

MEETING:	Overview and Scrutiny Committee - Full Committee
DATE:	Tuesday 23 April 2024
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors Ennis OBE (Chair), Bellamy, Bowler, Bowser, Denton, Eastwood, Fielding, Green, Hunt, McCarthy, Moore, Moyes, Murray, Osborne, Peace, Pickering, Tattersall, Webster, A. Wray and N. Wright

36 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.

37 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Bellamy declared a non pecuniary interest as Cabinet Support Member Place Health and Adult Social Care and a member on the Corporate Parenting Panel.

Councillor Eastwood declared a non pecuniary interest as a members on the Corporate Parenting Panel and Fostering Panel.

Councillor Moore declared a non pecuniary interest as a member on the Corporate Parenting Panel and Virtual School Governors.

Councillor Peace declared a non pecuniary interest from Minutes ?? to ??? as Cabinet Support Member for Children's Services.

38 Minutes of the Previous Meeting

The minutes of the following meetings were received and following an amendment to the Minutes from 9 January 2024, were approved by Members as a true and accurate record:-

Full Committee – 9 January 2024

Sustainable Barnsley Workstream – 13 February 2024

Growing Barnsley Workstream – 5 March 2024

Healthy Barnsley Workstream – 26 March 2024

39 Barnsley Health & Care Plan 2023 - 2025

The following witnesses were welcomed to the meeting

- 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
- Andrew Sanderson, Yorkshire Ambulance Service

Councillor Newing provided members with a brief overview of the Barnsley Health and Care Plan Update 2023-25. Members heard how since November 2022 the Barnsley Place Partnership had supported the Overview and Scrutiny Committee with items including:

- Excess death
- Mental health in Barnsley
- Children and Young People's Services
- Special Educational Needs and Disability (SEND)
- Adult Social Care
- Healthy Life Expectancy (HLE)

The Barnsley Health Care Plan 2023-25 sets out the Place Partnership priorities for service transformation, engagement and involvement with service users and citizens in Barnsley.

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

The Barnsley Place Committee which comprised of Chairs of NHS providers, Leadership Team members and voluntary and community sector members received data from the performance dashboard in order to assess and reflect on progress made. It was felt that Barnsley had a strong performing health and care system which had been built from strong foundations with great working relationships. It was recognised there was more to do in some areas but there had been some good

outcomes from working alongside the Children and Young Peoples Trust in areas of SEND.

Strong partnership working relationships were key to good governance across all organisations. It enabled services and people to respectfully challenge each other from the point of view of organisational strategies but to also do the best for people in Barnsley.

The post of Director for South Yorkshire Ambulance Service had been created in order to ensure that the area had the best representation and input in the vast area that the Yorkshire Ambulance Service covered. This enabled the experiences of paramedics and staff on the ground to be able to be fed through to various Boards and partnership meetings to drive improvement pathways.

Healthy Life Expectancy data was not available at ward and borough level but was available at a regional level and would be provided to members. Smoking is the greatest cause of health inequality and Barnsley had seen success in reducing this. A new smoking bill to make it illegal for anyone who would turn 15 in 2024 to purchase tobacco was going through Parliament and if passed, would have a dramatic effect on health in the future. It was noted that children would be less likely to smoke if their mothers did not smoke, and a significant amount of money had been invested in smoking cessation to target those people. Work alongside primary care and voluntary groups had been undertaken to do targeted work reaching out to populations to access stop smoking services which had seen some success.

The four high impact areas of respiratory pathways, front door pathways, frailty pathways and discharge pathways each presented their own challenges. The biggest respiratory impact was smoking and some industrial disease, it was hoped efficiency could be a byproduct from early diagnosis leading to earlier treatment pathways. The preceding 5 years had shown that frailty had grown almost three times faster than ageing. The aim was to prevent early onset of frailty disease and conditions so people are able to live in good health for longer. Work had been undertaken to identify frailty and manage risk factors early by screening in primary care settings. For those at the point of crisis, targeted intervention was in place to help identify them and investigate what conditions lead to crisis and what can be done to alleviate that. Malnutrition in older people was a contributory factor and once identified as at risk, would be referred for dietary changes to help gain weight and live for longer. A strong system of support for discharging people back into their own homes was in place in Barnsley. The Hospital accommodated some intermediate bed bases and up to 50 in total could be provided through residential care settings. A business case was being developed with plans for some new build provision. Urgent care was a challenging situation, and alternative solutions were being explored for people who did not need to visit an emergency department. It was thought that all the Boroughs in South Yorkshire had an emergency treatment centre which may not be the right solution for Barnsley but this would be investigated alongside a primary care based solution and an innovative third way of using technology. Ambulance crews in Barnsley had seen an increase in attendances and there had been a change in mindset for crews considering whether an issue could be dealt with in the community rather than bringing someone into A and E.

It was acknowledged that some models of walk-in centres worked well, and this was part of the thinking around a virtual offer and primary care based solution but this required further investigation to understand what that would mean and the impacts of those models. Members were informed that Primary Care partners were doing their part by seeing as many people as they could in each day. iHeart provided extended hours to maximise the amount of capacity but it was noted that demand often exceeded the supply.

Early diagnosis for respiratory illness was critical as early intervention was crucial. Specialist services in the community were available to support people along the pathway to manage their illness and support self-management. Primary Care offered Wellbeing Coaches for one to one advice on self management and how to help and support themselves with conditions.

RESOLVED:-

- (i) that the witnesses be thanked for their attendance and contribution;
- (ii) that the report be noted; and
- (iii) that witnesses provide benchmarking data relating to Healthy Life Expectancy.

40 FOR INFORMATION ONLY - Children's Social Care Performance Report - February 2024

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

RESOLVED that the report be noted.

41 Exclusion of the Public and Press

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

42 Children's Social Care Performance Report - February 2024

The following witnesses were welcomed to the meeting:

- Carly Speechley – Executive Director, Children's Services, BMBC
- Councillor Trevor Cave – Cabinet Spokesperson, Children's Service, BMBC

Carly Speechley introduced the report explaining that following a steep increase in demand, this had now plateaued. Data was routinely managed and checked in order to ensure that children were getting the services they should get.

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

The service had invested significantly in personal advisers in order to help young people aged from 16 years and 3 months transition into adulthood and leaving care. Work was undertaken on a pathway plan around education, training and employment as well as health needs, social needs and community needs for the care leavers. A lettings agreement had been developed with Berneslai Homes to help care leavers move into their own accommodation.

The statutory visit time for children on a child protection plan was 20 days but Barnsley had a 10 day visiting target.

Looked after children have a personal education plan in addition to their pathway plan which goes with them up to being care leavers. Each educational setting is required to have a specific education plan which recognises that they have additional needs. If there were additional Special Educational Needs, then they may also have an Education Health Care Plan in order to support those children.

Members were informed of the difficulties of placing families together in foster care. Investments had been made in order to alleviate this issue, however it was acknowledged that if siblings are separated then work is carried out to promote contact in order to keep them in touch with each other.

Members were informed that families work with child protection on a voluntary basis unless the issue meets the threshold for a Section 47. Members heard that re-referrals were around 24% and often for different reasons. A strengthened step up and step down process had been developed involving a managed hand over where the Social Workers meets with the families to agree a plan before they withdraw.

Members heard of the plans to increase Foster Carers in the Borough including marketing, recruitment and rebranding plans to promote foster caring as a choice for people. A Mockingbird Family Model was being adopted to form 'constellations' to replicate a family network or community network of people to support each other. Members commented that a frequently asked questions section could be added to the website in order to dispel any myths about fostering by using mockingbird carers as voices of the lived experience of how it works.

RESOLVED:-

- (i) that the report be noted;
- (ii) that witnesses conduct more in-depth investigations to fully understand the reasons for re-referrals;
- (iii) that witnesses provide figures so that members can understand the number and proportion of children in foster care, broken down by placement type (ie Council foster care and independent foster care)
- (iv) that witnesses introduce 'myth busting' information or Frequently Asked Questions (FAQ's) to the website relating to becoming a foster carer, as well as testimonials from existing foster carers to demonstrate 'lived experience'.

43 Strengthening Children's Services Quarter 2 Report 2023-24

The following witnesses were welcomed to the meeting:

- Carly Speechley – Executive Director, Children's Services, BMBC
- Councillor Trevor Cave – Cabinet Spokesperson, Children's Service, BMBC

Carly Speechley introduced the report explaining the work that had been undertaken to Children's Services following investment in Autumn 2022. Members were informed that workforce stability and retention was good, but that recruiting social workers remained a national issue.

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

Members queried whether the amount of staff employed was suitable for the amount of children in care. They were informed that whilst there were ongoing challenges around sickness and people leaving, in general retention rates had increased following investments over the past few years. There was a desire to recruit more experienced social workers by attracting agency workers to work directly for the service. Copilot was being looked into as a way of reducing administration burden following a review or conference by using the voice record function.

Members heard how placements were a national issue and impacted budgets significantly.

A business case had been finalised in order to create an Intensive Family Support Team to work with and support families to stay together.

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

Chair