estates Strategy

## Measure for success

- Estate use increases from current baseline measures
- Estate portfolios are understood across the partnership
- Estate is fit for purpose with development plans clearly identified to meet our strategic aims
- Estate is flexible in its use across clinical, care and voluntary sector services irrelevant of provider

## What we will deliver



# Digital and information

## Our priority for 2023 to 2025

**We will develop a Barnsley digital roadmap and deliver a shared care record solution**

### Why is it important?

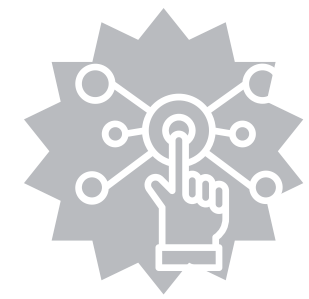
Digital transformation of health and social care is a top priority for the Department of Health and Social Care and NHS England. The long term sustainability of health and social care is dependent on having the right digital foundations in place.

Digital technologies have become an integral part of how people manage their health. They can help access personal health information, and support people to feel empowered and involved in self care. A large review of studies found that text messages can help people quit smoking. Automated text reminders alone increased quit rates by 50% to 60%. Apps can remind people to take their medications on time. Giving people access to their own records can help people understand their conditions, and empower them to take an active role in managing them. Several studies have shown that digital therapy is effective. Technology allows us to connect with others without being physically together.

In 2022/23 the Barnsley Partnership has been making the most out of SystmOne by using it to support shared care across organisations and settings. This means for example that hospital doctors and social workers can now view a person's clinical records from primary or community care with their consent to support better care planning.

We have been working with industry partners to deliver a BETA service evaluation of STRIDE which aims to help older people to live strong and independent lives for longer. New technologies have been deployed into care homes to prevent people falling and in primary and community care to support health checks for people with learning disabilities.

The NHS Pathways system has enabled healthcare teams to use the data and information in clinical records and other systems to identify people at risk, optimise and personalise their care.



### Where do we add value?

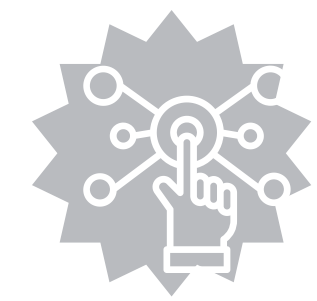
The vision of the Digital Barnsley Strategy is that Barnsley is a connected, smart town with a culture of innovation, collaboration and strong digital leadership.

The strategy helps in delivering all four main areas identified within the 2030 plan including a Healthy Barnsley by connecting health partners to provide better quality care, using digital to connect our communities and addressing digital exclusion to improve connectivity, reduce isolation and exclusion.

Working as a place partnership means that organisations strategies and plans are aligned to ensure that systems resources are allocated to shared priorities for services, patients and residents.

Collaboration will ensure that digital and technological solutions are can work together of across services and settings to deliver best value for money and provide a seamless service for patients.

Shared intelligence means one version of the truth and supports evidence based decision making so health and care in Barnsley is population health, prevention and inequalities led.



# Digital and information

## Current state

- Established health intelligence group and joint working between partners
- Health intelligence reporting – regular dashboards, agile sprints and bespoke products
- Limited interoperability for direct care

## Key issues

- Information sharing between organisations – particular restrictions around primary care and commissioning datasets
- Lack of analyst capacity
- Ability to link data through a common identifier
- Lack of clear digital roadmap and strategy with could result in lack of interoperability or inefficient use of resources (e.g. technology enabled care)
- Clarity on the role of different organisations and teams

## Strategy alignment

- National information board – Paperless 2020
- NHS Operating Guidance
- Population health management
- Population health, health inequalities and prevention-led Integrated Care System in South Yorkshire

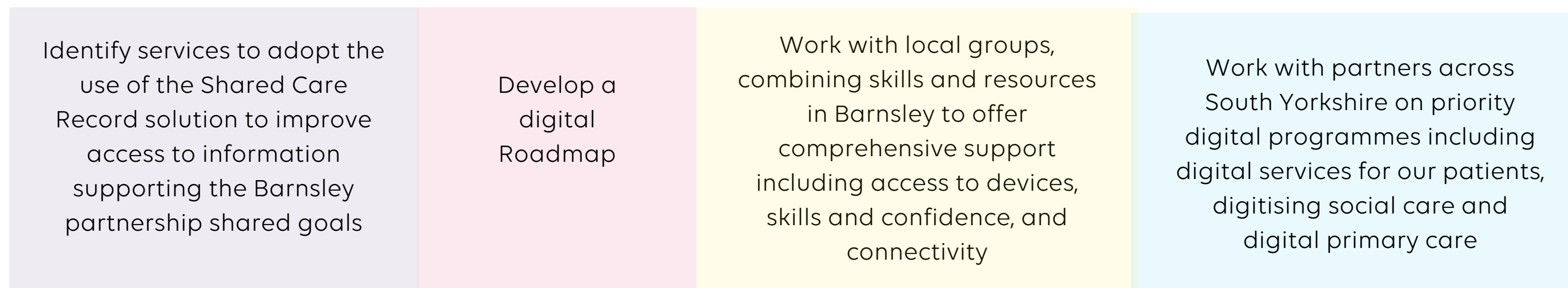
## Measure for success

- People not having to tell their story multiple times to health and care services
- Improved clinical safety
- Improved efficiency – reduced paper letters, repeat requests for tests and referrals
- Effective use of resources – intelligence led system

## Outcomes

- Number of organisations sharing and accessing information from the Yorkshire Shared Care Record
- Number of users accessing patient information through interoperability

## What we will deliver





# Working more closely with the (VCSE) sector

## Our priority for 2023 to 2025

We will strengthen our partnership with the voluntary, community and social enterprise sector

### Why is it important?

Barnsley's VCSE Sector is made up of a huge range of inspirational, passionate people who help our local people. The organisations and groups vary in size from international bodies to groups made up of a small number of people. They work hard to make sure they can enhance our services and help people of all ages in Barnsley live better lives. The diversity of the VCSE sector is a strength to be recognised and celebrated.

The sector brings specialist expertise and fresh perspectives to service delivery that is well placed to support people with complex and multiple needs. The VCSE sector has, and continues to, play an important role in keeping people connected.

Our VCSE Sector reaches deep into communities. They are vital.

In 2023, NHS South Yorkshire Integrated Board and the VCSE sector in South Yorkshire agreed a memorandum of understanding (MOU) that recognises and values the VCSE as a key partner within the health and care system, and sets out how the Integrated Care System and the VCSE will work together to improve health and care. This agreement builds on several years of work to bring together organisations into a network and VCSE alliance. The agreement pledges to embed VCSE participation in every level of our integrated care system.

The ethos of the VCSE Alliance is that there are opportunities to share work that is happening across Barnsley with the other places in South Yorkshire, and share where this is working at a regional level. As part of this, there are clear mechanisms to co-ordinate equitable VCSE involvement from Barnsley and the other places (Doncaster, Rotherham and Sheffield.)

### Where do we add value?

Health and care partners in Barnsley have supported the establishment of the Voluntary and Community Sector Strategy Group which has now developed into an engagement structure that all VCSE organisations can engage with. Through this process an Alliance has grown which brings Children's Services together with the children and young people's organisations in the sector.

We have been providing training for volunteers and organisations to support safeguarding and helping with governance and organisational support.

In 2021 we worked with organisations across the VCSE to form the Barnsley Older People's Physical Activity Alliance (BOPPPAA) to increase the provision of physical activity programmes that will improve the strength and balance of those over 50 living in Barnsley.

There are over 60-member organisations who make up BOPPPAA and they deliver over 170 physical activity sessions across the borough.

One activity which has proved popular is the Healthy Bones and Fall Management class which sees over 100 people attend regularly. One person who attended a class commented: "You get wary as you get older about doing things. This has really increased my confidence to be able to do things."

# Working more closely with the (VCSE) sector



## Current state

- Good working relationship with the VCSE through establishment of the Voluntary and Community Sector Strategy Group
- The VCSE is increasingly being recognised for the role it plays in support better health and wellbeing through offers such as social prescribing
- More people are being supported to get involved with groups and activities provided by VCSE organisations within communities

## Key issues

- There are around 250 groups registered on the Barnsley CVS database but it is estimated that there around 1,000 groups in total
- The VCSE can be competitively minded because it has needed to be. However collaboration is growing, particularly through alliances in Barnsley such as the Dementia Alliance, Migrant Partnership, Youth Alliance and Older People's Physical Activity Alliance
- The VCSE bring significant investment into Barnsley. However, our local lottery funding lags behind others
- It is important that VCSE capacity can meet the growing demands for its offer
- Sometimes VCSE organisations are not recognised for the level of training and specialist interventions that they deliver within care pathways and referral processes

## Strategy alignment

- Building Strong Integrated Care Systems (ICS) Everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector
- Memorandum of Understanding between NHS South Yorkshire Integrated Care Board and the VCSE Alliance
- South Yorkshire Integrated Care Strategy Five Year Plan and System Development Plan 2022

## Measure for success

- Mapped out the VCSE sector across Barnsley
- Increased involvement and participation of VCSE representatives across programme boards and working groups
- Increase engagement and involvement from seldom heard communities through VCSE partners
- Increased capacity across the VCSE sector to support health and care priorities in Barnsley

## What we will deliver



# Operational planning – delivery focus

Area	Priority	Where
1. Urgent and emergency care	(1a) Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25 (1b) Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25 (1c) Reduce adult general and acute (G&A) bed occupancy to 92% or below	UEC Alliance and Places
2. Community health services	((2a) Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard (2b) Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	UEC Alliance and Places Places and Primary Care Alliance
3. Primary care	(3a) Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need (3b) Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024 (3c) Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024 (3d) Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	Primary Care Alliance and Places
4. Elective care	(4a) Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties) (4b) Deliver the system- specific activity target (agreed through the operational planning process)	Acute Federation
5. Cancer	(5a) Continue to reduce the number of patients waiting over 62 days (5b) Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days (5c) Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Cancer Alliance
6. Diagnostics	(6a) Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% (6b) Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	Acute Federation
7. Maternity	((7a) Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury (7b) Increase fill rates against funded establishment for maternity staff	Local Maternity and Neonatal System
8. Use of resources	(8a) Deliver a balanced net system financial position for 2023/24	All building blocks
9. Workforce	(9a) Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	All building blocks
10. Mental health	(10a) Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019) (10b) Increase the number of adults and older adults accessing IAPT treatment (10c) Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services (10d) Work towards eliminating inappropriate adult acute out of area placements (10e) Recover the dementia diagnosis rate to 66.7% (10f) Improve access to perinatal mental health services	MHLDA Alliance and Places
11. People with a learning disability and autistic people	(11a) Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 (11b) Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	MHLDA Alliance and Places
12. Prevention and health inequalities	((12a) Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 (12b) Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60% (12c) Continue to address health inequalities and deliver on the Core20PLUS5 approach	Place and Prevention Programme

**Progress against the 2023/24 NHS Operational Planning Objectives**

	Area	Objective	Reporting Date	Current Performance	Narrative
<b>Recovering our core services and improving productivity</b>	<b>Urgent and emergency care</b>	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	Feb-24	63%	This is a BHNFT position as it is not reported at Place level
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25	Feb-24	30mins 20secs	Current Barnsley performance. Performance is on an improving trajectory
		Reduce adult general and acute (G&A) bed occupancy to 92% or below	Feb-24	95.6%	BHNFT position. Operational pressures continuing to impact on G&A bed performance
	<b>Community health services</b>	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard	Jan-24	95.4%	SWYPFT consistently exceeding the standard
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	N/A	No defined metric	Data Source / Definition to be confirmed
	<b>Primary care</b>	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	Jan-24	40.4%	All who contact primary care practice urgently are assessed the same day
			Jan-24	80.0%	All who need a GP appointment get one within 2 weeks.  <i>There is no set planning guidance standard for 2023/24. Monitoring for this metric is from GP appointments data from NHS Digital and as such may not match the data that is used to monitor the NHS Impact &amp; Investment Fund (IIF), therefore showing a difference in achievement</i>
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024	Jan-24	144,071 appointments	Barnsley is currently on an increasing trajectory
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024	Feb-24	Increased recruitment	192.18 WTE for March 2024 increased from 123 WTE for March 2023. Barnsley position
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	N/A	Not currently monitored	N/A – In development

	Area	Objective	Reporting Date	Current Performance	Narrative
	<b>Elective care</b>	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	Jan-24	173	Barnsley position. Waits at Trusts outside of Barnsley are having the biggest impact on waits. There is a commitment from all Trusts in 24/25 to reduce these to zero by September 2025
		Deliver the system-specific activity target (agreed through the operational planning process)	Month 10 financial reporting	103.4%	South Yorkshire ICB position. Achieving the Value Weighted Activity target of 103% as set out in the Elective Recovery Fund guidance 23/24
	<b>Cancer</b>	Continue to reduce the number of patients waiting over 62 days	Jan-24	24	BHNFT position only. On a positive decreasing trajectory based on Weekly Patient Tracking List
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	Jan-24	75.5%	Barnsley position. Meeting and exceeding the target
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	2020	50.5%	Barnsley position. Has remained relatively static for a number of years (49%-53%)
	<b>Diagnostics</b>	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	Jan-24	94.6%	Barnsley position. On track to deliver requirement
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	N/A	N/A	There is no national metric/reporting for this objective.
	<b>Maternity</b>	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury	Sept-23	2.66	Stillbirths per 1,000 total births (Barnsley Hospital only, local data). Reduction seen over 12-month period
			2021	1.76	Neonatal deaths per 1,000 total live births (Local Authority level). Lack of historical data to determine trend
		Increase fill rates against funded establishment for maternity staff	N/A	N/A	There is no national metric/reporting for this objective.
<b>Use of resources</b>	Deliver a balanced net system financial position for 2023/24	Measured at ICB/ICS level			



	Area	Objective	Reporting Date	Current Performance	Narrative
<b>NHS Long Term Plan and transformation</b>	<b>Workforce</b>	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	N/A	N/A	There is no national metric/reporting for this objective.
	<b>Mental health</b>	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	Jan-24	118.2% (4,140 contacts)	Barnsley position. Number of CYP (0-17yrs) receiving at least one contact in the reporting period - % of indicative trajectory achieved. Performance on improving trajectory
		Increase the number of adults and older adults accessing IAPT (Increasing Access to Psychological Therapies) treatment. Now known as NHS Talking Therapies	Jan-24	126.7%	Barnsley position. IAPT Access Monthly - % of indicative trajectory achieved. This is against the local target set in the 23/24 Operational Planning round
		Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	N/A	Work in progress	Work in progress
		Work towards eliminating inappropriate adult acute out of area placements	Dec-23	0	Total "Inappropriate Out of Area" Patient bed days rolling 3 months (Barnsley Place)
		Recover the dementia diagnosis rate to 66.7%	Jan-24	72.1%	Barnsley position. Consistently exceeding the target
		Improve access to perinatal mental health services	Dec-23	102.5%	Barnsley position. Women accessing Perinatal Mental Health Services - % of indicative trajectory achieved
		<b>People with a learning disability and autistic people</b>	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	Jan-24	61.9%
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit		Jan-24	39	South Yorkshire ICB position (Adults with a learning disability and/or who are autistic per million adults are cared for in an inpatient unit)
	<b>Prevention and health inequalities</b>	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024	2022/23	71.5%	Barnsley position. On an improving trajectory.
		Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%	Sept-23	66.5%	Barnsley position. On an improving trajectory.
		Continue to address health inequalities and deliver on the Core20PLUS5 approach	N/A	N/A	There are several parts to this objective but no specific reporting requirements to this objective.

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## **Children's Social Care Performance Report – February 2024**

### **1.0 Introduction**

- 1.1 Data and intelligence around practice outcomes are key in driving continuous practice improvement.
- 1.2 The purpose of this report, along with Item 5b (attached), is to provide members of the Overview & Scrutiny Committee with an overview of performance in Children's Social Care for February 2024. It should be noted that, at this time, reporting continues to develop following the move to the Mosaic case management system. The data in this report is consistent with the information provided to the Children's Development Board and the Director's Performance Clinics.

### **2.0 Background**

- 2.1 Following the migration of the Children's Social Care case management system to Mosaic in November 2022, work continues with Business Intelligence to redevelop reporting across the service. Although further development is required to the Performance Framework, the data it produces is now routinely used to produce monthly updates to the Children's Development Board and is used as the basis of the monthly Director's Performance Clinics.
- 2.2 In September 2023 Ofsted carried out an inspection of Barnsley local authority children's services (ILACS), which judged the overall effectiveness of Children's Services to be 'Good'. As part of the inspection, Ofsted identified that the ability to gather and analyse data through the electronic recording system was an area for development, while also recognising the progress and improvements that have been made.

### **3.0 Current Position**

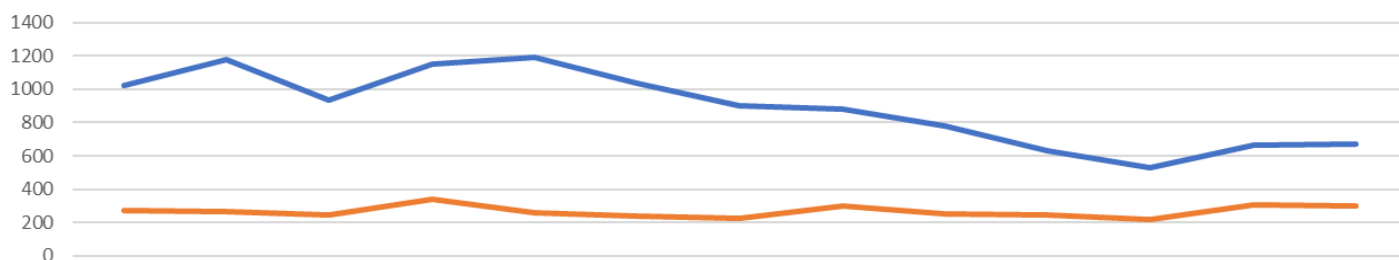
- 3.1 Reporting continues to progress, with two new operational reports having recently been made available to service: the Strategy, S47 and Initial Child Protection Conference (ICPC) operational report and the Fostering operational report. A third operational Independent Reviewing Officer (IRO) report is due to be signed off imminently.
- 3.2 Whilst development continues, Heads of Service and Service Managers maintain management oversight and assurance using a combination of highlight reports provided by Team Managers, and operational reports which report on information from Mosaic, which are reviewed and discussed in conjunction with the case management report at fortnightly Head of Service performance clinics.
- 3.3 We continue to work on data quality, alerting managers of any issues, using various methods to target those individuals who need support and challenge.

#### Demand

- 3.4 At the Front Door, the number of contacts at the end of February was 674, increasing by 12 between January and February. There were also an additional 732 'Information Only Contacts' in February, increasing from 654 in January, which deal with requests for information from partners.
- 3.5 The number of referrals is generally proportional to the number of contacts received. At the end of February, the number of referrals was 297, lower than the number in January (304).

## Demand - Front Door

— Contacts\* — Referrals



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Contacts*	1020	1181	937	1152	1191	1037	904	882	781	631	531	662	674
Referrals	271	268	243	336	257	240	221	301	251	244	215	304	297

\* Excludes information only contacts

- 3.6 The number of Children open to the Service remains broadly static with numbers increasing from 1704 in January to 1726 in February.
- 3.7 The number of Children in Care at the end of February was 403 remaining the same as January. The numbers of children in care have declined since the peak of 421 in October 2023 and have remained stable over the last three months.
- 3.8 The number of Care Leavers open to service was 124 at the end of February [REDACTED]. At the same point last year, there were 100 care leavers open to service.
- 3.9 There were 21 children admitted into care during February. Since April 2023 this figure has fluctuated between 15 and 25.

### Performance and Compliance

- 3.10 The percentage of decisions made on all contacts and referrals in one working day at the end of February was 81%, this is decline on the previous month (85%) but remains above the target of 80%. The percentage outcome in 2 working days increases to 96% and in 3 working days to 99%.
- 3.11 The percentage of re-referrals within 12 months of a referral was 25.6% at the end of February, against a target of 20%, this is above the national average of 21.5%. The year-to-date figure is 24.4%. Dip Sampling is ongoing in all service areas to ensure there is an understanding of context and learning from this.
- 3.12 There were 362 assessments undertaken across Children's Social Care in February. 85.4% of assessments were carried out in 45 working days which continues to exceed the target of 80%. In terms of benchmarking, the October figure exceeds the statistical neighbour benchmark (78.6%) as well as the regional (82%) and National (84.5%) figures. In the Assessment Service, assessments authorised in 45 working days continues to be robust, in February performance was 96.4%.
- 3.13 Assessments completed in 20 working days continues to rise. In February 29.5% of assessments were carried out in 20 working days compared with 25.8% in January.
- 3.14 The percentage of S47 investigations leading to an Initial Child Protection Conference (ICPC) decreased to 28.3% in February from 42.9% in January. The percentage of children whose ICPC was held within 15 working days was 78%, decreasing from 90% in January and has dipped below the target of 80%.
- 3.15 Of the 49 children starting a Child Protection Plan in February, [REDACTED] of them had a plan within the last 2 years, which equates to [REDACTED] children. Any children subject to a second or subsequent plan within 2 years are reviewed to understand the circumstances leading to the repeat plan.
- 3.16 The timescales for plans being completed, and how this is reported on are currently being revised. Based on the current reporting rules, compliance for up-to-date plans in February shows a varied picture.

- 3.17 Performance for care leavers with an up-to-date plan has declined since the previous month but remains above the target of 80%. Performance is still below our 80% target for children in need, children on a child protection plan and children in care.

Up to Date Plan	January 2024	February 2024
Children in Need	72%	72%
Children on a CPP	66%	68%
Children Looked After	65%	67%
Care Leavers	89%	85%

- 3.18 The percentage of children visited in timescales show that visits for children on a child protection plan, children in care and care leavers have all improved since January with a decline in the timeliness of visits for children in need.

- 3.19 Performance for children in need, children in care and care leavers exceed the target of 80%. However, visits for children on a child protection plan are below the 95% target.

- 3.20 Mosaic has now been configured to allow us to reflect the longer visiting periods within our practice standards and this is beginning to be developed into reporting. Team managers track visits to children and discuss this in supervision to ensure children are being seen and managers are assured that the majority of children are visited in line with statutory requirements.

Visits	January 2024	February 2024
Children in Need within last 4 weeks	89%	81%
Children on a CPP visited within 10 days	83%	84%
Children Looked After	87%	90%
Care Leavers within the last 8 weeks	84%	90%

- 3.21 Case Supervisions have remained the same or declined across the service in February, with supervisions for children on a CP plan exceeding the 80% target.

Case Supervisions	January 2024	February 2024
Children in Need	91%	74%
Children on a CPP	92%	92%
Children Looked After	83%	65%
Care Leavers	83%	77%

- 3.22 For children in care, there were 28 missing episodes in February, involving 12 children. Since April 2023, the number of missing episodes each month ranges from 11 to 28.

- 3.23 The percentage of children in care with an up to date and Quality Assured Personal Education Plan (PEP) was 100% at the end of February.

- 3.24 School attendance for children in care is measured cumulatively from the start of the academic year. The data in this report is from the end of Q3. At this point, Primary school attendance for children in care was 94.9%, lower than the Q2 figure of 96.6% and slightly below the target of 95%. However, primary attendance continues to be above those young people who are not in care. The reduction in performance has been attributed to an increased cohort, placement instability and additional needs of young people. The primary virtual school advocate and an education welfare officer continue to provide additional support to schools and social workers which is reviewed weekly.

- 3.25 Secondary school attendance was 88.0% at the end of Q3, decreasing from 90.7% at the end of Q2, and is below the target of 92.5%. At this point attendance was affected by a number of factors. There were

two young people awaiting school through the Unaccompanied Asylum-Seeking Child (UASC) process, young people new to care, placement instability and several young people not having appropriate provision due to Special Education Needs and/or Disability (SEND) processes outside the control of the Virtual School. These young people have weekly oversight and plans of support and intervention are in place.

- 3.26 At the end of Q3, the percentage of primary school suspensions for children in care was 2.65%, increasing from 0.94% at the end of Q2, but remains lower than the target of 3.04% and is rag rated green. Close working in school via Advocates, Learning Engagement Mentor and Virtual School Head observations have allowed for greater understanding of the issues associated with the suspensions.
- 3.27 At the end of Q3, the percentage of secondary school suspensions for children in care was 13.99%, increasing from 6.52% at the end of Q2, but remains lower than the target of 16.18% and is rag rated green. Again, close working in school via Advocates, Learning Engagement Mentor and Virtual School Head observations have allowed for greater understanding of the issues associated with the suspensions and allows support to be put in place for children.
- 3.28 The latest education, employment and training data available for care leavers was at the end of quarter 3, at which point 52.6% of care leavers aged 19-21 were engaged in education, employment or training. This was a reduction from Q2 where the figure was 59.4% and remains below the target of 68%. Performance is covered in the monthly ETE panel meetings. And over recent weeks colleagues from the TIAG (Targeted Information, Advice and Guidance) and Future Directions teams have re-commenced their regular meetings to provide greater scrutiny of the cohort.
- 3.29 There were ■ children that left care to adoption in February with a total of 22 children leaving care to adoption since April 2023.

#### **4.0 Future Plans & Challenges**

- 4.1 We are seeing improvements in performance. However, many areas remain below target. There are several systems and structures in place to monitor and challenge performance, which include:
- Monthly Directors' performance clinics.
  - Fortnightly Head of Service (HOS) performance clinics with Service Managers, Team Managers, colleagues from the Quality Assurance Team and Business Intelligence.
  - Service improvement plans that focus on practice improvement.
  - A continued focus on data quality and timeliness of recording in Mosaic.
  - Continued work with key link officers in the Quality Assurance Team, who provide support around key themes and areas of improvement. This includes training for auditors.
  - Targeted performance plans put in place by HOS to ensure a more focused approach is taken to support weaker performance.
  - Continuing to raise expectations around timely recording now that we are confident that the operating environment will allow us to set ambitious standards and targets.
  - The use of weekly exception reports by team managers in CYPT.
  - Performance management to be more embedded within teams taking the learning and systems from those high performing teams to support consistency.
  - Compliance checks by CP / IRO's that result in escalation to the appropriate Team Manager and Service Manager.
- 4.2 Children's Social Care and Business Intelligence will continue to work together on our agreed data and reporting priorities. The first meetings of the new Operational Report Task and Finish Group have taken place and are working well. Agreed scoping documents provide clear vision of what is required with development commencing on the new scopes in March 2024.
- 4.3 The Operational dashboard will provide a central data, performance and intelligence resource for Children's Social Care and aims to ensure that everyone has access to the key performance and case level information they need to manage their work, performance and improve outcomes for children, young people and their families.

4.4 Work has commenced on exploring alternative options for consolidating data and information in relation to Targeted Early Help Services, but there is still much to do. The caseloads and contacts reports are at the sign off stage (end of March 2024), with further reporting priorities to be defined and agreed in line with the revised practice standards and service improvement plan for Targeted Early Help.

## **5.0 Invited Witnesses**

5.1 The following witnesses have been invited to answer questions from the committee:-

- Matthew Boud, Service Director, Children’s Social Care & Safeguarding, Barnsley Council
- Carly Speechley, Executive Director Children’s Services, Barnsley Council
- Cllr Trevor Cave, Cabinet Spokesperson, Children’s Services, Barnsley Council

## **6.0 Possible Areas for Investigation**

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

- How do you plan to improve the quality of referrals to Children’s Social Care from partners?
- What have you learned from those cases where children and young people have been re-referred within 12 months of a previous referral, and how will this change practice?
- How do you know whether the step-up and step-down thresholds are set appropriately and what support is available for families and children/young people on the edge of care?
- Why has performance against child protection conference timescales fallen and what can be done about it?
- What is preventing you from achieving the timescales for plans being completed, and how this is reported on? What changes need to be made to address this?
- What are the risks associated with not visiting children with a child protection plan within the statutory timescale of 10 days and for those who are not hitting the target, what is the longest that a child has had to wait for a visit?
- What more needs to be done to support care leavers into employment, education or training?
- How confident are you that processes and procedures are effective in keeping children in Barnsley safe? How do you know?
- How confident are you that data is accurate and timely, and providing the information you need to make effective decisions? Where are the gaps, what more needs to be done?
- What more needs to be done to streamline processes so that social workers have the time to be professionally curious, and offer timely and quality support?
- What can elected members do to support the work?

## **7.0 Background Papers and Useful Links**

- Item 5b (attached) – Monthly Performance Update – Data for February 2024 REDACTED
- Item 5c (attached) – Understanding Children’s Social Care Performance REDACTED

## **8.0 Glossary**

CIN	Child in Need
CPP	Child Protection Plan
CIC	Child in Care

CL	Care Leaver
CYPT	Children & Young People's Team
ETE	Employment, Training & Education
HOS	Head of Service
ICPC	Initial Child Protection Conference
ILACS	Inspection of Local Authority Children's Services
IRO	Independent Reviewing Officer
OSC	Overview & Scrutiny Committee
PEP	Personal Education Plan
S47	Section 47 of the Children Act 1989, allowing enquiries to be initiated where a child is suffering from or at risk of harm
SEND	Special Education Needs and/or Disability
TIAG	Targeted Intervention and Guidance
TEH	Targeted Early Help
UASC	Unaccompanied Asylum Seeker Children
VS	Virtual School
VSH	Virtual School Head

## 9.0 Officer Contact

Jane Murphy/Anna Marshall, Scrutiny Officers, [Scrutiny@barnsley.gov.uk](mailto:Scrutiny@barnsley.gov.uk)

10 April 2024



Item 5b - CSC Development Board Update February 2024 (Redacted)

Section	CSC Number	Description	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Trend	Change since previous month	DOT	Target	Year to Date	Benchmarking		
																						Statistical Neighbours 21/22	Yorkshire & Humber 21/22	National 21/22
Demand		Number of Children with an open assessment						501	368	304	358	344	309	259	330	362		0	▲		362			
Demand	CSC32	Number of Children open to service	1698	1679	1691	1696	1816	1871	1824	1699	1762	1730	1664	1616	1704	1726		22	▲		1726			
Demand	CSC117	Open CIN plans	326	359	390	427	470	471	509	504	521	460	442	456	438	441		3	▲		441	455.33	354.2	334.3
Demand	CSC33	Number of Children on a CP Plan	294	304	314	315	294	293	309	311	321	327	334	343	372	363		-9	▼		363	353.6	5690	50920
Demand	CSC34	Number of Children in Care (CIC)	393	401	406	411	411	410	407	417	417	421	411	403	403	403		0	→		403			
Demand	CSC35	Number of Care Leavers open to service	99	100	100	102	91	102	105	108	114	118	123	127	126	124		-2	▼		124			
Demand	CSC1	Case loads - unallocated cases				12		20		0	0		17	19	6	16		10	▲	0	16			
Front Door	CSC26	Number of Contacts (excludes information only contacts)	1379	1018	1175	931	1146	1180	1037	901	883	781	631	531	662	674		12	▲		9357			
Front Door		Number of Information only contacts												572	654	732		78	▲					
Front Door	CSC27	Number of Referrals	318	271	268	243	333	253	240	218	301	251	244	215	304	297		-7	▼		2899	3529	68380	650270
Front Door	CSC42	% of contacts going to referral (conversion rate excludes information contacts)	23.1%	26.6%	22.8%	26.1%	29.1%	21.4%	23.1%	24.2%	34.1%	32.1%	38.7%	40.5%	45.9%	44.1%		-1.9%	▼		31.0%			
Front Door	CSC43	Rate of referrals per 10,000 (annualised)	600.0	608.0	624.2	635.9	652.1	638.7	637.9	642.7	658.3	647.9	632.6	621.3	619.2	624.7		5.5	▲		624.7			
Front Door	CSC45	% of re-referrals within 12 months of a previous referral	20.8%	25.8%	27.0%	26.1%	20.3%	27.1%	23.4%	17.4%	23.1%	28.4%	23.6%	23.6%	30.3%	25.6%		-4.7%	▼	20.0%	24.4%	19.75%	20.40%	21.50%
Front Door	CSC46a	% of referrals going on to assessment	55.5%	58.2%	62.6%	65.6%	71.3%	58.2%	67.4%	65.1%	63.2%	45.6%	56.0%	51.4%	55.3%	61.6%		6.3%	▲		60.1%			
Front Door	CSC46b	% of referrals going on to strategy discussion	28.1%	33.7%	27.7%	23.7%	22.4%	30.3%	28.0%	25.2%	25.4%	40.8%	29.8%	31.3%	32.9%	31.0%		-1.9%	▼		29.2%			
Front Door	CSC3	Front Door - % contacts and referrals outcomed within one working day	48%	57%	58%	61%	41%	51%	79%	86%	53%	55%	83%	85%	81%		-4%	▼	80%	68%				
Assessment	CSC28	Number of Assessments started	314	268	303	246	309	344	278	295	353	312	257	221	303	339		36	▲		3257			
Assessment	CSC30	Percentage of assessments authorised in 45 days	79.1%	74.7%	62.8%	83.2%	90.5%	83.7%	80.4%	87.6%	87.9%	81.7%	90.3%	82.8%	88.3%	85.4%		-2.9%	▼	80%	85.6%	78.6%	82.0%	84.5%
Assessment	CSC116	C&F Assessments completed within 20 days	26.9%	31.5%	16.5%	17.0%	20.9%	13.9%	18.1%	20.6%	22.7%	23.2%	25.5%	25.2%	25.8%	29.5%		3.7%	▲		22.0%			
Assessment	CSC5	Assessment - % Initial C&F Assessments where the child was visited in 5 working days (S17)	63.0%	68.0%	76.0%	79.0%	69.0%	42.7%	57.9%	61.7%	78.0%	80.3%	78.0%	78.0%	72.0%	55.0%		-17.0%	▼	80%	68%			
Assessment	CSC6	Assessment - % of C&F Assessments ending in - No Further Action	46.0%	46.0%	38.0%	36.0%	31.1%	33.7%	30.3%	41.4%	21.0%	20.1%	28.0%								26%	30%	29%	
Assessment	CSC51	% of C&F Assessments ending in - Ongoing Social Work	44.9%	40.4%	53.2%	44.3%	55.1%	53.1%	50.8%	35.2%	59.5%	60.4%	47.1%											
Assessment	CSC91	% of C&F Assessments stepped down to Early Help	9.6%	13.7%	9.3%	19.6%	14.0%	11.1%	18.9%	23.4%	19.7%	19.5%	24.5%											
Assessment	CSC49	Rate of C&F assessments completed per 10,000 (annualised)	615.4	634.2	654.3	664.7	664.1	670.3	665.3	662.9	666.3	687.7	704.4	708.8	704.8	696.9		-7.9	▼		696.9			
Assessment	CSC4	Assessment - case supervision in month	50%	65%	68%	82%	62%	61%	62%	66%	63%	80%	78%	87%	90%	74%		-16%	▼	80%	73%			
S47	CSC31	Number of Section 47s (S47)	181	166	162	98	117	129	126	106	132	181	110	120	127	158		31	▲		158			
S47	CSC54	Rate of S47 investigations per 10,000 (annualised)	291.9	309.9	327.1	335.6	328.9	327.9	329.1	334.3	340.8	351.2	341.4	327.7	317.3	315.3		-2	▼		315.3	263.6	204.4	180.1
S47	CSC58	% of S47 leading to an ICPC	25.4%	31.3%	41.0%	37.9%	38.7%	46.1%	45.2%	28.3%	32.9%	26.9%	31.1%	27.0%	42.9%	28.3%		-14.6%	▼	34.0%	35.0%		n/a	34%
S47	CSC55a	% of S47 with concerns substantiated and the child is judged to be at continuing risk of significant harm	37.0%	45.5%	52.2%	44.2%	50.0%	56.3%	59.7%	62.3%	44.7%	55.0%	53.6%	46.8%	69.2%	51.8%		-17.4%	▼		54.0%			
S47	CSC55b	% of S47 with concerns substantiated but the child is judged not to be at continuing risk of significant harm	45.3%	40.0%	37.9%	32.6%	39.0%	26.8%	26.0%	37.7%	40.0%	41.7%	29.8%	37.6%	24.5%	38.2%		13.7%	▲		34.0%			
S47	CSC55c	% of S47 with concerns not substantiated	17.7%	14.6%	9.9%	23.2%	11.0%	16.9%	14.3%	0.0%	15.3%	3.3%	16.7%	15.6%	6.4%	10.0%		3.6%	▲		12.1%			
In Need	CSC117	Open CIN plans	326	359	390	427	470	471	509	504	521	460	442	456	438	441		3	▲		441			
In Need	CSC59	Rate of open CIN cases per 10,000 (as per DfE definition)	326.3	325.5	330.3	335.4	360	365.4	360	339.2	351.8	346.4	332.3	318.9	336.2	340.6		4.4	▲		340.6	455.33	354.2	334.3
In Need	CSC14	Child In Need - % of CIN for whom a visit has taken place within last 4 weeks	71.0%	82.0%	70.0%	73.0%	72.0%	61.2%	75.2%	72.0%	84.0%	79.0%	83.0%	80.0%	89.0%	81.0%		-8.0%	▼	80%	77%			
In Need	CSC11	Child In Need - % with an up to date plan	64.0%	69.0%	69.0%	62.0%	64.0%	59.4%	63.1%	52.2%	66.0%	68.0%	68.0%	67.0%	72.0%	72.0%		0.0%	→	80%	65%			
In Need	CSC13	Child In Need - Case supervisions within month	57.0%	66.0%	64.0%	58.0%	39.0%	54.3%	58.0%	65.0%	59.0%	72.0%	83.0%	48.0%	91.0%	74.0%		-17.0%	▼	80%	64%			
Protection	CSC62	Number of children subject of ICPC	57	54	71	46	45	47	71	34	48	43	65	46	62	50		-12	▼		50			
Child Protection	CSC8	Child Protection - % of children whose ICPC was held within 15 working days of the initiating strategy discussion	91%	87%	97%	89%	93%	81%	87%	94%	63%	67%	75%	98%	90%	78%		-12%	▼	80%	83%	80.8%	71.7%	79.2%
Child Protection	CSC63	% of ICPCs converting to a CP plan	81.5%	92.6%	87.3%	87.0%	66.7%	72.3%	83.1%	73.5%	83.3%	88.4%	75.4%	82.6%	96.8%	92.0%		-4.8%	▼		81.9%	96%	n/a	87%
Child Protection	CSC33	Number of CYP on a CP Plan	294	304	314	315	294	293	309	311	321	327	334	343	372	363		-9	▼		3582	358.4	5820	50780
Child Protection	CSC64	Number of children becoming subject to a CP Plan	53	51	62	37	30	35	59	29	40	35	49	38	61	49		-12	▼		462			
Child Protection	CSC65	Rate of children becoming subject to a CP Plan (annualised)	74.9	79.1	84.3	89.1	91.1	90.9	95.4	94.6	98.2	100.6	105.4	103	104.6	104.2		-0.4	▼		104.2	84.14	63.8	53.2
Child Protection	CSC66	Number of children no longer subject to a CP Plan	35	42	53	34	51	37	43	26	29	28	42	27	31	54		23	▲		402			
Child Protection	CSC68	% CYP becoming subject to a plan for a second or subsequent time (last 2 years)	11.30%	0.00%	0.0%	8.1%	3.3%	0.0%	15.3%	13.8%	7.5%	28.6%	18.4%	11.1%	4.9%	10.2%		5.3%	▲	2.2%	11.0%	2.17%	2.20%	2.50%
Child Protection	CSC69	Open CP Plans in place for 2+ years (still in progress)	1.00%	1.00%	4.1%	2.9%	4.4%	4.8%	4.2%	4.8%	5.3%	5.2%	3.3%	3.2%	3.0%	2.2%		-0.8%	▼		3.9%			
Child Protection	CSC7	Child Protection - % of CP for whom a visit has taken place within the last 10 days	81.0%	85.0%	76.0%	81.0%	68.0%	69.9%	78.0%	78.5%	79.0%	84.0%	86.0%	85.0%	83.0%	84.0%		1.0%	▲	95%	80%			
Child Protection	CSC10	Child Protection - % with an up to date plan	74.0%	72.0%	73.0%	60.0%	59.0%	53.0%	50.0%	42.8%	68.0%	58.0%	55.0%	66.0%	66.0%	68.0%		2.0%	▲	80%	59%			
Child Protection	CSC9	Child Protection - Case supervisions in month	82.0%	79.0%	68.0%	58.0%	35.0%	52.0%	50.7%	69.6%	60.0%	72.0%	76.0%	73.0%	92.0%	92.0%		0.0%	→	80%	68%			
Children in Care	CSC34	Number of Children in Care (CIC)	393	401	406	411	411	410	407	417	417	421	411	403	403	403		0	→		403	604.1	9300	82170
Children in Care	CSC73	Rate of children looked after per 10,000	78.47	80.07	80.47	82.06	82.06	81.86	81.27	83.26	84.06	82.06	79.52	79.52	79.52	79.52		0	→		79.5	113.9	81	70
Children in Care	CSC74	Children becoming looked after	10	20	17	16	15	18	16	25	17	17	12	13	19	21		2	▲		189			
Children in Care	CSC75	Children leaving care	15	14	13	12	16	19	22	13	16	17	19	17	19	21		2	▲		191	210.1	3110	31010
Children in Care	CSC126	Unaccompanied Asylum Seeking Children	14	17	17	15	16	17	20	20	22	24	22	25	23	25		2	▲		229	15.2	350	5570
Children in Care	CSC15	Looked After Children - % of CLA for whom visits are up to date	93%	92%	88%	90%	87%	76%	84%	84%	90%	86%	93%	88%	83%	90%		3%	▲	80%	87%			
Children in Care																								



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