

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

## MINUTES

### Present

Councillors Ennis OBE (Chair), Bowler, Clarke, K. Dyson, P. Fielding, Green, Lodge, McCarthy, Newing, Osborne, Richardson, Risebury, Stowe, Tattersall and Wray

### 57 Apologies for Absence - Parent Governor Representatives

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

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

Councillor Ennis OBE declared a non-pecuniary interest in Minute No 60 as he holds a non-executive position on Barnsley Healthcare Federation. He vacated the Chair for the duration of this item.

Councillor Newing declared a non-pecuniary interest in Minute No 60 as she is employed by the NHS.

Cllr Tattersall declared a non-pecuniary interest in Minute No 61 as she is Cabinet Support for Children's Services.

Councillor Lodge declared a non-pecuniary interest in Minute No 61 as he is Chair of the Central Area Early Help Delivery Group and an employee of an organisation that supports care leavers.

### 59 Minutes

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

Full Committee 7 September 2021  
Sustainable Barnsley Workstream 12 October 2021  
Growing Barnsley Workstream 2 November 2021  
Healthy Barnsley Workstream 30 November 2021  
Sustainable Barnsley Workstream 8 February 2022  
Growing Barnsley Workstream 8 March 2022  
Healthy Barnsley Workstream 22 March 2022

Full Committee 11 January 2022 were approved subject to an amendment to Minute No 43 'Children's Social Care Performance Cover Report October 2021 (Redacted)'

to reflect the discussion around the 'Inadequate' judgement of a council-run children's home and the addition of the following resolution:

'(iv) that Officers take appropriate measures to ensure that other homes in the area are not in the same position as the Council-run children's home now referred to'.

## **60 Progress on the Development of Integrated Care in Barnsley MBC**

Cllr Ennis OBE vacated the Chair for this item and Cllr Richardson took up the position.

The following witnesses were welcomed to the meeting:

Wendy Lowder, Executive Director Adults & Communities, BMBC

Julia Burrows, Executive Director Public Health, BMBC

Julie Chapman, Service Director, Adult Social Care & Health, BMBC (virtual)

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

Adrian England, Chair, Healthwatch Barnsley

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

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

Jamie Wike, Chief Operating Officer, Barnsley Clinical Commissioning Group

James Barker, Chief Executive, Barnsley Healthcare Federation

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

Cllr Jenny Platts, Cabinet Spokesperson, Adults & Communities, BMBC

Cllr Jim Andrews, Cabinet Spokesperson, Public Health, BMBC

Jeremy Budd introduced the report, informing the Committee that despite operational pressures and a challenging year the partnership have continue to work collectively to achieve objectives in the Integrated Health and Care Plan. Co-production and teamworking is at a high level in Barnsley and the lulls and peaks over the last 12 months have allowed them to push forward with priorities but they have also had to reflect on the impact of Covid on the delivery of the plan. Key activities include:-

- the development of a mental health strategy
- tackling health inequalities by offering mental health checks, hypertension case finding
- influencing people's behaviour to partake in cancer screening programmes
- Managing the substantial increase in demand for primary care appointments and planning to introduce additional workforce in primary care, to work alongside the GP and provide a wider range of provision
- Approval of the refreshed Healthy Care Plan focussing on the four priority areas of workforce; prevention; improved access; and joined-up care

The plan has now been refreshed for 202/23.

Recent legislation (The Health & Care Act 2022) means that the Integrated Care Board will come into effect from 1 July, the CCG will cease to exist from the end of June and there will be a new Team Barnsley as part of the Integrated Care Board.

There is an exciting opportunity for the group to work together to develop a five-year strategy for the Integrated Care Board to make sure that Barnsley has the right involvement, engagement and communication with the people of Barnsley.

Covid has impacted upon staff – they are tired but they are enthusiastic about moving forward. Managers need to ensure that they are offering the best for health and care staff.

Urgent & Emergency Care remains pressured but nonetheless can continue to be provided in a timely way and it is rigorously monitored. They make sure that there are effective pathways in and out of hospital and the 'discharge to assess' process is one of the best in the country. Because of the impact of Covid, people are sicker when they are presenting and that has some issues, particularly around mental health placements, however there are plans to return the out of area placements back to zero by April 2023.

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

There needs to be a clear distinction between urgent care and what needs to be looked at in due course. Out-of-hours appointments are available and some departments are open 24 hours a day, but there isn't enough staffing and diagnostic support to effectively support this further. There is an aspiration to do more but that comes with financial and resourcing implications that need to be considered. Early help and screening is important as is the quality of information. There is a standard around patients with suspected cancer being referred for an appointment by their GP within 14 days and although the breast screening service was suspended for six months but they are almost back on track

Witnesses are not aware of a vote to shorten GPs' working day as recently reported in the national press and surgeries continue to be open out-of-hours. Social prescribing has now been extended to under 18s and the My Best Life Service has been introduced to allow professionals to refer people to a range of local, non-clinical services. Social prescribing does have a positive impact, here are an increased number of social prescribers across Barnsley, and the range of people who are able to refer into social prescribers have been extended, eg police, social care. There is now a social prescriber based at the Emergency Department (A&E). Work continues with the Area Councils and Ward Alliances and the VCSE sector to build capacity across our communities enabling the social prescribing service to connect people to community support.

During Covid, GP surgeries had to follow stringent infection control measures, and non-compliance would result in the CQC closing them down. Telephone appointments were used to assess need and an increasing demand for appointments whilst, at the same time, a falling number of GPs, have added to the problems. Guidance has now changed and they are moving more towards face-to-face appointments again. After the May Day Bank Holiday, iHeart Barnsley will offer face-to-face appointments in the first instance unless patients request an alternative.

There are several challenges associated with attracting employees to the care market. Because some providers and care homes have mixed tenancies (ie some

clients self-funding, some supported by the local authority) it can directly impact on the business model and health and social care partners can only influence certain parts of it. At present, health and social care are currently competing to employ the same people. They do have ideas about how they can work collaboratively in the future but the government white paper on the health and social care workforce will need to be introduced first.

The CAMHS contract will follow the normal tender process when it is due for renewal and will be opened up to other providers. The contract is regularly monitored (monthly) against key performance information and the service offer has been extended up to the age of 25. The partnership expects to return to zero out of area placements for adult mental health by April 2023.

There are lots of appointments that have had to be cancelled by the provider due to staff sickness. Children's appointments have been higher for a number of reasons. There have been changes to the computer system at the hospital, but the messaging service does not give the full functionality that they would like so this will be revisited. Missed appointments have not been flagged up as an issue in primary care.

The partnership are confident that there will be some bigger changes this year in the development of the shared care record. Primary Care records should talk to one another and they have until April 2023 to do that. The Yorkshire & Humber model is already tried and tested and there is a commitment to adopt that across South Yorkshire. They will be pushing it forward and across the partnership will be investing to make the changes happen. They are confident that they will make good strides forward over the course of the year.

There are mechanisms in place for frequent LTF testing for staff. Community Services staff are testing twice weekly and have not experienced any issues with the availability of tests.

**RESOLVED** that:

- (i) Witnesses be thanked for their attendance and contribution; and
- (ii) Members note the report

## **61 One Adoption South Yorkshire (OASY) Regional Adoption Agency**

Cllr Ennis OBE returned to the Chair and thanked Cllr Richardson.

The following witnesses were welcomed to the meeting:

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

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

Michael Richardson, Adoption Team Manager, Barnsley Team, One Adoption South Yorkshire

Stephanie Evans, Head of Service, OneAdoptionSouthYorkshire

Cllr Trevor Cave, Cabinet Spokesperson Children's Services, BMBC

Stephanie Evans introduced the report explaining that the requirement for all adoption agencies to come together had resulted in something exceptional because, although based on a partnership model like other areas, the South Yorkshire model goes further by pooling budgets. The agency is hosted by Doncaster who have a small hub team and there are plans to increase this after a number of posts have been identified to help deliver a better service. The agency consists of four adoption teams which means it is compact for a regional adoption agency and therefore easier to manage. The aim is to combine resources to ensure that children across South Yorkshire are placed as quickly as possible with families, focussing on South Yorkshire families for South Yorkshire Children.

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

96% of adopters are White British but the number of children who fall into this category across South Yorkshire are much lower and work is being done to attract a diverse range of adopters so that children can recognise themselves and their backgrounds. The agency are planning to go into communities and build relationships and trust, and break down barriers, to try and understand why people from ethnic communities don't come forward as often. They are also looking to attract faith families to support older children.

Special guardianship orders are the best option for young people who cannot live with their birth family but work also needs to be done to understand why people are looking at long-term fostering as an option as opposed to adoption.

Adopters need to be assured that they will be supported through the child's life following adoption. The aim is to ensure that there is an equitable service regardless of where people live in South Yorkshire and each area will be looked at to determine whether staffing levels and post adoption support needs are appropriate or whether they need to be developed and promoted.

Bringing together the four areas across South Yorkshire means that some processes need to be standardised across the footprint of the agency to deliver the most effective service to adopters across South Yorkshire.

Situations where it is not possible to keep the sibling unit together happens more often than they would like but can be avoided with stringent social care processes. The number of 'disruptions' (placements that break down before an adoption order is made) is very small across the footprint and there haven't been any since the agency 'go-live' date. Whenever a disruption does occur, the case is reviewed to determine why the placement has broken down. When this happens the child is supported by their social worker and moves back to foster carers who also provide support. A pattern cannot be identified because of the low numbers and that fact that each case is treated as individual. The key to successful adoption is looking at what adopters bring to the table and appropriate matching, putting in as much time and effort as possible to find a suitable match. Support through the adoption process is also key, developing relations when they are experiencing difficulties.

Fostering remains within the individual local authorities and they work with foster carers who may potentially become adopters, assessing them through the usual channels.

Although it appears that Rotherham is out-performing other authorities within the agency's footprint, these figures can fluctuate.

**RESOLVED** that:

- (i) Witnesses be thanked for their attendance and contribution; and
- (ii) Members note the report.

## **62 REDACTED Children's Social Care Performance Report (For Information Only)**

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

**RESOLVED** that Members note the report

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

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

## **64 Children's Social Care Performance Report Private Member Briefing**

Members were invited to consider a cover report relating to:

- 8a Children's Social Care Performance Cover February 2022
- 8b Children's Social Care Performance Report February 2022
- 8c Understanding & Challenging Children's Social Care

The following witnesses were welcomed to the meeting:

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

Mel John-Ross introduced the report, explaining that although social worker caseloads are high, they are not the highest in the region. Work has been done to improve the situation, including recruiting additional social workers; managing demand; supporting partner agencies; and a tighter application of thresholds; and they are now seeing positive outcomes. However, it should be noted that a large number of caseloads does not necessarily mean a high workload, it depends upon the complexity of the cases. The longer-term solution would be a strengthened early help offer.

Barnsley is a good employer and newly qualified social workers are supported with training and development; protected levels of caseloads; and frequent supervision/reviews. Covid has had a long-term impact on staff but the service has a strong approach to supporting and managing attendance and if issues are raised by staff around workloads, co-working would be explored.

Performance in Children's Social Care is still strong due to support available for social workers; the operating environment; and the culture of the organisation. The key to quality is about ensuring consistency.

The number of strengths and difficulties questionnaires (SDQs) completed is not as high as it should be. This is a focus for the service moving forward to understand more about the child.

**RESOLVED** that:-

- (i) Witnesses be thanked for their attendance and contribution
- (i) Members note the report
- (ii) Members be provided with data relating to caseloads to allow comparison between Barnsley and national figures; and
- (iii) Members be provided with data relating to the proportion of social workers leaving the authority to work with agencies

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Chair