

MEETING:	Cabinet
DATE:	Wednesday, 16 November 2016
TIME:	10.00 am
VENUE:	Reception Room, Barnsley Town Hall

AGENDA

1. Declaration of pecuniary and non-pecuniary interests
2. Leader - Call-in of Cabinet decisions

Minutes

3. Minutes of the previous meeting held on 2nd November, 2016 (Cab.16.11.2016/3)
(Pages 3 - 6)

Items for Noting

4. Decisions of Cabinet Spokespersons (Cab.16.11.2016/4) (Pages 7 - 8)
5. Action Taken Under Paragraph B6 of the Responsibilities for Executive Functions - Officer Delegations Contained in the Council's Constitution (Cab.16.11.2016/5)
(Pages 9 - 10)

Petitions

6. Petitions received under Standing Order 44 (Cab.16.11.2016/6)

Items for Decision/Recommendation to Council

Leader

7. Barnsley Draft Health and Wellbeing Strategy (2016 - 2020) (Cab.16.11.2016/7)
(Pages 11 - 58)

Corporate Services Spokesperson

8. Delegated Authority to Approve Sheffield City Region Restructure
(Cab.16.11.2016/8) (Pages 59 - 62)

Place Spokesperson

9. Travel Assistance Policy - Consultation Recommendations on Updated Policy
(Cab.16.11.2016/9) (Pages 63 - 88)
10. Barnsley Bus Partnership (Cab.16.11.2016/10) (Pages 89 - 144)
11. Review of the Barnsley, Doncaster and Rotherham Joint Waste Plan
(Cab.16.11.2016/11) (Pages 145 - 154)

People (Achieving Potential) Spokesperson

12. Barnsley Special Educational Needs (SEN) Strategy (Cab.16.11.2016/12)
(Pages 155 - 194)
13. Exclusion of Public and Press
It is likely that 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.

Communities Spokesperson

14. Outcome of the Remodel and Tendering of Substance Misuse Harm Reduction, Treatment and Recovery Service for Barnsley (Cab.16.11.2016/14)
(Pages 195 - 202)

Reason restricted:

Paragraph (3) Information relating to the financial or business affairs of any particular person (including the authority holding that information)

To: Chair and Members of Cabinet:-

Councillors Houghton CBE (Chair), Andrews BEM, Bruff, Cheetham, Gardiner, Howard, Miller and Platts

Cabinet Support Members:

Councillors Cherryholme, Franklin, Frost, David Griffin, Lamb and Saunders

Chair of Overview and Scrutiny Committee
Chair of Audit Committee

Diana Terris, Chief Executive
Rachel Dickinson, Executive Director People
Matt Gladstone, Executive Director Place
Wendy Lowder, Interim Executive Director Communities
Julia Burrows, Director Public Health
Frances Foster, Director Finance, Assets and Information Services
Julia Bell, Director Human Resources, Performance and Communications
Andrew Frostdick, Director Legal and Governance
Katie Rogers, Communications and Marketing Business Partner
Anna Morley, Scrutiny Officer
Ian Turner, Service Director, Council Governance

Corporate Communications and Marketing
Labour Group Room – 1 copy

Please contact Ian Turner on 01226 773421 or email governance@barnsley.gov.uk

Tuesday, 8 November 2016



MEETING:	Cabinet
DATE:	Wednesday, 2 November 2016
TIME:	10.00 am
VENUE:	Reception Room, Barnsley Town Hall

MINUTES

Present Councillors Houghton CBE (Chair), Cheetham, Gardiner, David Griffin (for Howard), Miller, Platts and Saunders (for Bruff)

Members in Attendance: Councillors Cherryholme, Franklin, Frost, Lamb and Sheard

105. Declaration of pecuniary and non-pecuniary interests

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

106. Leader - Call-in of Cabinet decisions

The Leader reported that no decisions from the previous meeting held on 19th October, 2016 had been called in.

107. Minutes of the previous meeting held on 19th October, 2016 (Cab.2.11.2016/3)

The minutes of the meeting held on 19th October, 2016 were taken as read and signed by the Chair as a correct record.

108. Decisions of Cabinet Spokespersons (Cab.2.11.2016/4)

There were no Records of Decisions by Cabinet Spokespersons under delegated powers to report.

109. Petitions received under Standing Order 44 (Cab.2.11.2016/5)

It was reported that no petitions had been received under Standing Order 44.

Leader

110. Health and Wellbeing Board - Review of Terms of Reference and Membership (Cab.2.11.2016/6)

RESOLVED:-

- (i) that the changes to the Terms of Reference of the Health and Wellbeing Board and Senior Strategic Development Group (SSDG), and their memberships, be approved; and
- (ii) that both Terms of Reference be subject to a further review in 12 months.

Corporate Services Spokesperson

111. Quarterly Analysis of Selective Voluntary Early Retirement and Voluntary Severance - July to September 2016 (Cab.2.11.2016/7)

RESOLVED that the Selective Voluntary Early Retirement and Voluntary Severances which have taken place in the period July to September 2016, as detailed in the report now submitted, be noted.

Communities Spokesperson

112. Safer Barnsley Partnership Plan Consultation (2016 - 2020) (Cab.2.11.2016/8)

RESOLVED:-

- (i) that the Safer Barnsley Partnership Plan for 2016 – 2020 and the outcome of the consultation exercise, as detailed in the report now submitted, be noted; and
- (ii) that an annual position statement on the delivery of the Safer Barnsley Partnership Plan and priorities for the coming year be submitted to Cabinet in due course.

113. Housing Options and Welfare Review (Cab.2.11.2016/9)

RESOLVED:-

- (i) that the Housing Options function be integrated into the Safer Communities Team, as detailed in the report now submitted;
- (ii) that the Welfare Advice Specialist Service be provided by the Council as an integral service offer in Community Safety, as set out in the report now submitted;
- (iii) that the grant to Citizen Advice Bureau (CAB) be reduced to £50,000;
- (iv) that the grant of £9,324 to DIAL Barnsley be maintained; and
- (v) that staff consultation commences with a view to implementation from April 2017.

Place Spokesperson

114. Residential Investment Fund (Cab.2.11.2016/10)

RESOLVED:-

- (i) that agreement be given to the principle of promoting housing growth through a Residential Investment Fund, as detailed in the report now submitted;
- (ii) that approval be given for individual investment proposals to be approved on a case by case basis, initially by the Capital Oversight Board, and, if necessary, dependent upon the nature of the investment, by Cabinet or under delegated provisions in accordance with the Council's established governance procedures; and
- (iii) that, in addition to prioritising these measures to improve housing supply, the availability of multi-agency measures to deal with problem housing in the Borough be investigated.

People (Achieving Potential) Spokesperson

115. Family Centres: Developing a Model of Early Help for Families in Barnsley - Review and Progress (Cab.2.11.2016/11)

RESOLVED:-

- (i) that the overview of the first six months of operation of the Family Centre service (from 1st April, 2016 to 30th September, 2016), as detailed in the report now submitted, be noted;
- (ii) that the implementation of the recommendations agreed at Cabinet on 9th September, 2015 be noted, as follows:-
 - A new service delivery model had been implemented based on Family Centre main, linked and outreach sites.
 - Services are now offered and continue to be developed across the extended age range of pre-birth to 19 years old (25 years old if the young person has a disability).
 - Family Centre main sites are designated as 'Children's Centres' in order to meet the statutory duty to ensure sufficient Children's Centres and therefore are regulated and inspected by Ofsted under the current inspection framework for Children's Centres. This relates to services for children pre-birth to 5 years old.
 - Services for families continue to be offered on a Borough-wide basis including on site and outreach in communities and within the home.

- The Council ceased to directly deliver childcare in the areas agreed where demand can be met by the private, voluntary and maintained sector, in line with statutory guidance that the Council should be the provider of last resort.
 - The Council is delivering early education and care for 2, 3 and 4 years old on a sessional, term time only basis in the areas agreed, where there is a need to do so due to sufficiency.
 - The Council has de-commissioned the external providers of Children's Centres; and
- (iii) that updated information on the availability of alternative childcare provision be issued for use by parents and carers.

.....
Chair

BARNSELY METROPOLITAN BOROUGH COUNCIL

CABINET SPOKESPERSONS' DECISIONS

Schedule of Decisions taken for week ending 11th November, 2016

<u>Cabinet Spokesperson</u>	<u>Item</u>	<u>Decisions</u>	<u>Contact Officer</u>
1. Leader	Appointment of Cabinet Support Member for Place	that Councillor Robert Frost be appointed to the position of Cabinet Support Member for Place for the remainder of the 2016/17 Municipal Year with effect from 1 st November, 2016.	I. Turner Tel. 773421

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BARNSELY METROPOLITAN BOROUGH COUNCIL

**REPORT OF THE DIRECTOR OF
LEGAL AND GOVERNANCE**

**Action Taken under Paragraph B6 of the Responsibility for Executive Functions –
Officer Delegations Contained in the Council Constitution**

1. Purpose of Report

To inform Cabinet of action taken as a matter of urgency under Paragraph B6 of the Responsibility for Executive Functions – Officer Delegations contained in the Council Constitution.

2. Recommendations

That the action taken under Paragraph B6 of the Responsibility for Executive Functions – Officer Delegations, as contained within the Appendix attached to the report, be noted.

3. Background

Individual actions taken following consultation with the appropriate Cabinet Spokesperson are detailed by Cabinet Portfolio in the Appendix to this report. In accordance with Paragraph B6 of the Responsibility for Executive Functions – Officer Delegations contained in the Council Constitution these actions are reported into the next available Cabinet meeting.

4. Implications

There are no local area, crime and disorder, financial, employee or human rights implications arising directly from this report.

5. Background Papers

Decision notices of action taken under Paragraph B6 of the Responsibility for Executive Functions – Officer Delegations contained in the Council Constitution available for inspection in the Council Governance Unit, subject to the notice not containing personal information as defined by the Data Protection Act 1998 or exempt information as described in Schedule 12A of the Local Government Act 1972.

6. Appendices

Appendix 1 – Decision taken by Executive Director

Officer Contact: Ian Turner **Telephone No:** 773421 **Date:** 4 November 2016

**Action Taken under Paragraph B6 of the Responsibility for Executive Functions –
Officer Delegations Contained in the Council Constitution**

	<u>Date of Decision</u>
1. Metropolitan Centre Development – Refurbishment of Semi-Open Market and Interim Markets Rents Structure	25 th October, 2016
Executive Director Place:	
(i) To approve the re-phasing of plans for the refurbishment of the Semi-Open Market, at an estimated cost of £1.6m to be contained in the overall budget for the development, to free up the Metropolitan Centre for earlier redevelopment;	
(ii) To approve an interim rent structure for all market traders for the duration of works to the Metropolitan Centre, to be implemented from February 2017.	

BARNSELY METROPOLITAN BOROUGH COUNCIL

This matter is a Key Decision within the Council's definition and has been included in the relevant Forward Plan

Report of the Executive Director (People)
to Cabinet

(2nd November 2016)

BARNSELY DRAFT HEALTH AND WELLBEING STRATEGY (2016-20)

1.0 Purpose of the Report

1,1 For Cabinet to consider the updated, draft Health and Wellbeing Strategy for the Borough.

2.0 Recommendations

2.1 That Cabinet approves the draft Barnsley Health and Wellbeing Strategy (2016-20) for adoption.

3.0 Introduction

3.1 Role Of The Barnsley Health And Wellbeing Board

3.2 The Barnsley Health and Wellbeing Board was, originally, established in shadow form, in January 2012 and, following implementation of the Health and Social Care Act (2012) formally assumed its responsibilities in April 2013.

3.3 The Board is a formal committee of the Council whose purpose is to enable the local health and social care sectors to work together to improve the health and wellbeing of local people and communities and to reduce inequalities in health within the Borough and in comparison to other areas of the country.

3.4 The Statutory Duty To Produce A Health And Wellbeing Strategy

3.5 One of the responsibilities of the Health and Wellbeing Board is to produce a Health and Wellbeing Strategy which sets out how the Board will meet the health and wellbeing needs of local people and communities. These are identified, in particular, through the local Joint Strategic Needs Assessment (JSNA) together with other assessments such as child and family poverty as well as other sources of evidence, including the Director of Public Health's Annual Report.

3.6 Barnsley's first Health and Wellbeing Strategy was produced in June 2014. A mid term review of the current Strategy has, recently, been undertaken with a view to refreshing the document and ensuring its approval and adoption by the executive boards of each partner on the Health and Wellbeing Board.

3.7 Barnsley Draft Health And Wellbeing Strategy (2016-20)

3.8 The refreshed, draft, Barnsley Health and Wellbeing Strategy is attached as Appendix 1 to the report. Its 'Vision' is to ensure:

"That the 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, whoever they are and wherever they live."

3.9 The draft, Strategy recognises the NHS's 5 Year Forward View, the Regional Sustainability and Transformation Plan (STP) and the local Integrated Place Based Plan. It is formulated on the basis of four, guiding principles, summarised, below:

1. A focus on doing things more efficiently, particularly in terms of promoting the prevention of debilitating conditions, through the life course approach.
2. To inspire and empower individuals and communities to take the lead in improving their health and wellbeing and in planning and delivering health and social care services of relevance to them.
3. To connect, collaborate and co-produce solutions which will lead to improvements in the health and wellbeing of individuals and communities.
4. To go further, faster, through targeting resources and prioritising actions aimed at helping those vulnerable individuals and communities most in need of help.

3.10 Key Objectives And Strategic Priorities Of The Draft Strategy

3.11 The key objectives of the draft Strategy will be to ensure:

- Children start life being healthy and staying healthy.
- People live happier, healthier and longer lives.
- People enjoy improved mental health and wellbeing.
- People live in stronger, more resilient families and communities.
- People are enabled to contribute to a strong and prosperous local economy.

3.12 A number of strategic priorities have been identified where, if the principles, outlined in Paragraph 3.9, are practically applied, thereby leading to the improvements sought, will, at the same time, demonstrate that the Health and Wellbeing Board is well on the way to achieving its strategic purpose. Successful implementation of the Strategy will, therefore, demonstrate that the Board is helping in :

- Reducing the incidence of smoking.
- Improving early help for those suffering from mental ill health.
- Joining up services for supporting older people (focusing on dementia and falls) .

3.13 Achieving these key objectives and strategic priorities will place an onus on the Board and its partners in undertaking the following:

- Focusing on the areas in greatest need of improvement, as identified in assessments, notably the JSNA.

- Helping build the components for stronger, resilient communities, including good housing; improving education outcomes and access to skills and jobs.
- Making the prevention of ill health everybody's business, including workforces via improved engagement.
- Delivering the Borough's 'Digital Road Map' to continually improve health and social care provision

4.0 Consideration of Alternative Approaches

- 4.1 The development of a refreshed Health and Wellbeing Strategy which addresses the health and social care needs of local individuals and communities, aimed at improving the overall health and wellbeing of the Borough and which closes the gap in health inequality, during the period 2016-20, remains a statutory responsibility for the Board and its constituent partners, including Barnsley MBC.

5.0 Proposal and Justification

- 5.1 In view of this prevailing statutory duty, it is essential that the key objectives and strategic priorities of the draft Strategy are considered by the Cabinet, together with the executive boards of partner organisations within the Health and Wellbeing Board, with a view to approval and adoption. This should be as part of an integrated and place based approach to improving systems for health and social care, in the Borough.

6.0 Implications for Local People and Service Users

- 6.1 The draft, Barnsley Health and Wellbeing Strategy (2016-20) will, with due regard to needs assessments, including the current and forthcoming JSNA and other documents, including the Director of Public Health's Annual Report, lead to the planning and commissioning of services which will bring improvements to the health and wellbeing of individuals and communities, throughout Barnsley and close any gap(s) in health inequality between areas of the Borough.
- 6.2 The 2016 JSNA is currently in progress and will be published via the Council's Website at the end of December 2016. From then onwards, regular updates will be made to the JSNA through the 'State of the Borough' Portal to assist with service planning and improvement, including within localities.

7.0 Financial Implications

- 7.1 There are no specific financial implications for the Council arising from the report and draft strategy. It is envisaged that the strategic priorities of the draft Strategy that apply to the Council have been reflected in relevant Business Plans and therefore allowed for within agreed budgetary provision.

8.0 Employee Implications

- 8.1 There are no employee implications for the Council, emerging through consideration of the report and draft Strategy. Again, the Council's workforce should be considered as an important stakeholder in the Strategy as responsibility for improving our health lies with us all, as individuals.

9.0 Communications Implications

- 9.1 Following approval and adoption by partner organisations on the Board, steps will be taken, in consultation with the Director (Human Resources, Performance and Communications) to promote an interactive version of the Strategy, including encouraging stakeholders such as GP practitioners and schools, to ensure it is signposted on their Websites.

10.0 Consultations

- 10.1 All partner organisations within the Health and Wellbeing Board, including Barnsley Healthwatch, have been consulted on the development of the refreshed, draft Strategy, together with the Council's Senior Management Team.
- 10.2 The Board, also, gratefully acknowledges the contribution made to the formulation of the Strategy by participants at the Health and Wellbeing consultation event, held on 21st June 2016, together with those participants who attended the Health and Equality event, organised by Barnsley 'Reach' on 15th October.

11.0 The Corporate Plan and the Council's Performance Management Framework

- 11.1 The purpose of the Strategy, also accords with the following Council Corporate Plan Priorities and Outcomes:
- (a) People achieving their potential and ensuring people become healthier and, as a result, happier, independent and more active.
 - (b) Building strong and resilient communities with an emphasis on the prevention of debilitating conditions and co-produced services which improve the user's quality of experience.

12.0 Promoting Equality, Diversity and Inclusion

- 12.1 A full Equality Impact Assessment (EIA) has been carried out to support the development of the Strategy (*Please see Appendix 2*). The EIA will continue to be updated as further evidence becomes available (including through community engagement, analysis of health outcome data, particularly via the JSNA and performance data) about the health inequalities faced by people from diverse groups in Barnsley as part of informing and developing the Strategy..

13.0 Tackling the Impact of Poverty

- 13.1 The key objectives and strategic priorities of the refreshed, draft Strategy aim to improve the health and wellbeing of individuals and communities in Barnsley, in recognition that poor health and wellbeing is a determinant of deprivation.
- 13.2 In striving for these improvements, the benefits of improved health and wellbeing, such as a good early start in life for children, together with the independence and choice which personalised services can bring, will enable people to become more active in thriving communities and to play a fuller role in the economic and social prosperity of the Borough.

14.0 Tackling Health Inequalities

- 14.1 One of the primary objectives of the refreshed, draft Strategy will be to close the gap in any health inequality which has been identified in assessments such as the JSNA, together with other sources, including the Director of Public Health's annual report.

15.0 Reduction of Crime and Disorder

- 15.1 As part of evaluating the impact of the refreshed, draft Strategy on a range of outcomes, including community safety, there should be no implications for tackling crime, disorder or anti social behaviour, arising through its approval and adoption.

16.0 Risk Management Issues

- 16.1 In response to the findings and recommendations of a recent Internal Audit review of the governance of the Health and Wellbeing Board, a Board risk register has been formulated which will enable the Board, as part of its revised Terms of Reference, to be kept aware of any risks that could impact on the progress of key objectives and strategic priorities of the draft Strategy, leading to effective, remedial action.

17.0 Health, Safety and Emergency Resilience Issues

- 17.1 There should be no implications for the safety of the public or employees, emerging through this report.

18.0 Compatibility with the European Convention on Human Rights

- 18.1 There are no implications for the Articles and Protocols of the Convention arising through approval and adoption of the refreshed, draft Strategy.

19.0 Conservation of Biodiversity

- 19.1 There are no implications for the local environment or the conservation of biodiversity emerging through this report.

20.0 Glossary of Terms and Abbreviations

20.1 None, applicable.

21.0 List of Appendices

- 21.1 Appendix 1: 'Feel Good Barnsley: Barnsley's Health and Wellbeing Strategy (2016-20)
- Appendix 2: Equality Impact Assessment of the Barnsley Health and Wellbeing Strategy (September 2016)

22.0 Details of Background Papers

22.1 Background papers used in the compilation of this report and the development of the draft, refreshed Strategy are available to view by contacting the People Directorate, Barnsley Metropolitan Borough Council, PO Box 634, Barnsley, South Yorkshire, S70 9GG.

Officer Contact: Richard Lynch (Head of Commissioning, Governance and Partnerships, People Directorate, Barnsley MBC)

Tel. No. (01226 773672 or e-mail richardlynch@barnsley.gcsx.gov.uk)

Date: 18th October 2016

Financial Implications/
Consultation <i>(to be signed by senior Financial Services Officer where no financial implications</i>

FEEL GOOD BARNLSLEY

Barnsley's Health & Wellbeing Strategy

2016 - 2020



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01

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INTRODUCTION

04. Introduction



INTRODUCTION

The Health and Wellbeing Board is a formal committee of the local authority, established under the Health & Social Care Act 2012, and has a legal duty to produce a joint strategic needs assessment and a joint health and wellbeing strategy.

The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

LOCAL GOVERNMENT
ASSOCIATION

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The purpose of this strategy is to set out how the Health and Wellbeing Board will drive integration in order to improve services, join up care and support people in Barnsley to better help themselves in order to help realise our collective vision:

That the 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, wherever they are and wherever they live.

This new strategy comes at a particularly important and challenging time for health and care services. As NHS England's Five Year Forward View recognises, to achieve consistently high quality care for everyone, respond to demographic change and achieve long-term financial sustainability across the health and care system, we must do things differently; we must rise to the challenge of what NHS England calls 'a radical upgrade' in prevention and integration (NHS Five Year Forward View).

Barnsley faces some significant challenges over the next few years. People are living longer but with this comes an expected rise in the number of people with one or more long term conditions. This will place extra demands on an already stretched health and care system. Health outcomes are improving within the borough but compare

relatively poorly to the rest of the country, with marked life expectancy variations within the borough itself.

The Board brings together clinical, political, professional and community leaders and is therefore well placed to respond to these challenges. Our strength lies in working together to increase prevention and early help, and make sure the right system of help will be there for people when they need it most.

The Health and Wellbeing Board is accountable for making the best decisions for the whole health & care system. The Board will hold steady through the inevitable periods of change ahead. It will also ensure the system has the ability to mount a robust response to unforeseen, unpredicted, and unexpected demands so that services can continue normal operations.

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OUR APPROACH

06. Vision

06. The principles that will guide us

07. What we need to achieve

07. What this will mean for individuals

07. How will the system need to change

Appendix 1

provides four fictional stories looking forward into the future illustrating the change we want to see.

Vision: That the 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, whoever they are and wherever they live.

The principles that will guide us:



Focus on efficiencies and outcomes

We know that we need to do things differently and we need to be more radical in favour of prevention.



Inspire & Empower

We know that we cannot do this alone or in isolation. We must engage as many people as possible to make the greatest difference.



Connect, Collaborate & Co-produce

We know that the solutions will involve working together with the public, patients, carers and our partners and communities. We will broaden our reach to those who we have not connected to in the past.



Go further, faster

We know that time and resources are precious and therefore we must target our resources and prioritise those actions that will take us further, faster.

OUR APPROACH

What we need to achieve:

Improved health and wellbeing:

Health and wellbeing is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. These 'broader determinants of health' are more important

than health care services in ensuring a healthy population, and therefore this is where the board will focus its efforts.

Reduced health inequalities:

There are marked inequalities in health which exist between Barnsley and England as a whole and within Barnsley itself, which is not acceptable. A gap also exists between people with severe mental illness, learning disabilities and autism, and the general population. Our approach will therefore be to target our resources to achieve equality of outcomes for all.

What this will mean for individuals:

1. Children start life healthy and stay healthy
2. People live happy, healthier and longer lives
3. People have improved mental health and wellbeing
4. People live in strong and resilient families and communities
5. People contribute to a strong and prosperous economy



How will the system need to change to achieve this?

- **By strengthening** and broadening partnership working to make the health and care system stronger and more responsive
- **By creating** joined up approaches that make sense to us all by putting public, patients and carers at the heart of what we do.

Appendix 2 provides an overview of the health & care system in Barnsley.

Appendix 3 provides some examples of the progress made against key actions from the previous strategy (2014 – 2016)

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EXAMPLES OF AREAS WE NEED TO IMPROVE

- 09. Reducing smoking
- 09. Improve early help for mental health
- 09. Join up services for older people



Transforming access to the right support, at the right time for strengthening the health and wellbeing of children and young people

We recognise that in order to address the health and wellbeing gap in the Borough in the longer term we must strive to improve outcomes for our children and young people. To this end we will work through the Children and Young People's Trust to ensure local services are integrated in a way which eases access for all children, young people and families in our communities in line with the ambitions set out in the Children and Young People's Plan (2016-19)

Other examples of areas we need to improve over the course of this strategy include:

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Reduce smoking

Smoking is the primary cause of preventable illness and premature death, accounting for 1355 deaths in Barnsley between 2012 – 2014. This equates to 7 double decker buses full of people dying in Barnsley as a direct result of smoking every year. Smoking is a leading cause of health inequalities and is responsible for half the difference in life expectancy between rich and poor.

Interventions having the greatest, quickest and most sustainable impact on smoking prevalence are those aimed at changing social norms and de-normalising smoking. We will therefore target our resources to tackle the availability and acceptability of smoking.

Improve early help for mental health

At least one in four of us will experience a mental health problem at some point in our life and around half of the people with lifetime mental illness experience their first symptoms by the age of fourteen. People with a diagnosed severe mental illness die up to twenty years younger than their peers in the UK, predominantly due to higher rates of poor physical health.

Mental health is everyone's business - individuals, families, employers, educators and communities all need to play their part to improve the mental health and wellbeing of the people in Barnsley. By promoting good mental health and intervening early we can help prevent mental illness from developing and support the mitigation of its effects when it does.

Join up services for older people

Multi-morbidity, dementia and frailty are increasing, yet services are traditionally focused around single diseases and organisations. The government requires all local areas to integrate health and care services by 2020.

To do this, we need greater co-ordination between specialisms within the NHS and between primary care, secondary care and mental health services and outside the NHS with social care and the voluntary and community sector. This will enable care to become more personalised and integrated with patients having more control and choice.

The focus includes:

Dementia

In line with the current Mayor's focus on Dementia and 'the best of Barnsley', deliver an integrated pathway for dementia ensuring high quality care throughout the pathway that reflects the Prime Minister's challenge on dementia 2020.

Falls

Aligned to the work on Early Help and Prevention, develop comprehensive pathways to help to prevent, identify and minimise the impact of frailty and falls.

If we can impact these areas significantly over the next 3 years, we will have gone a long way to establishing integrated, joined up approaches as the new norm in Barnsley. Healthy life chances for generations to come will improve as a result.

04

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WHOLE SYSTEM ACTIONS

11. Focus on the areas of greatest need
12. Build strong and resilient communities
13. Make prevention everybody's business
14. Develop a communication and engagement plan
15. Deliver our digital road map to improve services

WHOLE SYSTEM CHANGE PRIORITIES

1. Focus on the areas of greatest need

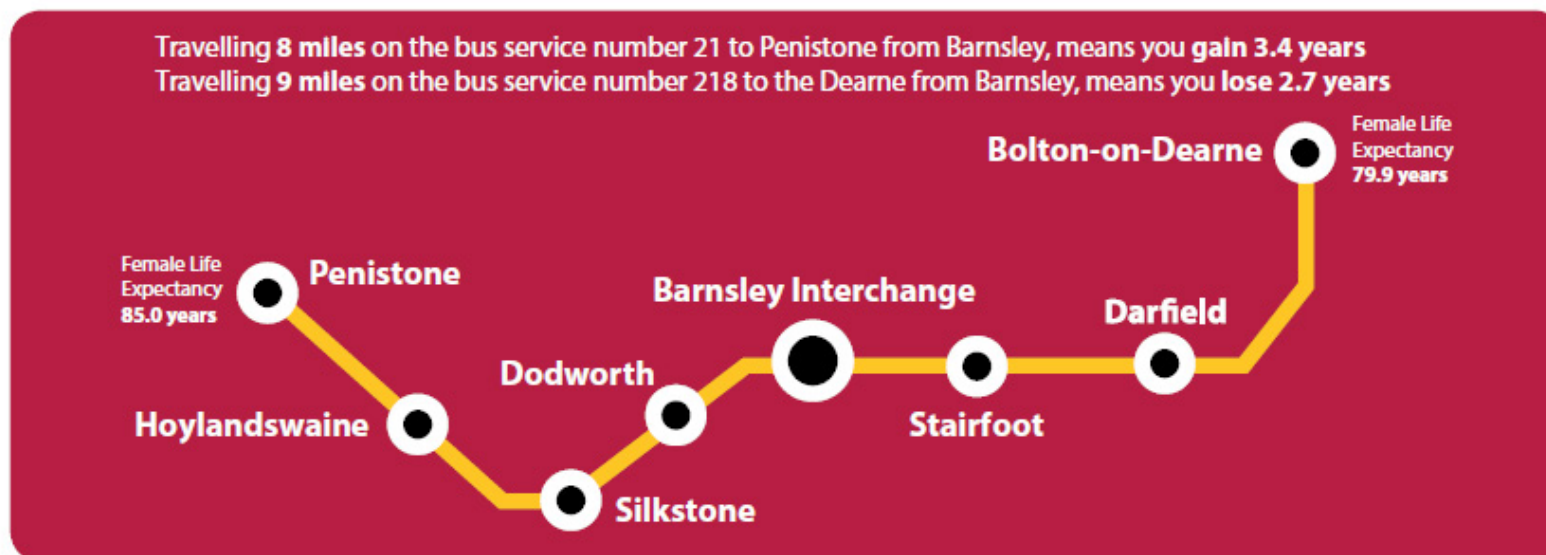
There are marked differences in life expectancy and healthy life expectancy across Barnsley and therefore to make the greatest difference we need to focus our resources on the areas of greatest need.

The diagram below is one example that shows how life expectancy differs from one of the most affluent parts to one of the least affluent parts of the borough, where residents live on average six years less. For more information and data on life expectancy and healthy life expectancy across the borough, please see the Joint Strategic Needs Assessment. (The current JSNA is from 2013 and a new JSNA will be available at the end of 2016).

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We will make the joint strategic needs assessment accessible and easy to understand so everyone can have a shared understanding of the health inequalities in the borough and develop a greater understanding into the areas which have the poorest health outcomes.

We will review our resources at a neighbourhood level and ensure that we have multi-agency teams that are responsive to local need. We will also collectively agree what additional resources are needed where and how this can be achieved, to make the greatest impact on health & wellbeing.



WHOLE SYSTEM CHANGE PRIORITIES

2. Build strong and resilient communities

Building strong and resilient communities means that people live in good houses, in vibrant communities, and have access to a good education and jobs. People are engaged in positive activities, able to access early help and support services when they need them which enable them to live a comfortable and healthy life.

The evidence shows that:

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- Good housing can have a positive impact on people's physical and mental health and wellbeing.
- A good education is strongly associated with better health outcomes including life expectancy
- There is a strong association between unemployment and poor mental health
- Poverty is a key determinant of poor outcomes in health and wellbeing and is linked to numerous health problems and unhealthy life styles.

We will continue to explore prevention opportunities to get the greatest return on investment by developing new ways of working with our partners. We will work with our partners in housing to improve standards, particularly in the private rented sector; improve children's health & wellbeing by working with our family centres and the education system; increase employment opportunities, particularly for the hardest to reach groups (those with mental health, learning disabilities and care leavers) by connecting to the Local Enterprise Partnership.

In addition, our local area arrangements provide further opportunities to create healthy communities through localised commissioning. We will continue to support our 6 Area Councils to target resources based on the priorities identified by those who live there.



WHOLE SYSTEM CHANGE PRIORITIES

3. Make prevention everybody's business

The Health and Wellbeing Board will radically upgrade its focus on prevention, empowering citizens, communities and patients to improve their own health and wellbeing. We will build a broad coalition that helps all of us take healthier decisions, working with individuals and families, retailers and employers to help make the healthy choice, the easy choice.

As well as taking actions on the broader determinants of health and wellbeing, we will strengthen our advocacy role and use our local democratic and enforcement powers where appropriate to help better the health and wellbeing of Barnsley residents.

Staff from across our organisations such as fire, police, NHS and the council support thousands of people in our local community each and every day. This gives us an unparalleled opportunity to 'make every contact count' providing support to people to make positive changes to their physical and mental health and wellbeing.

The Health and Wellbeing Board is committed to giving our workforce the skills, knowledge and confidence to support people to make lifestyle behaviour changes, access early help and take control of their health and wellbeing.

We will embed the culture of behaviour change in all our workforce development, education and training plans so that providing brief advice and early help becomes the norm for all staff. Mobilising our workforce in this way will help achieve large scale change and increase the capacity to deliver improved health and wellbeing services.



WHOLE SYSTEM CHANGE PRIORITIES

4. Develop a communication and engagement plan

Having a strategic framework for communication will allow the Board to make greater use of networks, target specific issues and share information through a mixture of channels. This approach will also enable us to pull resources and networks across organisations to allow better joined up working and less duplication.

The Health and Wellbeing Board is committed to putting the voice of Barnsley people at the heart of decisions. In Barnsley we have a strong tradition of service user, carer and patient involvement through groups such as Carers and Friends Group, Learning Disabilities Forum, Older People's Forum, Patient Forums, Equality Forums and Healthwatch Barnsley. These and other forums play a key role in bringing together people's experience of health and social care in Barnsley to influence and shape local services:

We intend to develop the mechanisms to hear the voice of our communities in the Joint Strategic Needs Assessment and use the community voice to assess our progress against our priorities.

We are proud to have such an extensive reach in to our communities, where we can have ongoing conversations about what is and what isn't working, and how, together, we can improve outcomes for our people. Openness and transparency will help bring about continuous improvement. We will ensure that the joint strategic needs assessment will be publicly available and in a user friendly format. Likewise we will report regularly on performance at local and borough wide level, in partnership with CCGs and other key stakeholders. This information can then be used by the Area Councils, individuals and voluntary and community groups to achieve creative solutions to improve and shape the health and wellbeing of their communities.

We intend to develop the mechanisms to hear the voice of our communities in the Joint Strategic Needs Assessment and use the community voice to assess our progress against our priorities.



WHOLE SYSTEM CHANGE PRIORITIES

5. Deliver our 'Digital Road Map' to improve services

People are having increasingly positive experiences of digital technology in everyday life. Whether it is through Internet banking or shopping or learning online, the use of digital technology is becoming the norm for a growing number of people

The health and care sector is way behind the commercial sector when it comes to maximising the benefits of digital technology. In Barnsley, we know from a range of engagement activities over the past few years that our communities are frustrated when communication between services and patients fails. This means that not only time and effort is wasted but this also leads to poor experiences.

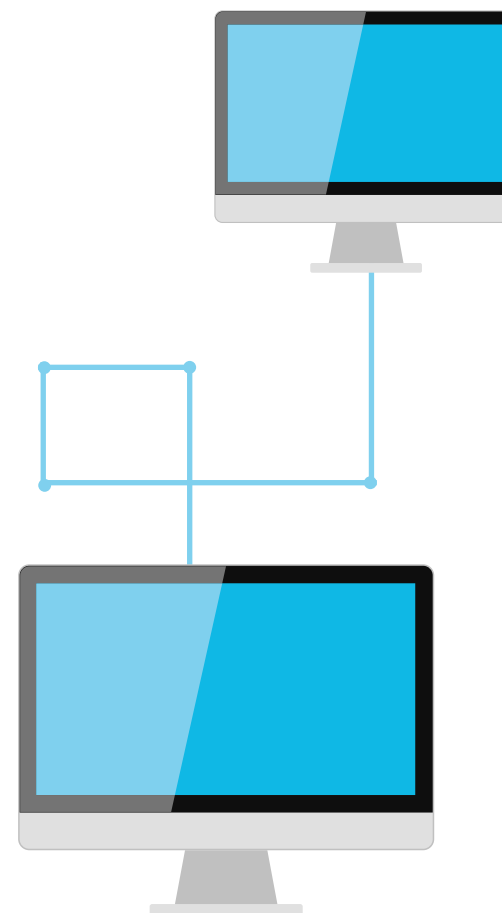
We recognise that:

- 'IT systems are a barrier to people working together'
- 'Communication between health and care teams needs to improve'
- 'We need to take a holistic view of the patient and see them as a whole'

We have therefore developed a '*Digital Road Map*' to transform our approaches, develop systems that 'talk' to each other and deliver a better experience for patients and service users.

Our vision in Barnsley is to:

- Increase technology enabled care to support people to stay in their homes for longer and help them maintain their independence and wellbeing.
- Transform the way in which we engage with citizens; empowering them to maintain their own health and wellbeing through digital solutions.
- Transform the way in which health and care providers and our voluntary and charitable sector organisations engage with patients and their communities.
- Accelerate mechanisms that promote record sharing and support access to data for those working within health and care services.
- Enable clinicians to provide the best care in all settings by the use of mobile technology.



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TURNING STRATEGY INTO ACTION

17. Turning strategy into action



TURNING STRATEGY INTO ACTION

This is the Health and Wellbeing strategy for Barnsley, developed by the Health and Wellbeing Board.

All partners on the Health and Wellbeing Board have agreed the strategy and will reflect it within their organisational plans and work.

Similarly, all organisations represented agree to shape their own future organisational strategies and plans in order to underpin and help deliver this joint Health and Wellbeing Strategy.

Any relevant future plans will be formulated with regard to the joint strategic needs assessment (JSNA).

To outline progress in delivery, Barnsley's Health and Wellbeing Board will invite all partners to contribute to a joint annual report each year. The joint annual report will be made publicly available.

Appendix 4 provides summary information about the health and wellbeing challenges in Barnsley.

More detailed information about the health and wellbeing of the Barnsley population can be found in the following documents:

Public Health England's Health Profile provides a picture of health in Barnsley in 2015.

The Joint Strategic Needs Assessment (JSNA) assesses the current and future health and social care needs of the local community.



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APPENDICES

- 19. People's stories
- 23. The system
- 26. Progress to date
- 27. Our health and wellbeing



Appendix 1 - People's Stories

It's 2015

Mrs Brown is 75 and lives alone at home in Barnsley. She doesn't know many people. She has had high blood pressure and early onset dementia for some time. She is losing her eyesight and is becoming increasingly unsteady on her feet.

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Mrs Brown receives some care from the council, and a few services from the local NHS which help to give her some independence. These include some home care and telecare from the council. She also sees the specialist nurses at the memory assessment service, the outpatients department for her vision and the district nurse is currently visiting daily to treat an injury from a fall. She has been to hospital three times in the past two months because of a fall or her conditions meaning an ambulance had to be called.

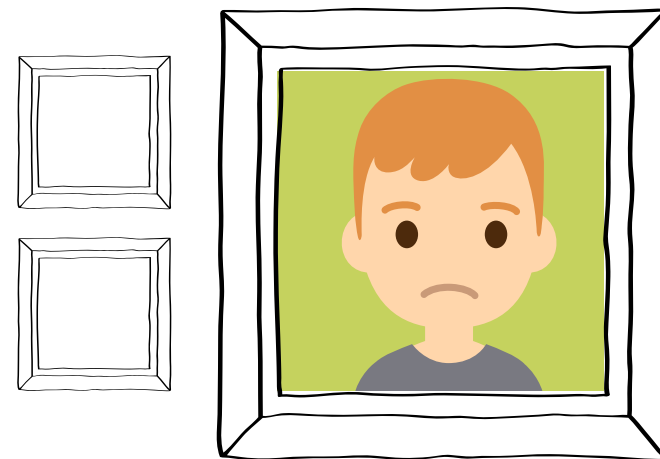
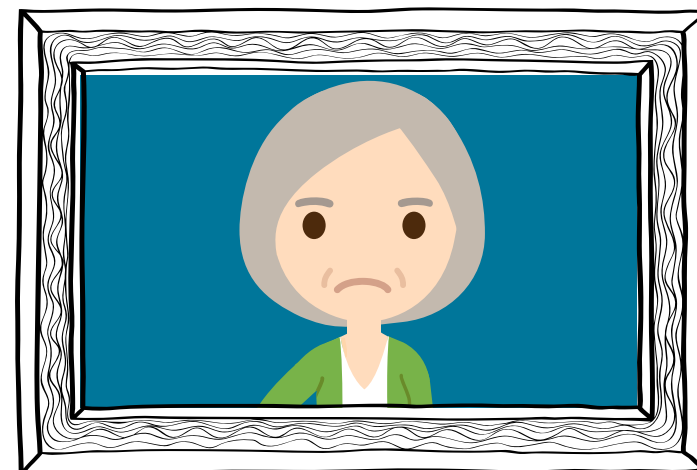
She has had to have a number of assessments, is often referred on from the people she has told her story to, has to do a lot of travelling to different services which are changed at the last minute.

Jack, Mrs Brown's son, who lives on the next street cares for Mrs Brown for about 20 hours per week. He is struggling to pay his bills as he is unable to work and the carers' benefit does not cover these outgoings. He may have to give up caring and try to go back to work. Consequently Jack is suffering with anxiety and mild depression.

Mrs Brown is worried that she will have to go into a home if Jack is unable to continue caring and her health and wellbeing deteriorates further.

This is an expensive situation for two reasons:

- Duplication of resources
- The likelihood that Mrs Brown's situation will escalate and lead to more intensive, more expensive care.



APPENDICES

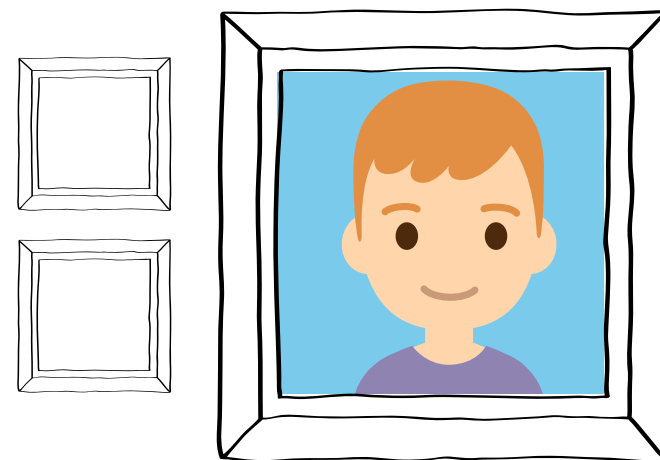
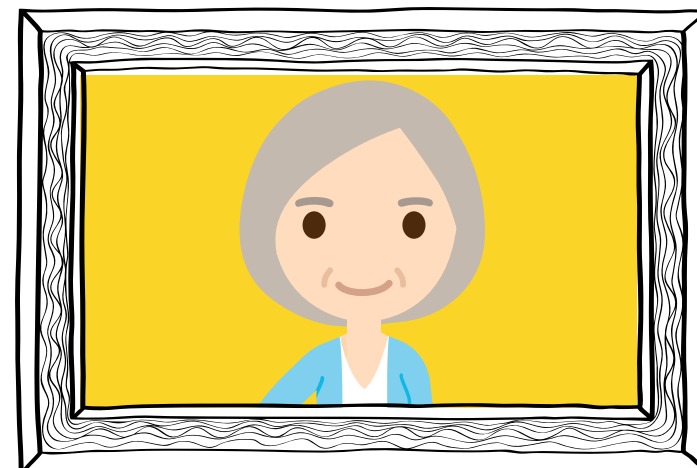
It's 2020

Mrs Brown is now 80. She is still at home despite her fears. Following a discussion with Mrs Brown and Jack, Mrs Brown was given an integrated personal budget to help her manage her health and care needs. As part of this, a single integrated care plan was developed jointly with Mrs Brown and her son Jack. Her care plan involves planned integrated health and care services, the use of assistive technology and the support from local neighbours and the local VCS. For the services Mrs Brown has chosen to buy with her personal budget, there is consistent information about quality that has been provided from regulator's report that helps them make informed choices about who provides the care.

Having a single integrated care plan is a much more cost effective approach as resources are planned more effectively across the system, leading to less emergency visits, and avoiding the need for Mrs Brown to go into a care home.

This has taken some pressure off Jack who is now able to find time to do some training to help him when he is ready to go back to work. Because the system has been integrated and devolved, it is now much clearer how the system works and patients and carers are partners in making decisions. As a result Jack wants to be a part of helping design future services. He has agreed to join a sub group of the Health and Wellbeing Board to help design e-health services for the future so individuals can remain in control of their own health and wellbeing.

Staff in the local health and care economy work together in local multi-disciplinary teams. This helps them to respond more readily to Mrs Brown's needs without having to have multiple appointments and assessments every time something happens. Staff focus on working proactively with Mrs Brown to help her manage her conditions better and therefore avoid a hospital visit due to escalation. Staff have also had training in the use of mobile technology. They can now share and access information to provide the best care for their patients.



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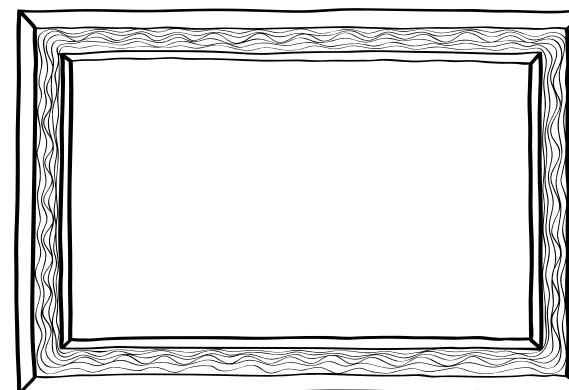
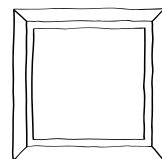
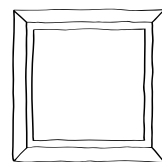
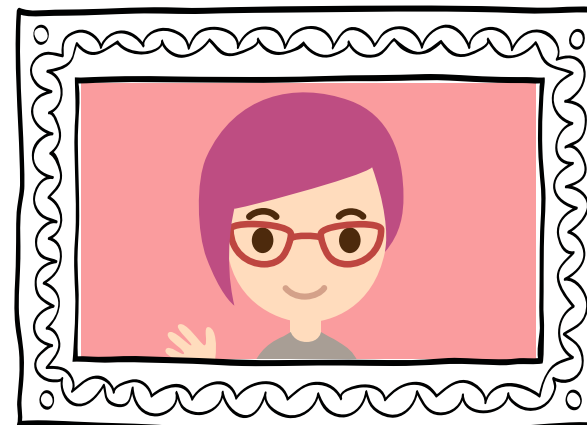
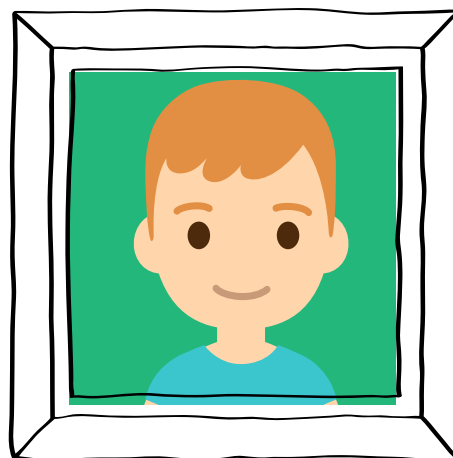
It's 2030

Mrs Brown passed away at the age of 90, at home supported by an integrated end of life plan. Her granddaughter Yasmin was born in 2015 in the same part of Barnsley. Thankfully, partners from the council, NHS, housing and education worked with the local community to develop a range of services that support Jack, Yasmin and other families to be healthy and get involved in lots of community activities – they all understand it's important to stay healthy!

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When Yasmin turned 15, she joined a local community group that organises activity clubs, helps people use technology to stay connected and remain independent, and provides support to local carers. Jack has told Yasmin how important these were for her grandmother.

Jack now works in social care and supports people with dementia. In his spare time Jack volunteers as an e-health community champion helping people to make use of assistive technology to support their independence.

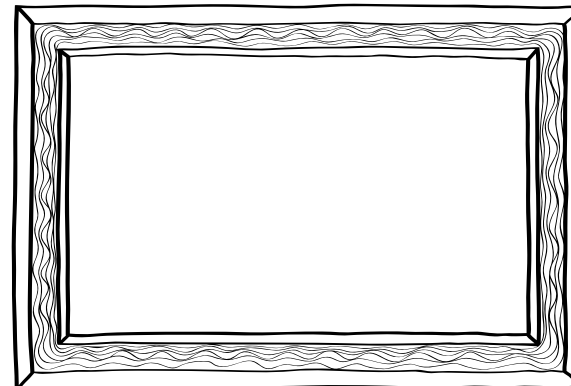
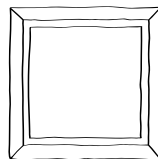
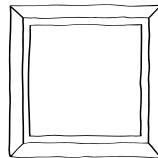
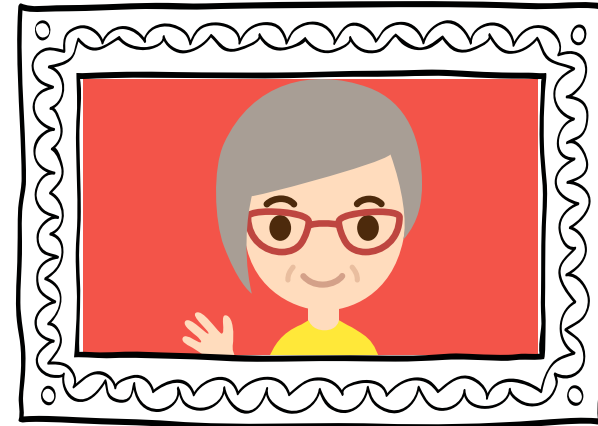
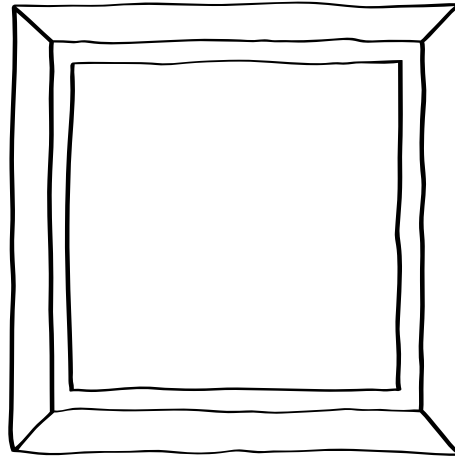


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It's 2100

Healthcare now uses predictive analytics to forecast future conditions so that proactive and preventative action can be taken to stay healthy. Thanks to Yasmin being active and having a healthy lifestyle, she has remained free from long-term conditions throughout her life. She rarely goes to the doctor; she uses the pharmacist for support in a lot of things. She has only had to go to hospital once when she broke her arm.

When she reached 85, Yasmin did become frail and needed some support at home. Due to a better balanced system, the local integrated health and care system was able to provide support despite the growth in demand. Yasmin remained supported at home, with people who are close to her, and lives well at home into old age.



APPENDICES

Appendix 2: The System

Networks

The responsibility to improve our health lies with us all – government, local communities and with ourselves as individuals.

PUBLIC HEALTH

JTCOMES FRAMEWORK

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In Barnsley we have many organisations, individuals, community groups and partnerships that make up the 'Health & Wellbeing Network' in Barnsley.



PARTNERSHIP NETWORK



Strategies & Plans

These networks work together to shape and deliver a number of strategies which collectively spell out our approach to improving Health and Wellbeing in Barnsley:

There are many linkages between and across the different boards and groups; strategies and plans and collectively they are responsible for contributing to making this strategy a reality.

For more information on each of these strategies and plans, please click on to the relevant link.

From across all of these plans and strategies, the Health and Wellbeing Board has agreed to focus on a number of priority programmes that will make the biggest impact on health and wellbeing. Details of these priorities may be found in the Barnsley Local Integrated Place Based Plan. This Plan complements and reflects the commitments set out in the Health and Wellbeing Strategy..

The **Barnsley Plan** complements and reflects the commitments set out in this strategy.

Enabling Strategies & Plans



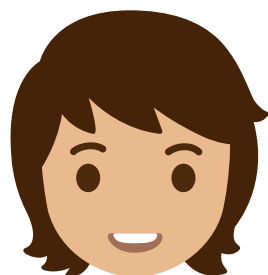
Appendix 3: Progress to Date



Communities:

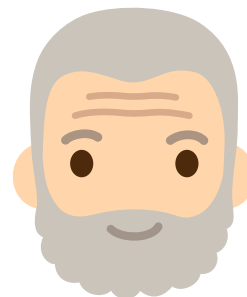
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The Stronger Communities Partnership is now established as a system wide partnership working to develop strong and resilient communities. The partnership is focussed on improving early help and prevention and tackling areas such as poverty. Our Area Councils and Ward Alliances have worked hard at developing community based solutions to wellbeing and create a strong foundation for the future.



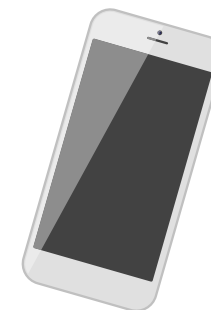
Children & Young People:

A Local Transformation Plan (LTP) for children and young people's mental health and wellbeing has been developed and funding received from NHS England for 5 years, ending in March 2020. 'Improving Social and Emotional Mental Health and Resilience in Young People' is part of the work programme where primary school staff are trained in the 'Thrive Approach'. This is an evidence based whole school approach to enhance teachers' awareness of the social and emotional wellbeing among young people.



Adult Social Care:

A new operating model in adult social care services has now been implemented. The model has fundamentally changed how the service responds to its customers and the services it offers. Evidence shows that these changes have had a positive impact with more customers taking control over their care and support and an increased uptake of reablement with sustained outcomes. The service has been recognised nationally as 1 of 8 shortlisted finalists for the Local Government Chronicle Awards, under the business transformation category.



RightCare Barnsley:

A telephone based care coordination centre providing a brokerage service for Healthcare Professionals seeking a care solution. The aim of RightCare Barnsley is to facilitate the provision of the right care, at the right time, in the right setting, for the benefit of the public and patients. This service has been recognised nationally and has recently won a Health Service Journal Award.

APPENDICES

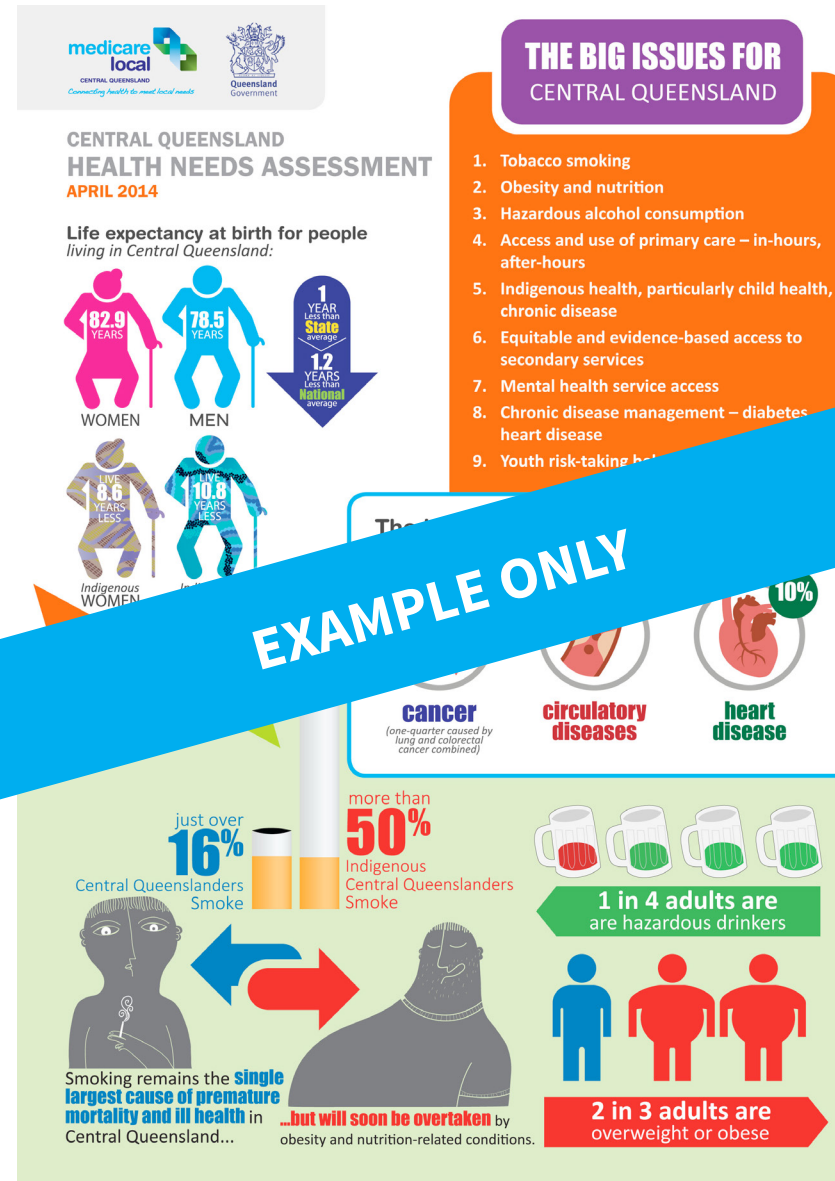
TO BE INSERTED - A single page infographic that is currently been prepared by the Research & Business Team as part of the JSNA.

Appendix 4 provides summary information about the health and wellbeing challenges in Barnsley.

More detailed information about the health and wellbeing of the Barnsley population can be found in the following documents:

Public Health England's Health Profile provides a picture of health in Barnsley in 2015.

The Joint Strategic Needs Assessment (JSNA) assesses the current and future health and social care needs of the local community.



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Equality Impact Assessment



TEMPLATE

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The Service	Describe the service responsible for the activity you are equality impact assessing		
Name of service responsible for activity	Directorate	Lead Officer	
Commissioning, Governance & Partnerships Service (Business Unit 1)	People Directorate, Barnsley MBC	Richard Lynch (Head of Commissioning, Governance & Partnerships)	

The Activity	Describe the activity you are equality impact assessing			
Name of activity	Type of activity	Period of activity	Date of next review	
Barnsley Health & Wellbeing Strategy (2016-20)	Please see below	2016-2020	1 st November 2017	
Purpose/objectives of activity:		How is the activity / service evaluated against these objectives or purpose?		
Refreshed Borough Strategy for improving the health & wellbeing of local individuals & communities & to reduce any inequalities in health between (a) people & communities living in different parts of the Borough & (b) people & communities in Barnsley compared to other areas in the country.		Performance against local targets & indicators will be monitored on a regular basis & any remedial action instigated by the Strategic Services Leadership Group of the Barnsley Health & Wellbeing Board		

Process Checklist		How will the EIA be carried out?	
Stage 0 - Planning and accountability		How will this be done / was this done?	When completed
✓	EIA identified in service plan / work plan	The EIA forms part of the formulation of the refreshed Strategy as indicated in the current Business Plan for the Education, Early Start & Prevention Service (Business Unit 1)	July 2016
Stage 1 - Process and Prioritising		How will this be done / was this done?	When completed
✓	Identify stakeholders / partners	Identified, during the consultation phase on the draft, refreshed Strategy	By 31 st October 2016
✓	Identify and gather evidence / data	Such evidence has included needs assessments, notably the Borough Joint Strategic Needs Assessment (JSNA)	Period of current JSNA is 2013-16. Updated JSNA nearing completion & to be reported to SMT, Cabinet & Health & Wellbeing Board by Dec 2016.
✓	Agree process for completing EIA	Agreed	5 th September 2016
✓	Assess extent to which meets Public Sector Equality Duty	Draft Strategy formulated having due regard to the need to promote equality & prevent unlawful discrimination. Relevant evidence, including needs assessments help identify the specific health & wellbeing needs or life expectancy of protected groups & where required, resources will be targeted & early help provided to close any gap in the inequality in health.	2016-20
✓	Prioritise EIA - review process.	Prioritised as a key element in the review & development of the Strategy during 2016-20.	5 th September 2016

Stage 2 - Assessment		How will this be done / was this done?	When completed
✓	Look at evidence / data	Both the current & forthcoming JSNA, together with the Director of Public Health's Annual Report are among the evidence & data to be used in analysing needs & service commissioning/planning.	Ongoing
✓	Consult with stakeholders	Consultations have taken place with partner organisations on the Health & Wellbeing Board, including Barnsley Healthwatch, together with community representatives. This included a consultation event to consider the Barnsley Plan & draft refreshed Health & Wellbeing Strategy, on 21 st June 2016.	Ongoing
✓	Consult with equality target groups	The Borough's 4 Equality Forums are to be consulted at the Barnsley 'Reach' Health & Equality event, being held on 15 th October 2016.	Ongoing
✓	Assess impact	The experience & concerns of stakeholders will be addressed via the assessment & any specific needs will be met via a combination of focusing on prevention, early help & where required, targeted support & provision.	Ongoing
Stage 3 - Action Planning		How will this be done / was this done?	When completed
✓	Identify and plan improvements to policy or service	This will form part of the monitoring & review of the Strategy & its impact in (a) improving the health & wellbeing of diverse groups & communities & (b) closing the gap in health inequality	Ongoing
✓	Plan collection of better evidence / data	To be achieved through the JSNA. This is to be updated, thereby improving data quality.	Ongoing
✓	Identify review date for EIA	EIA to be reviewed in 2017.	By 1 st November 2017.
✓	Summarise key outcomes	The key outcomes of the Strategy will be to strengthen integrated place based partnership working towards ensuring the following:	

		<ul style="list-style-type: none"> • Children get off to a healthy start & remain healthy. • People live healthier, happier & longer lives. • People enjoy improved mental health & wellbeing. • More people are able to be included in the economic & social prosperity of the Borough. • People live in strong, resilient families & communities 	
✓	Publish key outcomes - to stakeholders and on internet	To be published as part of the Strategy later this year. To outline progress in delivery, the Health & Wellbeing Board will invite all partners to contribute to a joint annual report. This report will, also, be made publicly available.	November 2016
✓	Feed key outcomes into service delivery planning / workplanning	Formulation, development & review of the Strategy noted in the Business Plan, Risk Register & 6 monthly review of the Health & Wellbeing Board's Performance 'Dashboard'.	Ongoing

Stage 1 : Process and Prioritising

The Stakeholders Who needs to be involved in assessing the impact?			
Internal stakeholders (staff, services, project groups)	Customers or service users	Wider public or community groups	Partners and providers (public, voluntary, others)
Barnsley Health & Wellbeing Board; Strategic Services Leadership Group of the Board; Council Senior Management Team & Cabinet	Via Barnsley Healthwatch, Barnsley Service Users & Carers Board; Patients Council	Via Area Councils, Ward Alliances & Neighbourhood Networks	Via Voluntary Action Barnsley & Provider Forum

EIA History Previous EIA's associated with the service area.	
Has there been a previous EIA relating to the service area?	If yes - what were the main findings / outcomes of the EIA?
No. This is the first EIA to be undertaken of the Borough's Health & Wellbeing Strategy.	-

Evidence and Data What evidence and data do you have that could help you in your assessment?			
Service/performance data (service take-up, customer feedback, surveys, etc)	Research (demographics, assessments of needs, research reports etc)	Engagement (customer / service users, staff, partners, stakeholders)	Other (benchmarking with other LA's, staff knowledge/experience)
Notable examples include the Barnsley Joint Strategic Needs Assessment (2013) (NB: JSNA (2016) is to be published soon) & the Director of Public Health's Annual Report, incorporating the outcomes of observatory related work.	Barnsley JSNA	Outcomes of consultations & direct feedback on their experience from service users & groups, including Barnsley 'Reach' & the other equality forums.	To be considered as part of the further review & development of the Strategy.

Equality Act 2010	Assess the extent to which you consider the service area / contract meets the three aims of the public sector equality duty.		
Does the service unlawfully discriminate, harass or victimise on grounds of the protected characteristics?	Does the service advance equality of opportunity?	Does the service help to foster good relations?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> More investigation needed <input type="checkbox"/> Specific concern identified	<input type="checkbox"/> Not relevant <input type="checkbox"/> Yes - but could do more <input checked="" type="checkbox"/> Yes - fully	<input type="checkbox"/> Not relevant <input type="checkbox"/> Yes - but could do more <input checked="" type="checkbox"/> Yes - fully	
If in doubt about the extent to which the policy meets the aims of the Act seek advice from the Equality and Diversity Manager.			

Prioritising	To determine the priority of the activity score it against the following five factors.			
Number of customers affected	Degree of impact on customers' health and well-being	Type of customers affected	Impact on wider community	Employees affected
<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> High
<input type="checkbox"/> Medium	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> Medium
<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Low
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
Overall Priority	<input type="checkbox"/> High	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> Low	<input type="checkbox"/> None

Stage 2 : Assessment

Service Need and Take-up								
Service Need								
Do all equality groups have equal need for the service or are some groups less in need?			What information/evidence do you have about needs for the service?			What action could you take to improve your knowledge about the needs of different sections of the community?		
The Strategy aims to encourage & motivate everyone in Barnsley to consider & take at least one step towards improving their overall health & wellbeing			The Strategy has been developed based primarily on the Borough JSNA (2013) which is currently being updated & which, as a result, will improve the quality of data informing the Strategy.			The JSNA will include data & insight into the health & wellbeing needs of all categories of people living & working in Barnsley.		
Service Take-Up								
Do all equality groups who use the service do so in fair proportion to their need?			What information do you have service take-up?			What action could you take to improve your knowledge about the take-up of the service by different groups?		
Currently, feedback suggests this to be the case. However, information will need to be refined to assess the impact of newly arrived asylum seekers, together with accompanied & unaccompanied asylum seeking children on tolerance levels concerning health, social care & wellbeing services.			Barnsley JSNA			To be considered as part of the monitoring of the impact of the Strategy & review.		
Please indicate if any people with the following protected characteristics may not be using the service in the numbers you would expect if all groups were being served equally?								
Age	Sex	Disability	Gender re-assignment	Pregnancy / Maternity	Race	Religion / belief	Sexual Orientation	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
None, anticipated.								

What action could you take to improve the equal take-up of the service?

None, anticipated.

Service Effect and Quality

How do you measure the quality / effect of the service or policy?

For example:	Waiting times	Application success rates	Quantity of service provided
	Complaints and compliments	Those who benefit directly / indirectly	

Progress against the key objectives & strategic priorities of the refreshed Strategy will be evaluated through regular review of the Health & Wellbeing Board's Performance 'Dashboard'. This will include consideration, for example, of the number of children & adults who are able to access services, such as mental health, together with the number of people admitted to hospital for falls, as part of seeing if the promotion of prevention, personalisation and the introduction of new technology is reducing dependence on services, that are facing serious financial challenges.

Service Effect or Quality

Do all equality groups who are affected by the service experience an equal quality or effect?	What information do you have about the quality or effect of the service on people from different groups?	What action could you take to improve your knowledge about the needs of different sections of the community?
It is the intention of the Strategy to ensure that the benefits of improved, integrated health & social care provision in Barnsley will apply to all groups	Feedback yielded through recent consultation activity. Director of Public Health's Annual Report. Analysis of complaints, compliments & suggestions.	To be considered as part of monitoring & review activity.

Please indicate if any people with the following protected characteristics may not be receiving an equal effect or quality?

Age	Sex	Disability	Gender re-assignment	Pregnancy / Maternity	Race	Religion / belief	Sexual Orientation	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

None anticipated.

What action could you take to improve the equal quality /effect of the service?

We are awaiting details of the recently announced Equality Audit of Public Services, announced by the Prime Minister’s Office following the inaugural meeting of the Social Reform Cabinet to see how this is to be managed, locally.

Customer Satisfaction

How do you monitor or measure customer satisfaction?

This includes analysis of complaints, compliments & suggestions, together with customer satisfaction activity undertaken by individual partner organisations & services forming part of the Health & Wellbeing Board.

Customer satisfaction

Are customers from all equality groups equally satisfied?	What information do you have about the satisfaction of customers from different groups?	What action could you take to improve your knowledge about satisfaction of customers from different groups?
This will be the subject of ongoing monitoring & review of the impact of the Strategy.	Complaints, compliments & suggestions, together with customer satisfaction activity & response to consultations, including, for example, early years services & home to school transport.	To be considered as part of the regular monitoring & review of the impact of the Strategy.

Please indicate if any customers with the following protected characteristics may not be equally satisfied?

Age	Sex	Disability	Gender re-assignment	Pregnancy / Maternity	Race	Religion / belief	Sexual Orientation	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What action could you take to improve the equality of customer satisfaction?

We are awaiting details of the recently announced Equality Audit of Public Services, announced by the Prime Minister’s Office following the inaugural meeting of the Social Reform Cabinet to see how this is to be managed, locally.

Customer Access			
Are all potential customers equally aware that the service exists and how to enquire about it further?			
What information do you have about this?	Are some groups less likely to be aware?	How could service awareness be improved?	What could you do to improve your knowledge?
Recent consultations with stakeholders, including Barnsley Healthwatch & the Borough's equality groups will have raised awareness of the purpose of this Strategy & the benefits to be accrued	Possibly, new arrivals, in particular asylum seeking families or individuals	To be considered in the JSNA process & as part of the ongoing monitoring & review of the impact of the Strategy.	To be considered in the JSNA process & as part of the ongoing monitoring & review of the impact of the Strategy.
Are all customers able to find out about the service and apply equally?			
What information do you have about this?	Do some groups face barriers?	How could this be improved?	What could you do to improve your knowledge about this?
Recent consultations with stakeholders, including Barnsley Healthwatch & the Borough's equality groups will have raised awareness of the purpose of this Strategy & the benefits to be accrued	Possibly, new arrivals, in particular asylum seeking families or individuals	To be considered in the JSNA process & as part of the ongoing monitoring & review of the impact of the Strategy.	To be considered in the JSNA process & as part of the ongoing monitoring & review of the impact of the Strategy.
Are all customers able to use the service equally and fairly?			
What information do you have about this?	Do some groups face barriers?	How could this be improved?	What could you do to improve your knowledge about this?
Published equality priorities of partner organisations & services & monitoring of compliance.	Typically, this should not be the case, but the emergence of any barriers such as those affecting access to services will be considered & remedial action taken	To be considered in the JSNA process as part of the ongoing monitoring & review of the impact of the Strategy.	To be considered in the JSNA process & as part of the ongoing monitoring & review of the impact of the Strategy.

Please indicate if any customers with the following protected characteristics may not be able to access the service equally?								
Age	Sex	Disability	Gender re-assignment	Pregnancy / Maternity	Race	Religion / belief	Sexual Orientation	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
None, anticipated								

Stage 3 : Action Planning

To improve our **knowledge** about the impact of the service we **have**:

Action	Lead	Completion date	Review date	Priority (H/M/L)
Undertaken consultation activity with stakeholders, including equality forums, on how the health & wellbeing needs of those people they represent, can be met	Karen Sadler (Health & Wellbeing Board Manager)	31 st October 2016	1 st November 2017	High
Considered evidence based best practice, based upon the health & wellbeing strategies of areas with similar demographics & metrics.	Karen Sadler (Health & Wellbeing Board Manager)	31 st August 2016	1 st Noember 2017	Medium
Developed the Health & Wellbeing Strategy in cognisance of other Borough wide policies, plans & strategies of relevance to tackling the wider determinants of poor health & wellbeing, including community safety, housing, welfare reform & child poverty.	Karen Sadler (Health & Wellbeing Board Manager)	31 st August 2016	1 st November 2017	Medium

To improve our **knowledge** about the impact of the service we **will**:

Action	Lead	Completion date	Review date	Priority (H/M/L)
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Continue to maintain a dialogue with stakeholders on how the Strategy can ensure integrated health & social care services can best meet the health & wellbeing needs of all our communities.	Karen Sadler (Health & Wellbeing Board Manager)		1 st November 2017	Medium
Monitor & review the impact of the Strategy & benchmark progress with evidence based best practice, elsewhere.	Karen Sadler (Health & Wellbeing Board Manager)		1 st November 2017	Medium
To improve the equality impact of the service we have:				
Action	Lead	Completion date	Review date	Priority (H/M/L)
Undertaken consultation activity with stakeholders, including equality forums, on how the health & wellbeing needs of communities they represent, can be met	Karen Sadler (Health & Wellbeing Board Manager)	31 st October 2016	1 st November 2017	Medium
Considered evidence based best practice, based upon the health & wellbeing strategies of areas with similar demographics & metrics.	Karen Sadler (Health & Wellbeing Board Manager)	31 st August 2016	1 st November 2017	Medium
Developed the Health & Wellbeing Strategy in cognisance of other Borough wide policies, plans & strategies of relevance to tackling the wider determinants of poor health & wellbeing, including community safety, housing, welfare reform & child poverty.	Karen Sadler (Health & Wellbeing Board Manager)	31 st August 2016	1 st November 2017	Medium
To improve the equality impact of the service we will:				
Action	Lead	Completion date	Review date	Priority (H/M/L)
Continue to maintain a dialogue with stakeholders on how the Strategy can ensure integrated health & social care services can best meet the health & wellbeing needs of all our communities.	Karen Sadler (Health & Wellbeing Board Manager)		1 st November 2017	Medium
Monitor & review the impact of the Strategy & benchmark progress with evidence based best practice, elsewhere	Karen Sadler (Health & Wellbeing Board Manager)		1 st November 2017	Medium

To publish and report on the outcomes of the impact assessment we **have:**

Action	Lead	Completion date	Review date	Priority (H/M/L)
Arranged for the draft, refreshed Health & Wellbeing Strategy, including this EIA, to be considered by the Health & Wellbeing Board, SMT & the executive boards of all partner organisations on the Board (including Cabinet)	Richard Lynch	30 th November 2016	1 st November 2017	Medium

To publish and report on the outcomes of the impact assessment we **will:**

Action	Lead	Completion date	Review date	Priority (H/M/L)
Following approval & adoption, an interactive version of the Strategy (including its EIA) will be published on the Web sites of partner organisations & signposted to stakeholders via schools & GP practices.	Richard Lynch	30 th November 2016	1 st November 2017	Medium

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BARNSELEY METROPOLITAN BOROUGH COUNCIL

This matter is a Key Decision within the Council's definition and has been included in the relevant Forward Plan

REPORT OF THE DIRECTOR OF HUMAN RESOURCES, PERFORMANCE & COMMUNICATIONS TO CABINET ON 16TH NOVEMBER 2016

Delegated Authority to Approve Sheffield City Region Restructure

1. PURPOSE OF REPORT

- 1.1 To provide Cabinet with an overview of the Sheffield City Region restructure and ask for the Director of Human Resources, Performance and Communications to be given one off delegated powers to approve the new structure.

2. RECOMMENDATIONS

- 2.1 That the position in respect of the Sheffield City Region restructure be noted and the Director of Human Resources, Performance and Communications be authorised to give final approval to the restructure.

3. INTRODUCTION

- 3.1 In February 2016 a CEX paper outlined the rationale for change in the structure of the SCR Executive Team and developed a number of operating principles underpinning the role and purpose of the SCR Executive.
- 3.2 The delivery of both the strategic ambition for a transformed economy and the operation of the growing programme require that the SCR CAP/LEP Executive Team evolves and structures itself to meet and respond to these challenges and opportunities, identifying opportunities for efficiencies and economies of scale in design and function.
- 3.3 This change in team structure and the associated investment has been designed so that it is proportionate to the growth in responsibilities and scale and scope of team activities and supports the principles agreed previously, which are addressed in turn below.
- 3.4 Strong leadership – The Governance review underway and the input of CEX into this has highlighted the essential requirement for strong corporate leadership and political nous at a senior level to manage and enable the Executive Boards, the LEP and the CA to succeed.

4. PROPOSAL AND JUSTIFICATION FOR RESTRUCTURE

4.1 **A separation of the functions of policy, operations and performance:**

The proposed new structure integrates core functions within a more sensible framework, to provide:

- A strong policy function within the SCR Executive to continue to innovate and bring forward the development of new investment propositions which support a strong Mayor, LEP and CA;
- A strong communications and public affairs function leading a growing programme of strong collaboration, particularly with the private sector.
- A strong operational delivery team, who turn innovative propositions into spend programmes, and focus on the delivery of programme outcomes and outputs, managing performance of partners to deliver the results the SEP demands;
- An independent and strong assurance and appraisal function, enabling SCR to maintain its credibility with government and provide the assurance of a sound decision making approach to an incoming Mayor.

4.2 **A more sensible business management approach**, resulting in a strong Corporate organisation which fulfils the statutory responsibilities of a Local Authority demonstrating strong strategic financial management and clear governance and integrating wider services efficiently and effectively.

4.3 **Addressing pan regional resource requirements**, providing the focus and momentum to secure SCR position within the Northern Powerhouse.

4.4 **Investing in programme sponsorship and delivery through Local Authorities -**

Realising the aspirations of the SCR LEP / CA requires matching by delivery capacity in partner organisations be this Local Authorities, PTE or other partners. Alongside a restructured SCR Executive consideration has been given to the formation of an External Capital Programme Team; essential to support partners' capacity and to ensure the SCR programme is delivered.

4.5 A suggested model has been developed which moves from teams scoped around policy subject area to teams which cover four broad functional areas:

- Strategy and Corporate Affairs
- Operational Programme Delivery
- Independent Assurance, Appraisal and Performance Management
- Corporate Services

4.6 In addition to the four corporate functions detailed above there is also the existing delivery units of the Growth Hub Operation and the Inward Investment Delivery Team. It is proposed a third delivery team is added the External Capital Programmes Team.

4.7 The benefits of such a structure enable resources to be deployed most efficiently. The structure provide a stronger focus on excellence in delivery, maintains the credibility of the SCR through a strong independent appraisal function, supports the continuing aspiration of the SCR to drive thought leadership, negotiate devolution with government and finally raise the national and international profile of SCR through a strong corporate affairs and marketing function.

- 4.8 The work on the restructure is being undertaken in accordance with the BMBC management of change process. This process requires the following key steps to be taken:
- Revised structure agreed
 - All job profiles scoped and evaluated, commencing with the Directors and Heads of Service.
 - Consultation with staff – advising of the key stages including
 - (a) a job matching process,
 - (b) a recruitment process for unfilled positions and
 - (c) potential redundancies should skills sets not match
 - Matching, recruitment or redundancy process operational.

5. CONSIDERATION OF ALTERNATIVE APPROACHES

- 5.1 During the first year of growth deal funding SCR underperformed on delivery. There were a large number of strong mitigating reasons including purposeful delays as a result of the ABR and the lack of certainty re 16/17 funding delaying scheme development. However without a strong operational delivery function there is a real continuing risk of increased underperformance on delivery against programme.
- 5.2 The annual conversation with Government and the LEP, and the 5 year gainshare reviews has made it clear that future funding for SCR is based upon performance and delivery. With LGF funding trebling in scale and the addition of gainshare resource, proportionate growth in SCR delivery function is essential to ensure that SCR does not experience and loss in future funding.
- 5.3 SCR secured S31 grant, one of only three areas to do so, due to strong prioritisation, appraisal and modelling of benefits. Maintenance of a strong and independent approach to appraisal, modelling, assurance and performance management could lead to a loss of confidence in Government on our assurance and performance management capacity.
- 5.4 Through successive rounds of City Deals, Growth Deals and Devolution Deals SCR has been one of a few areas at the forefront of innovative development and negotiations.
- 5.5 Without the clearer focus on thought leadership through a more clearly defined strategy, corporate affairs and policy function there is a risk of reducing influence for next rounds of devolution and also on a pan regional basis given the growth in Northern Powerhouse momentum and Transport for the North financial strength.
- 5.6 Finally, the imperative to expedite this change in structure is essential to ensure that SCR is prepared for the new opportunities of a Mayoral CA.

6. FINANCIAL IMPLICATIONS

- 6.1 No financial implications for the Council

7. EMPLOYEE IMPLICATIONS

7.1 Sheffield City Region will follow the Managing Change Policy in dealing with employees affected by the restructure.

8. CONSULTATIONS

8.1 The SCR / Combined Authority Board have agreed these proposals.

9. PROMOTING EQUALITY, DIVERSITY AND SOCIAL INCLUSION

9.1 Sheffield City Region will take into account the Council's public Service equality duty in the processes associated with the restructure.

10. LIST OF APPENDICES

None

11. BACKGROUND PAPERS

None

Officer Contact: Alison Brown Telephone No: 773674 Date: 3rd November 2016

BARNSELY METROPOLITAN BOROUGH COUNCIL

This matter is not a Key Decision within the council's definition and has not been included in the relevant Forward Plan

**Report of Executive
Director, Place Directorate**

TRAVEL ASSISTANCE POLICY – CONSULTATION RECOMMENDATIONS ON UPDATED POLICY

1. Purpose of report

- 1.1 The purpose of this report is to present the draft updated Travel assistance Policy. This is an updated document of the authorities' last Home to School Transport Policy 2015-16. This report conveys and highlights the main planned changes that the authority would like to see incorporated into the updated policy. This report seeks to gain support to consult with the residents and relevant stakeholders of the borough prior to an implementation of the updated policy planned for 1st April 2017.

2. Recommendation

- 2.1 That Cabinet supports the draft Travel Assistance Policy.
- 2.2 That Cabinet supports the decision to undertake a nine-week consultation period commencing in November on this updated policy.

3. Introduction

- 3.0 As part of Future Council, transportation for eligible children, young people and adults have been brought together under BU 6 Environment & Transport, within the Place Directorate. The current Travel Policy expires at the end of 2016. A 'One Council' joint task & finish group from different business units have worked together to update the policy in line with our corporate strategy; that is to support eligible children and adults with the provision of statutorily required services that encourage and support independence.

As part of this group's work it built upon the review of transport services undertaken in 2014. This work benchmarked our services against many other local authorities in the region. This draft policy has been centred on Doncaster's recent update of the policy to bring service convergence and consistency across south Yorkshire.

- 3.1 This draft updated policy has been developed around the following key aims:
- To meet our corporate strategy to create and support independence;
 - To provide a more sustainable, efficient and effect service offer;

- To update our policy in line with best practices recommended by Department for Education;
- To align our updated policy more closely with our adjacent south Yorkshire authorities and those services that South Yorkshire Passenger Transport support; and
- To support and compliment the Barnsley SEND Strategy 2016-18.

3.2 This is part of a wider series of changes being introduced to improve the service offer to eligible children and adults across the borough. The four key themes of this work are:

1. To improve the daily operations of the transport service to eligible children, young people and adults;
2. To improve the provision of services through better use of third party providers;
3. To update and improve the provision of services through a refocussed Travel Assistance Policy; and
4. To work with other authorities and the SYPTE to bring about improved collaborative working and better use of resources.

3.3 This Policy is prepared in response to the duties of Barnsley Metropolitan Borough Council (BMBC), under section 508B of the Education Act 1996, (amended by Education and Inspections Act 2006) which deals with the duty of Local Authorities in England to ensure that suitable travel assistance as it considers necessary are made to facilitate attendance at school for eligible children or students. The Council's policy is to provide free school transport (referred to in the Act and in this document as "Travel Assistance") to these categories of eligible children in accordance with its legal obligations, but not otherwise unless there are exceptional circumstances. This travel assistance policy has been designed to and compliments the school curriculum in providing the skills to create independence. It will provide support to eligible children to encourage independent travel.

The policy summarises the categories of eligible children set out in the Act who are entitled to travel assistance. It also sets out how parents or carers must apply for travel assistance, how decisions are made and how parents and carers may appeal against decisions that they are unhappy with.

3.4 Key changes to the policy include:-

3.4.1 Introduction of a hierarchy of options: To encourage and support the strategy of creating independence. Unless otherwise specified, travel assistance will normally comprise of one of the following options for pupils:

- A Zero Fare Pass (ZFP) Passes are purchased by the LA from South Yorkshire Passenger Transport Executive (SYPTTE);
- Personal Budgets – In Particular for pupils having SEN or EHCP, provision of payment through personal budget;
- Mileage Reimbursement – Paid half termly or termly retrospectively, based on the Families choice;
- Independent Travel Training – Provision of training as part of a pupils curriculum to encourage independence; and
- Travel Assistance - Via a coach, mini-bus, people carrier or taxi/private hire or similar vehicle.

3.4.2 The introduction of annual reviews: As part of the LA's corporate strategy to develop people to their full potential aligned with the Key Stages of the educational curriculum, the Travel Assistance provision will be reviewed to assist in the development of independence for any qualifying pupil who is in receipt of services through this policy. At the present moment this is not a formal part of the process and will place a demand on both People and Place directorates.

3.4.3 Greater dependency and use of Travel Training as an option: Historically this has been a reactive and passive-based service. The updated policy will consider this as a clear option within the hierarchy. The benefits of travel training are proven to show greater access to education and employment opportunities. In addition the outcomes from this included greater accessibility, road safety awareness, improved health and a reduction of dependency of social services and the like. This will place a resource demand on the Communities directorate's Travel Training team.

3.4.4 The introduction and use of the Personal Budget: Represents a change in the provision of services within this policy. It seeks to place the choice of provision with the parents and carers. This process will place a resource demand on People and Place directorates with respect to the administration and management.

3.4.5 Review of the appeals process: The present appeals process was not in keeping with the best practice advised by the Department for Education. Therefore this has been amended.

3.4.6 Following the consultation in 2015 with respect to removing non-statutory transport for post 16 with an SEN statement; this element of the policy has been retained. This was an approved KLOEs to save £40k.

4. Consideration of alternative approaches

N/A

5. Proposal and justification

- 5.1 Presently there are a number of significant changes in national policy for health, special educational needs and disability, which will impact upon the delivery of this service, by increasing demand on limited resources.
- 5.2 In January 2015, Barnsley's SEN population was 16.1% compared with 15.4% nationally.
- 5.3 Barnsley generally has higher numbers of children subject to a statement of SEN or an Education, Health & Care Plan (EHCP) than is the case regionally, 1.3% higher and nationally 1% higher.
- 5.4 Statements / EHCP as a % of school population (Jan 2015)
- England 2.85%
 - Yorkshire & Humber 2.4%
 - Barnsley 3.8%
- 5.5 Barnsley has good provision of specialist educational establishments within the borough, albeit as of May 2016 there are 92 children placed in out of borough independent special schools. This number is increasing each year.
- 5.6 The following table indicates the recent change in demand since April 2014.

Objective Measure	Apr 14	Apr 15	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Comments
Number of Children Statutory (Mainstream) Zero Fare Passes (ZFP)	566	511	478	478	478	478	478	378	448**	
Number of Children Statutory Special Educational Needs (SEN)	392	448	495	492	501	501	501	508	519	
Average Cost per Child – SEN	-	-	14.68	14.63	14.91	14.91	14.91	Not yet confirmed	Not Yet confirmed	Purchased Orders are Still being raised
Number of vehicles used	85	96	100	100	100	100	100	96	105	
Number of Escorts used	60	65	71	71	71	71	71	81	83*	

*This figure includes some parents who are acting as escorts for their own children.

** Number of ZFP on issue as at 07/10/16. This is ongoing. As expected, sporadic applications are still being received.

- 5.7 The following table identifies the number of children we are providing services to:

Category of Pupil/Student	As at 07.10.2016	Remarks
Mainstream - Zero Fare Passes (ZFP)	448	Daily requests still being made for service

Statutory Pupils aged 5 to 16 - SEN	429	Transport provided to Special Schools both in and out of the Borough.
Pre 5 - SEN	5	4 to Greenacre & 1 to Royston Meadstead Primary
Post 16 - Mainstream	0	Nil
Post 16 - SEN	84	71 to Greenacre & 13 to other Schools
Post 19	1	to Portland College, Notts. This placement ceases at the end of this academic year.
TOTAL	967	

5.8 To deliver the key aims of section 3.1 this policy represents a conscious change strategically from a policy based upon provision of transport services to one that provides assistance with transport services. This aligns with one of our Future Council Priorities - 'People achieving their potential' and is centred upon providing assistance where appropriate to help people help themselves; it is about being an enabling organisation.

5.9 The key changes to the new draft Travel Assistance Policy and those that we need to consult over are:

- Greater promotion and planned use of the Travel Training service;
- Introduction of payments for transportation alternatives within a Personal Budget; and
- Deletion of travel assistance for pupils' attending denominational schools.

5.10 In 2015, a seven-week consultation period ran from 23rd February, to 17th April. It sought the view of parents, carers and guardians of children who received free home to school transport services, in particular for the following proposed changes:-

Pre-School Children:

Either

- Withdraw or phase out free, non-statutory home to school transport for pre-school children, or
- Introduce a charge for this service.

Young People Aged Over 16:

Either

- Withdraw or phase out free, non-statutory home to school transport for young people aged over 16 with SEN or
- Introduce a charge for this service

5.11 The outcome from this consultation for pre-school children was to make the changes to this updated policy for non-statutory home to school. For 16/17 there are not any pre-school children that this service is provided to.

5.12 The outcome for young people aged over 16 with SEN for non-statutory home to school was overwhelmingly in favour to retain the service. As part of the

consultation there was concerns raised by equality forums, local MPs and those that used the Engage system.

6. Implications for local people / service users

No immediate changes as a result of this updated policy. Eligible children and young people in receipt of services through this policy will continue to receive services, albeit this will change and evolve over time as the reviews of services becomes more embedded into the process and as we seek to provide services that help people help themselves.

7. Financial implications

7.1 The Travel Assistance function continues to face significant financial pressures. Whilst the additional cost as a result of the increase in users of the service has been recently recognised within the Council Medium Term Financial Strategy, the service still shows a forecast overspend as reported in the recent Quarterly Monitoring Report.

7.2 Future delivery of a balance budget for the service is heavily predicated on the adoption, strict control and adherence of this new policy. This will be monitored carefully from 1st April 2017 with any variations reported through the normal financial performance monitoring route

8. Employee implications

N/A

9. Consultations

Internal consultation has been undertaken. External consultation has been undertaken with other local authorities. Previous consultations on Home to School have also been considered in the development of this report and appendix. This report seeking support to consult with service users and key stakeholders.

10. List of Appendices

10.1 Appendix one – draft Transport Assistance Policy

11. Background Papers

None

Office Contact: Paul Castle Telephone No: 01126 772057 Date: 24/10/2016



BARNLSLEY

Metropolitan Borough Council

Barnsley Metropolitan Borough Council

Draft Travel Assistance Policy

Date: DD/10/2016

APPENDIX 1

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Information can be made available in other languages, on other formats such as Braille or Audio Tape, on request. Please contact **xxxxxxx**.

1. GENERAL

This Policy is prepared in response to the duties of Barnsley Metropolitan Borough Council (BMBC), hereafter known as the Local Authority (LA) (See note 1), under section 508B of the Education Act 1996, (amended by Education and Inspections Act 2006) which deals with the duty of Local Authorities in England to ensure that suitable travel assistance as it considers necessary are made to facilitate attendance at school for eligible children or students. The Council's policy is to provide free school transport (referred to in the Act and in this document as "Travel Assistance") to these categories of eligible children in accordance with its legal obligations, but not otherwise unless there are exceptional circumstances. This travel assistance policy has been designed to compliment the school curriculum in providing the skills to create independence. It will provide support to eligible children to encourage independent travel.

This policy summarises the categories of eligible children set out in the Act who are entitled to travel assistance. It also sets out how parents or carers must apply for travel assistance, how decisions are made and how parents and carers may appeal against decisions that they are unhappy with.

The policy is intended to provide clarity for parents or carers facing a wide range of circumstances, and to ensure that children and young people with particular and significant needs according to the eligibility criteria are appropriately supported. However, it is the legal responsibility of parents or carers of each child or young person to ensure they attend school regularly.

1.1 The primary responsibility for ensuring pupils and students attend school or college is that of the parent or carer (see note 2). However, section 444(3B) provides a parent with a defence if he or she proves that:

- The LA has a duty to make travel arrangements in relation to the child under section 508B and has failed to discharge that duty.

Schedule 35B of the 1996 Act (amended by the Education and Inspections Act 2006) defines "eligible children" as those categories of children in an authority's area for whom travel arrangements will always be required. A condition of each category is that they are of compulsory school age. Under section 508B, these arrangements must be provided free of charge.

1.2 Unless otherwise specified, travel assistance will normally comprise of one of the following options for pupils:

- A Zero Fare Pass (ZFP) Passes are purchased by the LA from South Yorkshire Passenger Transport Executive (SYPTTE). This allows pupils to travel free of charge between the bus stop nearest to their home address, and the school/college or the nearest bus stop to the school/college they attend, on commercial or tendered bus services. A full explanation of the criteria and how to apply is available at www.barnsley.gov.uk and search for ZFP.

The criteria and provision of a ZFP apply to both Mainstream and SEN (Special Educational needs) pupils.

- Personal Budgets – In Particular for pupils having SEN or EHCP, provision of payment through personal budget will be considered as an eligible way of the LA fulfilling its requirement under this policy for the provision of Travel Assistance.
- Mileage Reimbursement – Paid half termly or termly retrospectively, based on the Families choice and correct submission to the Home to School Transport Office of mileage claim forms. Reimbursement is calculated on 2 journeys per day and the actual mileage multiplied by the number of days the pupil has attended. (See Section 14)
- Independent Travel Training – Provision of training as part of a pupils curriculum to encourage independence. This will require plans to encourage independent travel to be put in place by the Travel Training team, school/college and parents/carers working in partnership. Progress should be evidenced at each annual review. There is a specific duty on schools and LAs to begin planning for the transition to adulthood formally from Y9. (See Section 9)
- Travel Assistance - Via a coach, mini-bus, people carrier or taxi/private hire or similar vehicle for pupils identified as having Special Educational Needs (SEN) or for children who are disabled. (See section 9/10) As determined by the LA as appropriate to meet the child's individual needs.

1.3 As part of the LA's corporate strategy to develop people to their full potential aligned with the Key Stages of the educational curriculum Travel Assistance provision will be reviewed to assist in the development of independence for any qualifying pupil who is in receipt of services through this policy.

1.4 The LA is not able to provide free Travel Assistance to pupils who are In transition between schools, or attending 'taster sessions' at new schools. Travel can only be provided to the School where a Pupil/Student is on roll.

1.5 Assessments of Travel Assistance managed through this policy will be awarded on the basis of hierarchy of travel Assistance detailed in 1.2.

2 PUPILS UNDER THE AGE OF 4 YEARS

2.1 Other than for a child with a statement of SEN or Education Health Care Plan (EHCP) who has had transport approved in accordance with Section 9, no assistance with transport shall be given to a nursery aged child.

3 PUPILS AGED 4-7 ATTENDING THEIR CLOSEST SCHOOL

3.1 For pupils less than 8 years of age (on 1 September), free transport will be provided where the distance between their home and allocated school is 2 or more miles, measured by the nearest available walking route (hereafter referred to as statutory qualifying distance – see note 4). Free transport will

normally be facilitated through the provision of a zero fare bus pass for the child.

- 3.2 Pupils living less than the statutory qualifying distance may be eligible for free travel if the LA determines that they qualify under section 7.
- 3.3 Parents/carers should ensure their child's safety by making appropriate arrangements for their child to be accompanied to and from the nearest bus stop and during the journey if required.

4 PUPILS AGED 8-16 ATTENDING THEIR CLOSEST SCHOOL

- 4.1 For pupils who are aged 8 years or older (on 1 September) and still of compulsory school age, free transport will be provided where the distance between their home and allocated school is 3 or more miles measured by the nearest available walking route (hereafter referred to as the statutory qualifying distance – see note 4). Free transport will normally be facilitated through the provision of a zero fare bus pass.
- 4.2 For pupils who move home within the Barnsley Metropolitan Borough Area whilst in Years 10 or 11, and who wish to remain at the school they have been attending to complete their examination course, free transport will be provided where the distance between their new home and their school is more than the statutory qualifying distance. Free transport will normally be facilitated through the provision of a zero fare bus pass.
- 4.3 For pupils from low income families please refer to section 7.
- 4.4 Parents/carers should ensure their child's safety by making appropriate arrangements for their child to be accompanied to and from the nearest bus stop and during the journey if required.

5. PUPILS ATTENDING DENOMINATIONAL SCHOOLS

- 5.1 From September 2016, the LA is no longer able to provide transport on denominational grounds. Pupils who were previously entitled to free transport on denominational grounds and who qualified under the low income category (See Section D on previous Home To school Policy) prior to September 2016, will continue to receive a free Zero Fare pass until they reach the end of their particular phase of education, i.e. until the end of primary education in Y6 or until the end of statutory secondary education in Y11.

6 PUPILS NOT ATTENDING THEIR CLOSEST SCHOOL

- 6.1 The LA recognises the rights of parents given under the Education Act, 1996 to express a preference for their choice of school and the duties on the LA under the same Act in respect of those preferences expressed. However, in order to ensure the efficient use of its resources, the LA will normally only provide free travel to pupils meeting the relevant eligibility conditions attending:
- The school designated as the closest school for the area in which the LA has determined the pupil is ordinarily resident for the purposes of

admissions to schools. An exception to this policy is made, and assistance in the form of a ZFP will be offered for pupils in the following circumstances:

- a) Where the parents/carers have chosen for their child not to attend the allocated school and have accepted a place for him/her at an alternative school, which is the statutory qualifying distance appropriate to the age of the pupil from where the pupil is ordinarily resident but is nearer than the allocated school.
 - b) Where the LA is unable to make a place available at the pupil's allocated school, and makes a place available at the next nearest school which is the statutory qualifying distance appropriate to the age of the pupil from where the pupil is ordinarily resident.
 - c) Where the parents/carers have chosen for their child not to attend his/her allocated school and have accepted a place for their child at an alternative school, which is the statutory qualifying distance appropriate to the age of the pupil from where the pupil is ordinarily resident, providing the LA does not incur additional expenditure. A ZFP to enable the pupil to attend the alternative school will be provided equivalent to that which the pupil would have received had s/he attended either the, allocated, school as the case may be.
- 6.2 Where a pupil qualifies for travel assistance under these exceptions, the parents/carers should ensure their child's safety by making appropriate arrangements for their child to be accompanied to and from the nearest bus stop if required.
- 6.3 The LA is not in a position to guarantee travelling arrangements to any school; such arrangements are entirely in the hands of the providers of bus services and/or SYPTTE.
- 6.4 When selecting alternative schools, parents/carers must do so in the knowledge that, unless they qualify under the above exceptions, free transport, or assistance with transport costs, will not be available, regardless of the distance involved. They should also consider, as a factor in making their decision, the consequences of possible future alterations to bus services.

7 PUPILS FROM LOW INCOME FAMILIES

- 7.1 The Education and Inspections Act 2006 introduced free transport assistance for pupils from low income families. Pupils who qualify under this legislation are pupils in receipt of Free School Meals (FSM) or whose families are in receipt of Maximum Working Tax Credit (MWTTC). Pupils meeting the following criteria will receive transport usually in the form of a zero fare bus pass.

7.2 Primary Pupils

Pupils aged 8 to 10 who are attending their allocated school* and the distance between home and school is more than 2 miles

7.3 Secondary School Pupils

Pupils aged 11 to 16 attending any 1 of their 3 allocated school * where the distance between home and school is more than 2 miles but not more than 6 miles from their home address

7.4 **Pupils attending School on grounds of Religion or Belief**

Pupils up to 16 years of age attending their nearest appropriate denominational school on grounds of religion or belief, where the distance between home and school is more than 2 miles but not more than 15 miles.

7.5 Distances referred to in this section are measured as follows:

- Up to 2 miles – as per the statutory walking distance, along the nearest available walking route.
- The 6 miles upper limit or the 15 miles upper limit – along road routes passable by suitable motorised transport.

*The nearest allocated school is one with places available that provides education appropriate to the age, ability and aptitude of the child.

7.6 Once eligibility has been determined and confirmed, the pupil will remain eligible until the end of the school year for which the assessment has been made. This particular section does not cover the provision of Mi. cards, Student passes or any other concessionary travel passes.

8 POST 16 – SIXTH FORM/FURTHER EDUCATION STUDENTS

8.1 The Council does not provide free transport for Post 16 students entering into further education at Sixth form or College for the first time or undertaking new courses.

9 SPECIAL EDUCATIONAL NEEDS: PUPILS AND STUDENTS (UP TO THE AGE OF 19)

9.1 **General**

Each pupil or student identified by the LA as having (SEN) (under the four overarching types of need: Communication and Interaction, Cognition and Learning, Sensory and/or Physical or Social, Emotional and Mental Health), will have their individual transport needs assessed against set agreed criteria, taking into account their age, mobility and the effect of their special educational needs on their ability to travel. If it is concluded that a pupil or student does not require Transport Assistance under this section, then consideration will be given under the other sections of this policy as appropriate.

9.2 **Pupils and Students with a Statement of Special Educational Needs or Education Health Care Plan**

For pupils and students being considered for an Education Health Care Plan or with an existing statement of SEN, an assessment of travel assistance need will be undertaken at the draft EHCP or amended EHCP or amended

statement of SEN stage. This will be shared with parents/carers who are encouraged to express their views about all aspects of their child's SEN provision, including transport. Travel Assistance is not included in a Statement of SEN but may be included in an EHCP Plan exceptionally, for example if Travel Assistance provision is agreed as part of a Personal Budget. Statements of SEN will cease by April 2018 and children will either have their needs met at the SEN Support Stage or with an EHCP.

9.3 The provision of Travel Assistance to meet a pupil or student's need will be in accordance with the provisions of this section and will be reviewed and, if necessary, reassessed at each annual review of the statement or EHCP. Where it is decided that:

- A Travel Assistance need is now required; or
- A Travel Assistance need previously identified should be modified to encourage independence or
- Travel Assistance is no longer required

9.4 **Independent Travel Training**

Our aim is for all secondary age pupils, and students over compulsory school age, with SEN who have previously been assessed as requiring Travel Assistance under this section, will receive support for independence and mobility training as part of their school/college curriculum with the aim of reducing their reliance on individual transport in preparation for adult life. This will require plans to encourage independent travel to be put in place by the Travel Training team, school/college and parents/carers working in partnership, to mutually agreed targets. Progress should be evidenced at each annual review.

9.5 **Pupils and Students with Special Educational Needs but no Statement**

For pupils and students with SEN but without a statement or EHCP, an assessment of Travel Assistance need will be undertaken by the appropriate Officer(s) at the time a decision on the provision to be made for the pupil or student to meet their need is taken. Where it is determined that the provision of a zero fare bus pass would not be appropriate to meet the needs of the pupil or student, the provision of Travel Assistance will be in accordance with the provisions of this section and will be reviewed and, if necessary, reassessed annually by the appropriate Officer(s).

Schools and parents/carers will encourage their children to take up public/community transport options at the earliest opportunity – this will be regarded as a positive achievement towards the pupil or student's attainment in becoming an independent traveller. Where transport is ceased under this section, pupils and students may be eligible for support under other sections of this policy as appropriate. For more details on the service and its benefits please see www.barnsley.gov.uk and search for the 'Free to go service'.

9.6 Provision of Transport for pupils and students with SEN

The type of transport assistance provided will be the most appropriate, taking into account the child's age, safety and needs as assessed in accordance with the approved assessment criteria. A pupil or student will be expected to share a vehicle with other pupils and/or students. Individual transport will only be provided in exceptional circumstances and where the need for individual transport has been clearly identified from the assessment under the approved assessment criteria.

9.7 Social reasons such as out of hours activities or parents/carers work commitments will not be regarded as valid reasons for determining the type of transport assistance for their child.

9.8 A ZFP will operate from the bus stop nearest to the pupil's home. Parents/carers should ensure their child's safety by making appropriate arrangements for their child to be accompanied to and from the nearest bus stop if required.

9.9 Pupils and students who are assessed as requiring travel on a coach, mini-bus, taxi/private hire or similar vehicle, will be picked up and dropped off at the most convenient designated point nearest to their home address, having due regard to their needs and safety this may be a designated bus stop. Pupils will only be guaranteed collection and drop-off from outside their home address if their needs exceptionally require this arrangement. It is the responsibility of parents/carers to ensure their child's safety by making appropriate arrangements to accompany their child to and from the designated pick-up point, or see them safely onto and off the vehicle.

9.10 Approval will not be given for ad-hoc or occasional variations to the arrangements determined by the LA. If parents/carers request a variation to the arrangements for example, for their child to be collected from, or dropped off at, a relative/neighbour/child-minder's address, consideration to an amendment to the agreed travel arrangements will only be given where:

- The request is for a permanent change on each school day; and
- No change to the transport provider will be required; and
- No additional cost will be incurred by the LA; and
- The request would not add unreasonable additional travelling time for other pupils in the vehicle.

9.11 Arrangements will be made to transport pupils with SEN as follows:

- | | |
|-----------------------------------------|-------------------------------------------------------------------|
| a) day pupils/students | - at the start and end of each school/college day; |
| b) pupils/students who board for 5 days | - at the start and end of each school/college week; |
| c) pupils/students who board for 7 days | - at the start and end of each school/college term and half term. |

In addition pupils who are in the National Curriculum Year Group 7 or below i.e. who have not yet had their twelfth birthday, and who board for 7 days, will be provided with additional return journeys for two weekends per half-term.

- 9.12 Any special equipment or supervision arrangements required because of the child's needs will normally be arranged by the LA.
- 9.13 No Travel Assistance will be provided under this section where the LA has identified an institution or provider to meet a pupil or student's need but the parents/carers preference is to send their child to a more distant institution, independent school or provider of the same type. For pupils and students with a statement of SEN or EHCP, this will apply irrespective of whether the institution or provider is named in the statement or EHCP, which will make clear there will be no support with transport.

10 SPECIAL EDUCATIONAL NEEDS STUDENTS OVER THE AGE OF 19

- 10.1 Individual Travel Assistance needs will be assessed against set agreed criteria, by the appropriate Officers of the Special Educational Needs (SEN) Transport Panel, for students who are;
- Over the age of 19 and under 25 years of age on 1 September each year; and
 - Ordinarily resident in the LA area; and have, or have had previously, a statement of SEN, an EHCP and a Social Services Assessment of Need which includes, or included, in order to meet the needs of the student, a requirement for transport.
 - Be registered or registerable as disabled under the Chronically Sick and Disabled Persons' Act 1970; and
 - Attending a course funded by the Education Funding Agency, at an FE College which has been agreed as appropriate and that the course is a graduation/progression of a previous subject and that this meets the needs of the student. Unless attendance on a course at another institution has been agreed as more appropriate, to meet a specific educational and/or social need of the student.
 - Progression in learning must be evidenced against outcomes in the EHCP. Lack of progression will mean that Travel Assistance will no longer be approved. Funding will not normally be provided where a student repeats a course or studies at the same academic level as one previously studied.
- 10.2 Assessment may include undertaking a transport assessment with trained travel trainers, and failure to attend this assessment could mean Travel Assistance is not provided. Where assistance with transport is deemed necessary it will be provided in accordance with the provisions of this section until the completion of the course for which it was approved or the end of the academic year in which the student attains the age of 25 years whichever is the earlier. Assistance with transport will, if necessary, be subject to an annual review and/or reassessment.

10.3 **Provision of Transport**

- 10.4 Students could be offered a ZFP to enable them travel free of charge between the student's place of ordinary residence and the college. Where a college has several sites at which the student is required to attend, free travel will be provided to one designated site only which is agreed between the LA, the student and the college authorities. Any inter site transfer will be the responsibility of the college to provide.
- 10.5 Social reasons such as out of hours activities or parents/carers work commitments will not be regarded as valid reasons for such an arrangement. It is the responsibility of parents/carers to ensure the student's safety by making appropriate arrangements to accompany them to and from the designated pick-up point, or see them safely onto and off the vehicle.
- 10.6 Where the LA has determined that transport using a ZFP is not appropriate, the type of Travel Assistance provided will be the most appropriate taking into account the student's age, safety and needs as assessed in accordance with the approved assessment criteria. A student will normally be expected to share a vehicle with other students. Individual transport will only be provided in exceptional circumstances and where the need for individual transport has been clearly identified from the assessment under the approved assessment criteria. Social reasons such as out of hours activities or parents/carers work commitments will not be regarded as valid reasons for determining the type of transport assistance.
- 10.7 Students who are assessed as requiring travel on a coach, mini-bus, taxi/private hire or similar vehicle, will be picked up and dropped off at the most convenient designated point nearest to their home address, having due regard to their needs and safety this may be a designated bus stop. Students will only be guaranteed collection and drop-off from outside their home address if their needs exceptionally require this arrangement.
- 10.8 Approval will not be given for ad hoc or occasional variations to the arrangements determined by the LA. If the student/parents/ carers request a variation to the arrangements for example, for their child to be collected from, or dropped off at, a relative/neighbour's address, consideration to an amendment to the agreed travel arrangements will only be given where:
- The request is for a permanent change on each college day; and
 - No change to the transport provider will be required; and
 - No additional cost will be incurred by the LA; and
 - The request would not add unreasonable additional travelling time for other students in the vehicle.
- 10.9 Any special equipment or supervision arrangements required because of the student's needs will normally be arranged by the LA.
- 10.10 Arrangements will be made to transport students as follows:
- a) Day students - At the start and end of each college day;

- b) Students who board for 5 days At the start and end of each college week;
- c) Students who board for 7 days At the start and end of each college term and half term.

11 PUPILS AND STUDENTS IN PUBLIC CARE (UP TO THE AGE OF 19)

The LA recognises its duties and responsibilities in respect of pupils and students in Public Care. For the purposes of determining any assistance with Travel Assistance pupils and students in public care will be considered under the appropriate section of this policy.

12 EXCLUDED PUPILS AND STUDENTS

- 12.1 Pupils of Compulsory School Age Attending Schools:
Where a pupil has been excluded from their school and the LA allocates an alternative school which is within the statutory qualifying distance appropriate to the age of the pupil from where the pupil is ordinarily resident, a ZFP will be provided, to enable the pupil to attend the allocated school.
- 12.2 Where the parents/carers of the pupil choose for him/her not to attend the allocated school and accept a place at an alternative school, which is the statutory qualifying distance appropriate to the age of the pupil from where the pupil is ordinarily resident, to the extent that the LA does not incur additional expenditure, a ZFP to enable the pupil to attend the alternative school will be provided equivalent to that the pupil would have received had s/he attended either the allocated, school.
- 12.3 Where a pupil qualifies for assistance with transport under this section, the parents/carers should ensure their child's safety by making appropriate arrangements for their child to be accompanied to and from the nearest bus stop if required.
- 12.4 The LA is not in a position to guarantee travelling arrangements to any school – such arrangements are entirely in the hands of the providers of bus services and/or SYPTE.
- 12.5 When selecting alternative schools, parents/carers do so in the knowledge that, unless they qualify under the above exceptions, free transport, or assistance with transport costs, may not be available, regardless of the distance involved. They should also consider, as a factor in making their decision, the consequences of possible future alterations to bus services.
- 12.6 Pupils of Compulsory School Age attending other Provision:
Where a pupil has been excluded from their school and the LA arranges provision for the pupil at institutions other than a school, assistance with travel will be considered under Section 12.1/12.2 of this policy.

13 REQUESTS FOR MILEAGE REIMBURSEMENTS

13.1 Eligibility

In order to qualify for Mileage Reimbursement a pupil must satisfy the following criteria:

- The pupil must have an EHC Plan or SEN; and
- Must fall into one of the four categories of 'eligible child' (please see Note 7 for definition of 'eligible child').

13.2 Reimbursement of Mileage Expenses

Mileage Reimbursement will be paid termly or half termly calculated on the actual mileage allowance multiplied by the number of days the pupil is expected to attend. Payment is based on 2 journeys per day will be paid by BACS transfer; parents will need to supply bank account details to enable this to take place.

Mileage Reimbursement will be paid at the following rates in accordance with the rates outlined below:

Circumstances		Suggested Rate Per Mile
1	Parents offer to undertake transport but pupil can fit on existing transport at nil cost.	Nil – Request refused
2	Parent offers to transport their own child no other run in place.	23p (taken from AA motoring costs mid-point) NB: Rate based as at August 2016 will need to be reviewed on an annual basis as rates change.
3	Local Authority requests parents to transport own child as LA is unable for whatever reason to provide safe transport (e.g. Health and Safety).	40p This is the current BMBC car mileage rate

The payment will be calculated using the mileage between home and school E.g. 10 miles between home and school. The mileage will be determined by the shortest route using the Council's Geographical Information System.

E.g. 10 miles home to school – 1 journey home to school & 1 journey school to home – 20 miles @ 23p x number of days = £

NB: Please note that this payment is based on the assumption that the pupil will attend school regularly in order for this payment to continue. Any long term absence will result in a corresponding deduction in any future termly payments and/or a request for repayment to the Council, as deemed appropriate in the circumstances.

14 APPEALS

14.1 Parents/carers will have the right to appeal against any decision to refuse requests for assistance with travel made by Officers of the LA under this policy.

This will be a 2-stage process as follows:

14.2 Stage One Review

This Review will be undertaken by a Senior Officer of the Council.

- Parents/carers will have 20 working days from receipt of the local authority's decision to refuse their application to complete and return a Notice of Appeal Form requesting a review of the decision. This form should be completed by the parent/carer and give details of any personal or family circumstances that the parent/carer believes should be taken into account when the decision is reviewed.
- Within 20 days of receipt of this form, the Senior Officer will review the case and send out a letter notifying the parent/carer of the decision.
- The letter should explain how the review was conducted, information about other Departments or Agencies that have been consulted as part of the process, the rationale for the decision reached and information about how the parent can escalate their case to stage 2.

14.3 Stage Two Review

This Review will be undertaken by an independent appeal panel facilitated by the Council Governance Unit

- A parent/carer will have 20 working days from receipt of the Stage 1 decision to make a written request to escalate the matter to Stage 2.
- The Council Governance Unit will be informed that an appeal has been received, they will arrange a date for the Hearing and will send out Agendas and invites to the meeting.
- Within 40 working days of receipt of the parent/carer's request the Council Governance Unit will consider written and verbal representations from both the parent and Officers of the council involved in the case.
- The Council Governance Unit will send out notification of the outcome of the appeal within 5 working days which will set out:
 - The nature of the decision reached.
 - How the review was conducted, information from other agencies or departments consulted, what factors were considered, the rationale for the decision reached and information about the parent's right to put the matter to the Local Government Ombudsman.

- It will be made clear that a referral of a complaint to the Local Government Ombudsman should only be made if the complainant considers that there was a failure to comply with the procedural rules or if they consider that there have been any irregularities in the handling of the appeal.

14.4 All hearings of the Panel will be conducted in accordance with the approved LA protocols.

15 CEASING ASSISTANCE WITH TRANSPORT

15.1 The LA has adopted a Code of Practice for the safety and behaviour of pupils where Travel Assistance is provided. If any pupil persistently endangers their own safety or that of others by not adhering to the Code of Practice, consideration will be given to ceasing their Transport Assistance and parents/carers will then be expected to make alternative arrangements to ensure their child attends school.

15.2 In addition to the Code of Practice the LA has, in conjunction with the other 3 South Yorkshire Authorities and SYPTE, produced a policy for managing criminal and unacceptable behaviour on public transport. Any breach of this policy may result in the withdrawal of the zero fare bus pass and/or further measures being taken as appropriate.

15.3 As part of the provision of services provided by the LA through this policy we would ask that the following points are met with regards to acceptable behaviour of students and families. More information on this can be found in the parents hand book. Failure to adequately meet these criteria could result in the Travel Assistance provision from being removed on a temporary or permanent basis. As follows:

- To behave
- Be polite
- To be timely
- The parents or carer notify the LA if the child is not attending school as soon as possible.
- Do not keep the vehicle waiting – Transport can only wait for a maximum of 5 minutes

15.4 In cases where individual transport is provided by taxi or minibus, parents are requested to cancel transport when not required i.e. in case of holidays or illness. Repeated failure to cancel transport when not required may lead to a recharge of the cost or ultimately cancellation of the transport.

15.5 The LA shall consider withdrawal of the provision of free Travel Assistance, where a child has demonstrated such poor behaviour whilst using that transport as to put at risk themselves or other persons on the vehicle, as follows:

- (a) The driver of the vehicle and/or the Home to School Transport Escort.
- (b) Themselves.
- (c) Other passengers.
- (d) Using threatening, violent and/or abusive language
- (e) Damage caused to the vehicle.

15.6 The withdrawal of free Travel Assistance transport will be:

- (a) Temporary.
- (b) Permanent at the discretion of the LA having regard to the circumstances of the pupil's behaviour where this has been serious or in persistent cases of misbehaviour.

15.7 The LA shall suspend the provision of Travel Assistance in cases of persistent absence or where the pupil/student has been absent for a week or more without good reason until the pupil is able to return to school.

15.8 Each case will be considered on its own merits. Where free travel is withdrawn it will be the responsibility of the parent(s) to pay for travel costs between home and school. 'Temporary' shall be for a specified number of weeks and 'permanent' shall be for the remainder of the school year or longer if justified by the circumstances.

15.9 The withdrawal of Travel Assistance (either temporary or permanent) for a particular child shall not imply that travel arrangements were not necessary and should not be provided. The withdrawal would be because the child's behaviour was such that they could no longer take advantage of it.

15.10 Where a Head teacher or Principal of a school, under the provisions of Section 89(5), considers that a child's conduct whilst using the transport is such that free home to school transport should be withdrawn, the Head teacher or Principal will notify the LA who will consider whether to withdraw transport provision. In these cases the parent shall have the right for a review of the decision in accordance with Part 6 of the Policy

16 Travel for Pupils and Students with Medical Needs

16.1 Pupils with a medical condition are those who require:

- (a) Prescribed medicines;
- (b) May require emergency medical treatment;
- (c) Continuous medical support.

16.2 Administering medicines to pupils

School Escorts are not trained to administer medication or to pupils, be it prescribed or that purchased from a pharmacy without a prescription.

16.3 Emergency medical treatment

In the event of emergency medical treatment being required, the Escort shall contact the emergency medical service by telephoning 999; and inform the Local Authority and the Parents of the child concerned.

- 16.4 Escorts accompanying children with a medical condition or those who require emergency medical treatment shall carry a mobile telephone.
- 16.5 Continuous medical support -Escorts are not trained to, or expected to deliver medical procedures or interventions to pupils whilst travelling on home to school transport. Where the normal travel arrangements provided under the Travel Assistance policy cannot facilitate the travel of the pupil, the Relevant Officer shall convene a case conference.
- 16.6 The case conference shall be chaired by an appropriate Senior Officer of the Service and other relevant professionals shall be invited to attend.
- The case conference shall:
- (a) Discuss the issues associated with transporting the pupil to school; and
 - (b) Make a recommendation for the future transport arrangements.
- 16.7 General provisions -In any circumstances that should arise which are not provided for in this policy, the Relevant Officer shall, at their discretion, convene a meeting to discuss the travel arrangements of a pupil.
- 16.8 Escorts will not normally transport a pupil's medication from home to school. The parents are responsible for ensuring, where relevant, that the school has a sufficient supply of medication for the child.
- 16.9 In individual cases, subject to the agreement of the parent, Escort and School, a pupil's medication may be transported in the vehicle with the pupil. Where this arrangement is agreed the medication shall be in a sealed envelope or container with the pupil's name clearly displayed. The storage of the envelope/container or the vehicle will be determined in each individual case.

17 Status

- 17.1 This information represents the Travel Assistance Policy of Barnsley Metropolitan Borough Council (BMBC) at the time of publication. However, BMBC reserves the right to amend the policy to reflect either changes in policy or legislation.
- 17.2 Any personal data/information held by the Home to School Transport Team in relation to Travel Assistance, will be securely stored and maintained in line with the Data Protection Act 1998.
- 17.3 Personal data collected will only be processed for the purpose of the education of the young person.

NOTES

1 The LA

References in this policy to the 'LA' are a reference to Barnsley Metropolitan Borough Council (BMBC) and references to the 'LA's area' is to the administrative area of the Borough.

2 Parent/Carer

Reference to parent and/or carer in this policy means any person having parental responsibility for the child (for whom assistance with transport is being sought) within the meaning of the Children Act 1989.

It is the responsibility of those applying for assistance with transport to satisfy the LA that they have parental responsibility for the child for whom assistance is being sought.

3 Ordinarily Resident

Reference in this policy to 'ordinarily resident' means where a pupil or student is habitually and normally resident at their address other than for occasional absences and for a settled purpose, which is not solely to receive education i.e. the residence at which the child resides during the normal school week at the closing date for receiving applications for admission to school during the normal admission round.

Any reference to the pupil or student's 'home', or to where they 'live' or 'reside' shall refer to where they are ordinarily resident.

It is the responsibility of those applying for assistance with transport to provide such information as the LA requires in order to be satisfied as to where the pupil or student is ordinarily resident.

4 Statutory Qualifying Distance

The walking distances are:

- a) For pupils of less than 8 years of age (on 1 September) 2 miles; and
- b) For pupils aged 8 years or older and still of compulsory school age (on 1 September) 3 or more miles.

Each case is measured by the nearest available walking route.

For the purposes of this policy, the walking distance will be measured from the front gate of the address where the LA has accepted the pupil or student is ordinarily resident, to the nearest designated entrance of the school or college to which assistance is being considered under the relevant clause of the policy.

The route measured will be the nearest direct available walking route, having had regard to the age of the child, the walking route, or alternative routes, to the school the pupil could reasonably be expected to take. The LA has established criteria for the assessment of the safety of a walking route to school and will determine the availability or otherwise of a route in accordance with the approved criteria. The assessment of the availability or otherwise of a route will

be based on a child being accompanied by an adult. It will be irrelevant for the purposes of that assessment whether or not the child would or would not be so accompanied when attending the school or college.

In the case of a pupil qualifying for free travel on the grounds of 'low income' i.e. they are in receipt of FSM or their family receives MWTC the distances will be measured as follows:

- Up to 2 miles – as per the statutory walking distance along the nearest available walking route.
- The 6 mile or 15 mile upper limit – along road routes passable by suitable motorised transport.

The route will be measured using a computerised Geographical Information System. The LA considers this as an exact measure and cannot be considered marginal. If the LA considers it necessary a route may be measured by calibrated pedometer.

5 Full-Time Course

References in this policy to a 'full-time course' is a reference to a course of which the student is required to study for at least 12 guided learning hours per week.

6 Closing date for applications for Bus Passes

No refunds will be made for travel expenses incurred as a result of a late application for transport. The closing date for new bus pass applications is 30 June. Whilst we will process bus pass applications at any time we will not guarantee that they will be available at the start of term unless received by the closing date.

7 Definition of Eligible Child

The following are examples of an Eligible Child

- i Children who attend schools beyond the statutory walking distance**
These children are eligible for free school transport, provided that the LA has made no "suitable arrangements" for boarding accommodation or attendance at a nearer school and the children live beyond walking distance and attend their nearest suitable school. The statutory walking distance is 2 miles for children under 8 years old and 3 miles for children of 8 or over.
- ii Children with SEN, disabilities or mobility problems**
These children may live within the statutory walking distance and have special educational needs, a disability or mobility problem which means that they cannot reasonably be expected to walk to their school and no suitable arrangements have been made by the LA to enable them to attend a nearer school.
- iii Children whose route to school is unsafe**
These children may live within the statutory walking distance but they cannot reasonably be expected to walk to their nearest suitable school

because the route they could reasonably be expected to take is not deemed an available walking route, accompanied as necessary.

iv Children from low income families

Secondary school age children who attend schools over 2 and up to 6 miles from their home, even if the school they attend is not their nearest suitable school, providing there are not three or more suitable schools which are nearer to their home, or

Secondary age children from low income families who attend a school over 2 miles but under 15 miles away from home, if their parent has expressed a wish for them to be educated at that particular school based on the parent's religion or belief and, having regard to that religion or belief, there is no nearer suitable school. This applies to parents with a particular religious or philosophical belief, including those with a lack of religion or lack of belief.

Junior age children (aged 8 – 10) from low income families who live more than 2 miles (rather than 3) from their nearest suitable school.

BARNSELY METROPOLITAN BOROUGH COUNCIL

This matter is not a Key Decision within the Council's definition and has not been included in the relevant Forward Plan.

**Report of the Executive
Director of Place**

The Barnsley Bus Partnership

- 1. Purpose of report**
 - 1.1 To inform members of the Barnsley Bus Partnership, its objectives and potential benefits.**
 - 1.2 To seek member approval for the proposed bus service changes from early 2017, as shown in Appendix D.**
 - 1.3 To inform members of the next steps which will see the start of the Barnsley Bus Partnership in early 2017.**
- 2. Recommendations**
 - 2.1 It is recommended that:**
 - 2.2 Members note the details of the Barnsley Bus Partnership.**
 - 2.3 Members approve the proposed bus service changes as set out in Appendix D.**
- 3. Introduction**
 - 3.1 The Barnsley Bus Partnership (BBP), also known as a Voluntary Bus Agreement (VBA), is a negotiated agreement between Barnsley Metropolitan Borough Council (BMBC), South Yorkshire Passenger Transport Executive (SYTPE) and bus operators. Its sets out minimum standards which will apply to all services covered by the scheme and any additional negotiated standards with individual operators on a voluntary basis depending on their particular service patterns and circumstances, with BMBC committed to providing improved highway measures.**
 - 3.2 The BBP aims to promote investment in the bus network through better buses and highway measures such as problem solving, analysis of bus route issues and corrective action work to improve the standard of bus services offered to the general public.**

4. Proposal and Justification

- 4.1 The emerging Local Plan, Jobs and Business Plan and Housing Strategy set out an ambitious vision which will see large scale economic and housing growth to regenerate the Barnsley economy and to bring it up to regional and national standards.
- 4.2 The current bus network in Barnsley, although adequately serving our present needs does face a number of challenges going forward, especially if Barnsley is to deliver its economic and housing aspirations.
- 4.3 The Barnsley Transport Strategy, approved in early 2015, sets out four main aspirations which need addressing. These include:
- Better Connectivity
 - Affordable and Inclusive Travel
 - A Cleaner Environment
 - A Healthier Population.
- 4.4 To meet our growth aspirations it is vital we have a bus network which fully meets the needs and aspirations of the Transport Strategy. The ability of the current bus network to do this is however, hampered. The principal towns and villages are dispersed and the bus network is based on a 'hub and spoke' pattern. Bus services to and from the town centre to the principal towns have relatively good connectivity, whilst travel between the principal town to principal town often has long journey times and infrequent services. This hampers our efforts to improve connectivity and tackle social exclusion and bring about improvements to the quality of the environment.
- 4.5 In general, transport projects that improve overall accessibility (i.e., they improve businesses ability to provide goods and services, and people's ability to access education, employment and services) and reduce transportation costs (including travel time, vehicle operating costs, road and parking facility costs, accident and pollution damages) tend to increase economic productivity and development.
- 4.6 Good public transport links increases a community's access to other areas. This increases businesses' labour pool, reduces their costs to obtain input materials and services, and expands their potential market. This may increase "economies of scale" in production processes, which means higher productivity through lower costs per unit of output.
- 4.7 Efficient mobility creates economic opportunities, enables trade, facilitates access to markets and services and makes efficient use of resources. As public transport forms the backbone of any efficient urban mobility system, adequate public transport provision helps to make towns and cities more dynamic and competitive as well as create more jobs.
- 4.8 The BBP will complement the Statutory Bus Quality Scheme (SBQS) which was adopted in April 2010 and guaranteed minimum bus standards for services using the Transport Interchange, town centre stops and the A61 Quality Bus Corridor.
- 4.9 A report was presented to Cabinet seeking approval to sign the 'Barnsley Bus Partnership – Heads of Terms' on the 18th May 2016. This sets out the principles of the partnership in broad terms and the previous cabinet report explained the

objectives and its links to our own strategies, including the Transport Strategy, Housing Strategy and the Jobs and Business Plan. The previous cabinet report also set out the next steps which included work around the Bus Network Review.

4.10 The bus network review has now been undertaken and will deliver the Barnsley element of the Sheffield City Region Devolution Deal with regard to transport, which aspires to have a bus network that is co-ordinated, efficient and integrated. The bus network review looked at what worked well with the existing bus network, what does not, where the gaps were and what needs to be improved. The strategic objectives of the Devolution Deal will be adopted by the Barnsley Bus Partnership.

4.11 The resulting bus network will underpin and support the Bus Partnership to deliver its objectives and deliver a sustainable bus network that will meet the needs of Barnsley commuters and businesses, whilst also taking into account the existing funding pressures associated with tendered services.

4.12 Partnership Objectives

4.13 The main objectives of the partnership are as follows:

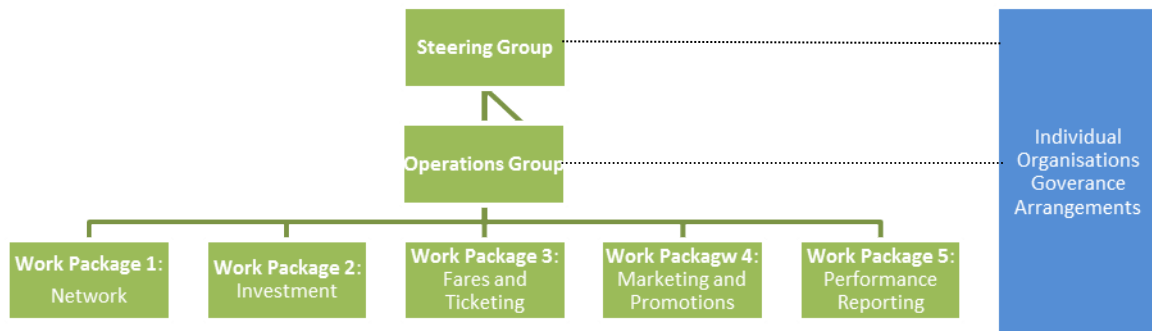
- To secure improvements in the quality of vehicles used for the provision of local services for the benefit of customers, with progressive improvements to bus specifications, including improving emissions standards to help reduce air pollution;
- Secure other bus quality and operational improvements to benefit users, including joint promotion of an agreed service pattern and performance (which rationalises the services offered), and simplification and inter-availability of ticketing to reduce customer confusion, delays and inconvenience;
- Ensure consultation before implementation of 'major' service changes (involving change of route or defined drop in frequency) and restricting minor changes to fixed periods during the year;
- Provide a bus network that:
 - Is co-ordinated for better delivery of a limited resource;
 - Minimises congestion and pollution by avoiding excess duplication;
 - Is efficient, being more sustainable to both operators and the taxpayer;
 - Has improved performance in terms of reliability and punctuality;
 - Is integrated, providing more access to services;
 - Provides a more stable bus network which in the long term helps to support economic growth and encourages modal shift to support patronage growth;
 - Allows reinvestment to improve access or reduce fares.
- Ensure fare increases are reasonable and limited to once per year for each fare;

- Deliver BMBC and SYPTE investment in highway measures;
- Agree targets, data sharing and performance monitoring;
- Agree and deliver the principle of 'save resource'. Saved hours/miles/peak vehicle requirement (PVR) from service changes will be reinvested elsewhere in the network or in some other way to benefit customers;
- Agree protocols on operational matters such as breakdowns and on-road driver behaviour;
- The establishment of a Joint Marketing Plan.

5. Governance

- 5.1 The bus partnership is voluntary but each party agrees to fully co-operate with each other in the spirit of collaboration to achieve the objectives of the Partnership. Each party is accountable to its own governance arrangements.

The Bus Partnership governance structure is as follows:



5.2 Steering Group

- 5.3 Each party will nominate an individual within its organisation to represent it on the Steering Group. The group will meet quarterly and its principle roles will be:

- To oversee the work of the operations group;
- To give strategic direction to ensure alignment of the outputs to objectives;
- Approval of changes to VBA's
- Accountability for the performance of, and the future development of the Partnership.

This group will be formed once the full Bus Partnership is approved in early 2017.

5.4 Operations Group

5.5 Each party nominates an individual within its organisation to represent it on the Operations Group who have responsibility for day to day contact within the other parties in connection with the VBA. The operations group meets monthly.

5.6 The principle roles of the Operations Group include:

- Reporting to the Steering Group on activities, outcomes and performance;
- Set targets annually for Key Performance Indicators KPI's;
- Monitor performance against KPI's;
- Provide advice to the Steering Group, to help it develop a strategic direction;
- Oversee the work of the Work Package Outputs in delivering objectives.

5.7 The Work Package Group

5.8 Each party has representation on each of the 5 Work Package Groups. Each Group nominates a lead for each Partnership whose primary responsibility is to co-ordinate and report on the work of the group between all parties.

The five Work Package Groups are:

- **WP1 – Network and Services:** This is the agreed Bus Network and frequency of services. The agreement of the network provides greater stability and requires bus operators to agree any changes prior to implementation whereas they can currently make changes without agreement.
- **WP2 Investment Programme:** This provides a structured approach for developing, implementing and monitoring improved highways network management and bus operating environments - such that overall bus speeds and the overall passenger environment are improved.
- **WP3 – Fares & Ticketing:** The need for affordable, simple and easy to understand ticketing arrangements that offer value for money will be recognised with the need to continually assess the demand for changes to existing arrangements.
- **WP4 – Marketing & Promotions:** commitment to information and marketing in relation to the Bus Partnership which will include promotion of the scheme and ticketing options. It will provide additional support to communicate service changes to those areas most affected by the changes. The recent consultation event was carried out through this work package.
- **WP5 – Performance Reporting:** Will cover analysis on performance and will be linked to Key Performance Indicators including passenger growth targets, fleet improvements, journey times and customer satisfaction.

The principal roles of the Work Package Groups are:

- Make recommendations to the Operations Group
- Co-ordinate activities to deliver objectives and to meet targets
- Report to the Operations Group on activities, outcomes and performance.

- 5.9 In line with the other VBA's in South Yorkshire, the Transport Users Group will continue to allow members of the public to meet with representatives of the SYPTE, BMBC and bus operators to allow them to raise any issues and concerns they may have. At the South Yorkshire level, the South Yorkshire Transport User Advisory Group (SYTUAG) meets quarterly. This group supports activities aimed at improving public transport in each local authority. It champions the interests of passengers and independently scrutinises transport policies and priorities.
- 5.10 The Member Liaison Group will also continue at a local level to allow Council members to engage with the Bus Partnership once it starts in early 2017.
- 5.11 In addition to the meetings mentioned in 5.9 and 5.10, the Bus Partnership will consider any petition received from the public, which will be referred through from Cabinet under the normal procedure. Any petition with over 1500 signatures will trigger a meeting to allow key issues and concerns to be raised and discussed with members of the Bus Partnership. This meeting will be chaired by the cabinet spokesperson for Place.

6. BARNSELY BUS SERVICE NETWORK REVIEW

- 6.1 In March 2015 the Sheffield City Region's Devolution Transport Working Group asked SYPTE to undertake a program of network reviews to deliver the bus element of Sheffield City Region's Agreement on Devolution.
- 6.2 Under this agreement, the Sheffield City Region (SCR) and central Government agreed to deliver a more sustainable , integrated and affordable network. This ambition included delivering an optimised network which minimised bus congestion and pollution, integrated with other public transport modes and designed around people's travel patterns.
- 6.3 On the 7th November 2016 SYPTE will seek approval from Transport Committee to support the proposed changes to bus services in the Barnsley area following a review of the bus network.
- 6.4 The bus network review was undertaken by the following organisations which make up over 90% of the registered local bus service mileage operated in the Barnsley area:
- BMBC;
 - Globe Coaches;
 - Stagecoach Yorkshire;
 - SYPTE
 - TM Travel;
 - Waterson's

The bus network is a mixture of commercial and tendered services.

- 6.5 The collapse of Tates travel in February 2016 which had operated largely in the Barnsley area necessitated the emergency re-tender of some contracts and procurement of some services which had previously been contracts commercially. This contributed significantly to an overspend on the SYPTE's

tendered service budget amounting to approx. £235k per annum; consequently, as part of the network review, SYPTE was obliged to rationalise these tendered services, primarily in the Penistone area, in consideration of tendered services criteria, the budget available, value for money and provision of services appropriate to level of use.

6.6 **Bus Network Review Consultation**

6.7 To undertake the Bus Network Review a public consultation was organised and financed by South Yorkshire Passenger Transport Executive (SYPTE). This took place from the 13th June to the 31st July 2016 and introduced the proposed bus network to members of the public and illustrated any planned changes to the existing network in their local area.

The aims and objectives of the public consultation were as follows:

- To allow the residents of Barnsley to have their say on the proposed network changes;
- To develop bus services throughout Barnsley and the surrounding areas for the benefit of the public;
- To offer high quality, reliable and accessible services;
- To provide value for money fares;
- To determine public perception of the current problems and experiences when travelling by bus in Barnsley;
- To capture public perception of the proposal and build and maintain dialogue with communities, businesses and commuters.

Public consultation events were also set up which enabled members of the public to speak to representatives of SYPTE, BMBC and bus operators, to have their questions and concerns answered. These were held at Barnsley Central Library, the Transport Interchange and also at the public Libraries in each of the principle towns. Originally, 12 consultation events were held of which the average attendance was around 10 people. The exception to this was the Penistone event on the 7th July when around 70 people attended. Subsequently a further consultation event was held for the Penistone area on 21st July.

The consultation used a range of specific techniques to engage with MP's, local elected members, parish councillors, stakeholders, bus operator staff (including bus drivers), and members of the public. It also used a series of methods to ensure outreach, engagement and provide contact for anyone requiring further information or assistance in completing the questionnaire.

6.8 Methodology included:

- Drop in sessions in the town centre and interchange and in each of the principle towns where changes might have a detrimental effect on some users;
- Paper copies of consultation were made available at customer service desks, council buildings and libraries;

- Posters on buses;
- Real time screens promoting the surveys throughout the consultation;
- TSY customer newsletter;
- SYPTE CRM system;
- Letter to stakeholder groups;
- Media Releases;
- Social Media posts promoted to encourage participation.

- 6.9 Respondents were able to respond either online or via paper format for those without access to the internet. The online consultation was hosted on the SYPTE website with links from the Travel South Yorkshire and partner websites. The public consultation resulted in a total of 1162 responses being received.
- 6.10 As well as the public consultation itself, a members drop-in session was held on the 25th May for councillors, parish councillors and MP's to talk through the consultation and discuss individual routes. Barnsley Transport User Groups were also set up where members of the public could attend meetings to raise concerns directly to members. The first meeting was held on the 25th May with a further meeting on the 12th September.
- 6.11 Parish Council discussions, together with Ward councillors and invited MP's took place on the 11th July and 18th August at Thurogland Village Hall.
- 6.12 Marketing and publicity was co-ordinated between BMBC, SYPTE and bus operators with a brief to design publicity material and also to liaise with press briefings and marketing. This has been ongoing before and throughout the consultation process and marketing of the partnership will continue throughout the lifetime of the scheme.
- 6.13 Following the public consultation a 242 signatory petition was received from the South Yorkshire Freedom Riders on the 29th July 2016. This petition was presented at cabinet on the 24th August 2016, following which it was formally handed to the SYPTE to resolve.

7. Summary of Proposed Changes

- 7.1 The proposed changes to the network that have been detailed in Appendix D have been developed in consideration of the following:
- The consultation process – section 6.6 of this report and Appendix B;
 - Compliance with competition law;
 - The consultation responses detailed in Appendices B and C;
 - The Equality Impact Assessment – Appendix E

7.2 Appendix B

Appendix B: *Barnsley Bus Partnership Consultation – Topline Summary Report* provides an analysis of the responses to the consultation on the original proposals put to the public in mid-June. It details the issues and changes that raised the most concerns. The main analysis of the consultation is set out in section 3 with service specific analysis covered from section 3.8.1 onwards.

7.3 Appendix C

Appendix C matches the comments against original proposals, and describes the resulting changes to the plans. It shows the key consultation responses and the key areas of concern raised along with the actions proposed by SYPTTE and bus operators to mitigate these concerns.

Not all the issues raised have had mitigation but an explanation as to why has been provided and includes issues explanations such as funding issues or lack of demand at the present time.

7.4 Appendix D

Appendix D details the **final proposed changes**, the reasons why, and the resulting impacts. It details the final changes which will occur in all the different wards and key areas of Barnsley and also key services such as doctors and schools.

7.5 Appendix E

Appendix E is an Equality Impact Assessment describing potential impacts resulting from implementation of the final proposed network.

7.6 **Positive Impacts of the changes to bus services**

7.7 Implementation of the revised network aims to deliver the Devolutions Deal's aim to provide a more sustainable, integrated and affordable network by having more:

- Co-ordinated services, for better delivery of limited resource:
 - Revised contracted services in the Penistone East and West Wards with services coordinated between Penistone and Thurgoland to maximise service availability.
 - Rerouting of service 92 between Barnsley and Dodworth to provide a coordinated 10 minute service with the 20/21 and 22.
 - Introduction of a daytime service 67a, partially replacing tender journey of the 7/7a and 8/8a, and coordinated with service 67 to provide half hourly services along common sections.
 - Maintain coordination of services along key corridors including Pontefract Road, Wombwell, Royston and Barnsley Hospital.
- Efficient sustainable services for both Operators and the taxpayer:
 - Rationalisation of tendered services in the Penistone East and West wards in consideration of the tendered service criteria, the budget available, value for money, and provision of service appropriate to the level of use;
 - Commercial routes introduced partially replacing current funded services with the use of reduced levels of funding to pay for additional mileage rather than standalone services.

- Reallocation of funded services resource elsewhere on the network by introducing interchange at key locations onto high frequency routes e.g. service 29 at Chapeltown connecting service 1/1a every 6 minutes and service 203 at Wombwell connecting with 7/8 minute coordinated corridor.
- Integrated services, providing access to other services:
 - Coordination of timetables to allow easy interchange between different services at key interchange points such as Barnsley town centre, Hoyland and Wombwell.
- Stable network that will support economic growth:
 - The agreed network will be less prone to further shrinkage, being more efficient and economically viable;
 - Introduction of the partnership will enable greater consultation on change and network development.
- Encourages modal shift to support patronage growth:
 - Stable network with continually improving performance. Discussions are ongoing to introduce a reduced cost ticket for any bus operator to match the offer available in the other three districts of South Yorkshire;
- Reinvestment to improve access or reduce fares:
 - The Network proposals have enabled Operators to offer an attractively priced Barnsley Connect ticket, subject to approval at Travelmaster Board.

7.8 Negative Impacts of changes to bus network

- 7.9 Some passengers losing direct links to some destinations would be required to interchange. However, waiting times are generally reasonably short, and in most cases shelters and seating are available to provide comfort when waiting. 41.2% of all respondents were aged 65 or over, and 23.4% of all respondents considered themselves to have mobility issues.
- 7.10 For those that are required to pay fares, multi journey ticket options will reduce the impact but it is understood that there is likely to be a financial disbenefit.
- 7.11 The consultation did raise a number of issues of how well we have engaged with certain segments of the population. Page 3 – section 3.2 of the Appendix B shows that the largest group of respondents were from the 65-74 age group at 24.10%. If you combine all the respondents from 55-59 to 75+ age groups the combined number of respondents comes to 686 or 59%. Section 3.6 of Appendix B also mentions 429 or 36.9% of respondents consider themselves to have a disability. These are represented highest amongst the 65-74 and 75+ age group. However, only 161 or 13.86% of responses were received from those aged 34 years and under.

The partnership will make plans to better engage all segments of the Barnsley population through better marketing and engagement. Publicity releases will be

made every 6-8 weeks and publicity will be provided in the Better Barnsley shop in the town centre. Once the full partnership is approved in early 2017 a marketing budget will be provided which will help with ongoing publicity.

8. Next Steps

- 8.1 The final decision on the proposed bus network will be held at Transport Committee on the 7th November 2016.
- 8.2 Once approval has been given further work will be made in relation to ticketing, timetables and marketing.
- 8.3 As part of BMBC's internal processes, this report is scheduled to go to Scrutiny on the 6th December 2016.
- 8.4 Further cabinet approval will be required to enable ratification of VBA sign off to the completed Barnsley Bus Partnership with an anticipated start in late January 2017.

9. Consideration of Alternative Approaches

- 9.1 Cabinet has already approved signing the 'Barnsley Bus Partnership – Heads of Terms' and had been informed of the further work required relating to the Bus Network review.
- 9.2 Not approving this will compromise the level of buy-in and support that BMBC can expect to deliver its ambitions from bus operators and SYPTE, which in turn could compromise the borough's economic and transport aspirations with subsequent knock-on effects to social exclusion, connectivity and congestion. The directly elected Mayor of the Sheffield City Region Combined Authority will by 2017 exercise functions, devolved to the Combined Authority, for the franchising of bus services in the area of the Combined Authority, subject to local consultation. This will be enabled through a specific Buses Bill, which will provide for the necessary functions to be devolved. Prior to these arrangements being enabled however it will be necessary to have the partnership in place to meet bus aspirations at least in the short term. Also by not signing up to the Barnsley Bus Partnership will mean Barnsley will be the only district in South Yorkshire with no VBA. **This course of action is not recommended.**
- 9.3 The VBA is a key enabler as identified within the SCR Devolution Deal. Being within a deregulated market, there is no other efficient method to influence the bus network and help obtain our aspirations within the Transport Strategy. **This course of action is not recommended**

10. Implications for Local People / Service Users

- 10.1 The implementation of the Barnsley Bus Partnership will bring changes to the bus network which will benefit the local population through improved bus services, network stability and new buses, as well as new highway measures, which will improve bus journey times, aiding reliability.

11. Financial Implications

- 11.1 Consultations on the financial implications have taken place with representatives of the Director of Finance, Assets & IT. These are detailed in Appendix A.
- 11.2 There are no immediate financial implications associated with this report. However, the implication of adopting the BBP is there will be some financial obligations on Barnsley MBC in the future, once the full version is initiated.
- 11.3 These financial obligations will consist of the provision of highway measures to ease congestion and improve bus journey times. This will be funded from a combination of existing highways capital funding, external funding from SYPTE and other external parties. There is no additional internal funding available to meet these measures.
- 11.4 In addition, when the full BBP is adopted, a marketing budget will be required, estimated at £20,000 per year, and this will be funded from within existing Highways revenue budgets, as no additional funding is available to cover this cost.

12. Employee Implications

- 12.1 There are no significant employee implications associated with this report, however there will be some implications in terms of workload for Design and Transportation staff within Highways, Engineering and Transportation Service once the full partnership is adopted.

13. Communication implications

- 13.1 There are no communication implications in terms of this report.

14. Consultations

- 14.1 A full public consultation has already taken place detailing the proposed bus network review which was fully organised and financed by SYPTE.

15. Corporate Plan

- 15.1 The Barnsley Bus Partnership will help achieve the ambitions of the Corporate Plan by providing a bus service which contributes to a thriving and vibrant economy, helping people to achieve their potential and building strong and resilient communities.

16. Tackling Health Inequalities

- 16.1 A full equality impact assessment has been conducted and is included in Appendix E. The Barnsley Bus Partnership will improve bus services and access to health facilities, ensuring viable access for non-vehicle owners. SYPTE and bus operators working under the SQPS have already initiated many schemes, such as low floor buses and raised curbs across the existing bus network. This new bus partnership will maintain these schemes and also look to further improve and explore measures which help to make the bus network accessible for all.

16.2 The partnership will see an upgrade of the bus fleet to include more Euro 6 buses to tackle poor air quality and associated impacts on health. Stagecoach is already a member of the Eco Stars Fleet Recognition Scheme.

17. Climate Change and Sustainable Energy Act 2006

17.1 The implementation of the Barnsley Bus Partnership will improve bus journey times and reliability, which will encourage modal shift from the private motor car to buses. This will mean fewer vehicles on the road and lower carbon emissions which will help to tackle climate change.

18. Risk Management Issues

18.1 There is a risk that once the full version is adopted, there will be a shortage of funding for investment in infrastructure schemes. For bus operators, this may result in poor reciprocal response for investment in new and more environmentally friendly buses, which will impact on achieving the partnership's objectives.

18.2 There is also the risk that the targets set within the Barnsley Bus Partnership are too high, deterring many smaller operators from entering into the final partnership, resulting in a single operator partnership.

18.3 Furthermore, it is envisaged that the scheme will contribute to the mitigation of a number of broader risks, including:

- Improving the poor connectivity within the borough / region;
- Reducing Social Exclusion;
- Reducing Environmental damage and pollution;
- Improving access to education, employment and services;
- Increasing economic productivity; and,
- Increasing urban mobility.

19. Tackling Impact of Poverty

19.1 Appendix E sets out the inequalities faced by people who are financially disadvantaged. It sets out the negative financial impacts on younger and older people, including the potential effective impacts on access to employment for young people who are unwilling or unable to drive or who cannot afford a car, and older groups who rely on buses. It is reasonable to assume that both these groups are likely to experience the impact of poverty due to their limited incomes many be likely to be negatively affected by the proposal. In response, Appendix E confirms the proposal allows reinvestment to improve access or reduce fares for those on low incomes. This will be looked at as an ongoing basis but will be a tool to be used to tackle poverty relating to the bus changes.

20. Health, Safety and Emergency resilience Issues

20.1 There are no health and safety implications

21. Compatibility with the European Convention on Human Rights

21.1 No issues

22. Promoting Equality, Diversity and Social Inclusion

22.1 Please see section 4 – Proposal and Justification for details.

22.2 An Equality Impact Assessment has been included in Appendix E.

23. Reduction of Crime and Disorder

23.1 No issues

24. Conservation of Biodiversity

24.1 No Issues

Glossary

Barnsley Metropolitan Borough Council - BMBC

Voluntary Bus Agreement – VBA

Barnsley Bus Partnership - BBP

South Yorkshire Passenger Transport Executive – SYPTE

Statutory Bus Quality Scheme (SBQS)

List of Appendices

Appendix A - Financial Implications

Appendix B - Consultation Topline Summary Report

Appendix C - Recommended Network Amendments following consultation feedback

Appendix D - Final Summary of Changes

Appendix E - Equality Impact Assessment

Officer Contact Mark Anderson **Telephone No** 01226 772214 **Date** 3rd November
2016

Report of the Executive Director Place

FINANCIAL IMPLICATIONS

The Barnsley Bus Partnership – Update

i) Capital Expenditure	<u>2016/17</u>	<u>2017/18</u>	<u>2018/19</u>
	£	£	£
none in this report			
	0	0	0

To be financed from:

ii) Revenue Effects	<u>2016/17</u>	<u>2017/18</u>	<u>2018/19</u>
	£	£	£
Marketing budget	20,000	20,000	20,000
	20,000	20,000	20,000

To be financed from:

To be contained within the resources allocated to the Place Directorate

Impact on Medium Term Financial Strategy

Not applicable in this report

Agreed by:  On behalf of the Director-Finance, Assets & IT

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BARNSELY BUS PARTNERSHIP NETWORK REVIEW CONSULTATION

August, 2016

**Report created by:
Data Services Team**

Data formatting: Gemma Smithurst & Dori Krasznai

Analysis: Dori Krasznai & Sam Ghebremicael

Context: Dori Krasznai & Janice Ellams

*Topline summary
report*

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1. Executive summary

This report details the topline findings of the Barnsley Bus Partnership Consultation that took part between 13 June and 31 July 2016. The consultation introduced the proposal to members of the public and illustrated the planned changes to the existing network in their local area. Feedback was then gathered through consultation questionnaires and other methods. A total of 1162 responses were received via survey forms, 609 (52.4%) web based and 553 (47.6) paper based.

Consultation aims and objectives:

- To allow the residents of Barnsley to have their say on the proposed network changes
- To develop bus services throughout Barnsley and the surrounding areas for the benefit of the public
- To offer high quality, reliable and accessible services
- To provide value for money fares
- To determine public perception of the current problems and experiences when travelling by bus in Barnsley
- To capture public perception of the proposal and build and maintain dialogue with local communities, businesses and commuters

1.1 Key highlights

- 41.2% (479) of all respondents are aged 65 or over. 45-54 is the second biggest age group after those aged 65 and over.
- Over 90% of respondents are currently users of the bus and primarily more frequent buses would encourage them to travel more often. 44% (583) of respondents travel on the bus 5 or more times a week which is closely followed by those who travel 3-4 and 1-2 days a week.
- Shopping and hospital/doctors are the main journey purposes overall and when looking at service specific results as well and this is mostly driven by age groups 65-74 and 75+.
- 51.5% (649) of respondents use an elderly/disabled pass while 36.9% (429) consider themselves disabled. 23.4% (272) of all disabled respondents have mobility issues which are the most frequently chosen type of disability.
- Those who purchase tickets valid for one bus operator only mainly do so because of the availability of a single operator on the route they use. This result was to be expected as Stagecoach has the largest share of the network in the Barnsley area. More people would be willing to pay a 5% increase for a multi-operator ticket than 10% however most would not be willing to pay more at all.
- The general opinion is that the proposed changes will negatively impact on people's journeys, making them *much* worse. Combined with those who think it will make their journeys only a bit worse this opinion represents 66.8% (1118) of all responses.
- A large number of comments were received via email, questionnaires and letters. Two main problematic areas have been identified through analysis; Penistone & surrounding villages and Ward Green & surrounding areas.
- An extensive selection of background papers is available which offers additional valuable information about the consultation.

2. Methodology

The consultation ran for 7 weeks between the 13th of June and 31st of July 2016. Responses received after the closing date have been included in the analysis.

Consultation materials (website, maps) introduced the proposed new network for Barnsley and showed the bus routes in the area as well as a guide as to what the nature of the change is for each specific service.

The consultation used a range of specific techniques to engage with MPs, local elected members, parish councilors, stakeholders, bus operator staff (including bus drivers), and members of the public. It also used a series of methods to ensure outreach, engagement and provide contact for anyone requiring further information or assistance in completing the questionnaire.

3. Analysis

3.1 Rate of response

A total of 1162 consultation responses were received, 52.4% (609) online and 47.6% (553) on paper based questionnaire forms. Additionally some comments were received via direct emails to SYPTE.

94% (1098) of responses were submitted by individuals/households/families while 3% (39) were from groups, 2% (25) didn't state.

3.2 Demographics

Age group 65-74 has the highest number of respondents compared to the rest of the age groups and when combined with those aged 75+ they represent 41.2% (479) of all respondents. There are 15% more female respondents than male.

Gender	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL
Female	2	52	36	74	101	41	72	142	133	653
Male	1	38	33	57	69	32	58	129	54	471
Not Stated*	3	2		2	6		4	9	12	38
TOTAL	6	92	69	133	176	73	134	280	199	1,162
	0.52%	7.92%	5.94%	11.45%	15.15%	6.28%	11.53%	24.10%	17.13%	

The majority of respondents, 90.7%, live in the S36, S75, S70, S35, S71, S73, S74, S63 and S72 areas, 2.4% (28) however didn't state their postcode*. Home postcodes have been mapped out and can be found in the background papers. For the full list of postcodes submitted please refer to the background papers.

36.9% (429) of all respondents consider themselves to have a disability. The most frequently chosen type of disability is mobility issues which are followed by hearing, hidden disabilities and visual incapacity. For more details on this please see section 3.6 Disabled respondents.

Postcode Area	Respondents
S36	215 18.5%
S75	195 16.8%
S70	185 15.9%
S35	182 15.7%
S71	112 9.6%
S73	50 4.3%
S74	41 3.5%
S63	41 3.5%
S72	33 2.8%
Not Stated	28 2.4%

*top 93%, list not complete

3.3 Bus travel

Over 90% of respondents stated they currently use the bus. The biggest proportionate difference in user vs non-user is within those aged 16-24 where only 1 respondent stated they did not use the bus. The highest number of non-users is from the age group 35-44 and the highest number of users are those aged 65-74.

Do you currently use the bus?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	%
Yes	4	89	63	113	160	68	117	258	178	1,050	90.4%
No	0	1	5	18	15	3	13	13	14	82	7.1%
Not Stated	2	2	1	2	1	2	4	9	7	30	2.6%
TOTAL	6	92	69	133	176	73	134	280	199	1,162	100.0%

Respondents were asked what would encourage them to use the bus more frequently (multiple choices allowed). 40.8% (724) of responses stated more frequent buses, which is the most frequently chosen option overall and within individual age groups as well. Most of these respondents live in the S36, S70, S35, S75, S71, S73, S63, S74 and S72 areas (in descending order of number of respondents from 144 to 22) and travel by services 23/23A/24, 92, 29, 8/8A, 25, 66, 34, 300, 7/7A, 21, 203, 7, 22X and 57. Better connections and more reliable services were chosen nearly the same number of times while the least frequently chosen response was cheaper tickets.

What would encourage you to use the bus more?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	%
More frequent buses	2	66	45	93	122	53	70	164	109	724	40.8%
Cheaper tickets	0	44	20	30	42	15	17	7	3	178	10.0%
Better connections	0	34	40	53	80	20	50	100	56	433	24.4%
More reliable service	0	51	29	51	73	26	52	100	57	439	24.7%
TOTAL	2	195	134	227	317	114	189	371	225	1,774	100%

Those who use the bus were asked to list which services they use the most often. It should be noted that responses were given in a free text format therefore analysis was a manual exercise. Where more than 1 service number was mentioned by one respondent each number was counted once but similar routes were combined for better analysis.

The services used by most respondents are 23/23A, 24, 29/28/28A/X28/30, 92, 21/21A, 7/7A, 57 / 59, 8/8A, 67/67A and 25*. A total of 86 services or service groups were submitted by respondents. For the full list of services mentioned see the background papers. In case of disabled respondents most used services are quite similar with the addition of service 203 and 21. *lists not complete

Service	Frequency		Service (disabled only)	Frequency	
23/23a	384	15.7%	23	51	12.7%
24	253	10.4%	92	31	7.7%
29/28/28A/X28/30	152	6.2%	8/8a	24	6.0%
92	145	5.9%	24	20	5.0%
21/21A	106	4.3%	7/7a	14	3.5%
7/7A	98	4.0%	7&7a	14	3.5%
57 / 59	94	3.9%	203	12	3.0%
8/8A	92	3.8%	21	12	3.0%
67/67A	81	3.3%	66	11	2.7%
25	77	3.2%	20	9	2.2%
66	70	2.9%	23A	9	2.2%
20	69	2.8%	34	9	2.2%
34/34A	61	2.5%	7	9	2.2%
300	50	2.0%	25	7	1.7%

In addition respondents had the option to comment on up to 3 services of their choice. For each service chosen they also could state how often they used it, what purposes they travelled for and how the proposed changes would impact on their bus journey on this specific route/service.

When analyzing specific routes answers are split by service number; however for the purposes of summarizing in the below tables all responses have been combined (also include answers submitted without a specific service number).

Generally speaking most of those respondents who stated their frequency of travel use the bus on a weekly basis, 44% (583) of which as often as 5 times a week, 30% (396) 3-4 times a week and 26% (329) 1-2 days a week. About 13% of all responses indicate less frequent use; once a fortnight or less.

How often would you use this service?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	%
5 or more times a week	1	63	56	77	110	42	68	90	76	583	34.8%
3-4 days a week	2	26	18	32	50	33	48	109	78	396	22.3%
1-2 days a week	0	19	11	41	42	19	35	102	60	329	18.5%
Once a fortnight	0	2	6	16	12	10	7	33	14	100	5.6%
Once a month	0	3	1	7	10	5	9	16	3	54	3.0%
Less than once a month	0	3	5	15	17	6	13	17	6	82	4.6%
Not stated	3	5	7	12	13	4	13	44	29	130	7.3%
TOTAL	6	121	104	200	254	119	193	411	266	1,674	100%

In terms of journey purpose shopping has proven to be the most popular choice of respondents when looking at combined results for all services commented on with 22.2% (1004) of all responses received.

This is followed by hospital/doctors, social/leisure and visiting friends and relatives (the latter two receiving nearly the same amount of responses), personal business, work, education and other - in descending order. It should be noted that this question allowed multiple choices.

When looking at individual responses (if more than 1 service used for any purpose they are only counted once) the order is: shopping, hospital/doctors, visiting friends and relatives, social/leisure, personal business, work, education and other.

For what journey purposes would you use this service?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	%
Work	2	78	55	88	90	39	44	24	5	425	9.4%
Education	1	69	42	64	68	25	39	27	7	342	7.6%
Shopping	2	53	59	61	115	68	131	302	213	1,004	22.2%
Visiting friends/relatives	3	51	51	56	92	37	83	189	123	685	15.1%
Personal business	3	25	23	34	56	36	71	188	118	554	12.2%
Hospital/Doctors	2	28	45	41	89	49	95	233	183	765	16.9%
Social/Leisure	3	57	43	63	87	41	91	204	99	688	15.2%
Other		1	3	2	10	5	4	28	12	65	1.4%
TOTAL	16	362	321	409	607	300	558	1,195	760	4,528	

51.5% (649) of respondents use an elderly/disabled pass this is followed by 24.6% (310) who purchase a ticket that's valid on one bus operator only. Only about 8% (105) of respondents buy a ticket that's valid on

any bus operator while multi modal tickets are the least popular choice with 6.5% (82). It should be noted that Stagecoach have the largest share of network in the area.

Which tickets do you currently use?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	
Elderly/Disabled	1	8	17	26	51	19	75	264	188	649	51.5%
Valid on one bus operator	2	40	35	70	68	40	39	12	4	310	24.6%
Valid on any bus operator	1	22	5	21	30	7	10	4	5	105	8.3%
Multi modal		10	11	14	24	5	9	6	3	82	6.5%
Other	2	25	4	23	25	9	13	7	5	113	9.0%
Not Stated	0	0	0	0	0	0	0	0	0	0	0.0%
TOTAL	6	105	72	154	198	80	146	293	205	1,259	

Slightly less than half of all respondents, 42.5% (494) travel frequently using different bus operators, somewhat fewer do so infrequently while about 16% (182) never use different bus operators. It should be noted that Stagecoach are the dominant operator in Barnsley.

How often do you travel using different bus operators?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	
Frequently	1	37	30	52	88	31	61	123	71	494	42.5%
Infrequently		42	20	53	55	28	45	99	57	399	34.3%
Never	1	11	15	22	21	10	24	36	42	182	15.7%
Not Stated	4	2	4	6	12	4	4	22	29	87	7.5%
TOTAL	6	92	69	133	176	73	134	280	199	1,162	

Those who stated they used a ticket valid only on 1 bus operator were also asked why they choose to purchase this type of ticket, the answer to that in the vast majority of cases being that only one operator worked on the routes used. A few respondents stated they had a choice of operators but they decided based on performance, while some get better value for money when purchasing these tickets.

Why do you buy a ticket valid for a single bus operator?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	
Only one operator works the route(s) I use	2	30	29	51	42	34	30	5		223	71.9%
I have a choice of operators but choose a ticket based on services or performance		2	4	2	10	1	1		1	21	6.8%
Better value for money		3	2	5	6	2	1			19	6.1%
Not Stated		5		12	10	3	7	7	3	47	15.2%
TOTAL	2	40	35	70	68	40	39	12	4	310	

The majority of respondents who use a single operator ticket would not be willing to pay for a multi-operator one (valid on all buses). More of those who would be willing to pay an increased fee would agree to a 5% growth than to a 10% rise in price.

How much more would you be willing to pay for a multi operator ticket valid on all buses?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	
Nothing	2	22	19	31	33	18	17	2	1	145	46.8%
5% more		9	13	15	18	13	9	4		81	26.1%
10% more		5	3	11	7	5	6	1	1	39	12.6%
Not Stated		4		13	10	4	7	5	2	45	14.5%
TOTAL	2	40	35	70	68	40	39	12	4	310	

3.4 Impact of changes

59.7% (1000) of all responses received stated the proposed changes would negatively impact on bus journeys, making them *much* worse. An additional 7% (118) stated the changes would make journeys a *bit* worse. This means the majority of responses, 66.8% (1118), have stated an expected negative impact on future journeys. “Make much worse” is an especially strong opinion amongst those aged 65-75, 75+, 45-55, 35-44 and 60-64, but this option received the most responses in all age groups overall. 12.5% (210) said the changes will make no positive or negative impact on bus journeys, and about 10% think they will improve them.

How will the proposed changes affect your journey?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	
Improve a lot		17	9	6	25	10	10	24	21	122	7.3%
Improve a little		10	6	4	5	2	2	7	4	40	2.4%
Neither	1	25	17	32	37	17	22	41	18	210	12.5%
Make a bit worse		11	5	9	19	4	17	38	15	118	7.0%
Make much worse	3	55	61	134	143	82	117	244	161	1,000	59.7%
Not stated	2	3	6	15	25	4	25	57	47	184	11.0%
TOTAL	6	121	104	200	254	119	193	411	266	1,674	

3.5 Promotion

When asked how respondents heard about the consultation most respondents selected “Other” and submitted separate comments which include “word of mouth”, “parish council”, “friend” and “Barnsley Chronicle”. For a full list of comments submitted see the background papers.

Other is followed by Poster at Interchange, Poster or map on bus, direct email from SYPTE and Map at Customer Service Desk at Interchange.

How did you hear about this consultation?	TOTAL	
Direct email from SYPTE	125	9.5%
Poster in Interchange	177	13.5%
Drop-in event	60	4.6%
Map at CS Desk at Inerchange	105	8.0%
Poster or map on bus	170	12.9%
RTI screens at Interchange	13	1.0%
RTI screens at bus stop	23	1.8%
Media	92	7.0%
Facebook	94	7.2%
Twitter	26	2.0%
Online	72	5.5%
Other	357	27.2%
TOTAL	1,314	

3.6 Disabled respondents

A total of 429 respondents stated they considered themselves to have a disability; this is 36.9% of all respondents. They are represented with the highest numbers in the age groups 65-74 and 75+.

Disabled?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+
Yes	2 33.3%	15 16.3%	23 33.3%	38 28.6%	68 38.6%	28 38.4%	51 38.1%	90 32.1%	114 57.3%
No	4 66.7%	77 83.7%	46 66.7%	95 71.4%	108 61.4%	45 61.6%	83 61.9%	190 67.9%	85 42.7%
TOTAL	6	92	69	133	176	73	134	280	199

Mobility issues are chosen by 23.4% (272) of all disabled respondents as their type of disability (51% of whom are aged 65 or over), this is followed by 7.7% (89) for hearing, 6.6% (77) for hidden, 5.6% (67) for visual and 5% (58) for mental health. Most disabled respondents live in the S70, S75, S36, S35, S71, S74, S73, S63 and S72 areas*. 9 disabled respondents didn't state their postcode.

*list not complete

Disability Type	Respondents	
Mobility	272	23.4%
Hearing	89	7.7%
Hidden	77	6.6%
Visual	67	5.8%
Mental Health	58	5.0%
Prefer not to say	29	2.5%
Other	26	2.2%
Learning	21	1.8%
Speech/Language	7	0.6%
<i>All who ticked at least one of the above</i>	428	36.8%
TOTAL RESPONDENTS	1,162	

Postcode Area	Respondents	
S70	100	23.3%
S75	66	15.4%
S36	63	14.7%
S35	52	12.1%
S71	45	10.5%
S74	20	4.7%
S73	15	3.5%
S63	11	2.6%
S72	11	2.6%
<i>Not Stated</i>	9	2.1%

Most disabled respondents use the bus on a weekly basis, 16.1% (270) as often as 5 or more times a week. Only about 3.7% use the bus once a fortnight or less frequently. Age groups 45-54, 60-64 and 75+ represent the highest number of respondents within those who travel 5 or more times a week.

How often would you use this service?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	
5 or more times a week	0	12	27	32	52	20	46	34	47	270	40.7%
3-4 days a week	1	4	10	10	28	12	18	36	45	164	24.7%
1-2 days a week	0	6	3	12	16	7	7	33	33	117	17.6%
Once a fortnight	0	1	2	3	3	2	0	10	8	29	4.4%
Once a month	0	0	0	1	2	4	1	6	2	16	2.4%
Less than once a month	0	0	0	1	3	2	6	8	1	21	3.2%
Not stated	1	2	1	5	8	0	2	10	18	47	7.1%
TOTAL	2	25	43	64	112	47	80	137	154	664	

Shopping is the most frequently chosen journey purpose in case of disabled respondents as well; however this is very closely followed by hospital/doctors.

For what journey purposes would you use this service?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	
Work		7	19	24	32	5	25	8	4	124	6.3%
Education		14	28	32	38	17	30	11	6	176	8.9%
Shopping	1	7	30	22	50	25	60	113	123	431	21.9%
Visiting friends/relatives	2	6	27	21	42	16	47	74	69	304	15.5%
Personal business	2	4	12	15	26	13	32	74	65	243	12.4%
Hospital/Doctors	2	10	30	30	52	25	61	94	111	415	21.1%
Social/Leisure	2	6	23	18	32	20	33	64	48	246	12.5%
Other			1	1	5	3	1	13	4	28	1.4%
TOTAL	9	54	170	163	277	124	289	451	430	1,967	

Over 65% of respondents with disabilities stated the services they commented on would become much worse if the proposed new network was implemented.

How will the proposed changes affect your journey?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	
Improve a lot		4	3	2	10	5	5	10	13	52	7.8%
Improve a little		3	1		4		1		3	12	1.8%
Neither		4	4	8	15	3	6	8	13	61	9.2%
Make a bit worse		3			3		7	15	9	37	5.6%
Make much worse	2	10	35	50	66	39	57	89	87	435	65.5%
Not stated		1		4	14		4	15	29	67	10.1%
TOTAL	2	25	43	64	112	47	80	137	154	664	

3.7 Comments

PostcodeArea	No of comments	
S70	266	19.2%
S36	263	19.0%
S35	227	16.4%
S75	218	15.7%
S71	103	7.4%
S63	67	4.8%
Not Stated	52	3.7%

Each respondent had the opportunity to comment on up to 3 different services and as a result we have received 1387 free text comments via questionnaires. Most of these relate to a specific service, however many were submitted as a general comment or without specifying the service.

The majority* of comments were received from respondents who are residents of the S70, S35-36, S75, S71 and S63 postcode areas. *list not complete

Service	No. of comments	
23	138	9.9%
No service number provided	134	9.7%
24	94	6.8%
92	92	6.6%
29	78	5.6%
8/8A	50	3.6%
67	46	3.3%
7/7a	43	3.1%
25	38	2.7%
1	30	2.2%
23a	30	2.2%
300	28	2.0%
21	24	1.7%
7	23	1.7%
66	20	1.4%
34	20	1.4%
X19	17	1.2%
67/67A	16	1.2%
23/23a/24	16	1.2%
203	16	1.2%
20	15	1.1%
97	14	1.0%
8	14	1.0%
220	13	0.9%
265	12	0.9%
59	11	0.8%
23/23a	10	0.7%
222	10	0.7%
34/34A	10	0.7%

The services that produced the most comments match the list of services respondents stated they used the most often with an additional 134 comments which were submitted without a specific service number.

For a full list of number of comments per service number and most commented services map please see the background papers.

The two main issues that were identified from the consultation feedback are concerning:

- Changes/removal of buses serving the smaller settlements in the Penistone area including Crow Edge, Ingbirchworth, Carlecotes, Holmfirth, Stoksbridge, Crane Moor, Hood Green, Thurgoland, Dodworth and Higham amongst others
- Changes/removal of buses serving Ward Green, Pilley, Blacker Hill, Mount Vernon, Tankersley, Corton Wood, Cudworth, Darfield and Wombwell.

In addition services in Goldthorpe, Robin Hood Airport, Wakefield and Rotherham also received fairly high number of comments.

Some of the services that received comments were not part of this consultation. These will be addressed separately by

Transport Operators (Bus Services).

A number of comments have also been received via email through SYPTE Communications Team, which can be found in the background papers.

3.8 Service specific analysis

3.8.1. Penistone area

General overview

574 (49.4% of all) respondents commented on various proposals relating to this area. 41.6% (239) of them are aged 65 or over. Overall 30.3% (174) of these respondents live with a disability, 58% (102) of which is mobility related which on an overall level is 17.7% of all respondents who commented on the services detailed below.

Shopping, social/leisure, visiting doctors/hospitals and visiting friends and relatives are the main reasons why these respondents travel. In 75% of cases people think the proposed changes will make their journey on these services much worse. Combined with “make a bit worse” this comes up to 84%.

Summary of comments – service specific

Note that below is the summary for the most frequently commented services, for a full list of services see background papers

Proposal to remove service 23A/24 and to operate service 23 between Stocksbridge and Penistone only

- The village of Ingbirchworth has no own facilities (surgery, shops, place of worship, etc.). The withdrawal of 24 would leave the village isolated and without a public transport link.
- Removal of these services would also cut off villages such as Hood Green, Stainborough, Crane Moor.
- Northern College needs to be linked with the surrounding villages by a bus service; these changes would make it harder/impossible for students to attend and would have a severe impact on the mental health of learners with a disadvantaged background.
- The changes would make it harder/impossible for students to access Penistone Grammar School, 1 respondent said they'd have to change colleges and re-start their entire A-levels.
- The 23A is the only Sunday service available in Thurgoland. This is also the only service that connects Deepcar with Stocksbridge.
- Proposed new route of service 23 includes Mortimer Road that has several hazardous bends and isn't wide enough to accommodate bus and farm vehicles.

Service 92 to operate Barnsley – Dodworth – Higham – Cawthorne only

- Proposed route change will leave residents of Higham, Cawthorne, Gawber, Thurlstone and Millhouse Green with little if no public transport at all. It will cut off residents of Longley Street and offshoots.
- Thurgoland and Crane Moor will have no service.
- Penistone Grammar School will not be served by a bus.
- Re-routing of this service will leave sick and disabled residents of the area without bus access to the hospital.

Proposal to remove service 25

- Removal of this service would destroy links to Crow Edge, Carlecotes, Dunford Bridge, Holmfirth and Hood Green and make them completely isolated. For those without a car these areas will be inaccessible.
- Respondents think if the new, reliable service had been advertised more, the usage of service 25 would be much greater at the time of the consultation.
- Taxis are virtually non-existent in the Crow Edge area so without a bus service a visit to a supermarket, hospital, social visits will be impossible especially for pensioners.

Proposal to remove service 300

- Service 300 is considered an extremely reliable service and also the only one that connects directly with train services from Penistone.
- Together with the loss of service 25 and route change of 92 and the lack of Sunday and evening services Millhouse Green will be facing huge transportation issues.
- It is used by many elderly people who can't get to the main road to catch service 92 which is to be removed from the area. Towngate Hill is hard to walk up on for elderly with shopping and during the winter.
- This service is a vital link to shopping facilities.
- Taxis need to be booked days in advance so they don't provide a convenient alternative to bus travel.

No changes proposed for services 93/93A/95/95A/96/97A/97

- 97 used to go on Claycliffe Road & Huddersfield Road. These residents do not currently have a bus service. The route along Gawber Road and past the hospital is already well served by Stagecoach routes 93 and 95.

Service 29 to operate between Chapeltown and Penistone only

- Journeys to Sheffield will take much longer if passengers need to change in Chapeltown. The other option would be to take the 23/23A or 24 which are also to be cancelled/re-routed. Residents of Thurgoland will not be able to travel to Penistone. Those with mobility issues/other disabilities might not be able to make journeys where they need to change.
- The 29 is an important link to Northern General hospital which if re-routed will leave some areas without a public transport link therefore a connection to the hospital.
- Bus usage is very low at the time of consultation due to the unreliability of the recent operator so some respondents think it is unfair to consult and make any changes based on this situation.
- This will remove a direct and useful link between Penistone and villages such as Oxspring, Thurgolaw and Wartley and furthermore Sheffield.

Service 21 to be extended beyond Penistone to Millhouse Green, service 20 extended beyond Penistone to Culbley, no changes to service 21A/22

- The buses 20/21 leave Barnsley Interchange just minutes before the train from Leeds arrives at Barnsley station, leaving a nearly 30 minute wait for the bus.
- 21 is the only service that goes to Cubley. If the nearest services does not stop in Cubley, residents need to walk to Midhopestones along the narrow and winding part of Mortimer Road without a safe verge to get onto to avoid cars.
- Number 22 should run in the evenings as well, and not be taken off for school runs, as Dodworth children don't have a school bus to Horizon.

3.8.2. Ward Green and surrounding areas

General overview

Note that below is the summary for the most frequently commented services, for a full list of services and corresponding comments see background papers.

158 (13.6% of all) respondents commented on various proposals relating to this area. 36% (57) of them are aged 65 or over. Overall 62% (98) of these respondents live with a disability, 82% (80) of which is mobility related which on an overall level is 51% of all respondents who commented on the services detailed below.

Shopping, visiting doctors/hospitals, visiting friends and relatives, social/leisure and work are the main reasons why these respondents travel. In 71% of cases people think the proposed changes will make their journey on these services much worse. Combined with "make a bit worse" this comes up to 75%.

Summary of comments – service specific

Proposal to remove service 8/8A/8B

- Ward Green would be completely cut off without these services.
- The partial replacement 67A will cover a large area and will serve Hoyland and Wombwell before reaching other destinations, so will be full before it gets to Ward Green. In peak periods one bus will not be enough to cover all these areas.
- There are a vast number of elderly people/residents with mobility issues in the Ward Green bungalow estate who rely on these services.
- There was no drop in session available in the Ward Green area.

Proposal to remove service 7A and to operate service 7 in Blacker Hill only via Doncaster Road and Farm Road

- Residents who can't walk to High Street to catch the 67/67A will be housebound, as they won't have an alternative service to access. Will also have a profound effect on the old and disabled residents of Tankersley and Pilley.
- The unavailability of services in Pilley will isolate the village further and will not encourage people to purchase houses in the area that are planned to be built shortly.

- It will completely disconnect Mount Vernon road/ hospital from Blacker Hill in one journey and vice versa.
- There are kids in schools in Ward Green who live at Blacker Hill and kids in Worsbrough/Pilley who travel to Blacker Hill.

Proposal to increase frequency of 67A, no changes to 67

- 67a will not pass Worsbrough Health Centre for people living at Ward Green and large bungalow estate off Vernon road.
- Respondents are not sure if the 67A will include Corton Wood.
- If the 8/8A are removed the frequency of 67 should be increased as it will be impossible to keep appointments with the current running times.

Proposal to remove service 34A and to amend route of 34 to operate Shafton Green only and not via Carlton Industrial Estate

- The cancellation of 34A would hit pensioners and residents with limited mobility and vision as it would make them take an extra connection and walk longer distances. Those living on Laithes lane would only have service 1 operated by Arriva once an hour.
- There wouldn't be a bus serving Rotherham Road and Wellgate estates where many residents are elderly. It would mean a 20 minute walk to the nearest bus stop. Also there wouldn't be services on a Sunday which would isolate elderly people.

No changes to services 6/66/N66/265

- A new business in the area commented that it would greatly benefit their staff and future recruitment if service 66 ran from Hoyland Road and Hawshaw Lane onto Ryecroft Bank and into Hoyland in the opposite direction from the current route.
- The last 265 from Sheffield only goes as far as Hoyland Common, it doesn't go to Barnsley. There is only 1 service between Sheffield and Barnsley. In cases where buses have been removed from service or broken down this is not communicated to passengers who are left waiting in the interchange.
- All respondents who commented on service 6 would like the bus to stop on Ardsley Road as many have to walk a long way to the Bank End estate which is difficult with heavy shopping or during winter.

3.8.3. Other comments

No changes to services 219/219A/218/217

- People would like the 219 to go down Nicholas Lane and Highgate Lane to provide a bus to Doncaster/Barnsley up to 6PM.
- Connecting to the 219 is not possible anymore with the X19, so visiting Wath and Wombwell is long and tedious. A service every 45 mins would benefit Great Houghton.
- It should be ensured that the 217 connects with the X19 from Doncaster in Goldthorpe.

No changes to service X19

- This service currently does not connect with the hourly running 217/218 at Goldthorpe at all times. Also runs at the same time within a minute towards Barnsley.
- Doncaster bus stop is in exchange, if it is busy with another bus the driver will go up to the next stop and the visually impaired would not know this is happening so would miss the bus.

No changes to services 59/57

- 59 Wakefield needs to be available later at night as no other buses go through Notton so people with no transport and no money for taxis become housebound after 6.30 in the evening.
- These 2 routes serve a massive area and the buses are always full and cramped.
- Better service is needed from Deepcar to different areas such as High Green/Chapelton/Grenoside/ Parson Cross to Sheffield. This way places such as the retail park and supermarket at Wadsley Bridge would be accessible.

4. List of Background Papers

4.1 Barnsley Bus Partnership Map and Consultation Guide

4.2 Barnsley Bus Partnership consultation questionnaire

4.3 Letters received from Councils, MP-s and members of public

4.4 Appendix A – Map of respondent home postcodes

4.5 Appendix B – List of postcodes submitted

4.6 Appendix C – Full list of services used by respondents

4.7 Appendix D – Comments received about promotion

4.8 Appendix E – Services commented

4.9 Appendix F – All questionnaire comments submitted

4.10 Appendix G – Comments via email

Recommended network amendments following consultation feedback

Key consultation responses received and main areas of concern are indicated below with the action proposed by SYPTE and the operators. However, all services have been assessed regardless of response numbers

Service number	Route - areas served	Number of comments	Main comments/themes received via consultation feedback. Comments on current service delivery are not listed but are included in the total number	Action proposed Y/N	SYPTE action in association with operators
Penistone wards bus network 23/23a, 24, 25, 29, 300	Penistone East and West local bus network (funded by SYPTE)	432 comments Service 23 (138) Service 23a (30) Service 24 (94) Service 25 (38) Service 29 (78) Service 300 (28) Multiple services (26)	Significant feedback	Yes	Following meetings with Parish councils, Ward Councillors and the MP's office a revised proposal has been consulted upon with residents including two drop in sessions at Penistone Library.
			Isolation of communities	Yes	Changes well received. Some further requests and not all residents happy. No further changes requested by the parish, ward Councillors or MP's office.
			Request for reinstatement of links - Barnsley centre, Holmfirthm Sheffield centre	Yes	Daytime Sheffield service (29) to terminate at Chapeltown and run Chapeltown-Penistone-Holmfirth. Peak hour trip to Sheffield via the Northern General Hospital to be maintained. Chapeltown-Sheffield via the Northern General is available every 6 minutes on service 1/1a.
			Barnsley Hospital	No	Link from the Hospital cannot be provided without additional funding. Priority is for more frequently used links to Penistone and Barnsley. Local bus and rail services can be used to Barnsley Interchange to connect with a 10 minute service to the Hospital.
			Less frequent but more links required	Yes	See above
			Commuters affected including ticketing costs to Sheffield if changing buses	Yes	See above
No service specified	General comments about frequency, service delivery and requests for new services or links.	134	General comments about service delivery	Yes	The Barnsley Bus partnership will review service performance monthly with annual targets for service punctuality and reliability improvements.
			Requests for more frequent services or new services	Yes	The Barnsley Bus partnership, with the support of the Sheffield City region, will continue to review the network and seek improvements to new developments (housing/employment/education).
92	Barnsley - Hospital - Cawthorne	92	Loss of service on Longley Street in Higham	Yes	Service 92 to be amended from the proposal to use Longley Street and Barugh Green Road. Final route through the estate at Higham to be agreed with councillors. Service 92 to serve Barugh Green cross roads so passengers in Dodworth and Higham can connect with service 93/95/96 to the Hospital
			Loss of link from Penistone to the Hospital	No	Link from the Hospital cannot be provided without additional funding. Priority is for more frequently used links to Penistone and Barnsley. Local bus and rail services can be used to Barnsley Interchange to connect with a 10 minute service to the Hospital.
7/7a	Barnsley - Blackerhill - Hoyland	66	Loss of service for Blackerhill	Yes	Blackerhill continues to be provided with a two hourly bus service as now linking to Barnsley and Hoyland
			Loss of service on Kirk Balk and to the cemetery	Yes	Route amended to operate via Kirk Balk and past the cemetery
8/8a	Service proposed to no longer operate Barnsley - Pilley - Hoyland due to new service 67a every hour	64	Loss of service between Ward Green and Worsborough Medical centre	Yes	Service 67 to be amended to operate via Mount Vernon Road and Kingwell Road to provide an hourly link between Ward Green and the medical centre
			Changes in Pilley and connections to schools	Yes	Service 67a will provide an improved hourly service towards Barnsley and Hoyland and replace any school movements
67	Barnsley - Worsbrough - Hoyland - Wombwell	46	Requests to link Ward Green to Worsborough Medical centre	Yes	Service 67 to be amended to operate via Mount Vernon Road and Kingwell Road to provide an hourly link between Ward Green and the medical centre
			Requests for more services including evening and sundays	No	The service provision is based on current demand. Services will continue to be reviewed and amended if demand increases sufficiently to justify an improved frequency.
20/21	Barnsley - Penistone	39	Request for more frequent service	No	The service provision is based on current demand. Services will continue to be reviewed and amended if demand increases sufficiently to justify an improved frequency.
			Mostly comments about the Penistone network (see top of table)	Yes	See top of table
1	Barnsley - Smithies - New Lodge - Mapplewell - Staincross	30	General comments about service delivery	Yes	The Barnsley Bus partnership will review service performance monthly with annual targets for service punctuality and reliability improvements.
34/34a	Barnsley - Monk Bretton - Athersley - Carlton - Shafton - Cudworth - Lundwood - Cundy Cross	30	Request for a service along Rotherham Road	Yes	Changes to Watersons 35/36 or 193 to provide a service on Rotherham Road. Underdiscssion due to the October 2016 cancellation by Arriva of the 193, which is being replaced by Watersons.
66	Barnsley - Birdwell - Hoyland Common - Hoyland - Jump - Elsecar	20	General requests to look at route changes, improve connections, service delivery	No	No proposed changes to this high frequency corridor. The Barnsley Bus partnership will review service performance monthly with annual targets for service punctuality and reliability improvements.

Service number	Route - areas served	Number of comments	Main comments/themes received via consultation feedback. Comments on current service delivery are not listed but are included in the total number	Action proposed Y/N	SYPT action in association with operators
X19	Barnsley - Darfield - Goldthorpe - Doncaster	17	Requests for better connections between services, mainly around Goldthorpe	Yes	Connections to be reviewed and improvements made where possible
67/67a	Barnsley - Worsbrough Common - Worsbrough - Birdwell (67a) - Hoyland - Jump - Cortonwood (67) - Wombwell	16	Requests to link Ward Green to Worsborough Medical centre	Yes	Service 67 to be amended to operate via Mount Vernon Road and Kingwell Road to provide an hourly link between Ward Green and the medical centre
			Requests for more services including evening and sundays	No	The service provision is based on current demand. Services will continue to be reviewed and amended if demand increases sufficiently to justify an improved frequency.
97	Darton - Wakefield	14	Requests to reinstate the service to Barnsley and to serve Huddersfield Road	No	West Yorkshire funded service. Ongoing discussions with the operators about Huddersfield Road due to very low demand and any buses serving Huddersfield Road miss out the hospital
220	Doncaster - Conisbrough - Denaby Main - Mexborough - Manvers - Wath upon Dearne - Wombwell	13	General comments about the service. No consistent theme/requests		
			Request (four) to continue to Cortonwood	No	Passengers can change onto service 67 at Wombwell.
265	Sheffield - Firvale - Sheffield Lane Top - Ecclesfield - Chapelton - Hoyland Common - Birdwell - Worsbrough - Barnsley	12	Requests for better connections between services	Yes	Connections to be reviewed and improvements made where possible
			Requests for an increase to three or four buses per hour	No	The service provision is based on current demand. Services will continue to be reviewed and amended if demand increases sufficiently to justify an improved frequency.
59	Barnsley - Monk Bretton - Carlton - Royston - Notton - Newmillerdam - Sandal Wakefield	11	General praise for the service but requests for more buses into West Yorkshire and to Wakefield	No	The service provision is based on current demand. Services will continue to be reviewed and amended if demand increases sufficiently to justify an improved frequency.
222	Barnsley - Wombwell - West Melton - Wath upon Dearne - Manvers - Swinton - Mexborough	10	Various requests to change the service in different areas including reinstating the 224 (ceased in July 2013) and extending the 222 to Doncaster		

BARNSELEY 2016 BUS NETWORK PROPOSAL

Final Summary of Changes by Ward

Ward/Key places	Summary of the final changes proposed following the consultation	Reasons for change to current network	Any impacts identified with these changes
Central ward	<ul style="list-style-type: none"> All Barnsley terminating services run through this ward. 	<ul style="list-style-type: none"> No change to stopping arrangements in this ward or in the town centre. 	<ul style="list-style-type: none"> No anticipated negative impact to this ward
Cudworth ward	<ul style="list-style-type: none"> Service 193 (Arriva) replaced by Watersons in October 2016. Changes to service 35/36/37/38 to replace service 31/34 and amendments to introduce services along Rotherham Road. 	<ul style="list-style-type: none"> Cancellation by Arriva of the 193 following a review of West Yorkshire services. Waterson's replacement service arranged by the bus partnership at no cost to the tax payer. Requests for services to run the length of Rotherham Road 	<ul style="list-style-type: none"> No service will be provided along a section of road that runs through part of Carlton Industrial Estate (Shaw Lane). Services will continue to operate at either side of the Shaw Lane. Service 57/59 provides a bus every 10 minutes along Fish Dam Lane with houses remaining within 500m. 14 properties on Shaw Lane will be extended to a maximum of 500m from an hourly service on Weetshaw Lane.
Darfield ward	<ul style="list-style-type: none"> Service 203 will operate between Doncaster and Wombwell and replace service X26 in Little Houghton Service X26 will no longer serve Little Houghton, replaced by the 203. Service X27 will operate to Wombwell not Goldthorpe 	<ul style="list-style-type: none"> Extending the 203 beyond Wombwell duplicates a high frequency bus corridor and is a unnecessary cost when interchange is available. Service 203 will serve Little Houghton due to limited usage and will speed up the X26 for the majority of users Service X27 will serve Wombwell to increase the interchange opportunities for passengers to employment sites at Grimethorpe e.g. ASOS 	<ul style="list-style-type: none"> Passengers on service 203 will require interchange at Wombwell on to services that provide a coordinated service every 7/8 minutes on services 22x, 220, 222 and 226. Wait time based on the timetables should be no longer than 8 minutes. A number of stops can be used but the stops at Park Street include a shelter, seating and an adjacent pelican crossing. Little Houghton (48 properties) will have a service frequency reduced from hourly to two hourly on the 203.
Darton East	<ul style="list-style-type: none"> No proposed changes to routes or frequency in this ward 	<ul style="list-style-type: none"> No reoccurring and specific feedback from this ward requiring changes 	<ul style="list-style-type: none"> No anticipated negative impact to this ward
Darton West	<ul style="list-style-type: none"> Service 92 is amended to operate via Dodworth and Higham 	<ul style="list-style-type: none"> No reoccurring and specific feedback from this ward requiring changes – changes relate to the Dodworth ward 	<ul style="list-style-type: none"> No anticipated negative impact to this ward

Ward/Key places	Summary of the final changes proposed following the consultation	Reasons for change to current network	Any impacts identified with these changes
Dearne South	<ul style="list-style-type: none"> Service 203 will operate between Doncaster and Wombwell and replace service X26 in Little Houghton Service X26 will no longer serve Little Houghton, replaced by the 203. Service X27 will operate to Wombwell not Goldthorpe 	<ul style="list-style-type: none"> Extending the 203 beyond Wombwell duplicates a high frequency bus corridor and is a unnecessary cost when interchange is available. Service 203 will serve Little Houghton due to limited usage and will speed up the X26 for the majority of users Service X27 will serve Wombwell to increase the interchange opportunities for passengers to employment sites at Grimethorpe e.g. ASOS 	<ul style="list-style-type: none"> Passengers on service 203 will require interchange at Wombwell on to services that provide a coordinated service every 7/8 minutes. Passengers on service 203 will require interchange at Wombwell on to services that provide a coordinated service every 7/8 minutes on services 22x, 220, 222 and 226. Wait time based on the timetables should be no longer than 8 minutes. A number of stops can be used but the stops at Park Street include a shelter, seating and an adjacent pelican crossing.
Dodworth	<ul style="list-style-type: none"> Changes to service 23/23/24 (see Penistone Wards below) Service 92 is amended to operate via Dodworth and Higham to Cawthorne only Service 92 to be amended from the proposal to use Longley Street and Barugh Green Road. Final route through the estate at Higham to be agreed with councillors. 	<ul style="list-style-type: none"> To ensure sustainability of services going forward and following feedback regarding service 23/23a/24 (see Penistone East/West) Service 92 in Higham not serving those that need the service the most Link between Higham and Dodworth for access to the medical centre Improved access to Capitol Park employment area Coordinated timetable with the 20/21/22 to provide a new Barnsley-Dodworth 10 minute bus service corridor Dodworth can connect with service 93/95/96 to the Hospital 	<ul style="list-style-type: none"> Higham residents on service 92 to change buses at Barugh Green cross roads to the Hospital. Passengers on service 92 wanting the hospital will require interchange at Barugh Green Road onto services 93/93a, 95/95a and 96 which provide 7 buses per hour to the hospital. Wait time should, based on timetables, be no longer than 10 minutes. Bus stops at Barugh Green Road provide a shelter, raised boarding point and a pelican crossing is available within 85m of the bus stops.

Ward/Key places	Summary of the final changes proposed following the consultation	Reasons for change to current network	Any impacts identified with these changes
Hoyland Milton	<ul style="list-style-type: none"> Service 7/7a will operate Barnsley – Blacker Hill – Hoyland only (as service 7) Service 7 to operate via Kirk Balk in Hoyland to provide local links and access to the cemetery Service 67/67a will operate every 30 minutes combined 	<ul style="list-style-type: none"> Service 7 (subject to contact award approval) will continue to provide a two hourly bus for Blackhill between Barnsley and Hoyland. If service 7/7a is as cheap as the amended network costs, the contract for the current 7/7a will be retained. Connections to be reviewed at major interchange points i.e. Wombwell. 	<ul style="list-style-type: none"> Loss of some direct links from one housing area to another. Interchange available in Hoyland between services. Passengers on service 7 (Blackerhill) travelling to Worsbrough will be able to interchange onto service 67/67a every 30 minutes. Wait time based on timetables should no longer than 30 minutes if a journey is just missed. Service 66 provides an additional 6 buses per hour but may increase walking distances at the final destination to a 600m. Bus stop in Hoyland (Southgate) includes a Shelter, seating and raised kerb. The same stop can be used to board and alight.
Kingstone	<ul style="list-style-type: none"> Changes to proposals for service 23/23a/24. See Penistone East West No other amendments to the proposed network for this ward 	<ul style="list-style-type: none"> To ensure sustainability of services going forward and following feedback regarding service 23/23a/24 (see Penistone East/West) 	<ul style="list-style-type: none"> No anticipated negative impact to this ward
Monk Bretton	<ul style="list-style-type: none"> Service 193 (Arriva) replaced by Watersons in October 2016. Changes to service 35/36/37/38 to replace service 31/34 and amendments to introduce services along Rotherham Road. 	<ul style="list-style-type: none"> Cancellation by Arriva of the 193 following a review of West Yorkshire services. Waterson's replacement service arranged by the bus partnership at no cost to the tax payer. Requests for services to run the length of Rotherham Road 	<ul style="list-style-type: none"> No anticipated negative impact to this ward other than changes to service number and departure times.
North East	<ul style="list-style-type: none"> Changes to service 35/36/37/38 to replace service 31/34 and amendments to introduce services along Rotherham Road. Service X27 will operate to Wombwell not Goldthorpe 	<ul style="list-style-type: none"> Requests for services to run the length of Rotherham Road Service X27 will serve Wombwell to increase the interchange opportunities for passengers to employment sites at Grimethorpe e.g. ASOS 	<ul style="list-style-type: none"> No anticipated negative impact to this ward other than changes to service number and departure times.
Old Town	<ul style="list-style-type: none"> Service 92 will operate via Dodworth between Barnsley and Higham 	<ul style="list-style-type: none"> Service 92 link between Higham and Dodworth for access to the medical centre Service 92 improves access to Capitol Park employment area Coordinated timetable with the 20/21/22 to provide a new Barnsley-Dodworth 10 minute service 	<ul style="list-style-type: none"> No anticipated negative impact to this ward Services 93/93a, 95/95a and 96 continue to provide 7 buses per hour with the removal of service 92 from this ward.

Ward/Key places	Summary of the final changes proposed following the consultation	Reasons for change to current network	Any impacts identified with these changes
Penistone East and Penistone West	<p>Following meetings with Parish councils, Ward Councillors and the MP's office a revised proposal has been consulted upon with residents including two drop in sessions at Penistone Library.</p> <ul style="list-style-type: none"> • Service 92 will operate via Dodworth between Barnsley and Higham to Cawthorne only. • Daytime Sheffield service (29) to terminate at Chapeltown and run Chapeltown-Penistone-Holmfirth. Peak hour trip to Sheffield via the Northern General Hospital to be maintained. Chapeltown-Sheffield via the Northern General is available every 6 minutes on service 1/1a. • Langsett and Midhopestones will only receive a bus on a Wednesday (service 257) 	<ul style="list-style-type: none"> • Significant feedback • Isolation of some communities • Request for reinstatement of links <ul style="list-style-type: none"> ○ Barnsley centre ○ Holmfirth ○ Sheffield centre ○ Barnsley Hospital • Less frequent but more links required • Commuters affected including ticketing costs to Sheffield if changing buses 	<ul style="list-style-type: none"> • Unable to maintain the Hospital link, priority given for more frequently used links to Penistone and Barnsley. • The option to use service 92 directly from Penistone to the Hospital will be lost. Passengers may alternatively use service 20/21/23a/24 and local rail services to Barnsley centre and then use services 93/93a, 95/95a and 96 which will provide 7 buses per hour between Barnsley Interchange and the hospital. • Elderly passengers with hospital appointments needing to travel before 09:30 can use Stagecoach buses for free on production of the hospital letter. • Journey time between Penistone and the Hospital on service 92 is currently 40 minutes. Journeys by bus via Barnsley centre is also 40 minutes but interchange will increase this to between 40 and 50 minutes depending on connections. Use of local rail links reduces the total journey time to between 30 and 35 minutes. • NHS non-emergency patient transport is available for those unable to use non-direct public transport services. • Daytime Sheffield service (29) will terminate at Chapeltown and run Chapeltown-Penistone-Holmfirth. Chapeltown-Sheffield via the Northern General is available every 6 minutes on service 1/1a. Wait time should be no longer than 6 minutes. Bus stops at Chapeltown market place towards Sheffield have a shelter. Towards Penistone there is just a bus stop pole. • Midhopestones will only receive a bus on a Wednesday (service 257). Demand from this area is extremely low. Current usage is on average two passengers per day (0.22 passengers per trip)

Ward/Key places	Summary of the final changes proposed following the consultation	Reasons for change to current network	Any impacts identified with these changes
Rockingham	<ul style="list-style-type: none"> Service 7/7a will operate Barnsley – Blacker Hill – Hoyland only (as service 7) Service 8/8a will no longer operate Service 67/67a are improved will operate every 30 minutes combined Connections to be reviewed to ensure easy interchange 	<ul style="list-style-type: none"> Subject to award of contracts, Pilley will receive an improved hourly bus service on the 67a, rather than the current two hourly 7/7a. 	<ul style="list-style-type: none"> No anticipated negative impact to this ward
Royston	<ul style="list-style-type: none"> Arriva terminated service 193/194 as of the 30 October 2016. As part of the Bus Partnership, Waterson's have agreed to partially replace the service at no cost to SYPTE or the local authority. All South Yorkshire users of the terminated service have alternative services to Barnsley in addition to the new hourly 193. Service 59 also provides a service to Wakefield. 	<ul style="list-style-type: none"> No specific feedback from this ward requiring changes 	<ul style="list-style-type: none"> There will be less journeys per day from this ward to villages in West Yorkshire (Havecroft/Ryhill) Buses will still be available during the day. Early morning and late afternoon links will be lost to these villages. Service 59 (hourly) will continue to provide the link to Wakefield at these times.
St Helens	<ul style="list-style-type: none"> Arriva terminated service 193/194 as of the 30 October 2016. As part of the Bus Partnership, Waterson's have agreed to partially replace the service at no cost to SYPTE or the local authority. 	<ul style="list-style-type: none"> No reoccurring and specific feedback from this ward requiring changes 	<ul style="list-style-type: none"> There will be less journeys per day from this ward to villages in West Yorkshire (Havecroft/Ryhill) Buses will still be available during the day. Early morning and late afternoon links will be lost to these villages. Service 59 (hourly) will continue to provide the link to Wakefield at these times.
StairFoot	<ul style="list-style-type: none"> Service 7/7a is amended to operate via Doncaster Road to Kendray Route of service 7 to be amended based on feedback and better serve Hunningley Lane. Route can be amended as demand changes. Councillor feedback welcomed prior to service implementation in January 2017. Changes to service 35/36/37/38 to replace service 31/34. 	<ul style="list-style-type: none"> Request for service 7 to use Hunningley Lane rather than Farm Road to serve houses currently isolated. 	<ul style="list-style-type: none"> No anticipated negative impact to this ward other than changes to service number and departure times.
Wombwell	<ul style="list-style-type: none"> Service 67/67a are improved to operate every 30 minutes combined and replace service 220 at Cortonwood. Service 203 will operate between Doncaster and Wombwell only replacing service X26 in Little Houghton. Service 220 will not run to Cortonwood (see improved service 67/67a) Service X27 will operate to Wombwell instead of Goldthorpe. Connections to be reviewed at major interchange points i.e. Wombwell and Wath to improve access to services 	<ul style="list-style-type: none"> Improved access to employment sites on the new 67a. Extending the 203 beyond Wombwell duplicates a high frequency bus corridor and is an unnecessary cost when interchange is available. Service 203 will serve Little Houghton due to limited usage and will speed up the X26 for the majority of users Service X27 will serve Wombwell to increase the interchange opportunities for passengers to employment sites at Grimethorpe e.g. ASOS 	<ul style="list-style-type: none"> No anticipated negative impact to this ward

Ward/Key places	Summary of the final changes proposed following the consultation	Reasons for change to current network	Any impacts identified with these changes
Worsborough	<ul style="list-style-type: none"> • Service 7/7a is amended to operate via Doncaster Road to Kendray • Route of service 7 to be amended based on feedback and better serve Hunningley Lane. Route can be amended as demand changes. Councillor feedback welcomed prior to service implementation in January 2017. • Service 8/8a will no longer operate • Service 67/67a are improved will operate every 30 minutes combined • Service 67 to be amended to operate via Mount Vernon Road and Kingwell Road to provide an hourly link between Ward Green and the medical centre • Connections to be reviewed at major interchange points i.e. Wombwell and Hoyland to improve access to services 	<ul style="list-style-type: none"> • Reduce isolation for houses not on the core network • Loss of link between Ward Green and Worsborough Medical centre 	<ul style="list-style-type: none"> • No anticipated negative impact to this ward

Ward/Key places	Summary of the final changes proposed following the consultation	Reasons for change to current network	Any impacts identified with these changes
Hospitals	<ul style="list-style-type: none"> • Service 92 will not operate via the Hospital and will not start in Penistone. • Service 29 will not operate beyond Chapeltown and past the Northern General Hospital 	<ul style="list-style-type: none"> • Service 92 as proposed, except for a route change in Higham, to provide the link to the medical centre in Dodworth. Cawthorne and Higham residents can change buses at Barugh Green cross roads onto the 93/95/96. • Daytime Sheffield service (29) to terminate at Chapeltown and run Chapeltown-Penistone-Holmfirth. Peak hour trip to Sheffield via the Northern General Hospital to be maintained. • Chapeltown-Sheffield via the Northern General is available every 6 minutes on service 1/1a. 	<ul style="list-style-type: none"> • Loss of direct links from Penistone wards to both the Northern General (off peak) and Barnsley Hospital (at all times) • The option to use service 92 directly from Penistone to the Hospital will be lost. Passengers will have to use service 20/21/23a/24 and local rail services to Barnsley centre and then use services 93/93a, 95/95a and 96 which will provide 7 buses per hour between Barnsley Interchange and the hospital. • Elderly passengers with hospital appointments needing to travel before 09:30 can use Stagecoach buses for free on production of the hospital letter. • Journey time between Penistone and the Hospital on service 92 is 40 minutes. Journeys by bus via Barnsley centre is also 40 minutes but interchange will increase this to between 40 and 50 minutes depending on connections. Use of local rail links reduces the total journey time to between 30 and 35 minutes. • Daytime Sheffield service (29) will terminate at Chapeltown and run Chapeltown-Penistone-Holmfirth. Chapeltown-Sheffield via the Northern General is available every 6 minutes on service 1/1a. Wait time should be no longer than 6 minutes. Bus stops at Chapeltown market place towards Sheffield have a shelter. Towards Penistone there is just a bus stop pole.
Doctors	<ul style="list-style-type: none"> • Service 92 to operate via Dodworth to provide the Barugh Green/Higham link to the Dodworth medical centre • Service 67 to be amended to operate via Mount Vernon Road and Kingwell Road to provide an hourly link between Ward Green and the medical centre 	<ul style="list-style-type: none"> • Various doctor issues relating to the proposed Penistone East/West changes. Following meetings with Parish councils, Ward Councillors and the MP's office a revised proposal has been consulted upon with residents including two drop in sessions at Penistone Library. Changes well received with no further changes requested. • Loss of link between Ward Green and Worsbrough Medical centre 	<ul style="list-style-type: none"> • No anticipated negative impact to links to Doctors

Ward/Key places	Summary of the final changes proposed following the consultation	Reasons for change to current network	Any impacts identified with these changes
Schools	<ul style="list-style-type: none"> Service 67a will replace the 7/7a providing the link to Hoyland from the Pilley area. Penistone Grammar school movements have been accommodated in the new network for statutory travellers. No further feedback from Penistone Grammar school received but will review the network with them prior to implementation. 	<ul style="list-style-type: none"> General network changes have taken into account school issues where possible 	<ul style="list-style-type: none"> Requests for improved services to Kettlethorpe High School cannot be addressed as it is outside of South Yorkshire and SYPTE are not able to fund transport from Barnsley to this school.
Ticketing	<ul style="list-style-type: none"> Following approval of the network the bus operators, through the Travelmaster panel, have agreed to discuss and approve a reduced price Barnsley connect ticket allowing travel on all buses in Barnsley. The intention is for this to be set in-line with Doncaster and Rotherham. 	<ul style="list-style-type: none"> Cheaper all operator based ticketing Simpler ticketing Reduced impact for multiple operators on one route/corridor Reduced impact of tendered services not being with the incumbent operator 	<ul style="list-style-type: none"> Zonal Travelmaster tickets (bus/train) have been discontinued in Doncaster, Rotherham and Sheffield due to the success of these new all operator bus tickets. There will be requirement for review of need for zonal Travelmaster in Barnsley once usage is known.
Frequencies	<ul style="list-style-type: none"> Some changes to frequencies as highlighted on the consultation documents. Some Saturday frequencies will be subject to review initially and during the first twelve months of the Bus Partnership. Subject to changes in demand, Saturday services may decrease slightly in frequency i.e. 10 minutes to 12 minutes, 12 minutes to 15 minutes. This applies to routes and to coordinated bus corridors. 	<ul style="list-style-type: none"> The network has to be sustainable and usage at weekends continues to fall. This change would mirror the service provision in the rest of the county. 	<ul style="list-style-type: none"> No other negative anticipated impact

EQUALITY IMPACT ASSESSMENT



As a public sector organisation we need to ensure that all our strategies, policies, service and functions both current and proposed have given proper consideration to equality and diversity. In all appropriate instances we will need to carry out an equality impact assessment. These are assessments that public authorities often carry out prior to implementing a policy, with a view to ascertaining its potential impact on equality. They are not required by law, although are a way of facilitating and evidencing compliance with the Public Sector Equality Duty.

This form:

- can be used to prompt considerations when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation of where impacts are foreseen or why you do not consider an impact arises.

How to complete an SYPTE Equality Impact Assessment form:

- **Section 1 – Initial Screening** needs to be carried out for ALL SYPTE Impact Assessments; If after completing initial screening there are;
 - NO FORESEEN negative impacts,
 - The change proposed does not result in the reduction of a service

You DO NOT need to complete a Full Impact assessment.

 - Submit initial screening and obtain signatory approvals in section 4
- **Section 2 – Full Impact Analysis** is to be completed where initial Screening identifies;
 - There will be Negative impacts
 - The proposed change involves the removal or reduction of a service
 - There are compliance issues

Please FULLY complete Section 2, 3, 4, and 5 (where appropriate.)
- **Section 3 – Equality Impact Assessment Action Plan** - provide summary Action Plan, overcoming or mitigating any impacts arising from the analysis.
- **Section 4 – Signatory Approvals:** Please obtain relevant signatures
- **Section 5 – Supporting Evidence:** Please attach any supporting evidence documentation such as consultation documents.

Section 1 – Initial Screening

Title of function/service /policy/ procedure:	SHEFFIELD CITY REGION DEVOLUTION DEAL – BARNLEY BUS PARTNERSHIP
Department function it belongs to:	BUS SERVICES
Lead Officer Name:	CHRIS ROBERTS
Board Sponsor Name:	STEVE EDWARDS
Assessment Team: (please list names)	NATHAN BROADHEAD
Is this function/service/ policy/ procedure:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing

What is the current function/service/policy/ procedure?
<p><u>Provision of Local Bus Services in the Barnsley area</u> A Local Bus Service is defined as a bus service using Public Service Vehicles to carry passengers at separate fares over short distances in accordance with the Transport Act 1985 and the Transport Act 2000 as amended.</p>
<p><u>Why is this being proposed?</u> (e.g. policy, deliverables, changes to systems and process, service delivery offer etc)</p>
<p>In March 2015 the Sheffield City Region’s Devolution Transport Working Group asked SYPTTE to undertake a program of network reviews to deliver the bus element of Sheffield City Region’s Agreement on Devolution (2014).</p>
<u>How is it proposed this will change? What are the proposed changes?</u>
<p>It is proposed to implement changes to bus services in the Barnsley area following a review of local bus service provision aimed to deliver a Network that:</p> <ul style="list-style-type: none"> • is co-ordinated, for better delivery of limited resource; • minimises congestion and pollution by avoiding excess duplication; • is efficient, being more sustainable to both Operators and the taxpayer; • has improved performance (reliability & punctuality); • is integrated, providing access to other services; • a stable Network that will help support economic growth and help reduce worklessness; • encourages modal shift to support patronage growth; and • allows reinvestment to improve access or reduce fares. <p>Appendix D to which this impact assessment forms a part contains details of the proposed changes.</p>

Will this proposal affect people with protected characteristics and if so, in which group?

Age:

Select the level of impact below:

Negative impact

Why do you consider it will have this effect? State any evidence you have, and explain what you feel the financial/non-financial impact might be.

Younger people

Where current direct links are severed, although these are very limited, and replaced by the necessity to interchange there may be a financial impact on younger people who have to pay for their transport as they will have to pay a second fare.

More interchanges, may present a barrier to travel, which may increase the possibility of social exclusion and have an adverse impact on access to employment for young people who are unwilling or unable to drive or who cannot afford a car.

Some passengers losing direct links to some destinations would be required to interchange. However, waiting times are generally reasonably short, and in most cases shelters and seating are available to provide comfort when waiting

For those that are required to pay fares, multi journey ticket options will reduce the impact but it is understood that there is likely to be a financial disbenefit. Of those who responded to the consultation, 7.6% of bus users were aged 16-24. It is not known how many of these would be required to undertake multi leg journeys.

Older people

We know that older people are proportionally more likely to use buses than the general population as a whole, and are less likely to make alternative arrangements if barriers prevent use of bus services.

It is acknowledged that some of the network changes which extend walking distances or remove direct links which results in the need for travelling on more than one bus and/or increases standing time or exposure to the elements whilst waiting for a connecting service. These changes will disbenefit some bus users in this category.

More interchanges, may present a barrier to travel, which may increase the possibility of social exclusion for elderly people with no personal transport, and who are unwilling or unable to drive or who cannot afford a car.

Holders of these passes will be able to use services where Operators change, on multi-service trips or benefit from improved choice as a result of co-ordination between Operators at no cost, during the eligible hours of the ENCTS scheme (9:30hrs – 23:00hrs weekdays, all day on weekends and Bank Holidays). Outside of these hours use of multiple Operators will incur a premium compared to single Operator journeys.

Some passengers losing direct links to some destinations would be required to interchange. However, waiting times are generally reasonably short, and in most cases shelters and seating are available to provide comfort when waiting. 41.2% of all respondents were aged 65 or over, and 23.4% of all respondents considered themselves to have mobility issues. It is not known how many of these would be required to undertake multi leg journeys.

Disability:

Select the level of impact below:

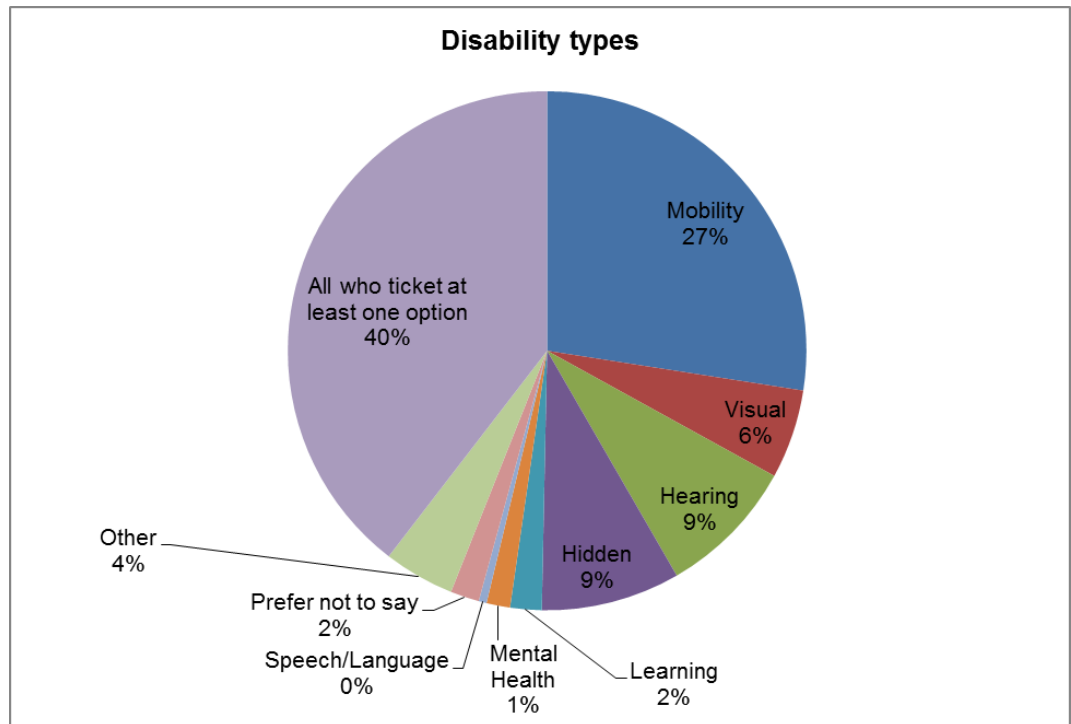
Negative impact

Why do you consider it will have this effect? State any evidence you have, and explain what you feel the financial/non-financial impact might be.

It is acknowledged that network changes which extend walking distances or remove direct links which results in the need for travelling on more than one bus and/or increases standing time or exposure to the elements whilst waiting for a connecting service will disbenefit some bus users in this category.

The graph below illustrates the range of disability categories of those who responded to

the consultation:



Analysis of consultation responses identified the following disability related impacts:

Many people commented that buses need to go close to people's homes, as older and mobility impaired people cannot walk a relatively small distance to a bus stop if it is up a hill.

More interchanges, may present a barrier to travel, which may increase the possibility of social exclusion for people with a disability with no personal transport, and of adverse impact on access to employment for young people who are unwilling or unable to drive or who cannot afford a car.

Holders of ENCTS Disabled Person passes will be able to use bus services where Operators change, on multiple service trips, or benefit from improved choice as a result of co-ordination between Operators at no cost, during the eligible hours of the ENCTS scheme (within South Yorkshire this is at all times).

As with the elderly, the consultation responses also identified concerns where the number of comments received are proportionally higher from the groups with protected characteristics than the proportion received on the remaining network proposals. These concerns are the same as on the same services identified above. A breakdown of the respondents with disabilities and their age group is shown below.

Some passengers losing direct links to some destinations would be required to interchange. However, waiting times are generally reasonably short, and in most cases shelters and seating are available to provide comfort when waiting. 23.4% of all respondents considered themselves to have mobility issues. It is not known how many of these would be required to undertake multi leg journeys.

Disability Type	Respondents	
Mobility	272	23.4%
Hearing	89	7.7%
Hidden	77	6.6%
Visual	67	5.8%
Mental Health	58	5.0%
Prefer not to say	29	2.5%
Other	26	2.2%
Learning	21	1.8%
Speech/Language	7	0.6%
All who ticked at least one of the above	428	36.8%
TOTAL RESPONDENTS	1,162	

How often would you use this service?	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL	
5 or more times a week	0	12	27	32	52	20	46	34	47	270	40.7%
3-4 days a week	1	4	10	10	28	12	18	36	45	164	24.7%
1-2 days a week	0	6	3	12	16	7	7	33	33	117	17.6%
Once a fortnight	0	1	2	3	3	2	0	10	8	29	4.4%
Once a month	0	0	0	1	2	4	1	6	2	16	2.4%
Less than once a month	0	0	0	1	3	2	6	8	1	21	3.2%
Not stated	1	2	1	5	8	0	2	10	18	47	7.1%
TOTAL	2	25	43	64	112	47	80	137	154	664	

Gender reassignment: <i>Select the level of impact below:</i> No Impact	Why do you consider it will have this effect? State any evidence you have, and explain what you feel the financial/non-financial impact might be.
	No identified impact
Marriage or civil partnership: <i>Select the level of impact below:</i> No Impact	Why do you consider it will have this effect? State any evidence you have, and explain what you feel the financial/non-financial impact might be.
	No identified impact
Pregnancy or maternity: <i>Select the level of impact below:</i> Negative impact	Why do you consider it will have this effect? State any evidence you have, and explain what you feel the financial/non-financial impact might be.
	Potentially if the pregnancy or maternity makes interchanging between connecting services where current journey's undertaken on one bus would now be made on two or more if direct links are severed.
Race: <i>Select the level of impact below:</i> No Impact	Why do you consider it will have this effect? State any evidence you have, and explain what you feel the financial/non-financial impact might be.
	No identified impact
Religion or belief: <i>Select the level of impact below:</i> No Impact	Why do you consider it will have this effect? State any evidence you have, and explain what you feel the financial/non-financial impact might be.
	No identified impact
Sex (Gender): <i>Select the level of impact below:</i> Negative impact	Why do you consider it will have this effect? State any evidence you have, and explain what you feel the financial/non-financial impact might be.
	In general women are more likely to use bus services frequently than men. This suggests that women may be more adversely affected by any change than men.
	56.19% of consultation respondents indicated they were female; this ratio is reflective of

Fares surveys taken in 2014/15, which indicated 55% of South Yorkshire bus users were female.

The impacts identified in other protected characteristics are therefore likely to affect women disproportionately to men.

Gender	Not Stated	16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+	TOTAL
Female	2	52	36	74	101	41	72	142	133	653
Male	1	38	33	57	69	32	58	129	54	471
Not Stated*	3	2		2	6		4	9	12	38
TOTAL	6	92	69	133	176	73	134	280	199	1,162
	0.52%	7.92%	5.94%	11.45%	15.15%	6.28%	11.53%	24.10%	17.13%	

Sexual orientation:

Select the level of impact below:

No Impact

Why do you consider it will have this effect? State any evidence you have, and explain what you feel the financial/non-financial impact might be.

No identified impact

Is a FULL IMPACT ANALYSIS required?

No – There are no foreseen negative impacts.

Yes – You have identified that there are negative impacts or a service is being removed/ reduced that requires further analysis.

Please complete the Full Impact Analysis.

Please note: if this impact assessment refers to removal of a service or legal compliance issues a full impact analysis must be completed.

Assessment Summary – please provide a summary of the outcome here:

The proposed changes may potentially increase the possibility of social exclusion for those too young to drive, or disabled persons, infirm elderly or women with no personal transport due to physical or economic reasons. However, the network changes are designed to minimise the impacts and are mitigated by alternative travel arrangements such as NHS none-emergency patient transport, dial-a-ride, wheels to work and community car schemes which act as a safety net for those unable to access mainstream public transport.

Negative impact (please tick):	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input checked="" type="checkbox"/> Low
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Assessor's Name:	Nathan Broadhead	Signed		Date	29/09/2016
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If there are **negative impacts** or a **removal of service** identified please complete [Section 2: Full Impact Analysis](#).



If there are **no negative impacts** identified please obtain the signatory approvals in [Section 4](#).

Section 2 - Full Impact Analysis

Only complete this section if you have identified negative impacts, a service is being removed or if the impact is not clear from [Section 1: Initial Screening](#).

Proposed new /revised function/service/policy/ procedure: Give further details of the arrangements being made if applicable.

Add details to the Equality Impact Assessment Action Plan ([Section 3](#))

BARNSELY BUS PARTNERSHIP NETWORK REVIEW, as detailed in Section 1.

The service changes detailed in **Appendix D** have the following identified impacts:

Longer walking distances:

Cudworth Ward – slightly longer walking distance to alternative bus stop for Carlton Industrial Estate

- No service will be provided along a section of road that runs through part of Carlton Industrial Estate (Shaw Lane). Services operate at either side of the Shaw Lane. Service 57/59 provides a bus every 10 minutes along Fish Dam Lane with houses within 500m. 14 properties on Shaw Lane will be 500m from an hourly service on Weetshaw Lane.

Interchange now required for some services in the following wards:

Darfield, Dearne South, Dodworth, Hoyland Milton, Penistone East and Penistone West

- Passengers on service 203 will require interchange at Wombwell on to services that provide a coordinated service every 7/8 minutes on services 22x, 220, 222 and 226. Wait time should, based on the timetables, be no longer than 8 minutes. A number of stops can be used but the stops at Park Street include a shelter, seating and an adjacent pelican crossing.
- Higham residents on service 92 to change buses at Barugh Green cross roads to the Hospital. Passengers on service 92 wanting the hospital will require interchange at Barugh Green Road onto services 93/93a, 95/95a and 96 which provide 7 buses per hour to the hospital. Wait time should, based on timetables, be no longer than 10 minutes. Bus stops at Barugh Green Road provide a shelter, raised boarding point and a pelican crossing is available within 85m of the bus stops.
- Loss of some direct links from one housing area to another. Interchange available in Hoyland between services. Passengers on service 7 (Blackerhill) travelling to Worsbrough will be able to interchange onto service 67/67a every 30 minutes. Wait time should, based on timetables, be no longer than 30 minutes if a journey is just missed. Service 66 provides an additional 6 buses per hour but may increase walking distances at the final destination to 600m. Bus stop in Hoyland (Southgate) includes a Shelter, seating and raised kerb. The same stop can be used to board and alight. Please note that this change is subject to award of contracts. Service 7/7a may be retained if the most appropriate use of the funding available.
- Unable to maintain the Hospital link, priority is for more frequently used links to Penistone and Barnsley. The option to use service 92 directly from Penistone to the Hospital will be lost. Passengers will have to use service 20/21/23a/24 and local rail services to Barnsley centre and then use services 93/93a, 95/95a and 96 which will provide 7 buses per hour between Barnsley Interchange and the hospital. Elderly passengers with hospital appointments needing to travel before 09:30 can use Stagecoach buses for free on production of the hospital letter. Journey time between Penistone and the Hospital on service 92 is 40 minutes. Journeys by bus via Barnsley centre is also 40 minutes but interchange will increase this to between 40 and 50 minutes depending on connections. Use of local rail links reduces the interchange time to between 30 and 35 minutes.
- Daytime Sheffield service (29) will terminate at Chapeltown and run Chapeltown-Penistone-Holmfith. Chapeltown-Sheffield via the Northern General is available every 6 minutes on service 1/1a. Wait time should be no longer than 6 minutes. Bus stops at Chapeltown market place towards Sheffield have a shelter. Towards Penistone there is just a bus stop pole.

See **Appendix D** for details

Consultation – Engagement is good practice and a useful tool to demonstrate that due regard has been paid.

Please indicate the consultation/engagement carried out below:

Peer research?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Summary: The network and the consultation process were circulated and agreed with the local bus providers as part of the Barnsley Bus Partnership.
Data study?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Summary: Each party undertook a study of data relevant to their area of delivery.
Statistics?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Summary: Each party undertook a study of data relevant to their area of delivery.
Other research?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Summary: Public, member and stakeholder consultation is to take place to seek the views of users. This includes key user groups.

Which protected groups should be consulted with (tick all that apply) and identify numbers of people affected:				
<input checked="" type="checkbox"/> Age	Number of people asked: District wide consultation	Number of people affected: 41.2% of all consultation responses were from the 65+ age group. Under 25's represented only 7.92% of responses.	How are they affected? See section 1 & 3	Financial impact? See section 1 & 3
	Add in summary comments if needed:			
<input checked="" type="checkbox"/> Disability	Number of people asked: District wide consultation	Number of people affected: All SY residents plus any visitors. 429 (36.9%) of the respondents said they considered themselves to have a disability or ticked a disability/health condition option	How are they affected? See section 1 & 3	Financial impact? None
	Add in summary comments if needed: Click here to enter text.			
<input type="checkbox"/> Gender Reassignment	Number of people asked: Click here to enter text.	Number of people affected: Click here to enter text.	How are they affected? Click here to enter text.	Financial impact? Click here to enter text.
	Add in summary comments if needed: Click here to enter text.			
<input type="checkbox"/> Marriage or civil partnership	Number of people asked: Click here to enter text.	Number of people affected: Click here to enter text.	How are they affected? Click here to enter text.	Financial impact? Click here to enter text.
	Add in summary comments if needed: Click here to enter text.			
<input checked="" type="checkbox"/> Pregnancy or Maternity	Number of people asked: District wide consultation	Number of people affected: None identified through consultation	How are they affected? See sections 1 & 3	Financial impact? None
	Add in summary comments if needed: Click here to enter text.			
<input type="checkbox"/> Race	Number of people asked: Click here to enter text.	Number of people affected: Click here to enter text.	How are they affected? Click here to enter text.	Financial impact? Click here to enter text.
	Add in summary comments if needed: Click here to enter text.			
<input type="checkbox"/> Religion or	Number of people asked:	Number of people affected:	How are they affected? Click here to enter text.	Financial impact? Click here to enter text.
	Add in summary comments if needed: Click here to enter text.			

belief	Click here to enter text.	Click here to enter text.		
	Add in summary comments if needed: Click here to enter text.			
<input checked="" type="checkbox"/> Sex (Gender)	Number of people asked: District wide consultation	Number of people affected: All SY residents plus any visitors. 56.2% Female 40.5% Male 3.3 % did not state	How are they affected? See section 1 & 3	Financial impact? None
	Add in summary comments if needed: Click here to enter text.			
<input type="checkbox"/> Sexual Orientation	Number of people asked: Click here to enter text.	Number of people affected: Click here to enter text.	How are they affected? Click here to enter text.	Financial impact? Click here to enter text.
	Add in summary comments if needed: Click here to enter text.			
<p>Give details of any consultation undertaken. Add resulting actions to the Equality Impact Assessment Action Plan (Section 3)</p> <p>See Appendix B Consultation Topline Summary Report which accompanies this report.</p>				

Section 3: Equality Impact Assessment Action Plan

PTAP theme it relates to: Select one from the drop down:	Protected group it impacts:	Impact Assessment Details:	Mitigating Action(s) identified:	Outcome(s) required:	Financial/resource implications (if applicable):	Target Date:	Person responsible for identified action(s)
Networks, Services and Facilities	Age Disability Maternity and Pregnancy Sex	<ul style="list-style-type: none"> • More interchanges, may present a barrier to travel which may increase the possibility of social exclusion for those with limited mobility, and an adverse impact on access to employment or training for young people who are unwilling or unable to drive or who cannot afford a car. • Financial impact on younger people who may have to pay for extra journeys 	<ul style="list-style-type: none"> • The network changes are designed to provide the most efficient network with the least impact on users. • Alternative transport options such as NHS non-emergency patient transport, dial-a-ride, wheels to work and community car schemes are already available to those that are unable to access local bus services • Use of best ticket options e.g. buying a day or week ticket which would cover the cost increase. • Child and scholars making multiple leg journeys on regular basis can 	<ul style="list-style-type: none"> • Provide information and offer support 	<ul style="list-style-type: none"> • Initial frequency of calls to the contact centre 	At implementation.	Barnsley Bus Partnership

			<p>purchase operator day and weekly tickets thus capping the financial impact on users that require interchange.</p> <ul style="list-style-type: none">• All suffix "A" and "B" numbers to be shown as lower case "a" and "b" to assist those with a visual disability.• Where links cannot be maintained, interchange is provided between services at either the same stop or one within the approved walking criteria of 400m.• Provide information and offer support				
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Section 4: Signatory approvals

Section 4: Signatory approvals			
Board Sponsor responsible for Impact Assessment:			
Signed		Date	Click here to enter a date.



Please now save this final version in your department folder here: O:\Equality Forum\Impact Assessments\

Section 5: Supporting Evidence

Please attach any supporting evidence such as consultation documents here. Potential sources of information are available in the guidance document.

See accompanying report and appendices

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BARNSELY METROPOLITAN BOROUGH COUNCIL

This matter is a Key Decision within the council's definition and has been included in the relevant Forward Plan

**Report of the Place
Executive Director**

Review of the Barnsley, Doncaster and Rotherham Joint Waste Plan**1. Purpose of report**

- 1.1 This paper seeks to establish a clear way forward on how the future planning of waste will be addressed on a cross-boundary basis through joint working of the city region planning authorities.
- 1.2 Waste planning policies in South Yorkshire need to be reviewed and updated to reflect changes to government legislation and guidance, new targets and address shortfalls in provision. Otherwise, there is a high risk that emerging local plans will be found unsound following independent examination. This paper proposes that Leaders agree that a South Yorkshire Joint Waste Plan is prepared
- 1.3 This report seeks approval to prepare a South Yorkshire-wide joint waste plan. This essentially would involve reviewing and updating the existing policies and evidence base from Sheffield's Core Strategy and the Barnsley, Doncaster and Rotherham Joint Waste Plan with assistance from our city region partners including county councils in Derbyshire and Nottingham and other neighbouring authorities.

2. Recommendations

It is recommended that approval is given to:

- 2.1. **Prepare a South Yorkshire wide Joint Waste Plan working collaboratively with Rotherham, Doncaster and Sheffield.**
- 2.2 **Develop a Memorandum of Understanding to be agreed by the Portfolio Holder for Place.**
- 2.2. **Update the Local Development Scheme to reflect the commitment to prepare a South Yorkshire-wide Joint Waste Plan.**

3. Introduction

- 3.1 The Barnsley, Doncaster and Rotherham Joint Waste Plan (adopted in March 2012) currently provides planning waste policies and allocation of specific sites for waste recycling, treatment and disposal facilities. It is nearing its

review date and an approach is needed to agree how it should be reviewed. This will need to be agreed to show how we are keep waste plans up-to-date in forthcoming local plan examinations.

- 3.2 This report sets out the need for a review of existing waste policies and the options for how the existing Joint Waste Plan should be updated. The starting point for this will be to develop a Memorandum of Understanding, which would have to be agreed by the Portfolio Holder for Place. Once agreed, it will be necessary to update the Local Development Scheme to provide indicative timescales for preparation, submission and adoption of a new Joint Waste Plan.
- 3.3 Waste management is a cross-boundary matter and requires careful coordination and cooperation between local authorities across the Sheffield city region. Government guidance stipulates that local authorities can either prepare joint waste plans or incorporate policies on waste within a single local plan. Existing waste planning policies are now largely out-of-date and predate the latest national planning policy and legislation.
- 3.4 Government guidance also states that local authorities should work jointly and collaboratively to collect and share data and information, taking account of waste arisings across neighbouring planning authority areas and the government's latest capacity forecasts.
- 3.5 Dealing with waste is increasingly recognised as an important aspect of the economy providing jobs and resources and, as environmental controls improve, there are fewer negative aspects compared with the traditional ways of dealing with waste.
- 3.6 Sheffield City Council is also preparing a new local plan which will eventually replace the current adopted Core Strategy on which Sheffield's waste policies are currently based.
- 3.7 If adopted, a South Yorkshire Joint Waste Plan would have the status of a development plan document and sit alongside each authority's local plan. It would set out policies to guide decisions regarding the location, use and distribution of waste management facilities across South Yorkshire over the period to 2032/2033. These policies would then be the starting point for making decisions on planning applications.

4 Proposal & Justification

- 4.1 In South Yorkshire, waste planning policies (including the supporting evidence base) need reviewing and updating to take account of:
 - Recent changes to government policy and legislation (i.e. the introduction of the National Planning Policy for Waste; the revocation of site waste management plans as a legal requirement; the introduction of the new Waste Management Plan for England etc);

- New and more ambitious targets (recycling, disposal and landfill diversion) which are currently due to be enacted through European legislation, as part of the move towards a more competitive circular economy where the value of goods and services are maximised ;
 - Cross-boundary flows of waste, following the recent opening/expansion of regionally significant facilities (e.g. Ferrybridge multi-fuel plant in Knottingley and Bernard Road energy-from-waste plant in Sheffield);
 - The gradual rise in the production of waste arisings since the recession which exceed previous forecasts;
 - The actions/targets from the emerging Barnsley, Doncaster, Rotherham and Sheffield Joint Waste Management Strategy (which sets out a target of reusing, recycling and recover energy from 95% of South Yorkshire's waste);
 - The recent closure of major waste facilities such as the Sterecycle recycling site in Rotherham and Parkwood landfill site in Sheffield;
 - The recent opening of major municipal waste facilities (e.g. recycling and treatment at Manvers, Bolton Road and waste transfer plant at Kirk Sandall, Doncaster) and planning permissions (e.g. waste wood energy plants in Barnsley and Rotherham);
 - The ambitious growth targets and priorities set out in the Sheffield City Region Growth Plan which provides challenges and opportunities to minimise the use of natural resources and waste and maximise the recycling and economic re-use of these resources;
 - The lack of progress with regard to the delivery of commercial and industrial waste recycling and treatment facilities such as the Doncaster Energy from Waste Project (leading to a potential shortfall in future capacity); and
 - Recent evidence which suggests that the Sheffield city region faces a significant decline in landfill capacity, following the closure of disposal sites (e.g. Croft Farm, Erin and Parkwood Springs) and the Environment Agency's ban on granting waste licences in the groundwater aquifers (e.g. Barnsdale Bar, Warmsworth Quarry and Sutton Quarry) and recent rise in landfill tax .
- 3.2 By law, local authorities must ensure that waste planning policies within local plans are regularly monitored and kept up-to-date. This will give greater certainty to both the waste industry and communities about where waste facilities will be located. Government guidance states that a review should usually be carried out at least every 5 years (i.e. 2017 for the Barnsley, Doncaster and Rotherham Joint Waste Plan).
- 3.3 South Yorkshire's authorities have pledged to work together to monitor and review the capacity of waste management facilities (including the availability of landfill sites). The Joint Waste Plan sets out a commitment to review municipal, commercial and industrial waste capacity targets on a 5 or 6 yearly

basis (2015, 2021 and 2026). Any review will need to coincide with the new plan period (up to 2032/2033).

4. Progress to Date

- 5.1 As part of the government's duty to cooperate requirement, waste planning authorities within Sheffield city region (including Derbyshire and Nottingham county councils) set up a working group to discuss matters relating to the cross-boundary movement of waste across the city region. In March a report from the working group outlining headline matters relating to the review of existing waste management policies was presented to SCR heads of planning who recommended preparing a Joint South Yorkshire Waste Plan. The County Councils will retain or produce their own waste plans but will be involved with the South Yorkshire plan through the duty to co-operate requirement.
- 5.2 In June SCR Chief Executives agreed with the recommendation made by SCR Heads of Planning subject to obtaining formal endorsement from each of the South Yorkshire authorities.

5. Next Steps

- 5.1 Should the recommendations in this report be approved officers will work with officers in Doncaster, Rotherham and Sheffield in preparing a Memorandum of Understanding. As part of this it will be decided how the workload is to be divided amongst the local authorities in terms of whether one authority takes the lead on the whole process or whether each authority leads on a specific aspect.

6. Consideration of alternative approaches

- 6.1 There is a clear need to update the Joint Waste Plan but three alternative options exist to complete this work based on the new city region geography. These are as follows with the reasons for discounting them also explained:

Option	Reason for discounting
1 Review the Barnsley, Doncaster Joint Waste Plan	Excluding Sheffield would potentially result in a lack of integration between plans and in turn could result in inconsistent decision making. Waste planning is acknowledged to be a sub-regional/cross boundary issue and as Sheffield have expressed a willingness to be involved, we would find it difficult to demonstrate we are complying with the Duty to Cooperate if we excluded them.
2 No review – “do nothing scenario”	This option would be contrary to national policy and legislation. Capacity targets need reviewing and it is important to recognise cross boundary movements in the new plan. If the plan is deemed out-of-date, there would be a risk of poorly located planning permissions and again, it is likely we would be deemed to have failed to comply with the duty to cooperate.
3 Produce a joint waste plan covering other authorities in SCR	County councils (Derbyshire and Nottinghamshire) are preparing separate waste plans so to include them would result in the potential for overlap and duplication. There is no previous precedent for a joint plan covering such a large area primarily because it would be more resource intensive and would involve longer lead-in times given the number of authorities involved and their separate protocols.

7. Implications for Barnsley

- 7.1 Given the stage we are at in respect of the Local Plan, we have limited resources at present to undertake such a review. However, we have had experience preparing a waste plan jointly and there would be capacity to utilise this once the Local Plans is adopted.
- 7.2 Given that we already have a joint waste plan covering Barnsley, Doncaster and Rotherham we already are not starting the work afresh. Capacity forecasting is an on-going process and much of the existing evidence can be updated and amended to reflect the most recent information available.
- 7.3 By working together and sharing resources through a single process, the four councils of South Yorkshire have an opportunity to deliver significant cost savings and efficiencies over the lifetime of the project.
- 7.4 Municipal waste management teams (including BDR Waste Partnership) could also lend support and assistance. In terms of capacity forecasts there may be benefits in sharing costs on capacity forecasts that are beneficial to both the planning and waste forecasts in the future.

8. Implications for local people / service users

- 8.1 Households in Barnsley Rotherham, Doncaster and Sheffield produce over a million tonnes of waste each year. The Joint Waste Plan will address waste needs at a sub-regional level providing for coordinated and planned waste facilities. The plan will help establish new ways to assemble, collect, re-cycle, treat and dispose of waste to address long term needs as landfill space decreases and disposal becomes increasingly more expensive. The plan will, in partnership with the private sector, drive toward cleaner and more efficient

methods such as waste reduction, composting, recycling and energy recovery, ultimately achieving the most sustainable option for Barnsley and the region. The plan will benefit not only the citizens of Barnsley, but also Rotherham, Doncaster and Sheffield too taking forward the recently agreed South Yorkshire Waste Strategy.

9. Financial implications

- 9.1 Consultation on the financial implications has taken place with colleagues in Financial Services on behalf of the Director of Finance, Assets and I.T.
- 9.2 The anticipated costs associated with preparing a South Yorkshire-wide plan can be broken down as follows.
- Community engagement and consultation.
 - Preparation of the evidence base (including the costs associated with the commissioning of consultants and studies to determine future capacity forecasts).
 - Public examination. This includes costs associated with hiring an independent planning inspector and programme officer to support the examination.
- 9.3 The initial estimate for how much each authority should contribute is £75k over a period of 2-3 years. These costs will be contained within the existing resources allocated for the submission, examination and adoption of the Local Plan.
- 9.4 The financial implications to this report are summarised in the attached Appendix A.

10. Employee implications

- 10.1 There are no employee implications arising from this report.

11. Communications implications

- 11.1 There are communications implications arising from this report. Communications support will be required in preparing and disseminating press releases and dealing with social media.

12. Community Strategy and the Council's Performance Management Framework

- 12.1 Public consultation will be carried out in accordance with the revised Statement of Community Involvement which sets out how local people and stakeholders can engage in, and influence, planning decisions. Therefore it supports the corporate priority of people achieving their potential.

13. Promoting Equality & Diversity and Social Inclusion

- 13.1 The consultation will be carried out in accordance with the Statement of Community Involvement which acknowledges that some support or

reasonable adjustments will be necessary for some groups such as preparing information in accessible formats or meeting people face to face in small groups. There will be a need to liaise with the network of Equality Forums that facilitate engagement with some of the diverse groups who have historically been harder to involve.

14. Tackling Health Inequalities

- 14.1 There are no direct matters of relevance arising from this report but a Health Impact Assessment will be produced and made available when preparing the Joint Waste Plan.

15. Climate Change & Sustainable Energy Act 2006

- 15.1 There are no direct matters of relevance arising from this report but the emphasis of the NPPF is to promote sustainable development and the Joint Waste Plan must provide the evidence that proposals take account of the impact on the environment.

16. Risk Management Issues

- 16.1 There is a risk that the Joint Waste Plan could be found unsound, especially if the evidence base underpinning the plan is not robust. In order to reduce this risk sufficient provision will be made to commission robust evidence.

17. Conservation of Biodiversity

- 17.1 No direct biodiversity implications arising from this report.

18. List of Appendices

Existing Barnsley, Doncaster and Rotherham Joint Waste Plan

Office Contact: Joe Jenkinson	Telephone No: 2588	Date: 01/11/2016
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FINANCIAL IMPLICATIONS

Review of the Barnsley, Doncaster and Rotherham Joint Waste Plan

i) Capital Expenditure	<u>2016/17</u> £	<u>2017/18</u> £	<u>2018/19</u> £	<u>Later Years</u> £	<u>Total</u>
					0
To be financed from:	0	0	0	0	0
					0
	0	0	0	0	0

ii) Revenue Effects	<u>2016/17</u> £	<u>2017/18</u> £	<u>2018/19</u> £	<u>Later Years</u> £
Community Engagement and Consultation costs, Preparation of the Evidence Base and Public Examination costs.		25,000	25,000	25,000
	0	25,000	25,000	25,000
To be financed from:				
Existing resources allocated for the Local Plan		25,000	25,000	25,000
	0	0	0	0

Impact on Medium Term Financial Strategy

This report has no impact on the Authority's Medium Term Financial Strategy.

	<u>2016/17</u> £m	<u>2017/18</u> £m	<u>2018/19</u> £m	<u>2019/20</u> £m
Current forecast budget gap	0.000	0.000	0.000	0.000
Requested approval	0.000	0.000	0.000	0.000
Revised forecast budget gap	0.000	0.000	0.000	0.000

Agreed by:  3/11/16 On behalf of the Director-Finance, Property & IS

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BARNSLEY METROPOLITAN BOROUGH COUNCIL

This matter is a Key Decision within the Council's definition and has been included in the relevant Forward Plan

Report of the Executive Director
(People)
to Cabinet

(2nd November 2016)

SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) STRATEGY

1.0. Purpose of the Report

1.1 To inform Cabinet of the SEND Strategy for the local area.

2.0. Recommendations

2.1 That Cabinet approves the Barnsley SEND Strategy for adoption by the Authority and notes the Key Performance Indicators, outlined in Appendix 1

3.0. Introduction to the Report

- 3.1 The SEND Strategy is a two year strategy to fundamentally review and reconfigure services and partnerships in Barnsley to deliver the SEND reforms effectively, and improve outcomes for children and young people with Special Educational Needs and Disabilities. It is recognised that SEND encompasses children and young people with a broad range of needs. For some their needs will be met by the right education provision. For others they, and their families, will need support from a number of statutory services and this may continue into adulthood.
- 3.2 The Strategy is intended to ensure that Barnsley is positioned to respond to some significant reforms to education, health and social care with regard to meeting the needs of disabled young people and those with SEN aged between 0-25.
- 3.3 The Strategy is a local area strategy and all partners are accountable for its delivery. All early years providers, mainstream schools and post-16 settings are expected to make effective provision for disabled children and those with SEN. Education, health and care services should work together to jointly commission services to deliver integrated support to children and young people aged 0-25 with SEND.
- 3.4 The strategy is based around three key aims which are:
- To improve educational, health and emotional wellbeing outcomes for all Barnsley children with SEN and who are disabled and that the Strategy is owned and supported by all partners.
 - To ensure Barnsley delivers the necessary changes to the assessment of needs and joint commissioning of provision, as set out in the Children and Families Act

(2014) so that children, young people and families have better, integrated support with education, health and social care.

- To address gaps in provision and improve the quality across the full spectrum of provision for children and young people with SEND

4.0. Proposal and Justification

4.1 It is proposed that the Barnsley SEND strategy is endorsed by Cabinet in support of the objective to improve quality of provision and outcomes for young people with SEND.

4.2 The Strategy supports the local authority in meeting their duties under the Children and Families Act, namely to:

- Work with health and social care colleagues, jointly to commission services to deliver integrated support for children and young people with SEN aged 0-25.
- Consult children, young people and their parents, and co-operate with a range of local providers across education, health, social care and voluntary sector partners to deliver the new system, including post-16 education providers such as further education colleges and training providers.
- Work with local partners, parents and young people to co-produce and publish a local offer of SEN services and provision to assist young people in finding employment, obtaining accommodation and participating in society.
- Provide a co-ordinated education, health and care assessment for children and young people aged 0-25 and new Education, Health and Care (EHC) plans that will replace the two existing systems of SEN statements (in schools) and Learning Difficulty Assessments (in further education and training).
- Offer those with EHC plans the option of a personal budget.
- Consider the transition from children's to adult services and whether to use a new power to provide children's services to young people over 18 to smooth their transition

5.0. Implications for Local People and Service Users

5.1 The SEND Strategy is intended to improve the experience of children and families accessing the service in all parts of the Borough, increase their participation in decisions which affect their lives and build resilience and independence in young people with SEND, supporting their transition into adulthood.

6.0. Financial Implications

6.1 Funding for supporting and improving the educational outcomes of children and young people with SEND is mainly provided through the high needs funding block within the Dedicated Schools Grant (DSG). It is envisaged that the implementation of the strategic objectives and high level action plans in the strategy will impact on the overall high needs DSG funding (£13.3M for 2016/17). Further work would be undertaken to determine actual financial impact as details of the action plans are worked through.

6.2 Currently the high needs budget is used to support SEND provision in the following:

- Support to mainstream schools / academies to meet the additional costs of

supporting / raising the attainments of pupils / learners with SEND (£2.5m);

- Funding for specialist provision places in special schools / academies and specialist resource units in mainstream schools / academies (£5.0m);
- Commissioned alternative provision places in the pupil referral unit including statutory provision such as education other than at schools; etc. (£1.4m);
- Placements of children & young people with SEND in external specialist provision e.g. independent and non-maintained special schools (£2.4m);
- Provision for high needs learners at aged 16 to 19 at further education colleges and independent specialist / training providers (£1.0m);
- Support (information, advice, guidance, training, etc.) provided to mainstream schools / academies through the Council's SEN support service (£0.7m)

6.3 It should be noted that the increasing number of children & young people with SEND, the level of needs presented and lack of suitable specialist places within the borough is exerting pressure on available high needs budget. Reported pressures in 2015/16 against the out of authority SEN placement budget and post 16 FE colleges provision was £600k and £100k respectively. The Government has recently consulted on the introduction / implementation of a new national high needs funding formula for allocating funding to authorities based on needs, which would likely see an increase in the level of funding to Barnsley.

6.4 In addition to the use of DSG, there are a number of statutory SEN functions that are supported / funded by the Council from its core resources. These mainly include: Assessment & Review Team and Education Psychology service.

6.5 Further work is planned to be undertaken to determine the actual financial implications of the draft SEND Strategy and action plan.

7.0 Employee Implications

7.1 There are no direct employee implications.

8.0 Communications Implications

8.1 A copy of the Strategy will be placed on The Council's Website, Children's Trust Website and the Barnsley 'I Know I Can' Website

9.0 Consultations

9.1 The Strategy, has been developed in consultation with relevant partners, representatives of the Children's Trust and the Barnsley Parent and Carers' Forum governors.

10.0 Key Policy Considerations

10.1 The Strategy supports Corporate Plan priorities in relation to 'People Achieving their Potential' together with the strategic priorities of the Barnsley Children and Young People's Plan (including that Every child attends school a good school as well as early targeted support to those who need it).

11.0 Tackling Health Inequalities

11.1 One of the objectives of the SEND Strategy will be to ensure that the impact of SEN, disabilities or any other complex needs, upon a child's educational outcomes and overall wellbeing, is minimised so that they can go on to become more active participants and benefit from the economic and social prosperity arising through economic growth in the Borough and improvements in the health and wellbeing of local communities.

12.0 Tackling Poverty

12.1 Please see Paragraph 11.1.

13.0 Climate Change and Sustainable Energy Act (2006)

13.1 There are no implications for the Act emerging through the report.

14.0 Consideration of Risks

14.1 The report relates to the Council's statutory duty in relation to special educational needs and disabilities. The Strategy articulates how that duty will be undertaken and as a consequence mitigates risk to the council in relation to education performance and potential failure to meet statutory duties.

15.0 Health and Safety Implications

15.1 There are no implications for the health and safety of the public or employees arising from the report.

16.0 Compatibility with the European Convention on Human Rights

16.1 The Strategy is underpinned by a commitment to The United Nations Convention on the Rights of The Child and is fully compatible with the European Convention on Human Rights

17.0 Promoting Equality, Diversity and Inclusion

17.1 The Strategy specifically supports the educational achievement of those with special needs and disabilities as part of promoting inclusion, in compliance with the Equality Act.

18.0 Reduction of Crime and Disorder

18.1 There are no implications for tackling crime, disorder or anti social behaviour emerging through consideration of the Strategy.

19.0 Conservation of Biodiversity

19.1 There are no implications for the conservation of biodiversity emerging through the report.

20.0 Glossary of Terms and Abbreviations

20.1 Not applicable

21.0 List of Appendices

21.1 Appendix 1: The Barnsley Special Educational Needs and Disability Strategy

22.0 Details of Background Papers

22.1 Background papers used in the production of this report are available to view by contacting the Education, Early Help and Prevention Team, People Directorate, Barnsley MBC, PO Box 634 Barnsley, South Yorkshire, S70 9GG

Officer Contact: Margaret Libreri, Service Director (Education, Early Help and Prevention)

Tel. No. 01226 773665 or e-mail margaretlibreri@barnsley.gov.uk

Date: 27th October 2016

Financial Implications/
Consultation
*(to be signed by senior Financial Services officer
where no financial implications)*

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Barnsley Children and Young People's Services

BARNSLEY SEND STRATEGY 2016-18

Introduction and Context

Vision	Strong families, strong Barnsley Every child in a good school Success in learning and work Strong and Resilient Adults
Core Purpose	To work together to improve children, young people and adults outcomes

This is a 2-year strategy to fundamentally review and re-configure services and partnerships in Barnsley to deliver the Special Educational Needs and Disability (SEND) reforms effectively and improve outcomes for children and young people with Special Educational Needs and Disabilities. Barnsley is publishing this **SEND Strategy** at a time of very significant change, with some of the biggest shifts in national policy for health, special educational needs and disability in over 30 years. The strategy is also intended, therefore, to ensure that Barnsley is well positioned to implement these changes for the benefit of children, young people and families. In this Strategy, the local area recognises that SEND encompasses children and young people with a broad range of needs. For some the focus of support will be wholly educational. For others, their families will need support from a number of statutory services and this may continue throughout their childhood and into adulthood. A child or young person may have special educational needs or disability or both. The Code of Practice and the Equality Act respectively define SEN and Disability.

Who is the strategic plan for?

The strategy is primarily for all children and young people with SEND and their families, as well as those children and young people who have a Statement of Special Educational Needs or an Education, Health and Care Plan.

It is also for all other stakeholders and organisations who contribute to working together to secure high quality provision for SEND children and young people that is efficient, sustainable and effective.

This strategy has been produced in response to the significant government reforms to education, health and social care requirements for services working with children and young people who are disabled and those with SEN, aged between 0-25, and their families and carers. Under the Children and Families Act 2014 legislative Framework local authorities have to:

- Work with health and social care colleagues jointly to commission services to deliver integrated support for children and young people with SEN aged 0-25.
- Consult children, young people and their parents, and co-operate with a range of local providers across education, health, social care and voluntary sector partners to deliver the new system, including post-16 education providers such as further education colleges and training providers.
- Work with local partners, parents and young people to co-produce and publish a local offer of SEN services and provision to assist young people in finding employment, obtaining accommodation and participating in society.
- Provide a co-ordinated education, health and care assessment for children and young people aged 0-25 and new Education, Health and Care (EHC) plans that will replace the two existing systems of SEN statements (in schools) and Learning Difficulty Assessments (in further education and training).
- Offer those with EHC plans the option of a personal budget.
- Consider the transition from children to adult services and whether to use a new power to provide children's services to young people over 18 to smooth their transition

In addition to local authority responsibilities, NHS England are mandated by government to work in partnership across different services in supporting children and young people with special educational needs or disabilities. NHS England's objective is to ensure that children and young people have access to the services identified in their agreed care plan, and that parents of children who could benefit have the option of a personal budget based on a single assessment across health, social care and education.

The vision is for a well-planned continuum of provision from birth to age 25 in Barnsley that **meets the needs** of children and young people with SEND and their families. These means **integrated services** across education, health and social care which work closely with children, young people, parents and carers and where individual needs are met without unnecessary bureaucracy or delay. It also means a strong commitment to **early intervention and prevention** so that children's and young people's needs do not increase because early help is provided in a timely way.

We believe that every Barnsley child and young person should have their needs met, as far as possible, in their local community, in local early years settings and schools, in further education colleges and work places. They should be offered high quality provision which ensures good health and care and good educational progress and achievement and preparation for adulthood.

We expect every early years provider, mainstream school and post 16 setting to make effective provision for disabled children and those with SEN so that they make good progress in their learning and can move on easily to the next stage of their education and later into **employment and independent adult life**.

We also expect education, care and health services to be delivered in an integrated way so that the **experience of families** accessing services is positive and that children's and young people's safety, wellbeing and health outcomes are well promoted alongside their educational progress and achievement.

The aim is to have effective services in place for young people with additional needs up to the age of 25. They should be recognised as full citizens with their own contributions to make to their local communities and society. Barnsley wants transition to adulthood to be a good experience for young people and wants them to be **talking to the right people in the right places at the right time**, to inform their choices and support independence. Successful transition support between schools and FE Colleges, and adult services where appropriate is key.

Every Barnsley child and young person who is disabled has the right to live as ordinary a life as possible in the local community, with easy access to local schools and leisure facilities, and to the support services they and their families need. Some young people with the most complex needs require significant levels of help and we aim to ensure they and their **families can work with us to shape the services** that will best **ensure good outcomes** for them, supporting their inclusion in society, ensuring resilience and independence in adulthood.

Our vision is for all early years' settings, schools, colleges and health and care support services to have the capacity and confidence to deliver high quality provision for children and young people with special educational needs and who are disabled (SEND), to improve their educational and health outcomes and their access to social opportunities. Barnsley wants to **improve provision and parental choice** by working in partnership with providers in the voluntary and independent sectors who share the same vision and values. This will be achieved by using the best expertise and knowledge in schools and other services, to increase capacity throughout the local area, and by **promoting a model of collaborative working and shared responsibility**.

Barnsley's Strategic Priorities for SEND

The **over-arching aim** of this strategy is to **improve educational, health and emotional wellbeing outcomes** for all Barnsley's children and young people with SEN and who are disabled. It is recognised that parents, carers and young people are central to the successful delivery of the SEND Reforms and this strategy. It will be necessary to ensure that the **views of children and young people with SEND, and their families**, are fully represented in the strategic design and delivery of this SEND Strategy across Barnsley.

The **second key aim** is to ensure Barnsley delivers **the necessary changes to the assessment of needs and joint commissioning of provision** as set out in the Children and Families Act, so that our services are joined up, professionals have good up to date knowledge of each other's practice, and children and young people have better integrated support across education, health and social care. The aim is to improve the quality of communication between different agencies to ensure that needs are identified swiftly and appropriate action taken to provide early help and prevention; targeted support and intervention which supports choice and independence for children, young people and their families.

The **third key aim** is to **address the gaps in provision**, and improve the quality of provision, for children and young people with special educational needs and those who are disabled. This will mean challenging universal services to be inclusive of children and young people with special educational needs or who are disabled; developing a range of social care, health and education providers; and encouraging a mixed economy of provision across mainstream and special schools in Barnsley, as well as high quality, cost effective independent and non-maintained specialist provision necessary for some children and young people. Barnsley will develop and implement a strategic approach to the deployment of resources to ensure effective provision by engaging with schools and settings to support the development of a diverse range of provision to meet emerging needs.

Key partnerships:

- Barnsley Alliance Board
- Early Years settings, schools and post-16 education providers
- Public Health
- Commissioners and providers of targeted and specialist services

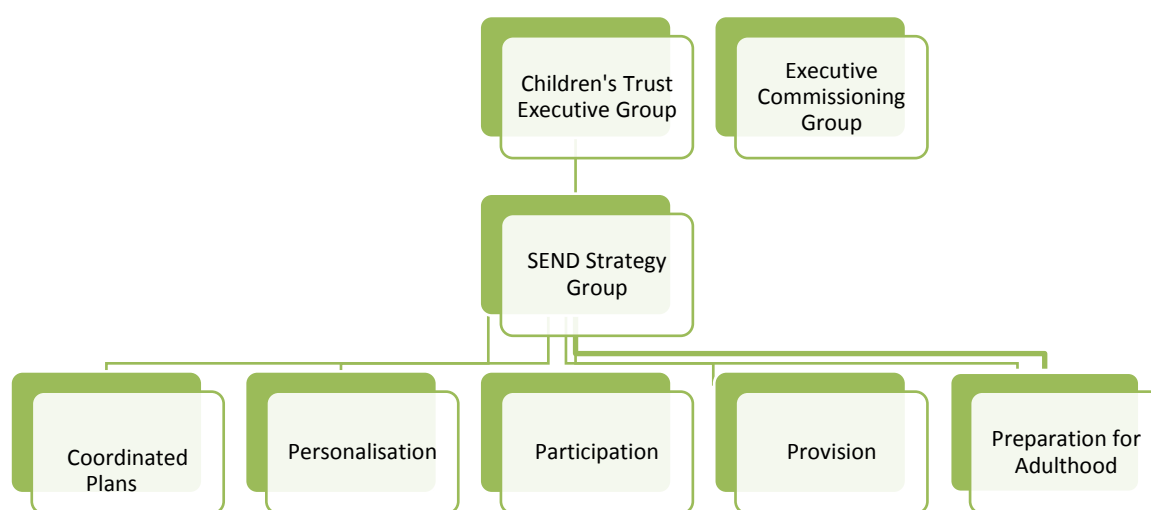
Key Plans and Strategies:

- Barnsley CYP Plan 2016 -19
- Barnsley Alliance Strategy
- Early Help Strategy
- Barnsley Future in Mind Transformation Plan

Governance Arrangements

A multi-agency SEND Strategy Group has been established to implement the reforms to the SEND arrangements. The SEND Strategy Group is supported by a number of Task & Finish Groups which are working on the detailed reforms to services and systems. Once the reforms have all been implemented the work of these groups will cease but the SEND Strategy Group will continue to monitor the impact of the reforms and will report, at least annually, to the Children's Trust Executive Group on outcomes for children and young people with SEND.

To ensure democratic accountability the SEND Strategy Group will also periodically report on improvement plans, progress and outcomes to Council Overview and Scrutiny and Cabinet committees.



SEND Code of Practice

A revised 'SEN and disability code of practice 0 to 25 years' came into effect on 1st April 2015 and can be found at:

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

The code of practice sets out guidance on policies and procedures aimed at enabling children and young people with SEND to reach their full potential and support families to do the best for their children. It reflects the provisions of Part 3 of the Children and Families Act 2014 and associated regulations and explains and provides guidance on carrying out the duties in the legislation.

The Code of Practice is statutory guidance for organisations who work with and support children and young people with SEND and their parents, such as:

- head teachers and principals
- governing bodies
- school and college staff
- special educational needs (SEN) coordinators
- early education providers
- local authorities
- health and social services staff

The Task & Finish Groups are using the detailed guidance in the revised code of practice to ensure that organisations in Barnsley are fulfilling their statutory duties.

The Strategic Priorities: what we want to achieve

PRIORITY ONE:

Improve Lifelong Outcomes for children and young people with SEND and their families

This is important because:

Where schools and other education settings offer good or outstanding provision, children and young people with SEND can be supported to achieve their ambitions and make good progress. Barnsley and national data shows us that a significant number of children and young people with SEND do not always make good progress or reach their potential, and are not always well prepared for the next stages of their lives. Barnsley families would like to work closely with their schools to achieve the best outcomes for children and young people and feel strongly that increased awareness and joint training around SEND issues would make a significant positive difference.

Objective One:

Continue to raise attainment of children and young people with SEND and their families

We will support schools and educational settings to continue in leading on the raising of attainment of children and young people with SEND. This will include working with schools to further develop training programmes and further develop information, advice, support and guidance. We'll increase opportunities for school to school support and work in partnership with special schools and local authority outreach and support services to build greater skills and confidence on the more complex aspects of SEND in mainstream schools.

**Objective Two:
Improve and strengthen early identification of SEND and improve efficiency of production of EHC Plans to ensure children's needs are met promptly**

We will target support in the Early Years so that we can identify children with SEND as early as possible. We will work with Early Years settings and other partners to put in place early intervention mechanisms so that children's learning and development is maximised at this crucial time. We will introduce new ways of doing things by looking for best practice across the Barnsley to improve our services.

**Objective Three:
Develop a single coordinated plan approach to integrated multi agency working**

We will review how our multi-agency 'team around the child' and early support processes work to reduce bureaucracy and avoid duplication wherever possible. We will pilot a 'Single Plan' approach for young people with exceptionally high levels of need and work in partnership with education, NHS and care providers and try to meet their needs locally.

**Objective Four:
Support young people to make a fulfilling transition to adult life**

We will support every child and young person with SEND to help them make a successful transition in this period of significant change. We will start early, be flexible and try to tailor our support to the individual young person and their family. We'll make sure parents and carers can access advice and guidance on what options are available. We'll work in partnership with parents and carers to enable them to take part in the decisions about their child's needs and support arrangements.

**PRIORITY TWO:
Involve, engage and enable children and young people with SEND and their families**

This is important because:

A focus on a smooth transition through life stages and particularly into adulthood can support the achievement of the best possible outcomes for each child and young person and maximise their independence, choice and control as they enter adulthood. Barnsley Council and its partners are committed to work together to overcome obstacles and join up services in order to achieve this aim.

**Objective Five:
Ensure parents and carers, children and young people are able to participate more in decision-making**

We will ensure that parents, carers and young people have increased opportunities to participate in decision making about their provision and care. We will also encourage their involvement in changes to strategies and the on-going evaluation of our services. We will look at how best we can get feedback from children and young people with SEND about their educational experiences.

Objective Six:

Work towards making ensuring that parents and carers receive the right support

We will support our local Parent Carer Forum and use this as one of the ways we can improve parent consultation. We will fully review all our services for parents and carers using the feedback they have given us and we will involve them in this review, helping parents and carers access support and advice at the right time. We will work with parents and carers in experimenting with the development of personal budgets.

Objective Seven:

Ensure that all information that goes to parents and carers is clear and accessible

We will continue to develop SEND web pages on the Barnsley website. These will provide information about local services and guidance for parents, carers and professionals about the range of services, the full range of educational provision available and how transitions between children and adult services are coordinated. We will make sure this and all information- is clear and accessible and written in everyday language. We'll promote the availability of this information through children's family centres, libraries, schools and other places that are regularly visited by members of the public.

PRIORITY THREE:

Ensure the highest possible quality of provision and services through effective procurement and commissioning arrangements

This is important because:

Individuals should be able to access a range of high quality services when required to meet a wide and varied range of needs. BMBC Partners will seek to develop SEND Provision in consultation with, and in collaboration with, its customers, recognising the challenges imposed by financial constraints in times of austerity and the need to be opportunistic and flexible in their approach.

Objective Eight:

Deliver the right provision and the right support arrangements at the right time

We'll review our existing specialist provision to match our current need more closely. We'll also re-designate current places to get the best from what we already have and

work with our neighbouring boroughs in partnership to achieve economies of scale. We will improve our commissioning and procurement arrangements to ensure that we get best value for money in all places that we commission outside the borough.

We'll work in partnership with mainstream schools to develop increased curriculum options for young people with learning difficulties to improve their qualifications and post 16 pathways. We will work with the Colleges and other providers of further education (FE) to help develop provision to accommodate more high needs learners from 16-25 years old. We will develop the transition planning information in young people's Education, Health and Care plans to help FE providers to tailor programmes that meet the educational needs of the learners and support their progression once they leave formal education

Objective Nine:

Develop a skilled professional workforce who is knowledgeable and confident about SEND

We will support the leadership and management in schools and all other educational settings in their development of inclusive practice and specialist training in specific areas of SEND. We will work with our partners to make sure that all those who work with children and young people with SEND have the necessary skills and confidence (appropriate to their role) to support children and young people and their families.

Over the next two years we will review and redesign how we work to implement the Special Educational Needs and Disability Arrangements for 0 to 25 year olds, so that by April 2018:

Parental Engagement

- A wide range of parents will be communicated with regarding the SEND reforms and will have the opportunity to be involved and have their voice heard.
- Parents will be engaged in commissioning decisions and views of local communities will be gathered so that services for those with SEND can be shaped by users' experiences, ambitions and expectations.
- Parents/carers will be involved in the development of and the review of the Local Offer.

Education Health & Care Plans

- All SEN Statements/LDAs will have been transferred to EHC Plans.
- EHC planning process will be well embedded both within the Local Authority and schools.
- Workforce, parents and young people will be familiar with the EHC needs assessment process, the plan, will be able to contribute to and write outcome focussed reports and will be familiar with the review process.

Local Offer

- There will be a comprehensive Local Offer website and an alternative means of accessing this information for those who do not have internet access.
- There will be an established mechanism for the Local Offer highlighting gaps in provision which the LA will respond to so that the needs of all children and young people with SEND can be met locally.

Joint Commissioning

- There will be a single joint commissioning process which will inform the commissioning and decommissioning of services to meet the needs of SEN children and young people in Barnsley.
- The Barnsley JSNA will evidence the SEN needs of children and young people in Barnsley.

Personal Budgets

- All professionals, parents and young people will have a good understanding of personal budgets and direct payments and the take up of direct payments/3rd party arrangements will increase thus reflecting increasing choice and control for families.
- An all age brokerage service will be in place.
- Smooth mechanisms for the set up and review of direct payments/third party arrangements will be in place across the LA and CCG.
- A move towards pooled budgets will be planned so that families can have just one payment and review process.

How we work

In implementing the strategy our work will be underpinned by the following principles

- In all our services, from universal to targeted, we are transparent in our communication and engagement with families; we listen actively to what they say, so that we can understand their perspective, their needs and their desired outcome
- Our starting point is identifying and building on strengths, our approach is non-judgemental and inclusive

- Our approach is family centred, recognising that the context individuals live in, and their important relationships, have an impact on actions and outcomes
- We involve families, children and young people in the decisions that affect their lives
- Our focus is on improving outcomes; making a difference that can be sustained
- We build capacity, resilience and independence, so that families can make choices that enhance their quality of life
- Services, pathways and processes are sensibly integrated, and families experience coherence and consistency in their engagement with services
- We provide continuity of support, communication and relationships at points of transition in families' lives
- We make it easy to get the right support at the right time, so problems don't escalate

What do we mean by Special Educational Needs and Disability (SEND)?

The Special Educational Needs and Disability Code of Practice: 0 to 25 years (the Statutory Guidance that all organisations working with children and young people with SEND must have regard to) offers the following definitions that Barnsley subscribe to:

Special Educational Needs (SEN)

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other

children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.

Post-16 institutions often use the term learning difficulties and disabilities (LDD). The term SEN is used in this Code across the 0-25 age range but includes LDD.

Disabled Children and Young People

Many children and young people who have SEN may have a disability under the Equality Act 2010 – that is ‘...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities’. This definition provides a relatively low threshold and includes more children than many realise: ‘long-term’ is defined as ‘a year or more’ and ‘substantial’ is defined as ‘more than minor or trivial’. This definition includes sensory impairments such as those affecting sight or hearing, and long-term health conditions such as asthma, diabetes, epilepsy, and cancer. Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN. Where a disabled child or young person requires special educational provision they will also be covered by the SEN definition.

Areas of Special Educational Need

There are 4 main areas of special need:

Cognition and Learning Needs

This includes children who have difficulty with learning, thinking and understanding or who have developmental delay. They may have features of moderate, severe or profound learning difficulties or specific learning difficulties (dyslexia and dyspraxia).

Social, Emotional and Mental Health Needs

Pupils with social, emotional and mental health needs cover the full range of ability and severity. Their needs can present a barrier to learning and persist despite the implementation of an effective school policies and a robust personal/social curriculum.

Communication and Interaction Needs

This includes children with speech and language difficulties and disorders and autistic spectrum disorders including Asperger's Syndrome.

Sensory and/or Physical Needs

This includes children with a range of significant visual or hearing difficulties and children with physical disabilities which impede their learning in school and their ability to take part in the curriculum.

We recognise that some children will have needs in more than one area. When a child has very significant difficulties falling into a number of these areas, then this child may be described as having complex needs.

The Local Picture

Children and Young People with SEND in Barnsley

This section aims to give a sense of the numbers and the characteristics of the children and young people that this strategy is aimed at.

Analysis of Need within Barnsley

- In January 2015, Barnsley's SEN population was 16.1% compared with 15.4% nationally.
- The current school population in Barnsley is 33,093 (January 2016).
- Of the current school population, 4,836 have an identified Special Educational Need. This represents 14.6% of the school population in January 2016.
- The current (May 2016) SEN population (including post-16) is 5,039 and is profiled across stages as follows:
 - Early Years 421
 - Primary 2,843
 - Secondary 1,560
 - Post-16 215
- Barnsley generally has higher numbers of children subject to a statement of SEN or an Education, Health & Care Plan (EHCP) than is the case regionally, 1.3% higher and nationally, 1% higher.
- Statements / EHCPs as a % of school population (January 2015) *:
 - England 2.8%
 - Yorkshire & Humber 2.4%
 - Barnsley 3.8%
- There are currently 1412 children and young people with a statement of special needs/or a EHCP. The category of primary need as stipulated on Capita is as follows:
 - Autistic Spectrum Disorder 250
 - Social Emotional Mental Health 294

○ Hearing Impaired	31
○ Moderate Learning Disability	212
○ Multi-Sensory	3
○ Non specified Primary Need	26
○ Physical Disability	113
○ Profound Multiple Learning Disability	44
○ Speech Language Communication Need	324
○ Severe Learning Disability	76
○ Specific Learning Difficulties	18
○ Visual Impairment	21

As of May 2016 there are 92 children placed out of borough in independent special schools.

**all comparator data is drawn from January 2015 School Census*

Educational Provision for Children and Young People with SEND

Special Schools in Barnsley

All admissions to special schools and resourced provisions are agreed through provision panel meetings.

An EHC Plan or a Statement of SEN is required for all children and young people who are enrolled to a special school or resourced provision.

Springwell Special Academy (96 places) for pupils 3 – 19 years with social, emotional and mental health needs.

Greenacre Special School (320 places) for pupils aged 3- 19years with severe and complex needs

Satellite Provision:

Kexborough Primary School KS1

Kexborough Primary School KS2

Hoyland Springwood Primary School KS2

Darton College KS3

Resourced provisions in Barnsley

Some of the mainstream schools in Barnsley mainstream have resourced provisions (91 places) for specific types of need.

- **Horizon Community College** - resourced provision for pupils with a hearing or visual impairment
- **Joseph Locke Primary School** - resourced provision for pupils with a hearing or visual impairment
- **Carlton Community College** - resources provision for pupils with communication and interaction difficulties
- **Meadstead Primary Academy** - resourced provision for pupils with communication and interaction difficulties
- **Hoyland Springwood Primary** - resourced provision for pupils with communication and interaction difficulties
- **Worsbrough Common Primary** - resources provision for pupils with communication and interaction difficulties
- **Oakhill Primary Academy** - resourced provision for pupils with communication and interaction difficulties
- **Greenacre Special School** - resourced provision for pupils with communication and interaction difficulties
- **Darton College** – a resource provision for pupils with moderate learning needs

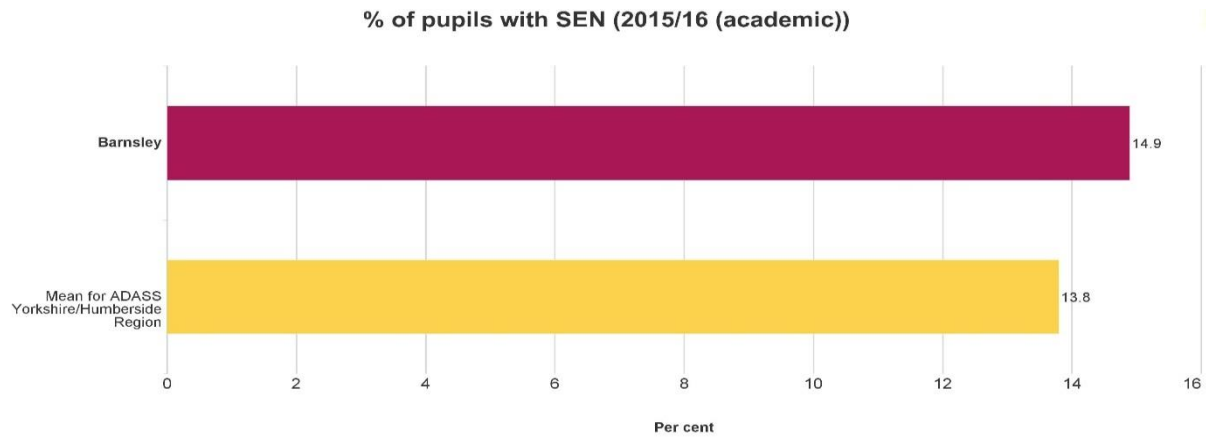
Other specialist educational provision outside of Barnsley

In addition to the special schools and resourced provisions listed above, there are other specialist provisions outside of Barnsley. A list of the independent special schools and post-16 institutions approved by the Secretary of State (Section 41) can be found on the GOV.UK website.

Barnsley will always try, wherever possible, to meet the educational needs of children and young people within Barnsley but, in rare circumstances, will arrange for children to be placed in schools outside of the Borough to ensure that very specific needs are met.

Profile of pupils with SEND in Barnsley

In Barnsley 14.9% of pupils have some type of special educational need (SEN), compared to 13.8% in the Yorkshire/Humberside Region. These figures, and those in the first three charts below, are for pupils attending schools in Barnsley. They do not include children and young people for whom Barnsley is responsible but has placed out of borough.

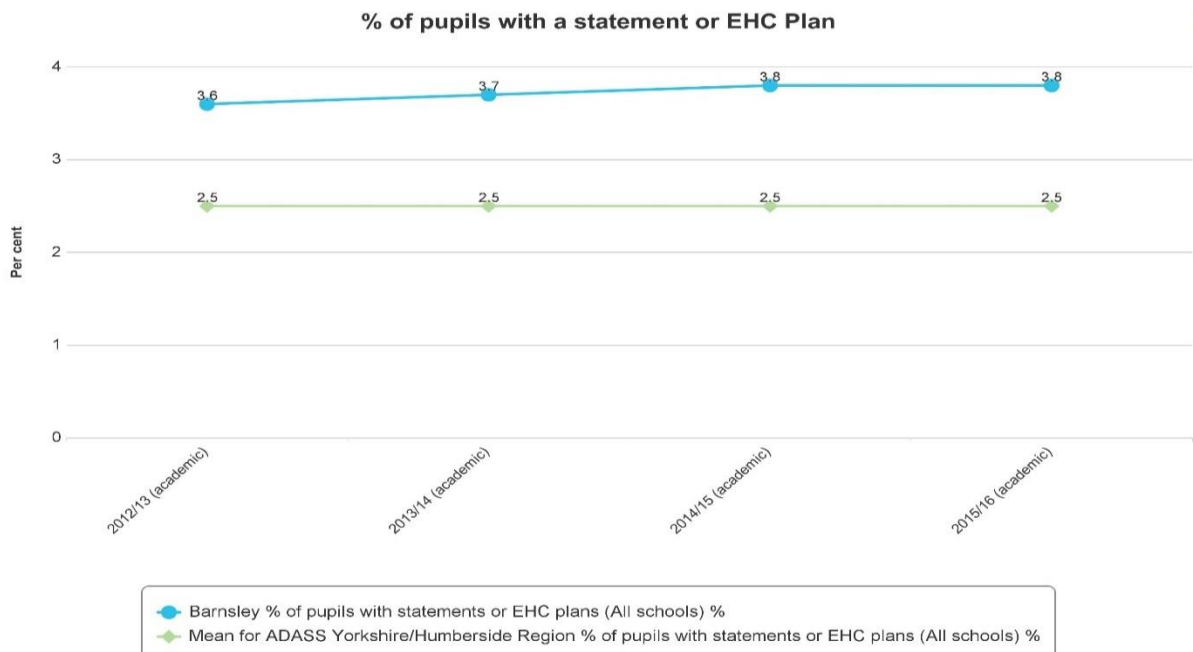


Source:
Metric ID: 2212, Department for Education, Special Educational Needs in England

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Pupils with statements of special educational needs or education health and care plans:

Across the Yorkshire/Humberside Region, the proportion of pupils with statements or education, health and care (EHC) plans ranges from 1.8% to 3.8%. Barnsley has a value of 3.8%, compared to an average of 2.5% in the Yorkshire/Humberside Region.



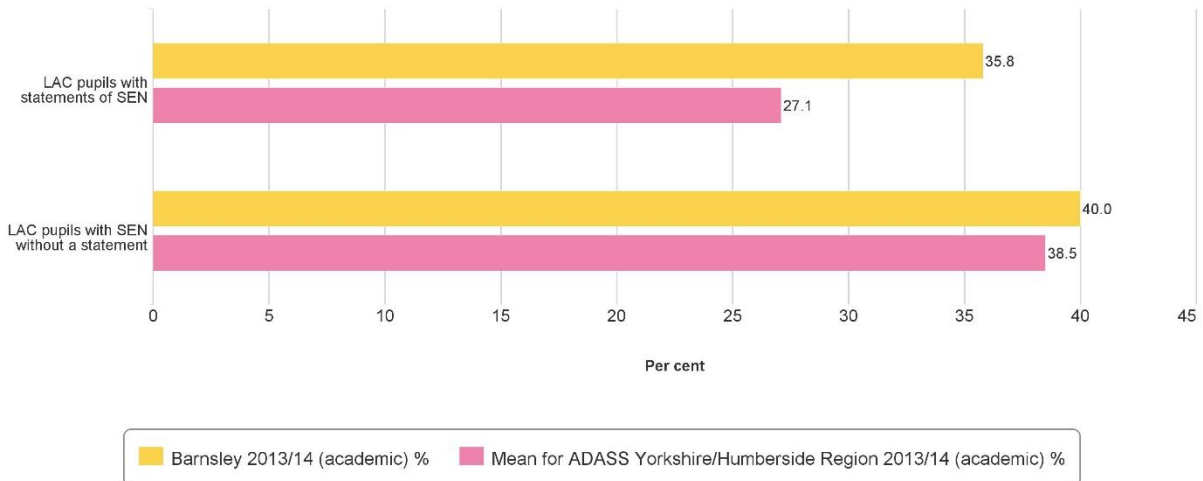
Source:
Metric ID: 2213, Department for Education, Special Educational Needs in England

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Looked after children and children in need

Looked after children are defined as those looked after by the local authority for one day or more. In Barnsley, 40.0% of looked after children are on SEN support, compared to 38.5% in the Yorkshire/Humberside Region. 35.8% of looked after children in Barnsley have a statement of SEN or EHCP, compared to 27.1% in ADASS Yorkshire/Humberside Region.

% of looked after children with statements of SEN and % looked after children with SEN without a statement (2013/14 (academic))



Source:

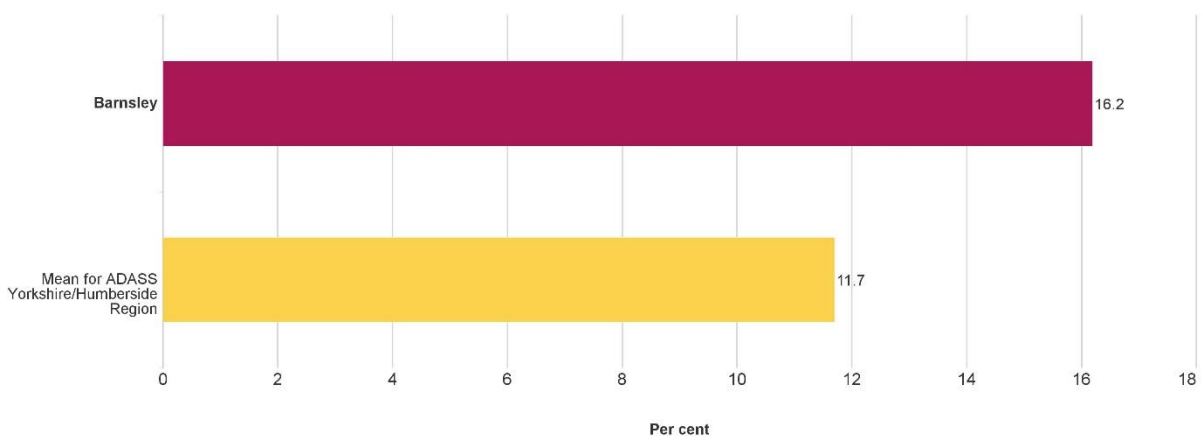
Metric ID: 2133, Department for Education, Outcomes for Children Looked After by Local Authorities in England

Metric ID: 2134, Department for Education, Outcomes for Children Looked After by Local Authorities in England

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In Barnsley, 16.2% of school-age children in need have a disability, compared to 11.7% in the Yorkshire/Humberside Region

% of children in need with a disability (2014/15)



Source:

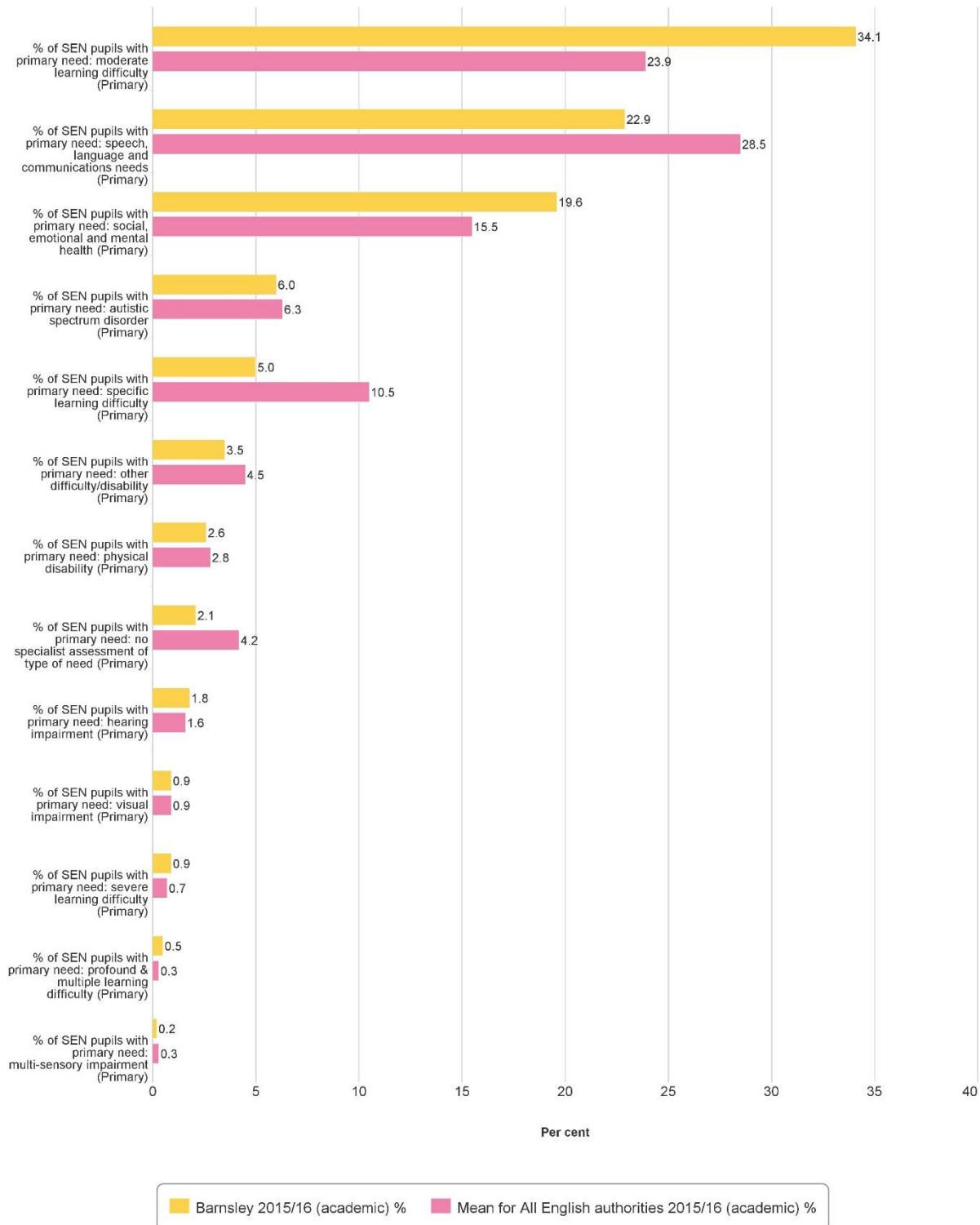
Metric ID: 2246, Department for Education, Characteristics of Children in Need in England

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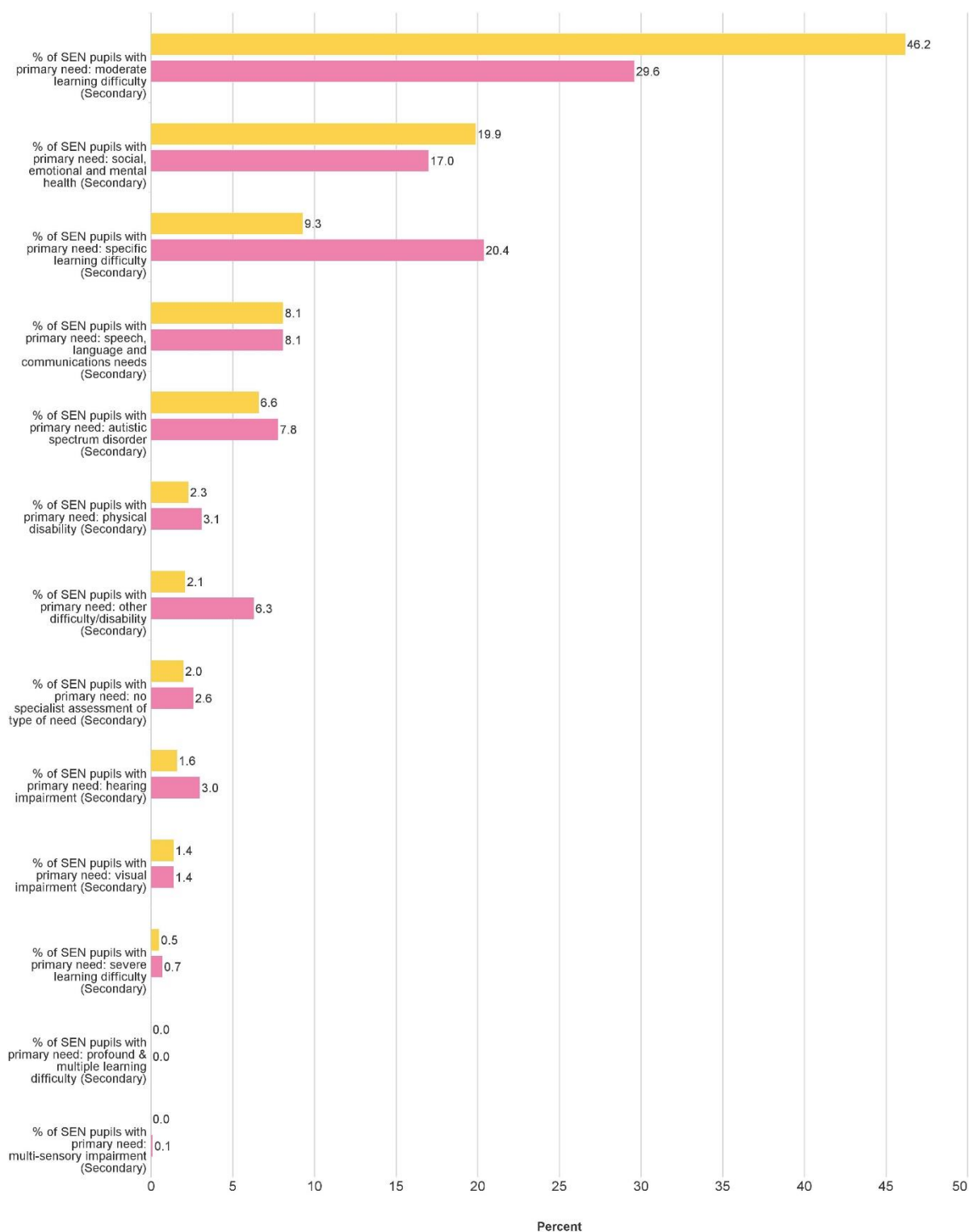
Primary Need

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for them. All pupils with SEN have an assessment of their primary need. The following charts show the breakdown of need in Barnsley by primary, secondary and special school, compared to the national averages and ranked by prevalence.

Primary need in primary schools



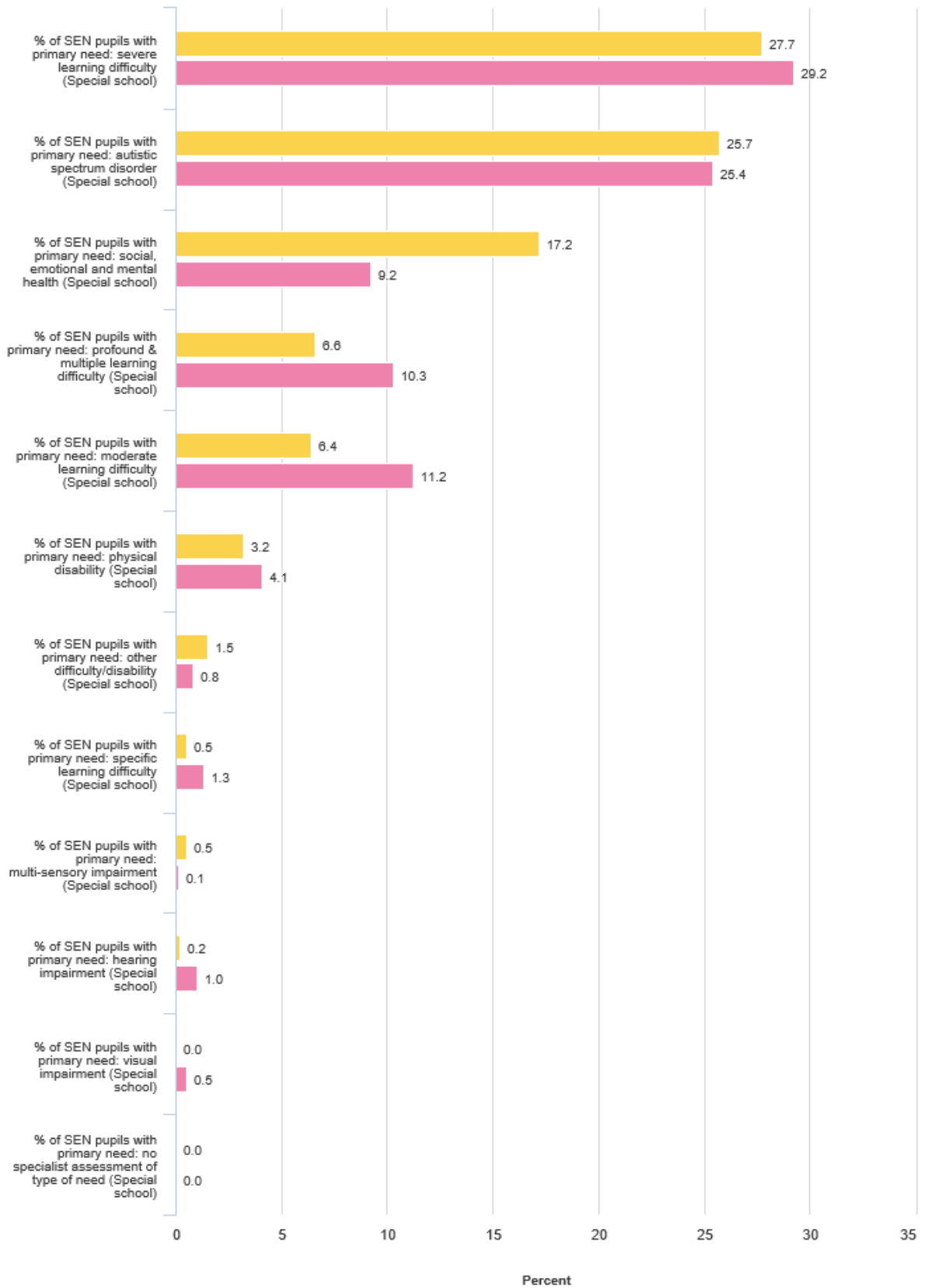
Primary need in secondary schools



■ Barnsley 2015/16 (academic) %
 ■ Mean for ADASS Yorkshire/Humberside Region 2015/16 (academic) %

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Primary need in special schools



■ Barnsley 2015/16 (academic) %
 ■ Mean for ADASS Yorkshire/Humberside Region 2015/16 (academic) %

Attainment of pupils with SEN

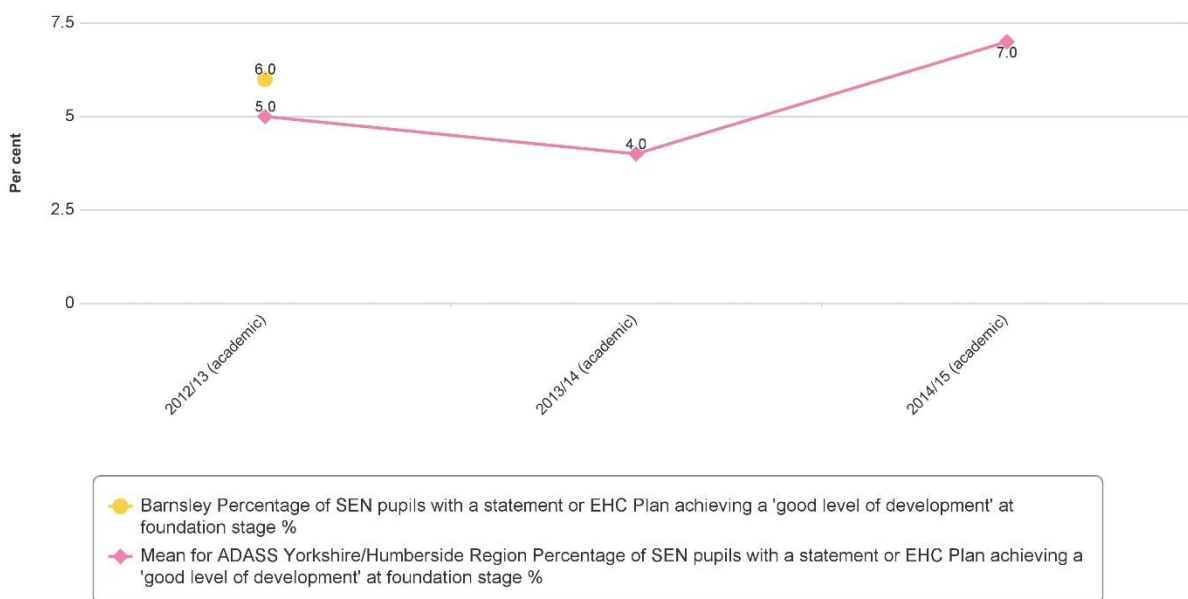
Pupils with SEND have learning difficulties or disabilities that make it harder for them to learn than most pupils of the same age. Our aim is that with support, and using differentiated learning, the attainment gap between pupils with SEN and those without is reduced

Early Years

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of a child's development at the end of the academic year in which they turn five. Suppressed of children with statements of SEN or EHC plans and 15.0% of children on SEN support in Barnsley achieve a good level of development, defined as achieving in 7 areas of learning covering 17 early learning goals. This compares to a Yorkshire/Humberside Region average of 7.0% for children with statements of SEN or EHC plans and 21.7% for children on SEN support.

Please note that where values are not displayed, this is a result of them being suppressed, which means that the number of pupils is too low to be published.

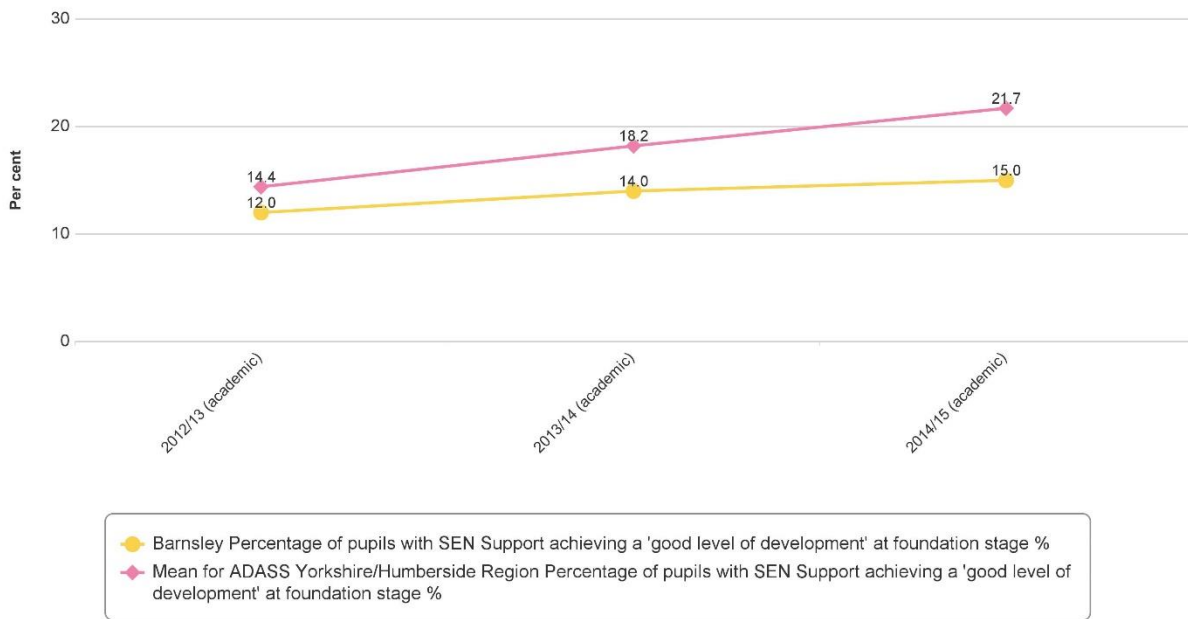
% of SEN pupils with a statement or EHC plan achieving a 'good level of development' at foundation stage (from 2012/13 (academic) to 2014/15 (academic))



Source:
Metric ID: 4685, Department for Education, Early years foundation stage profile attainment by pupil characteristics

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% of pupils with SEN support achieving a 'good level of development' at foundation stage (from 2012/13 (academic) to 2014/15 (academic))



Source:
Metric ID: 4684, Department for Education, Early years foundation stage profile attainment by pupil characteristics

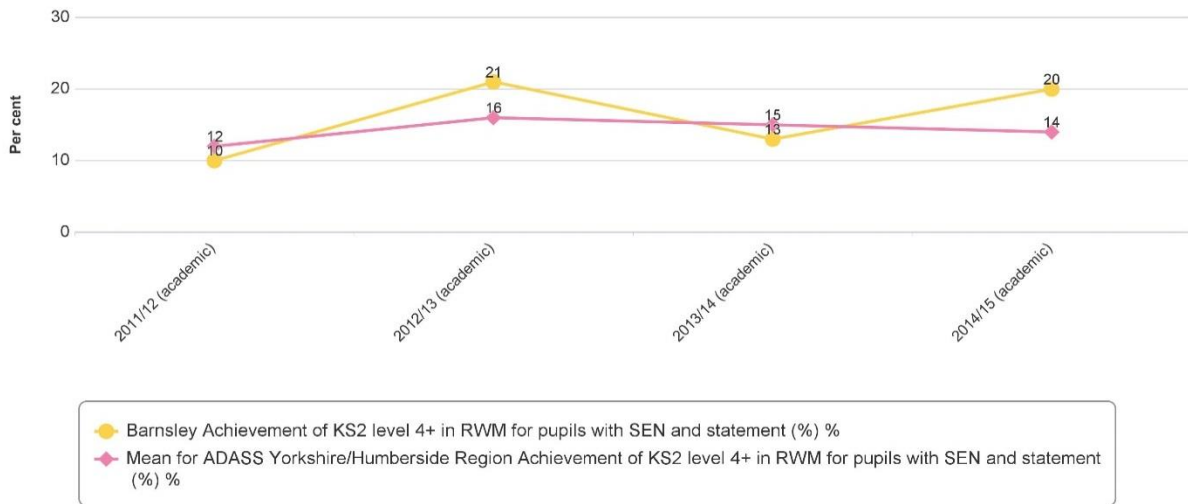
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Key Stage 2

All children in state funded primary schools are required to take part in key stage 2 national curriculum assessments before they move to secondary school. Pupils are expected to achieve level 4 by the end of key stage 2, and to make at least two levels of progress between key stage 1 and key stage 2. The tests are designed to show what pupils have achieved in selected parts of a subject at the end of each key stage.

20% of pupils with statements of SEN or EHC plans and 39% of pupils on SEN support in Barnsley achieve a level 4 or above in reading, writing and mathematics at KS2. For pupils with statements, this is an improvement on the previous period (13%) and for pupils with SEN support this is an improvement on the previous period (38%). This compares with a Yorkshire/Humberside Region average of 14% for pupils with statements of SEN or EHC plans, and 37% for pupils on SEN support.

% of pupils with SEN with a statement attaining level 4 or above at KS2 in reading & writing and maths (from 2011/12 (academic) to 2014/15 (academic))



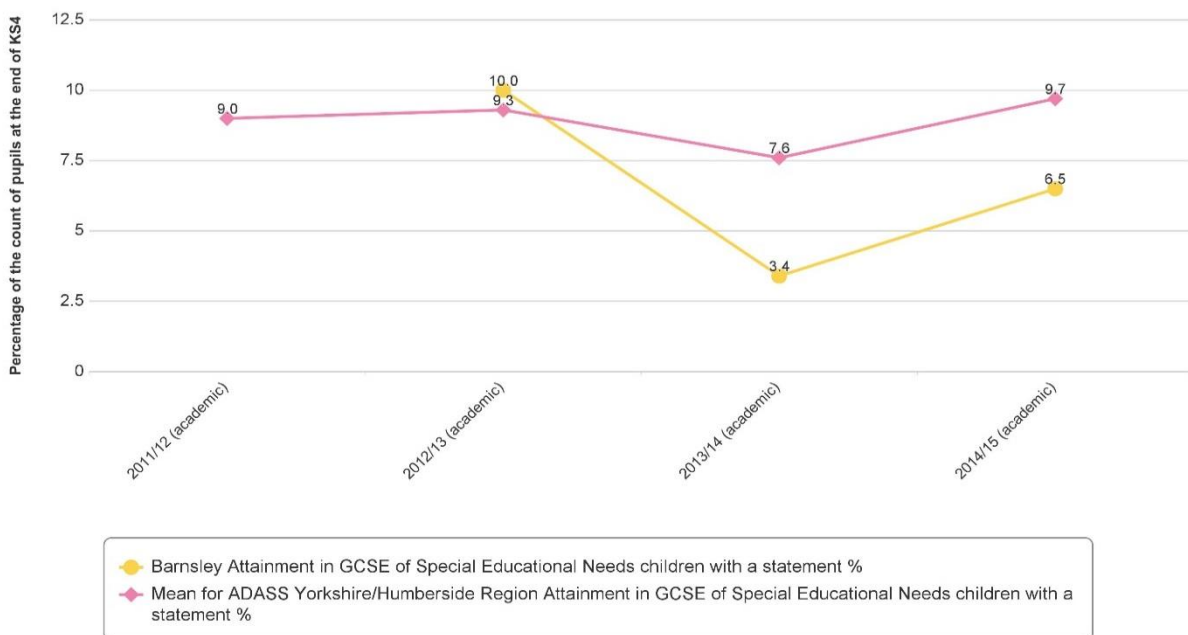
Source:
Metric ID: 4307, Department for Education, National curriculum assessments at Key Stage 2 (KS2)

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Key Stage 4 (GCSE)

6.5% of pupils with statements of SEN or EHC plans and 13.8% of pupils on SEN support in Barnsley achieve 5A*-C inc. English and maths at KS4. This compares to the Yorkshire/Humberside Region average of 9.7% for pupils with statements of SEN or EHC plans, and 22.2% for pupils on SEN support. For comparison, of pupils with no SEN, 55.5% in Barnsley and 62.0% in the Yorkshire/Humberside Region achieve 5A*-C inc. English and maths at KS4.

% of pupils with SEN with a statement or plan achieving 5 or more A* to C GCSEs (incl. English & maths) (from 2011/12 (academic) to 2014/15 (academic))



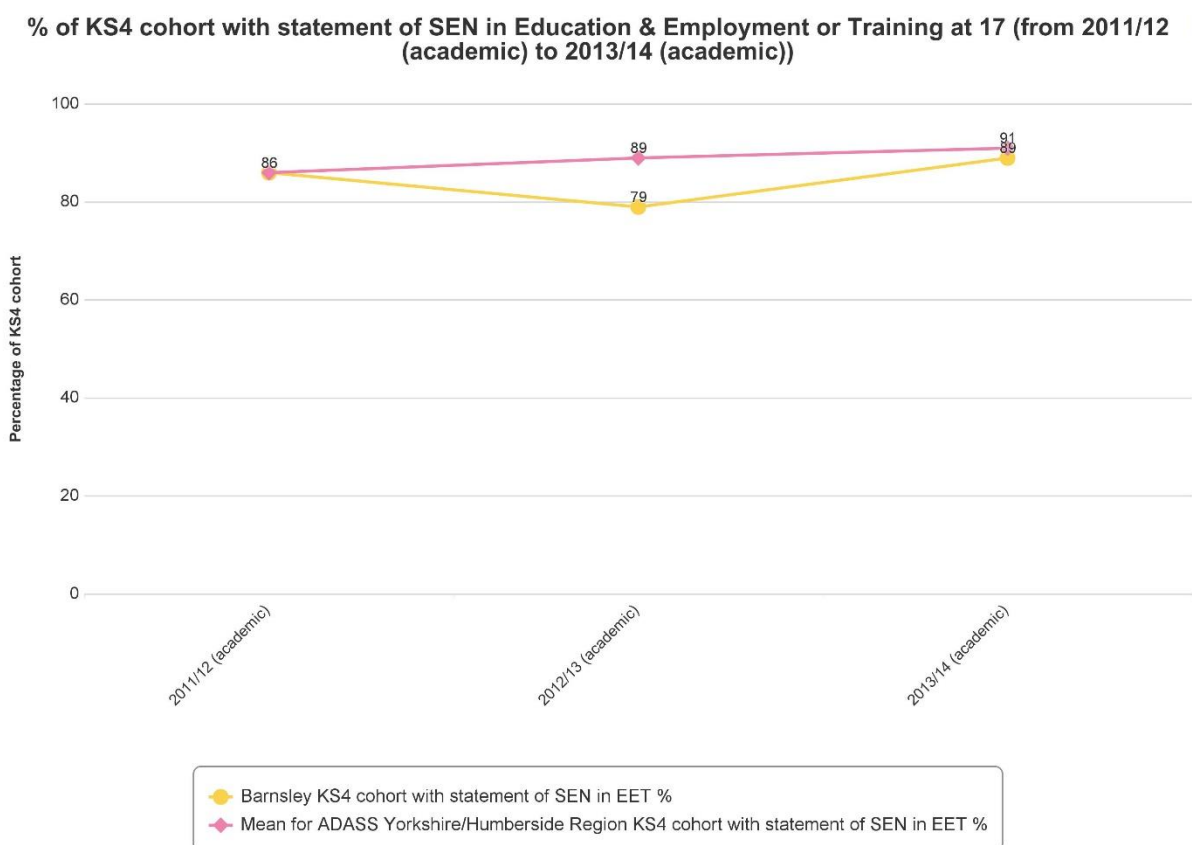
Source:
Metric ID: 921, Department for Education, GCSE and equivalent attainment by pupil characteristics

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Preparation for adulthood

The reforms placed increased emphasis on supporting children and young people with SEND to make a positive transition to adulthood, including paths to employment, good adult health, independent living and participating in society. For more information, visit <http://www.preparingforadulthood.org.uk/>.

This chart below shows the percentage of the Key Stage 4 SEN cohort in a sustained education, employment or training destination at 17. To be included in the measure, young people have to show sustained participation in education, training or employment destinations in all of the first two terms of the year after they completed key stage 4. In Barnsley, 89% of the KS4 cohort with a statement were in education, employment or training at 17, this compares to the previous period of 79% and the Yorkshire/Humberside Region average of 91%. Of those without a statement 83% were in education, employment or training at 17, 84% were in education, employment or training at 17 in the Yorkshire/Humberside Region.



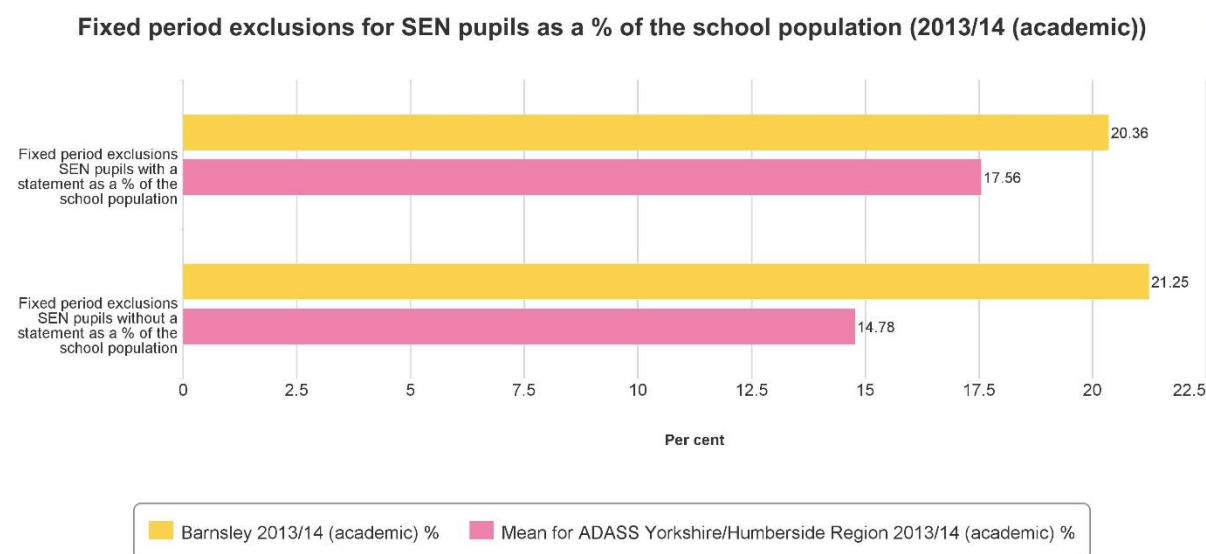
Source:
Metric ID: 4689, Department for Education, Destinations of key stage 4 and key stage 5 pupils

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Exclusion

Fixed period exclusion refers to a pupil who is excluded from a school for a set period of time. A fixed period exclusion can involve a part of the school day and it does not have to be for a continuous period. A pupil may be excluded for one or more fixed periods up to a maximum of 45 school days in a single academic year.

In Barnsley, the rate of fixed term exclusions for SEN pupils - calculated by taking the number of fixed term exclusions for SEN pupils and dividing it by the total number of SEN pupils in the LA - was 20.36%. This compares to an average of 17.56% in the Yorkshire/Humberside Region.



Source:
 Metric ID: 4732, Department for Education, Permanent and Fixed Period Exclusions from Schools in England
 Metric ID: 4729, Department for Education, Permanent and Fixed Period Exclusions from Schools in England

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The Graduated Response to Supporting Children, Families and Practitioners:

To ensure that this strategy is sustainable and that positive outcomes are a natural part of life for children and young people with SEN or Disability and their families significant work is required around the development of a model of support across the continuum. There is both a national and local drive to build a Sector Led Model of support and it is therefore essential that this strategy builds positive foundations for this. Across Barnsley there is a breadth of knowledge and skills which will be required to support effective sustainable models, a skilled workforce and confident families.

The model intended is a “Hub and Spoke” approach which will look to develop alliances and partnerships across community level and borough wide multi agency support. It is intended that this model will ensure that the right support is put in place at the right time for both the child and their family.

SEN Support/Local Offer

1. Early intervention and Prevention
 - work with provision to assess needs of school related to individual and local need
 - work with providers to create and implement a clear pathway for progression for children academically, emotionally and socially

- create Communication Hubs to enable planned and proactive interventions to take place
2. Support the development of a Physical Health and Well Being Curriculum

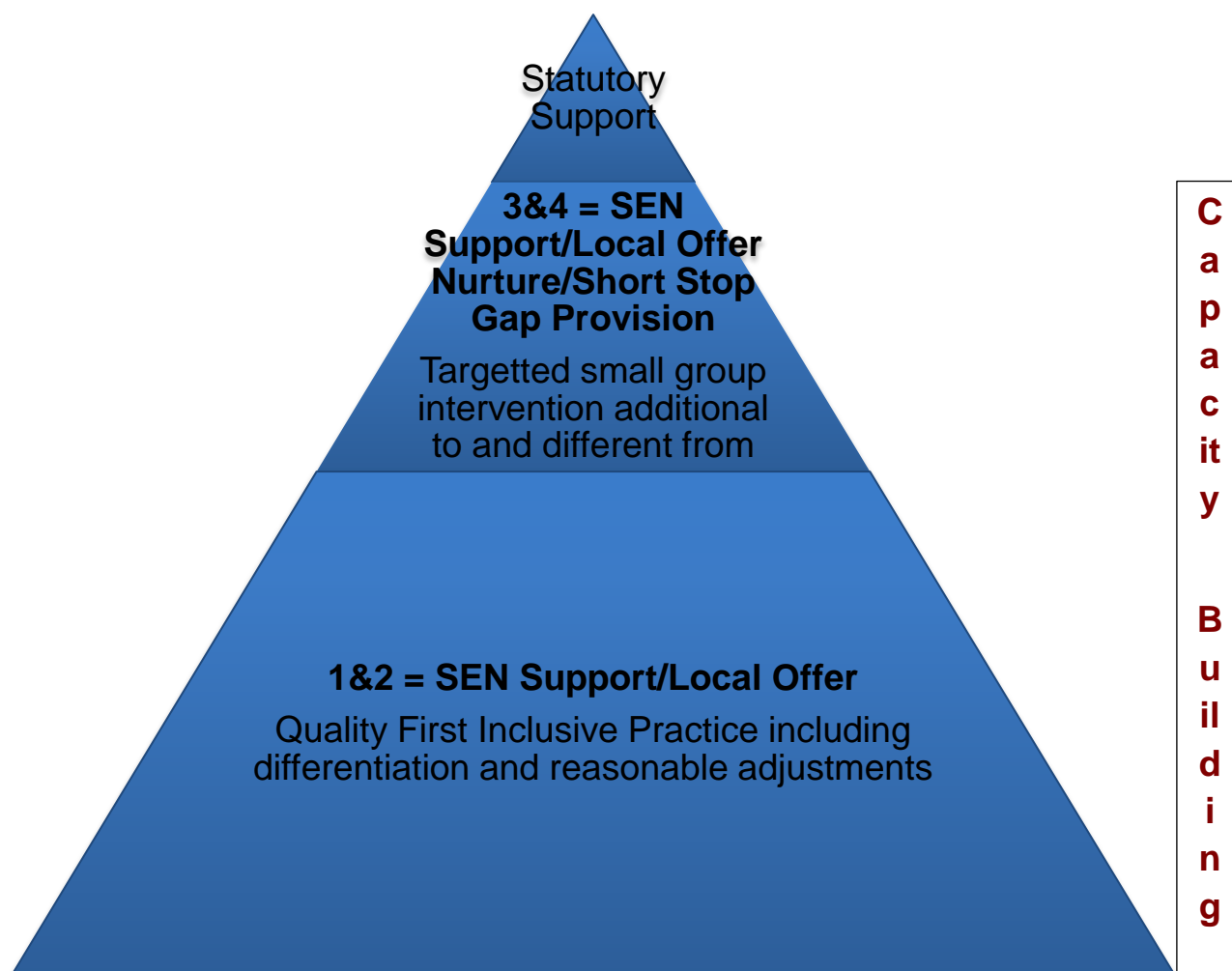
SEN Support/Local Offer next step

Nurture/Short Stop Gap Provision

3. Work with provision and the community to develop personal development, behaviour and welfare support
 - “step in” support to provide interventions to reintegrate and minimize disruption and learning
4. Alternative Provision and inclusion to be developed across schools, communities and multi-agency staff through the Hub and Spoke Approach

What are we aiming to do?

1. Improve provision for, and access to, local services in education, care and health, which means families can access appropriate health, care and social opportunities locally and fewer children will need to be educated out of their local area and out of the borough.
2. Develop the quality and capacity of early years’ providers, schools and colleges, in order to meet the needs of local families and their children with SEN and disability. We want to provide the training and support they need.
3. Develop the broadest range of providers to increase parental choice and offer provision which offers a flexible match to the needs of children and young people. We want a continuum of provision across mainstream and special education so that providers can develop and maintain specialist skills.
4. Improve progress rates and outcomes for all children and young people with SEN and those who are disabled so that we close the gap between them and other children and achieve outcomes which are above national expectations.
5. Build parents’ confidence in the support provided and improve the engagement of parents by providing them with timely information, advice and support.
6. Develop and improve services for children, young people and families with their active participation and make available personal budgets where it will improve independence and choice.
7. Deliver greater local integration and coordination of education, health and care services and plans for children and families in Barnsley ensuring this is extended to young people aged 25 and promote positive and seamless transitions at all stages between the ages of 0-25.
8. Develop innovative approaches to addressing gaps in services through joint commissioning and using evidence-based practice and research to improve the quality and availability of provision 0-25, with good transition to adult services.
9. Ensure we improve the effective and efficient use of our resources to meet increasing demand and remove perverse incentives so that costs do not continue to escalate.



Personalisation in Barnsley

What are we are trying to address?

1. High concentration of resource at the highest level of intervention rather than a graduated response including early help for children and young people with a specialist educational need and disability.
2. Defining the Core Offer of Service in relation to Personal Health Budgets (expansion beyond continuing care)
3. A mechanism for allocating indicative budgets and forecasting costs.
4. Issues around block contracts and the facilitation of personal budgets.
5. Capacity to be able to facilitate personal budgets through the existing infrastructure/resource within children's services.
6. Issues in relation to workforce development which will focus on a different way of providing services both strategically and operationally.
7. To meet the requirements of the new Ofsted Inspection Framework/NHS England expectations/SEND Code of Practice.
8. How to fully integrate services to ensure effective and coordinated decision making processes, joint commissioning and service delivery.

What do we want to focus on/develop/do differently?

1. Adopt an asset focused, person-centred thinking and planning approach to understand families' skills and knowledge, resilience, finances, social networks and involvement in community activities. A cultural change in the way that we listen to and engage with parents, carers, children and young people resulting in coproduction of policy, services and individual plans.
2. Analyse needs and strengths; be clear about what works to improve outcomes in order to inform decisions about how to organise, re-organise or decommission services. This will include focusing on the real cost of in-house and externally provided services, the outcomes they achieve and the contractual costs.
3. Share learning between adult and children's service.
4. Continue to develop established joint commissioning arrangements through the Children and Young People's Trust.
5. Provide the leadership capacity and strategic drive required for whole system change.
6. Support practitioners through training and development to change the way they work with children, young people and families so they can address outcomes differently.

What is already in place to support development?

1. Aligned budget arrangement with the CCG and a delegated commissioning function in relation to children's services and securing joint care packages.
2. Strong Children's Trust and Governance Arrangements
3. Established Panel arrangements for joint commissioning/allocation including Education, Health and Care Plans.
4. Parents starting to engage with strategy development.

Next steps:

1. Develop an action plan for the development of the core offer, strategy, promotion and implementation of personal budgets in conjunction with the CCG and adult services.
2. Ensure personal budgets are embedded within the work programme for the Disabled Children's Programme Board and regular progress is reported to TEG and ECG.
3. Implement learning from the NHS England Personal Budgets Development Programme alongside colleagues from adult social care and the CCG.

What do we think success will look like?

1. Single or coordinated strategy for the development and implementation of personal budgets across education, health and social care services (0 to 25+).
2. Improved attainment and progression of pupils with SEND.
3. Well planned continuum of provision from 0 to 25 which meets local need and reduces levels of specialist provision and increases levels of inclusive practice and reasonable adjustment.
4. Improved early identification of SEND and efficient production of EHC plans.
5. Young people with SEND will make a fulfilling transition to adult life.
6. Coproduction of services at an individual and strategic level with children, young people and families.
7. A clear core offer, robust service pathways and transparent decision making processes.
8. Integrated and effective financial arrangements between the local authority and CCG

9. A skilled professional workforce which understands SEND and works hard to achieve the best possible outcomes for children young people and families which will help to foster support for personal Budgets and further develop the personalisation agenda through a cultural change and developed joint commissioning and procurement arrangements.
10. A confident and competent workforce to support children, young people and families who want a personal budget.
11. A developed infrastructure within children's services to support direct payments.

Proposed Core Offer for Personal Budgets:

- Child Care for Children with SEND
- Children's Continuing Health Care
- SEN range 4 and above
- Short breaks for children with a disability and complex health need
- Specialist Equipment

High Level Action Plan

Objective	High Level Actions	Measurement of success
1. Continue to raise attainment of children and young people with SEND and their families	<p>Support schools and educational settings to raise the attainment of children and young people with SEND.</p> <p>a) Increase opportunities for school to school support through the Barnsley Alliance and building a stronger Inclusion network.</p> <p>b) Work in partnership with specialist provision and local authority outreach and support services to build greater skills and confidence on SEN in mainstream schools.</p>	<p>Improvement in Pupil Performance data.</p> <p>Increase in the number of schools supported by special schools.</p>
2. Strengthen early identification of SEND and improve efficiency of production of EHC Plans to ensure children's needs are met promptly	<p>Target support in the Early Years so that we can identify children with SEND as early as possible.</p> <p>a) Work with all our Early Years settings, including Family Centres and other partners, to put in place early intervention mechanisms so that children's learning and development is maximised at this crucial time.</p>	<p>Improvement In Early Years progress data.</p> <p>Improvement in the production of EHC Plans within 20 weeks.</p>

Objective	High Level Actions	Measurement of success
	b) Improve the efficiency of producing EHC Plans.	
3. Develop a single plan approach to integrated multi agency working	<p>Review how our multi-agency 'team around the child' and early support processes:</p> <p>a) Can work to reduce bureaucracy and avoid duplication wherever possible.</p> <p>b) Pilot a 'Single Plan' approach for eight young people with exceptionally high levels of need.</p> <p>c) Work in partnership with education, NHS and care providers and try and meet their needs locally.</p>	<p>Increased number of plans with a team around the child approach.</p> <p>Plan in place for the continued production of Education, Health and Care Plans.</p>
4. Support young people to make a fulfilling transition to adult life	<p>Support every child and young person with SEND to help them make a successful transition in this period of significant change.</p> <p>a) Start early, be flexible and try and tailor our support to the individual young person and their family.</p> <p>b) Make sure parents and carers have advice and guidance on what options are available.</p> <p>c) Work in partnership with parents and carers to enable them to take part in the decisions about their child's needs and support arrangements.</p>	<p>Improved clarity in IAG for parents and carers.</p> <p>More options/places available to young people for post 16 education and training.</p> <p>More parents/carers involved in transition planning.</p>
5. Ensure parents and carers, children and young people are able to participate more in decision making	<p>Provide opportunities for more parents, carers and young people to have increased opportunities to participate in changes to strategies and on-going evaluation of our services.</p> <p>a) Determine how best we can get feedback from children and young people with SEND about their educational experiences.</p>	<p>Increased number of person centred reviews.</p> <p>More plans informed by children and young people's views.</p> <p>Improved outcomes and satisfaction levels reported by children, young people, and parents/carers.</p>
6. Work towards making sure that parents and carers receive the right support	Support Barnsley Parent Carer Forum to	Views informing service delivery.

Objective	High Level Actions	Measurement of success
	<p>a) Improve parent consultation.</p> <p>b) Fully review all our services for parents and carers annually, using the feedback they have given us.</p> <p>c) Involve them in this review to help parents and carers access support and advice at the right time.</p>	
<p>7. Ensure that all information that goes to parents and carers is clear and accessible</p>	<p>Improve communication pathways to parents and carers.</p> <p>a) Develop further the local authority SEND web pages to provide information about local services and guidance for parents and carers and professionals and the range of services, the full range of educational provision available and how transitions between children and adult services are coordinated.</p> <p>b) Ensure this and all information is clear and accessible and written in everyday language.</p>	<p>Positive feedback from parents and carers via parent carer forum group and survey about access to information.</p>
<p>8. Deliver the right provision and the right support arrangements at the right time</p>	<p>a) Work in partnership with mainstream schools to develop increased curriculum options for young people with learning difficulties to improve their qualifications and post 16 pathways.</p> <p>b) Work with the Colleges to help develop its provision to accommodate more high needs learners at age 16 and age 19.</p> <p>c) Develop a clear commissioning strategy which will set out a newly defined commissioning cycle that includes effective SEN resource planning, and new audited commissioning processes.</p> <p>d) Ensure best value for money out of borough places from special school places commissioned from independent providers.</p> <p>e) Explore collaborative commissioning arrangements with other boroughs</p>	<p>Improve post 16 opportunities available to students with SEND.</p> <p>Implement a commissioning strategy.</p> <p>Reduction in costs of out of borough placements via local negotiations with providers.</p>

Objective	High Level Actions	Measurement of success
<p>9. Develop a skilled professional workforce who are knowledgeable and confident about SEND</p>	<p>Offer an extensive SEND training programme for schools and educational settings to include leadership and management.</p> <p>a) Work with our partners to make sure that all those who work with children and young people with SEND have the necessary skills and confidence.</p>	<p>Training programme in place in response to workforce skills audit.</p> <p>SEN support services reviewed and strengthened in line with demand.</p> <p>More empowered and confident workforce as determined by survey feedback.</p> <p>More pupils and young people with SEND effectively supported</p>
<p>10. Develop personalization and personal budgets</p>	<p>Develop an Action Plan for the development of personal budgets in conjunction with the CCG and Adult Services</p> <p>Ensure personal budgets are embedded across the workflow of the DCYPP Board</p> <p>Implement the learning from the NHS England Personal Budgets Development Programme</p>	<p>Coordinated Strategy for the development and implementation of personal budgets</p> <p>A clear core offer, robust service pathways</p>

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