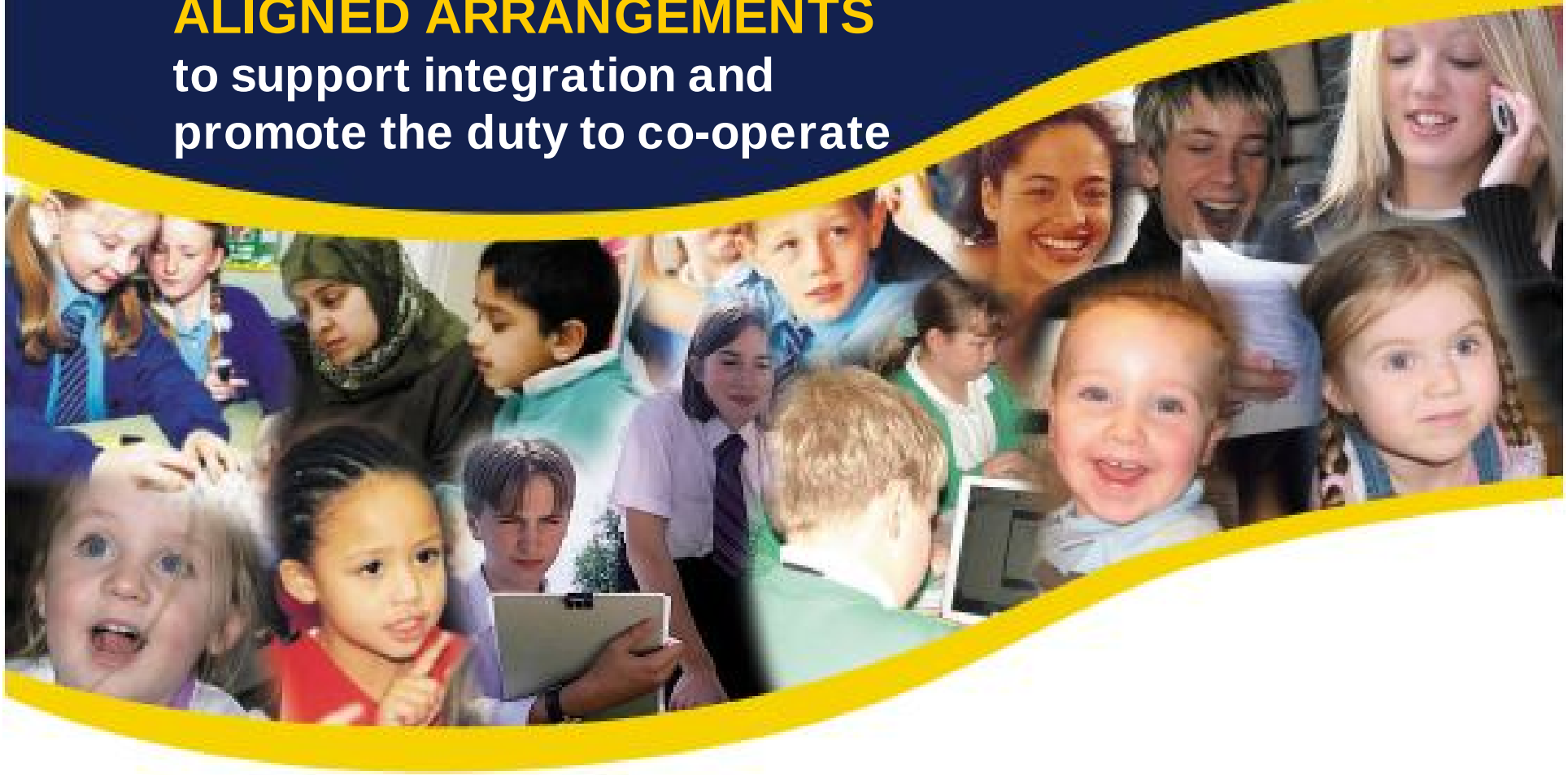
USING POOLED AND ALIGNED ARRANGEMENTS

to support integration and promote the duty to co-operate



Progress towards integration and improved outcomes

Barnsley Children and Young People's Trust

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Content

1. Barnsley context
2. Delivery strategy
3. Joint planning & commissioning arrangements
4. Findings to date – benefits and outcomes
5. Next steps

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1. Barnsley's context

- Population 224,600, 54,600 (24%) 0 – 19
- Serious economic challenges
- Approx. 96.3% white British
- 18% live in 10% most deprived areas in England
- Eligibility for school meals higher than NA
- 11.7% working age pop. claiming IncB/SDA
- 10,400 children under 16 living in poverty (1 in 4)
- 23% live in households with workless benefit (Eng. Av. 19.6%)
- Severe health deficits
- Academic achievement under NA
- 17.4% working age pop. no qualification

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…on the other hand

- Best ever academic results 2009
- More young people in higher education
- Health improvements are evident
- Strong community identities
- Access to fantastic countryside
- Good transport links
- Sustained positive history of partnership
- Strong sustainable CYPT arrangements
- Leadership with a will to drive improvement
- 2009 APA graded children's services level 3
- High performing PCT

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Linked strategies/plans

- Sustainable Communities Strategy
- Children and Young People's Plan
- LSCB Plan
- Adult and Communities Services Plan
- NHS Barnsley commissioning strategies (primary, community and acute)
- Barnsley Neighbourhood Strategy
- Total Place initiative
- Child Poverty Strategy development
- Think Family development
- Range of other plans and strategies

Informed by JSNA etc.

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2. Delivery strategy

- 10 Locality Wellbeing Partnerships linked to 5 Area Partnerships
- Personalisation and voice and influence
- Leadership model
- 10 locality plans based on local priorities
- Aiming for local delivery not centralised
- One Children's Workforce – integrated working
- Joint planning and commissioning at local level and boroughwide
- CAF, ContactPoint, TAC, LP, information Sharing

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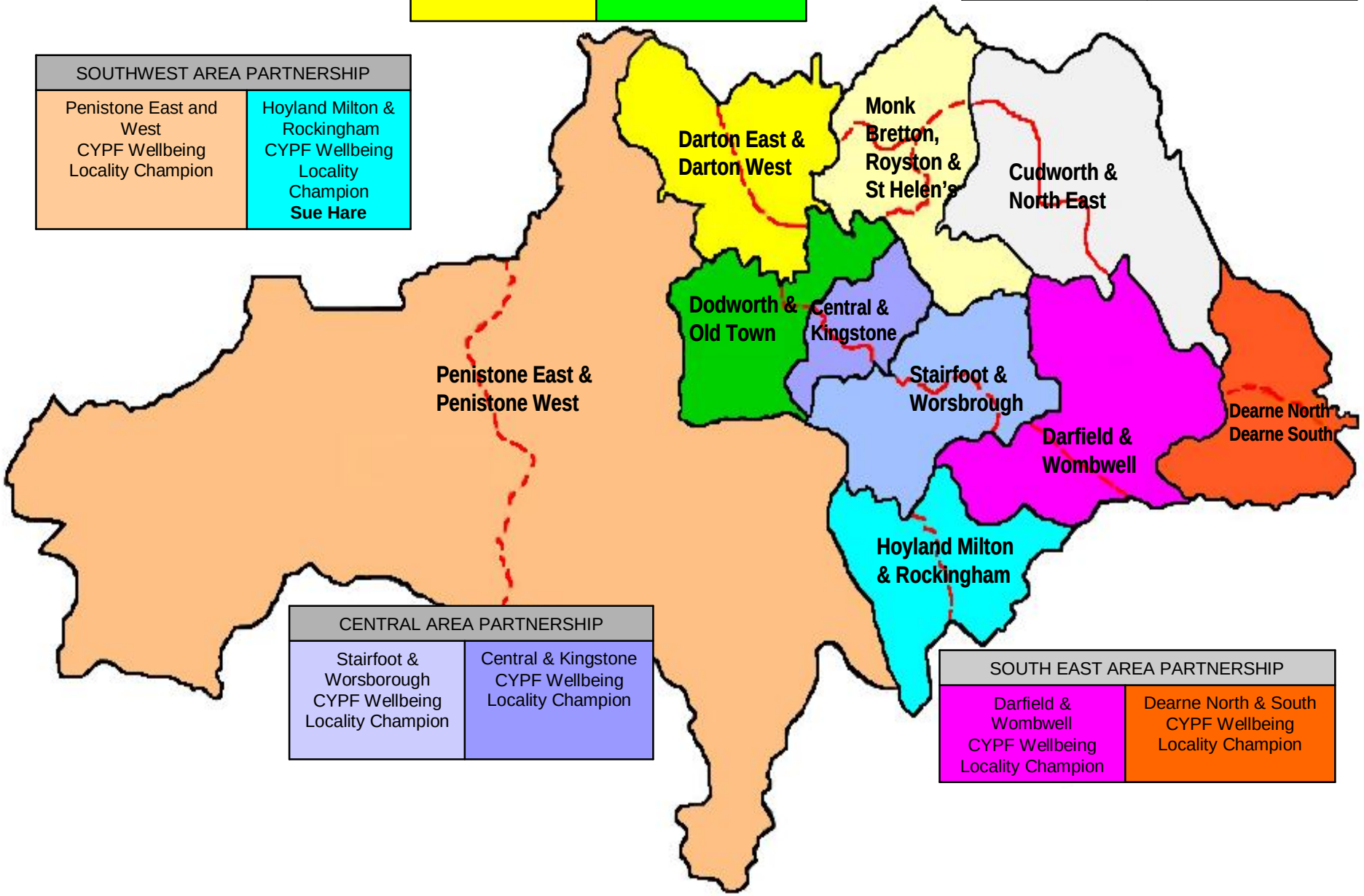
CHILDREN YOUNG PEOPLE AND FAMILIES WELLBEING LOCALITY CHAMPIONS

NORTH AREA PARTNERSHIP	
Darton East & West CYPF Wellbeing Locality Champion	Dodworth & Old Town CYPF Wellbeing Locality Champion

NORTH EAST AREA PARTNERSHIP	
Cudworth & North East CYPF Wellbeing Locality Champion	Monk Bretton, St Helen's & Royston CYPF Wellbeing Locality Champion

SOUTHWEST AREA PARTNERSHIP	
Penistone East and West CYPF Wellbeing Locality Champion	Hoyland Milton & Rockingham CYPF Wellbeing Locality Champion **Sue Hare**



CENTRAL AREA PARTNERSHIP	
Stairfoot & Worsborough CYPF Wellbeing Locality Champion	Central & Kingstone CYPF Wellbeing Locality Champion

SOUTH EAST AREA PARTNERSHIP	
Darfield & Wombwell CYPF Wellbeing Locality Champion	Dearne North & South CYPF Wellbeing Locality Champion

In each area

A named Champion (supported by a change manager)

- A named Core team of workers comprising:
  - Early year co-ordinator
  - Integrated youth support strategy co-ordinator
  - Family Support and Safeguarding
  - Health improvement strategy co-ordinator
  - CAF Development Lead
- A leadership group drawn from all agencies (that includes Area Coordinators)
- A Wellbeing team made up of practitioners working in the locality
- One (or more) children's centre, some NHS LIFT centres
- An Advanced Learning Centre (secondary school) and cluster of primary schools
- A range of services - health, social care, Third Sector etc

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3. Joint planning & Commissioning

Joint commissioning is seen as a key driver operating at different levels to achieve:

- strong integrated partnership working
- cultural change
- a shared understanding of needs and how to address them
- quality delivery through effective commissioning processes
- best outcomes for CYPF through clear accountability frameworks at all levels

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Better outcomes for children's services through joint funding

- SECTION 10
  - Pooling Funds (Relevant Partners) for all – helps to join/align funds and resources
- SECTION S256 & S76 (28A & 28BB)
  - Money Transfers/Grants (NHS /LA)
- S75 HEALTH ACT FLEXIBILITIES - delegate and merge functions:
  - Lead Commissioning
  - Integrated Provision
  - Integrated Management
  - Pooled budgets

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Pooled budget partnership agreement – Partnership in Action Barnsley

Aim was to improve outcomes in adult and children's health and care services

- Poor performance in mental health services
- Used Health Act (1999) flexibilities (Section 31)
- ODPM strategic partnering taskforce
- Potential for economies of scale
- Health inequalities to be jointly addressed
- Good workforce relations
- Readiness for change
- Shift to improved commissioning

Generated a radical re-think and use of all three flexibilities

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Underpinning framework

- Clear financial guidelines
- Rules of behaviour to support the ethos
- Lead Provider (LP) and Lead Commissioner (LC) determined
- LA retained responsibility for both roles in children's services
- Lead Commissioners linked to each board
- Leadership and accountability for Children's Board provided then by Director of Social Services

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Governance structure now

- Barnsley Children and Young People's Trust arrangements
- Trust Forum – Chair – LEM
- Trust Executive Group (TEG) – Chair DCS
- Executive Commissioning Group – Chair DCS
- LSCB – Independent Chair
- JAG responsibility transferred to TEG & DCS is now accountable for the pooled budget
- Clear relationship with LSCB, adult partnerships, expert groups and other LSP delivery partnerships

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Pooled budget

- 2006/7 £18.5m
- 2008/9 £21.5m
- 2009/10 £26.2m

- BMBC £19.1m
- NHSB £07.1m

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Which services are delivered through the pool?

- School nursing
- Full range of social care services
- Safeguarding Unit
- Disability services
- Therapies
  - SALT
  - Physio-therapies
- CAMHS
- TaMHS
- YOT
- Psychology
- Teenage pregnancy
- Continuing care

- Child health medical support
- Stop smoking services*
- Maternal under 5s nutritional programme*
- HPV vaccination*
- Family Nurse Partnership*
- Multi-systemic therapy*
- Special equipment*

* Most recent additions

- CAMHS Tier 4**

* Most recent additions
** Not strictly in pool

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4. Findings to date - benefits and outcomes

- Consolidates close working between NHS Barnsley and BMBC and other services eg. Children's Centres
- Service integration at local level is supported, reducing barriers raised by isolated single services –they are part of a bigger service
- Services outside the pool have been more easily levered into the integration approach
- Waiting times in CAMHS are reduced
- Expectations are higher from services
- Voice and influence is palpable

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Analysis Summary

Now you've completed the analysis workshop you can summarise your findings overall and by locality here. You can also view integrated working drill down and safeguarding rainbows which have been generated from your data capture form.

Integrated working — Year Two

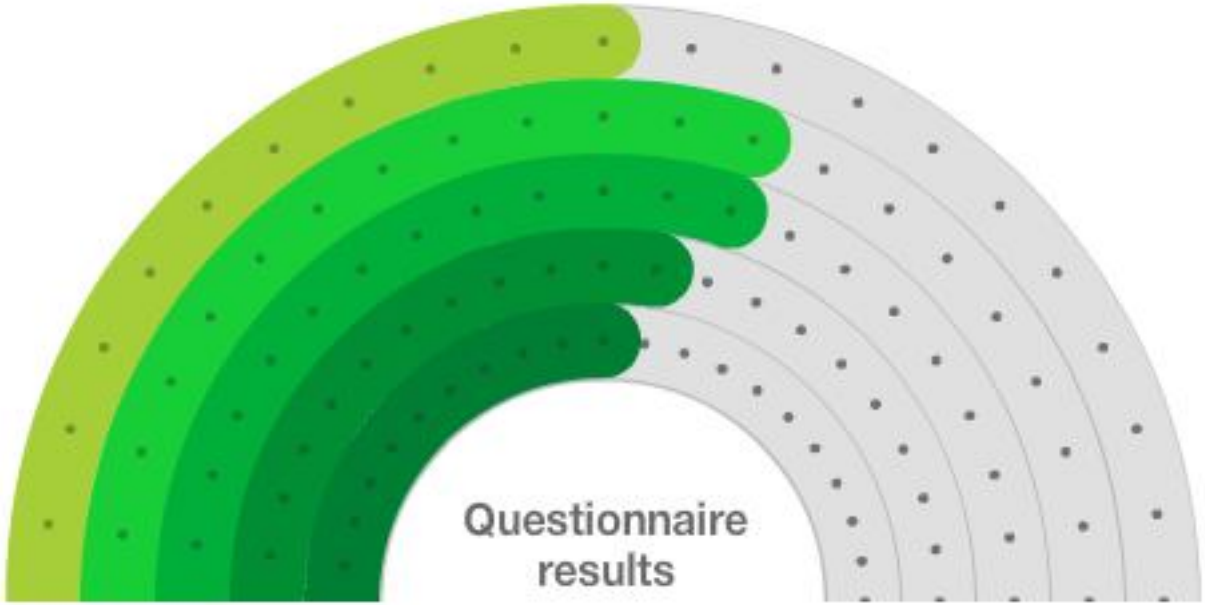
Change plan

Filter by:

All audience groups and All participant groups

Save

Please click to save your rainbow.
It will then automatically be added to your summary report.



- **50% Multi agency working**
- **60% Information sharing**
- **60% Common assessment framework**
- **55% Team around the child**
- **50% Lead professional**

4. Findings to date - benefits and outcomes

- Links between BNHSFHT and NHS and Primary health/community services are growing in strength
- Joint commissioning capacity is increasing
- Collective identity is developing
- Greater potential to engage services in aspects of the 5 outcomes – reducing silo mentality
- Integrated working initiatives are embedding and selling ideas is easier

If you don't have accountability for the cash you have less influence over its deployment

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Not in the pool but aligned include:

- Educational psychology
- Children's centres
- School improvement
- Healthy Schools
- Education welfare

PCT has committed significant additional funding grants into locality wellbeing developments, social marketing, workforce development etc.

- Midwifery
- Hospital
- Health Visiting
- Extended schools services

Capital strategy supporting integration BSF/PCS/LIFT

Pooling can generate collaborative advantages & opportunities else where in the system

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Aligning resources & collaboration in early years

What we did

- Children's Centres as service hubs
- Focus on early identification & intervention
- Embedding information sharing protocol, CAF etc.
- IT infrastructure
- Co-located locality based weekly clinics give access to a range of practitioners at one time
- Service entitlement demonstrated by healthy child care pathway 0 – 19 and healthy early years programme - dovetails with Healthy Schools
- Wrap around support and transition

Results

- 19% rise in outcomes at end of EYFS
- Reduction in inequalities 1%
- 9% increase in settings receiving good or outstanding following inspection between Sept 08 & Sept 09
- Increase of 8.2% in prevalence and duration of breast feeding at 6 – 8 weeks and birth between 08/09 and 09/10
- 1% reduction in obesity among primary age children in reception 08/09 and 09/10

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Learning

- Leadership & a clear mandate are essential
- The work requires dedicated expertise, time and patience
- Managing relationships
- Project management reduces drift
- Legal issues must be clarified
- Financial rules clear and understood
- Cultural differences need to be recognised
- Cannot overlook significant HR issues
- Robust governance also essential at all levels
- Ensure that partners not subject to duty of co-operation are able to play a full and effective role
- Must be able to face in all directions

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5. Next steps

- Pooling additional resources to deliver integrated systems and processes
- Specifying all services
- Consolidating locality well being teams
- Publishing a new style CYPP and commissioning strategy with an emphasis on pooling and aligning
- Achieving world class commissioning/DCSF standards
- Exploring locality commissioning budgets for preventative activities at local level linked to CAF
- Improving the performance monitoring framework
- Workforce development

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Discussion and questions

- How does this compare with what is happening in your CYPT?
- What are the practical implications for your CYPT?
- Do you think there are any risks associated with Barnsley taking its approach even further?

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