

# Public Document Pack

<b>MEETING:</b>	Cabinet
<b>DATE:</b>	Wednesday 4 October 2023
<b>TIME:</b>	10.00 am
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall
<b>PUBLIC WEB LINK:</b>	<a href="https://barnsley.public-i.tv/core/portal/webcasts">https://barnsley.public-i.tv/core/portal/webcasts</a>

## 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 20 September 2023 (Cab.4.10.2023/3)  
(Pages 3 - 6)

### Items for Noting

4. Decisions of Cabinet Spokespersons (Cab.4.10.2023/4)

### Petitions

5. Petitions received under Standing Order 44 (Cab.4.10.2023/5)

### Items for Decision/Recommendation to Council

#### Place Health and Adult Social Care Spokesperson

6. Barnsley's Health and Care Plan 2023-2025 (Cab.4.10.2023/6) (Pages 7 - 66)

#### Environment and Highways Spokesperson

7. City Region Sustainable Transport Settlement (CRSTS) - Response to Consultation Exercise on Congestion Issues and Delays on the Network (Cab.4.10.2023/7) (Pages 67 - 72)

#### Regeneration and Culture Spokesperson

8. Housing Strategy 2024/28 (Cab.4.10.2023/8) (Pages 73 - 120)

To: Chair and Members of Cabinet:-

Councillors Houghton CBE (Chair), Cain, T. Cave, Franklin, Frost, Higginbottom, Howard, Makinson and Newing

Cabinet Support Members:

Councillors Bellamy, Bowser, Cherryholme, Moyes, Osborne, Peace and Sheard

Chair of Overview and Scrutiny Committee

Chair of Audit Committee

Sarah Norman, Chief Executive

Wendy Popplewell, Executive Director Core Services

Carly Speechley, Executive Director Children's Services

Wendy Lowder, Executive Director Place Health and Adult Social Care for Barnsley

Matt O'Neill, Executive Director Growth and Sustainability

Neil Copley, Director of Finance (S151 Officer)

Sukdave Ghuman, Service Director Law and Governance (Monitoring Officer)

Michael Potter, Service Director Business Improvement, HR and Communications

Katie Rogers, Head of Communications and Marketing

Anna Marshall, Scrutiny Officer

Corporate Communications and Marketing

Please contact Sukdave Ghuman by email [governance@barnsley.gov.uk](mailto:governance@barnsley.gov.uk)

Tuesday 26 September 2023



<b>MEETING:</b>	Cabinet
<b>DATE:</b>	Wednesday 20 September 2023
<b>TIME:</b>	10.00 am
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

**Present** Councillors Houghton CBE (Chair), Cain, T. Cave, Franklin, Frost, Higginbottom, Howard, Makinson and Newing

**Members in Attendance:** Councillors Bowser, Cherryholme, Moyes and Sheard

### 92. Declaration of pecuniary and non-pecuniary interests

Councillor Sheard declared non-pecuniary interest as a Governor at Barnsley Hospital in respect of the agenda as a whole.

### 93. Leader - Call-in of Cabinet decisions

The Leader reported that no decisions from the previous meeting held on 06 September 2023 had been called in.

### 94. Minutes of the previous meeting held on 6 September 2023 (Cab.20.9.2023/3)

The minutes of the meeting held on 06 September 2023 were taken as read and signed by the Chair as a correct record.

### 95. Decisions of Cabinet Spokespersons (Cab.20.9.2023/4)

The Record of Decisions taken by Cabinet Spokespersons under delegated powers during the week ending 08 September 2023 were noted.

### 96. Petitions received under Standing Order 44 (Cab.20.9.2023/5)

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

### 97. Prevention of Homelessness and Rough Sleeping Strategy (Cab.20.9.2023/6)

**RESOLVED** that Cabinet:-

1. Endorses the Prevention of Homelessness Strategy 2023 to 2028; and
2. Approves the proposal to use more council and privately leased accommodation for use as temporary accommodation.

**98. Quarter 1 2023/24 Corporate Performance Report (Cab.20.9.2023/7)**

**RESOLVED** that Cabinet:-

1. Note the contents of the Corporate Performance Report in relation to the delivery of the Corporate Plan priorities and outcomes; and
2. Agree the Performance Report is shared with the Overview and Scrutiny Committee to inform and support their ongoing work programme.

**99. Corporate Finance Performance Quarter 1 2023/24 (Cab.20.9.2023/8)**

**RESOLVED** that Cabinet:-

1. Note the £17.5M projected cost pressure on the Council's 23/24 General Fund budget and the plans to bring this into balance by year end as identified within the body of the report; and
2. Approve a formal moratorium on all expenditure, to include added scrutiny of procurement spend and recruitment, to help mitigate these pressures; and
3. Agree to receive further updates from Executive Directors on the delivery of their service reviews/efficiencies and future spending plans, ensuring that these are managed within agreed resource envelopes; and
4. Agree to use the £7.4M provision set aside within the 23/24 budget to partly offset the forecast pressures, with the remainder (should this position not improve), being funded from a reprioritisation of existing earmarked reserves; and
5. Note the current forecast pressure of £0.8M on the Housing Revenue Account; and
6. Approve the accounting write-off of historic bad debts totalling £0.969M as detailed in the report; and
7. Note the forecast position on the Capital Programme; and
8. Note scheme slippage totalling £3.6M; and
9. Note total variation in scheme costs totalling £1.2M, including a cost variation on the Billingley View new build HRA scheme and agree to vire resources from underspends elsewhere within the programme to fund these cost variations; and
10. Approve new schemes to be released into the programme totalling £43.6M in line with the agreed 2023/24 Capital Programme; and
11. Note the key messages from the Council's Q1 Treasury Management activities.



**100. City Region Sustainable Transport Settlement - Capability and Ambition Funding (Cab.20.9.2023/9)**

**RESOLVED** that Cabinet:-

1. Authorises the acceptance of the £3,545,300 funding from the CRSTS to develop the named schemes further; and
2. Authorises the acceptance of £167,768 funding from the Capability and Ambition Fund for the development of a pipeline of Active Travel schemes and the Executive Director of Growth and Sustainability be authorised to undertake all necessary steps to ensure continued delivery of the CRSTS/future pipeline programme.

**101. Silver Street Respite Unit Option to Acquire (Cab.20.9.2023/10)**

**RESOLVED** that Cabinet:-

1. Notes the position under the option and existing lease and underlease; and
2. Authorises the Service Director – Legal and Governance to exercise the option and take such steps as they consider appropriate to provide the Council with permanent ownership of the asset.

**102. Local Authority Housing Fund (LAHF) Round 2 - Acquisition Strategy (Cab.20.9.2023/11)**

**RESOLVED** that Cabinet approves the required delegations to accelerate the acquisition of suitable properties in line with required project timescales. The required delegations include:

- Delegated authority to the Group Leader Estates to negotiate the acquisition of suitable properties in line with the grant terms and conditions; and
- Delegates authority to the Executive Director of Core Services to negotiate, conclude and execute on behalf of the Council any document or agreement required to conclude the property acquisitions.

**103. Exclusion of Public and Press**

**RESOLVED** that the public and press be excluded from the meeting during consideration of the following items, because of the likely disclosure of exempt information as described by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, as follows:-

<u>Item Number</u>	<u>Type of Information Likely to be Disclosed</u>
104	Paragraph 3
105	Paragraph 3
106	Paragraph 3

**104. Proposed Disposal of Land at the Former Weetshaw Lane Cudworth Barnsley (Cab.20.9.2023/13)**

**RESOLVED** that Cabinet:-

1. Approves the Council entering into a Landowners Cooperation Agreement, and conditional contract for sale with the adjoining private landowners and the developer. Subject to the developer obtaining satisfactory planning consent, authorises the freehold sale of the Council's land holdings in this location in line with the Landowners cooperation agreement to the developer Fenwood Estates Limited; and
2. Authorises the Group Leader Estates/Head of Estates to negotiate and finalise the terms and conditions of the Landowners Cooperation Agreement, the conditional contract for sale and the joint disposal with the other parties to the developer Fenwood Estates Limited; and
3. Authorises the Group Leader Estates/Head of Estates to instruct Bury & Walkers LLP to act for the Council, with the Service Director – Legal and Governance to oversee the process and check the documentation prior to exchange and signature on behalf of the Council.

**105. Acquisition of New Housing (Cab.20.9.2023/14)**

**RESOLVED** that Cabinet approves the proposal to acquire 2 'off the shelf' properties as part of the Council's Strategic Acquisitions Programme 2023/24. The properties will be appropriated into the Housing Revenue Account and let as much needed affordable housing under the Council's Letting Policy.

**106. Barnsley Town Centre Regeneration Scheme (Cab.20.9.2023/15)**

**RESOLVED** that Cabinet notes the contents of the report as an update to the report attached at Appendix A.

.....  
Chair

**BARNSELY METROPOLITAN BOROUGH COUNCIL**

**REPORT OF: EXECUTIVE DIRECTOR – PLACE HEALTH AND ADULT SOCIAL CARE**

**TITLE: BARNSELY’S HEALTH AND CARE PLAN 2023-2025**

<b>REPORT TO:</b>	<b>CABINET</b>
<b>Date of Meeting</b>	<b>04 OCTOBER 2023</b>
<b>Cabinet Member Portfolio</b>	<b>Place Health and Adult Social Care</b>
<b>Key Decision</b>	<b>Yes</b>
<b>Public or Private</b>	<b>PUBLIC</b>

**Purpose of report**

To receive and adopt Barnsley’s Health and Care Plan 2023-2025.

**Council Plan priority**

Healthy Barnsley

**Recommendations**

That Cabinet: -

1. Receives the Health and Care Plan 2023-2025
2. Supports the priority areas and the improvement actions held within the plan.

**1. INTRODUCTION**

The 2022 Health and Care Act established Integrated Care Systems (ICS) as legal bodies with statutory powers and responsibilities. While ICSs can bring the benefits of working at scale to tackle some of the major strategic issues in health and care, smaller place-based partnerships within ICSs are better suited to designing and delivering changes in services to meet local populations' distinctive needs and characteristics.

NHS South Yorkshire Integrated Care Board (SY ICB) was established on 1 July 2022 to deliver a number of functions.

- Understanding and working with communities.

- Joining up and coordinating services.
- Addressing the social and economic factors that influence health and wellbeing.
- Supporting the quality and sustainability of local services.

These functions reflect how place-based partnerships, including Barnsley Place Partnership, have the greatest potential to add value over and above the contributions of individual organisations or entire systems.

## **2. PROPOSAL**

Earlier this year, the South Yorkshire Integrated Care Partnership (SYICP) introduced its strategy called 'Working together to build a healthier South Yorkshire.' This strategy aims to create a future where all members of our communities enjoy a happy and healthier life for a more extended period. As part of this initiative, the Barnsley Health and Care Plan for 2023-2025 and the plan for Tackling Health Inequalities in Barnsley were developed. These plans outline the main priorities for the Barnsley Place Partnership, which plays a crucial role in realising the vision, goals, and ambitions of the SYICP and our overall Barnsley Health and Wellbeing Strategy.

In recent years, we have made considerable strides in improving services for the people of Barnsley. Our partners have demonstrated that when we work together with shared determination and motivation, we can achieve positive changes in how services are delivered. Some examples include:

- The development of the community diagnostics centre in The Glass Works.
- Our work on suicide prevention.
- Our efforts in establishing hospital discharge to assess pathways.
- The development of same-day emergency care.
- Our work on improving health checks for people with learning disabilities.
- The establishment of a single point of access for children with emotional health and wellbeing needs.

We are proud of the impact we have made working with our partners - this plan will build upon this work, focusing on what we can do better together.

- Providing seamless care, avoiding duplication.
- Supporting people to remain healthy.
- Making the best use of the budget.
- Making Barnsley the place of possibilities.

The plan outlines five common priorities for the next two years. It describes the collaborative efforts we will undertake to address these priorities at all levels of action regarding health inequalities.

The plan is our shared commitment to improving population health and the experience of health and care services for the people who use our services, residents and staff. We want to work with people and organisations across Barnsley who share our passion and drive for a place of possibilities and a healthy Barnsley.

Leadership of the improvement is shared across our health and care executive team supported by a programme office. Accountability for delivery of the plan is to the Barnsley Place Committee and to South Yorkshires Integrated Care Board.

### **3. IMPLICATIONS OF THE DECISION**

#### **3.1 Financial and Risk**

Consultation has taken place with the representatives of the Director of Finance in the drafting of this report.

We continue to navigate stormy economic waters across local government and health.

ICBs/ICSs are required to deliver financial balance by containing expenditures within the allocations received. There is a significant financial gap across Barnsley and the wider integrated care system, with expenditures exceeding allocations.

To address this NHS providers are asked to achieve 4% efficiencies through their single organisations and Health and Care Plans should in addition contribute to closing the gap by recurrently delivering a 1.8% efficiency.

Further analysis of the financial position of the ICB is taking place to forecast the likely outturn position for 22/23 and assess whether further mitigations will be required.

The government has also asked ICBs to reduce running costs by 30% by March 2025, and to achieve this, a fundamental review of the operating model and organisation design is being undertaken to take effect by April 2024.

Similarly, the Council continue to face significant financial challenges with further cost pressures identified in 2023/24 over and above approved budget. This has resulted in increasing use of reserves to support the budget, which is unsustainable and places significant pressure on the Council's 2023 – 2026 medium term financial plans (and required service reviews / transformation efficiencies).

It is essential that, as a system, we all lean into this and take the opportunities to both improve outcomes and deliver financial benefits. This is led through the finance and performance sub-committee of the Place Partnership that brings together all of the Chief Finance officers across NHS Trusts in Barnsley, Primary Care, Barnsley Hospice and Barnsley Council.

### 3.2 Equality

Other – Equality and Health Inequality Impact Assessment (EHIA) is part of the programme approach and will be completed for individual projects. Tackling health inequalities is a golden thread through the Barnsley health and care plan.

### 3.3 Sustainability



The health and care sector's impact on health and wellbeing in ways other than the services it delivers is huge and can lead to far-reaching benefits.

Ensuring that we help to address and advocate for the links between the climate and health can lead to a better environment for the people of Barnsley.

Ensuring that we support social mobility for Barnsley people will give more people who need the right opportunities for education and employment and, through it, better health.

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

Improving impact on the environment, economy, and employment is one of the five priorities of the Barnsley Place Partnership for 2023-25.

### 3.4 Communications

The Barnsley Health and Care Plan 2023-25 is available on the Barnsley Place section of the South Yorkshire Integrated Care Board's website: <https://syics.co.uk/barnsley>

We have requested that all partners make this information accessible on their websites. To assist people who may not be able to read the entire document, we will also provide a summary of both plans. This summary will help people understand the main objectives and goals of the plans in an easier-to-read format.

A communications toolkit has been given to partners to share this with their staff.

Communications are crucial in making the Barnsley Health and Care Plan 2023 effective. We aim to communicate the reasons behind our partnership, our methods, and our actions clearly and consistently. We want to involve our local communities and workforce throughout the partnership.

To achieve this, we have a plan in place:

- By September 2023, we will create a narrative and identity for the health and care partnership in Barnsley that gives a strong sense of our community.
- We will share stories from the people of Barnsley and our workforce to illustrate the impact of our work from their perspectives.
- A monthly partner newsletter highlighting the accomplishments and progress made towards the Barnsley plan will be produced.
- Various communication products like podcasts, events, and more will be developed to support this work.
- We will work with newly formed champions networks to test our communication approaches and collaborate with program/project leads to ensure joint communication efforts.

#### **4. CONSULTATION**

Two main sources of information shaped the Barnsley health and care plan:

- . 1 - Analysis of patient feedback and experiences obtained through various engagement activities conducted by partners in Barnsley and other areas in South Yorkshire.
- . 2 - Insights gathered directly from the public and patients during engagement sessions organised by the South Yorkshire Integrated Care Partnership. During these sessions, people were asked to express their thoughts on the most important to them concerning their health and wellbeing.

As we move forward with the plan, we will follow co-production principles. This means that both the people who benefit from or use the services and those who work in these services will actively participate in shaping future approaches and plans. Their input and contributions will be valued and taken into account to make sure that the services meet the needs of everyone involved.

#### **5. LIST OF APPENDICES**

- Appendix 1: Barnsley Health and Care Plan 2023-25 (summary)
- Appendix 2: Barnsley Health and Care Plan 2023-25 (full document)
- Appendix 3: Tackling health inequalities in Barnsley

**6. REPORT SIGN OFF**

<b>Financial consultation and sign off</b>	Senior Financial Services officer consulted and date. <i>Joshua Amahwe (20/07/2023)</i>
<b>Legal consultation and sign off</b>	Legal Services officer consulted and date. <b><i>M P Farrell</i></b>  <b>Team Leader – Social Care Legal Team</b> <b>20<sup>th</sup> July 2023</b>

**Report Author/s:** Wendy Lowder  
Place Director Health & Adult Social Care

Joe Minton  
Associate Director – Strategy, PHM and Partnerships, NHS  
South Yorkshire Integrated Care Board

**Date:** 17 July 2023



# Barnsley Place Plan 2023 to 2025 Summary



## Why are these our priorities?

Demand for early help support, children in need and child protection continues to grow significantly. Our children's emotional health and wellbeing is our primary focus.

More people are living in poor health and depend on health services for treatment, care and support. A significant proportion of ill-health is due to disease that is preventable.

We are seeing more people in crisis and emergency services are stretched which means delivering the same high quality care every time is challenging. We need to look at alternative models of support to make sure everyone receives the same positive experience and outcomes.

We want to support people in the comfort of their own homes. Demand for hospital beds is increasing particularly amongst people with frailty and dementia. These people are at risk of deconditioning in hospital so would be better supported at home.

If health and care partners consider how they operate as businesses they can have more of a positive impact on our local environment, economy and employment which will ultimately improve peoples health and wellbeing.

## How will this support our communities?

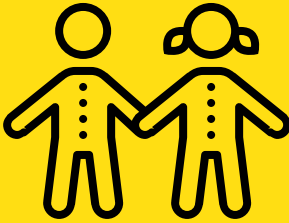


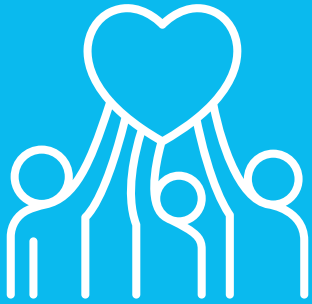

There will be an open and judgement free access point for families to ask questions and get the support they need to live happily and for their children to thrive.

There will be preventative support offered that will be based on people's needs and strengths. This will support communities no matter where they live in Barnsley.

We will shorten waiting times, allow more people to access GP appointments and reduce the number of delays people experience waiting for treatment.

We will build resilience in our people and help them live independently at home for longer by delivering more person-centred and community oriented support.

We will work with different sectors to increase education, training and employment opportunities. This will help build a more stable and inclusive economy and better local environment.

Priority	Objective	Deliverables	Measuring success
<p><b>Best start in life for children and young people</b></p> 	<p>We will to improve access and the connections between families, professionals, services, and providers, and put relationships at the heart of family support</p>	<ul style="list-style-type: none"> <li>• Create family hubs</li> <li>• Deliver SEND improvement plan and actions</li> <li>• Improve access to Children's and Young Peoples Mental Health Services</li> <li>• Increase children's access to epilepsy specialist nurses</li> <li>• Make sure children with a learning disability/autism receive access to care in first year</li> <li>• Improve asthma care for children</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the number of parents and carers accessing family hub activities</li> <li>• Increase in the number of whole family early help assessments</li> <li>• Increase in the number of parents and carers reporting that they understand the family hubs offer by March 2025</li> <li>• Improved access to perinatal mental health services</li> <li>• Improve access to mental health support for children and young people in line with the national ambition</li> </ul>
<p><b>A joined-up approach to ill-health</b></p> 	<p>We will offer every smoker in Barnsley support to stop, making every contact count and increase the support we provide to help people to address the drivers of inequalities.</p>	<ul style="list-style-type: none"> <li>• Further embed the <u>Making Every Contact Count framework</u> across our services</li> <li>• Deliver the medicines optimisations programme PROTECT</li> <li>• Provide more opportunities for physical activity and healthy food</li> <li>• Link up stop smoking services to understand impacts on people</li> <li>• Establish screening and referral processes in locations outside of standard places of care</li> </ul>	<ul style="list-style-type: none"> <li>• Greater awareness of the risks of smoking, uncontrolled high blood pressure and cholesterol</li> <li>• Increased uptake of smoking cessation support</li> <li>• Increased identification of hypertension and reduced variation in identification rates in different locations</li> <li>• Improved management of blood pressure and pre-diabetes</li> </ul>
<p><b>Better and fair access</b></p> 	<p>We want to improve our services to make sure people can access the right care when they need it most.</p>	<ul style="list-style-type: none"> <li>• Develop and implement an Integrated Urgent Care Front door (secondary and primary care)</li> <li>• Work with voluntary and community organisations and social enterprises (VCSE) to build capacity and capability to deliver trauma informed support</li> <li>• Better support those with substance misuse problems by bringing together current support offers</li> <li>• Implement new GP contract requirements to recover access</li> </ul>	<ul style="list-style-type: none"> <li>• Improved A&amp;E waiting times</li> <li>• Reduced ambulance call out times and handover delays</li> <li>• Improved experience of booking GP appointments</li> <li>• Reduce the number of people attending A&amp;E for mental health related issues including alcohol and substance abuse</li> </ul>
<p><b>Coordinated care in the community</b></p> 	<p>We will provide more proactive care and support for people most at risk of poor health outcomes, help people to live as well as possible until they die and to die with dignity</p>	<ul style="list-style-type: none"> <li>• Provide ageing well assessments</li> <li>• Create an anticipatory care register</li> <li>• Work with the VCSE sector to provide post diagnosis support to those with dementia</li> <li>• Continue to shape services in response to Think Local Act Personal programme</li> <li>• Roll out ReSPECT across all partners in Barnsley</li> <li>• Support people with bereavement by establish a new network who will develop a long term strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Improved screening and assessment of frailty</li> <li>• Increased uptake of iAPT for older people in Barnsley</li> <li>• Increased utilisation of virtual ward capacity</li> <li>• Increased referrals for preventative and early help interventions</li> <li>• Increase capacity across the voluntary, community and social enterprise sector</li> <li>• Fewer hospital admissions in the last three months of life</li> <li>• Improved equity of access to end-of-life care and support</li> <li>• Increase the number of patients receiving hospice care</li> </ul>
<p><b>Improve impact on local environment, economy and employment</b></p> 	<p>We will establish a network of large organisations across health and social care to improve our impact by the way we do our business</p>	<ul style="list-style-type: none"> <li>• Complete mapping of where contacts are made and money is spent</li> <li>• Build partnerships with schools, colleges and other education providers</li> <li>• Develop an understanding of the make up of our workforce, including social gradient and representation of protected characteristics</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce is more reflective of the population of Barnsley</li> <li>• More money is invested in the local supply chain</li> <li>• Continued working within planetary boundaries</li> <li>• Reduced waste and emissions and use more renewable energy</li> </ul>



# Barnsley Place Based Partnership

## Health and Care Plan 2023-25



Barnsley – the place  
of possibilities.



# Welcome

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

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

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

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

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

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

This plan contributes to the improvements described in the following:

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

## Barnsley Place Based Partnership



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

# Our vision, aims and objectives

## Four aims of Integrated Care Systems

Tackle inequalities in outcomes, experience and access

Improve outcomes in population health and healthcare

Enhance productivity and value for money

Help the NHS support broader social and economic development

## Barnsley Health and Wellbeing Strategy vision

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

## Objectives of Barnsley Place Based Partnership

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

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

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

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



# How we plan to improve health and reduce health inequalities

## Tier 1 Increase



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

We will increase:

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

## Tier 2 Improve



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

We will improve how:

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

## Tier 3 Influence



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

We will influence:

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

# How the plan fits with Barnsley 2030



Barnsley – the place of possibilities.

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

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## Healthy Barnsley 2030 Ambitions



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



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



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

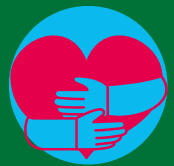


Our diverse places are welcoming, supportive and adaptable.

## 2030 Board Commitments



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



Develop services that supports people to get help early.



Empower local people to build capacity and resilience.

## What Barnsley organisations will do



Provide shared services to meet the needs of local people.



Work together to share best practice and knowledge.



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



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

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

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

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



# Looking back on 2022/23

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

## April to June 22

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

## July to September 22

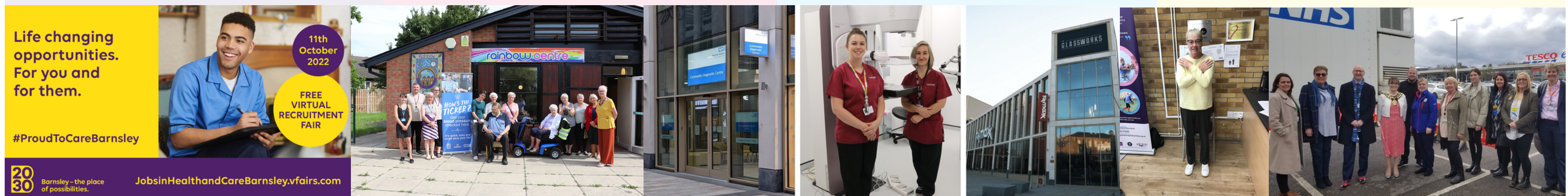
- Launch of the Community Diagnostics Centre in new Barnsley retail venue The Glass Works.
- Adult social care front door established to increase prevention and reduce the escalation of health issues
- First patients admitted onto the virtual wards in Barnsley
- Barnsley Support Hub opens its doors for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

## October to December 22

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

## January to March 23

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

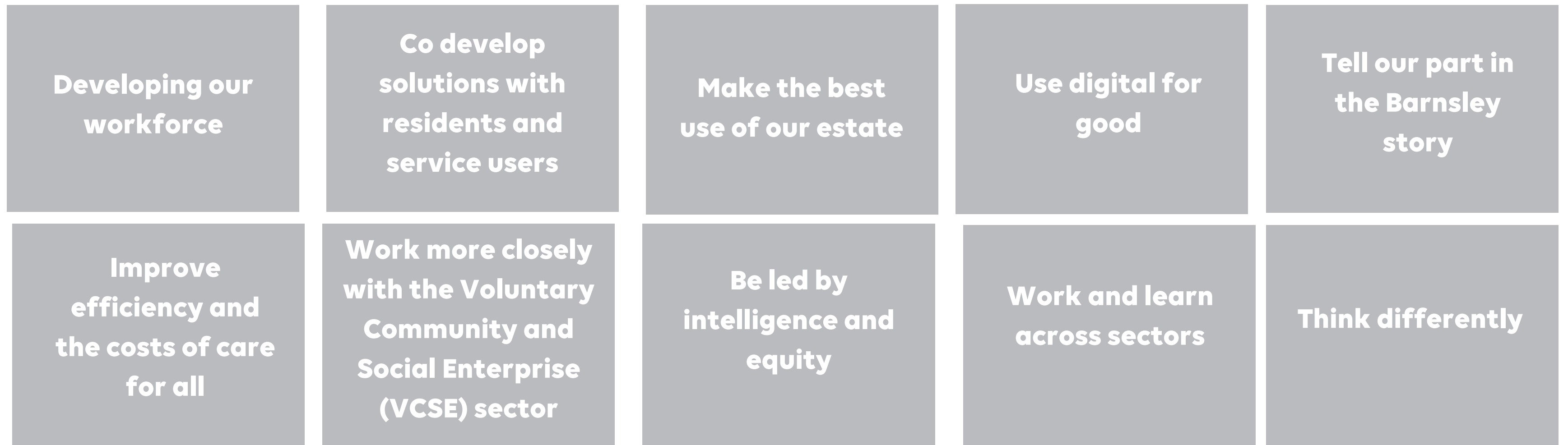


# Barnsley partnership's shared goals and enablers

## Priorities

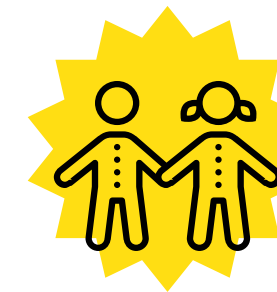


## Enablers



# Best start in life for children and young people

## Our priority for 2023 to 2025



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

### Why is it important?

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

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

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

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

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

### Where do we add value?

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

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

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

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



# Best start in life for children and young people



## Current state

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

## Key issues

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

## Strategy alignment

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

## Measure for success

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

## Outcomes

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

## What we will deliver

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



## Our priority for 2023 to 2025

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

### Why is it important?

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

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

Around 1 in 5 adults in Barnsley are smokers (18.3%), according to the national annual population survey (2019). This is significantly higher than the England rate of 13.9%.

Smoking rates have been reducing over the last decade but remain high in some groups such as routine and manual workers, people with mental health and respiratory conditions and those who smoke during pregnancy.

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

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

### Where do we add value?

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

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

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

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

# A joined up approach to preventing ill health



## Current state

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

## Key issues

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

## Strategy alignment

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

## Measure for success

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

## Outcomes

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

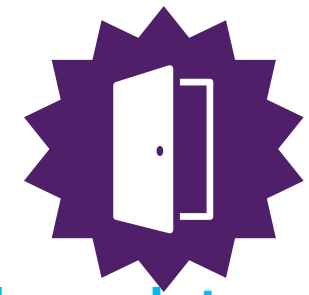
## What we will deliver

Complete a self-assessment against the Making Every Contact Count framework to identify gaps and opportunities to grow an holistic approach	Delivery of PROTECT – identifying potential missed diagnosis, improve lipid management, pharmacy first blood pressure monitoring	Provide more opportunities for physical activity including gym access, community fitness groups, active travel and healthy food	Ensure the various stop smoking service offers are linked up to tighten the net and make progress measurable across the person's journey rather than individual service	Ensure a person's smoking status is recorded at every admission to hospital and every attendance to GP, community care, social care	Measure and set targets for screening rates for smoking, initial very brief advice (VBA) and nicotine replacement therapy (NRT) rates, specialist referral rates, quit plan and successful quit rates	Develop a process for screening and referring or an in-reach service to priority areas (certain work places, social housing, sports stadiums)	Development of a local campaign to encourage smokers to stop smoking and change their behaviour
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# Better and fair access

## Our priority for 2023 to 2025

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



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

### Why is it important?

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

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

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

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

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

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

### Where do we add value?

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

We have been working together to:

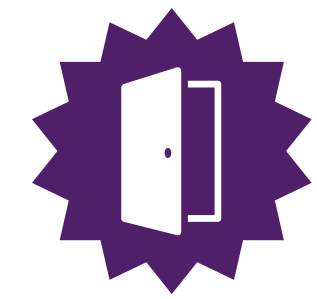
- expand the number of urgent out-of-hours GP appointments available
- provide direct access to the integrated multidisciplinary personalised care team (IMPACT) – this is Barnsley's social prescribing service that supports people with their health and wellbeing
- introduce physiotherapists and mental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

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

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



# Better and fair access



## Current state

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

## Key issues

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

## Strategy alignment

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

## What we will deliver

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

Listen to the needs of our communities beginning with those who experience poorer access to healthcare

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

Implement the new GP contract requirements linked to access

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

Increase personalised care interventions

Strengthen joint working between substance misuse and mental health services

## Measure for success

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

## Outcomes

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



# Coordinated care in the community

## Our priority for 2023 to 2025

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

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

### Why is it important?

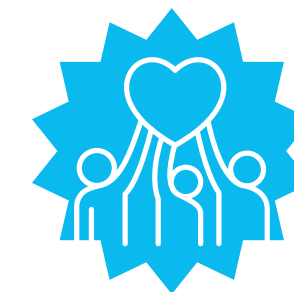
The frail population in Barnsley is growing at a greater rate than the population is ageing. People experiencing inequalities are more likely to experience frailty earlier in their life than expected and those with the greatest need often also have the greatest difficulty in accessing and receiving appropriate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

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

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

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

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



### Where do we add value?

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

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

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

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

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

# Coordinated care in the community for frailty



## Current state

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

## Key issues

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

## Strategy alignment

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

## Measure for success

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

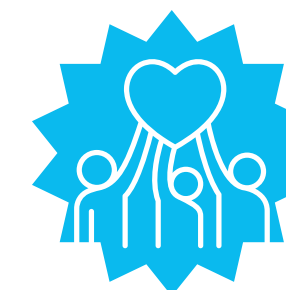
## Outcomes

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

## What we will deliver

Listen to the needs of older people beginning with those who experience poorer access to healthcare	Provide ageing well assessments to identify and treat potential health problems earlier	Create an anticipatory care register to be able to identify those with moderate to severe frailty to provide better planning and coordination of care across different services and teams	Review of Intermediate care model and pathways step up and step down beds including intensive recovery service	Undertake a review of dementia support with the voluntary and community sector with a focus on post diagnosis support	Continue our work with Think Local Act Personal to ensure that services are responsive to feedback	Continue to roll out strengths-based practice	Independent sector market development to meet the changing needs of our population
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# Coordinated care in the community for end of life



## Current state

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

## Key issues

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

## Strategy alignment

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

## Measure for success

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

## Outcomes

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

## What we will deliver

Implementation and roll out of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) tool across all partners agencies in Barnsley	Baseline and mapping exercise for children and young people, adult palliative care and end of life services (including access criteria) against the Ambitions for Palliative and End of Life Care	End of life and palliative care knowledge and skills framework and training needs analysis and training offer	End of life and palliative care workforce plan	Develop a network of organisations supporting people with bereavement and a long term service strategy	Participation in "Dying Matters" week
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# Improve impact on environment, economy and employment



## Our priority for 2023 to 2025

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

### Why is it important?

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

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

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

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

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

### Where do we add value?

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

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

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

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

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



# Improve impact on environment, economy and employment

## Current state

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

## Key issues

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

## Strategy alignment

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

## Measure for success

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

## Outcomes

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

## What we will deliver

Establish a Barnsley anchor network	Baseline mapping of where our contracts are made and our money is spent	Build partnerships with local schools, colleges and other partners in education	Listen to the needs of our communities beginning with those who experience poorer access to healthcare	Reduce waste and emissions from health and social care, and greater use of resilient and renewable energy
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# Developing our workforce

## Our priority for 2023 to 2025



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

### Why is it important?

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

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

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

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

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

### Where do we add value?

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

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

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

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

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



# Developing our workforce

## Current state

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

## Key issues

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

## Outcomes

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

## Strategy alignment

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

## Measure for success

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

## What we will deliver

Refresh the Barnsley Workforce Strategy and produce clear delivery plan	Review of joint recruitment activity and development of local strategy and Expression of Interest process	Develop and implement a communications strategy including social media presence to promote vacancies across health and care	Create a simplified job application process which is accessible to all communities across Barnsley	Grow the numbers of students on placement in Barnsley and develop new apprenticeships opportunities and local student pathways	Work with colleagues across South Yorkshire to grow a reservist model and test flexible working opportunities for early careers e.g. Allied Health Professional Staff Bank
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# Involvement and equality, diversity, inclusion



## Our priority for 2023 to 2025

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

### Why is it important?

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

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

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

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

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

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

### Where do we add value?

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

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





# Involvement and equality, diversity, inclusion

## Current state

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

## Key issues

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

## What we will deliver

We will work with communications colleagues to develop a new narrative and identity for the health and care partnership in Barnsley that creates a sense of place by September 2023	Contribute to a South Yorkshire insight bank which brings Barnsley insights into one place for analysis and sharing.	Roll out a partnership wide campaign to improve demographic data collection.	We will grow and develop existing networks, to increase reach and active involvement across our diverse communities	We will work with programme and project leads to advise on and develop people and communities involvement plans aligned to the three tiers health equity approach.	Primary care network people and communities involvement plan.	Training and development programme to support colleagues to produce and design interventions alongside people who will be using them.
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## Strategy alignment

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

## Measure for success

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

# Estates

## Our priority for 2023 to 2025

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

### Why is it important?

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

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

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

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

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



### Where do we add value?

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

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

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

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



# Estates

## Current state

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

## Key issues

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

## Outcomes

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

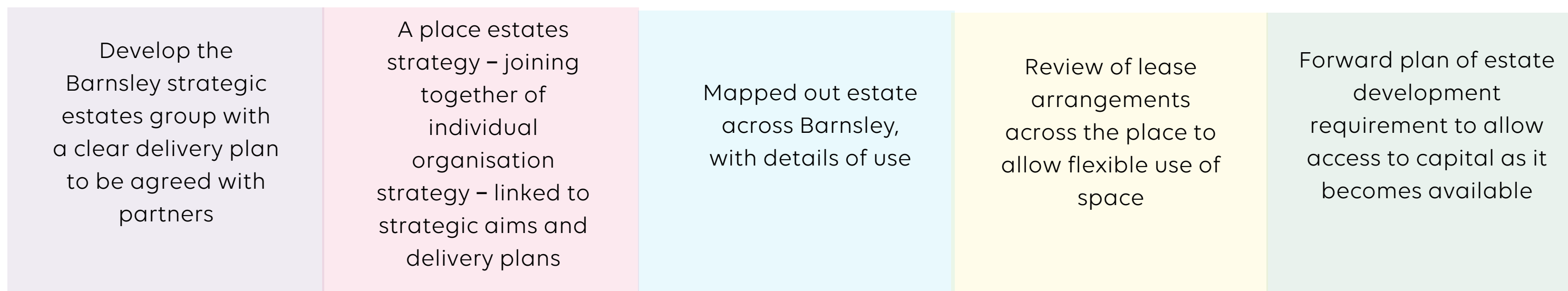
## Strategy alignment

- Government Estates Strategy

## Measure for success

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

## What we will deliver



# Digital and information

## Our priority for 2023 to 2025

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

### Why is it important?

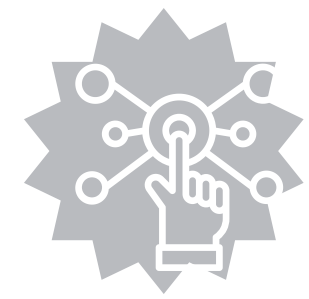
Digital transformation of health and social care is a top priority for the Department of Health and Social Care and NHS England. The long term sustainability of health and social care is dependent on having the right digital foundations in place.

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

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

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

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



### Where do we add value?

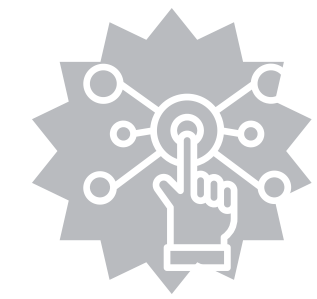
The vision of the Digital Barnsley Strategy is that Barnsley is a connected, smart town with a culture of innovation, collaboration and strong digital leadership.

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

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

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

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



# Digital and information

## Current state

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

## Key issues

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

## Strategy alignment

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

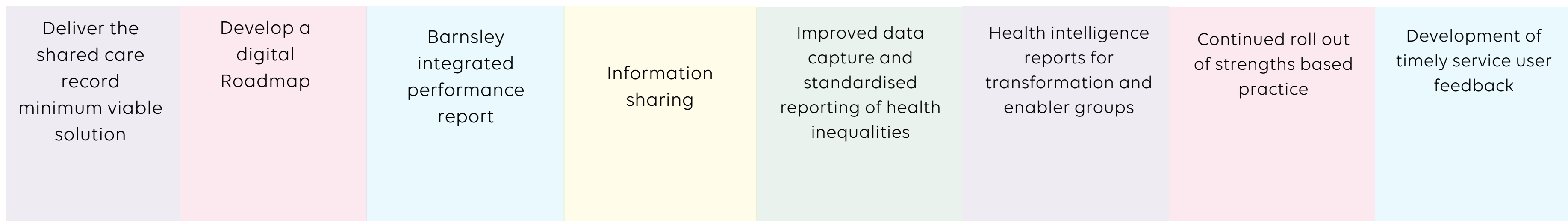
## Measure for success

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

## Outcomes

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

## What we will deliver







# Working more closely with the (VCSE) sector

## Our priority for 2023 to 2025

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

### Why is it important?

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

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

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

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

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

### Where do we add value?

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

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

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

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

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

# Working more closely with the (VCSE) sector



## Current state

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

## Key issues

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

## Strategy alignment

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

## Measure for success

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

## What we will deliver

Support the completion of State of the Sector research	Strengthen engagement with the VCSE sector through emerging structures and alliances	Build opportunities for VCSE organisations to work together	Support frontline knowledge and creativity in initiatives alongside other sectors	Identify and promote funding opportunities across the VCSE sector	Ensure the VCSE sector has a strong voice in initiatives alongside other sectors	Celebrate and promote the successes of the VCSE sector and volunteers
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# Operational planning – delivery focus

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



# Barnsley Place Based Partnership

## Tackling health inequalities in Barnsley

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30**

Barnsley – the place  
of possibilities.



# 1. Introduction

Health Inequalities are unfair, avoidable and systematic differences in health and related needs, outcomes and services between different people and groups of people. These differences can be due to many factors, such as a person's social, economic or environmental circumstances – we know that greater deprivation in any of these factors is associated with a greater risk of becoming ill earlier and dying younger (Box 1). Certain characteristics are also associated with poorer health, often due to the exclusion people with these characteristics face – we know that people with certain ethnicities, sexual orientation, age and disabilities have a lesser chance of having as long and healthy a life as others.

*Box 1 Comparing life expectancy between England's most and least deprived communities*

In England, people from the most deprived 10% of the population have a life expectancy at birth that is between 7.7 and 9.4 years less than those from the most affluent 10% and will live between 18.4 to 19.7 years longer in ill health.<sup>1</sup>

These differences are apparent when we compare the population of Barnsley with the average population of England and even more so when we compare Barnsley to the most affluent parts of the country. These differences also occur when we look within Barnsley, where stark differences in health occur between different communities, groups and wards across the borough (Table 1 on page 3).

Due to social, economic and environmental circumstances and other characteristics outside of their control, real people living in Barnsley are likely to spend more of their day-to-day lives in poor-health than people in other areas of the UK and are more likely to die younger (Box 2).

*Box 2 Real stories from real people in Barnsley, describing how these inequalities affect lives*

Mary lives in Barnsley and finds it difficult to afford her energy and heating bills, especially in winter. This means her house gets cold which makes her osteoporosis (weak bones) and joint pains worse. The only way she can occasionally get warm is to go to her shed and put the small heater on in there. Things are now improving since Mary has been supported by Green Doctors for energy efficient ways to keep her house warm and with a Household Support Grant.

James lives in Barnsley and has had difficulty finding work which is made harder by problems with his legs, blood pressure and maintaining a healthy weight. He has become reliant on his sister for finances and to pay the bills which has put her under pressure. With a combination of support from health and wellbeing coaches and some leg-up financial support he is now getting healthy and has new employment opportunities.

As well as causing suffering for the individuals, their families and communities, these avoidable differences pose a huge cost on societal, economic and health systems. The stalling and probable reduction in healthy life expectancy in England (Figure 3) is unsurprisingly associated with a growing need for healthcare – as investment and action in the cost-effective approaches to maintain health and wellbeing shrinks, the need for less cost-effective diagnostic and treatment services grows. It is estimated that over 40% of premature death in the UK and 40% of the demand for health services in England is attributable to preventive disease.<sup>2</sup> When wider costs are factored in, such as loss of workforce productivity, the overall economic burden of preventable and premature illness is staggering.

While many of the causes of these inequalities are more readily addressed through shifts in national policy and infrastructural changes (e.g. industry), there are things within our grasp locally – we are doing a lot and can do a lot more. This document outlines the current and planned approach that the Barnsley Place Partnership for health and care is taking at all levels to reduce health inequalities and help to improve health for everyone in the borough. The approach is structured across three tiers:

1. Introduce – which new services and sources of support are required to help us to address the key causes and drivers of inequalities;
2. Improve – what are the ways we can adapt and develop all services to reduce inequalities by supporting those in greatest need first;
3. Influence – how do we improve health and reduce inequalities through our wider impact on economy, society and environment.

In recognition of the wider determinants of health, the synergies between health and other key aspects of society, economy and environment the third tier includes collaboration across sectors which is essential for sustainable change, and encompasses the four themes of Barnsley 2030.<sup>3</sup>

*Figure 1. The four themes of Barnsley 2030, covering sustainable cross-sectoral development*



1. [The Health Foundation, Evidence hub: What drives health inequalities?](#)

2. [The Long-term Sustainability of the NHS and Adult Social Care Contents](#)

3. [Barnsley 2030](#)



# 2. Health inequalities in Barnsley

## 2.1 Life expectancy

Table 1 shows the life expectancy and healthy life expectancy at birth for people in Barnsley, the highest and lowest expectancy figures for wards across Barnsley, the average for England and the local authority areas with the highest expectancies in England. This presents some stark truths about the gap in health outcomes, including:

- People in Barnsley experience ill health sooner and for longer in than other parts of the UK, with 19 years difference in male healthy life expectancy between Barnsley and Rutland;
- People living in the Barnsley ward with the shortest life expectancy live almost eight years shorter than in those in the Barnsley ward with the highest life expectancy and nine (females) to ten (males) years shorter than the area of England with the longest life expectancy.

Table 1: Life expectancy / healthy life expectancy in Barnsley and England's average and highest<sup>4</sup>

	Life expectancy (years)		Healthy life expectancy (years)	
	Male	Female	Male	Female
<b>Barnsley</b>	77.1	81.1	55.9	60.1
<b>England</b>	79.1	83.0	62.6	63.1
<b>Barnsley highest</b>	(Penistone E) 83.1	(Penistone E) 86.1	Data unavailable at ward level	
<b>Barnsley lowest</b>	(Worsborough) 74.7	(Stairfoot) 78.6	Data unavailable at ward level	
<b>England highest</b>	(Westminster) 84.7	(Ken' & Chelsea) 87.9	(Rutland) 74.7	(Workingham) 71.2

Sadly, things aren't improving. Figures 2 and 3 show the trend in life expectancy and healthy life expectancy in Barnsley, the region (Yorkshire and Humber) and nationally (England). These trends show a recent pre-pandemic reduction in both measures, which should cause the alarm bells to ring. They also show a persistent gap across both measures between Barnsley and both region and country – a gap that appears to be widening, especially in men.

These differences represent underlying and undue suffering for people, families and communities, suffering which all parts of the health, care and wider system can do more to address. They also represent a disutility for all sectors and development ambitions – beyond the suffering, they cause loss of productivity in school and work, and a disease burden that heightens the need for care services which already lack capacity and resource.

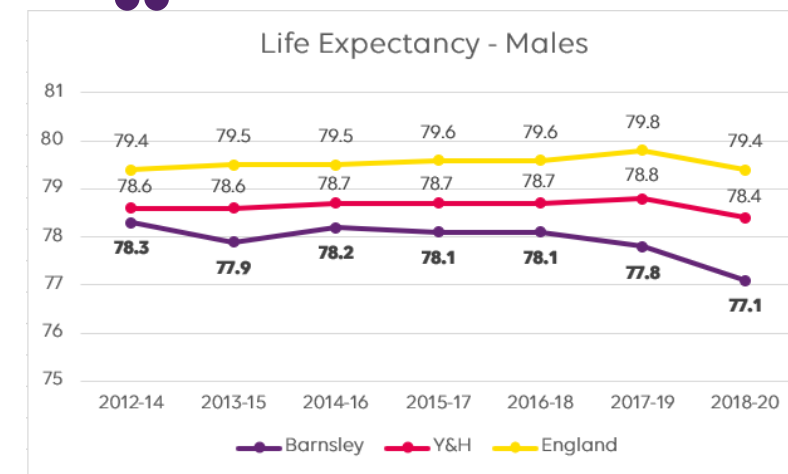
Figure 2. The life expectancy in Barnsley, Yorkshire and Humber and England. Barnsley ranks 19th shortest expectancy for all Local Authorities in England.

### Life expectancy of Males in Barnsley



**77.1 years (-0.7 years)**

2.3 years lower than England average



### Life expectancy of Females in Barnsley



**81.1 years (-0.7 years)**

2 years lower than England average

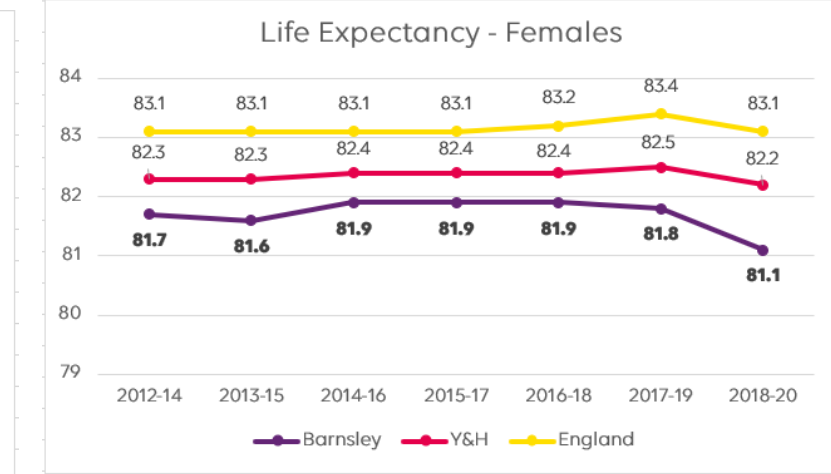


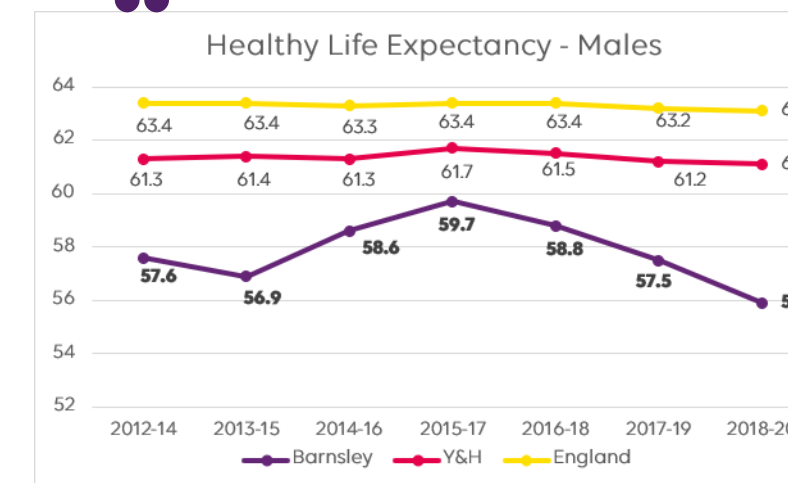
Figure 3: Health life expectancy in Barnsley, Yorkshire and England. For men, Barnsley ranks 4th shortest expectancy of all Local Authorities in England, and ranks 37th for women.

### Healthy life expectancy of Males in Barnsley



**55.9 years (-1.6 years)**

6.9 years lower than England average

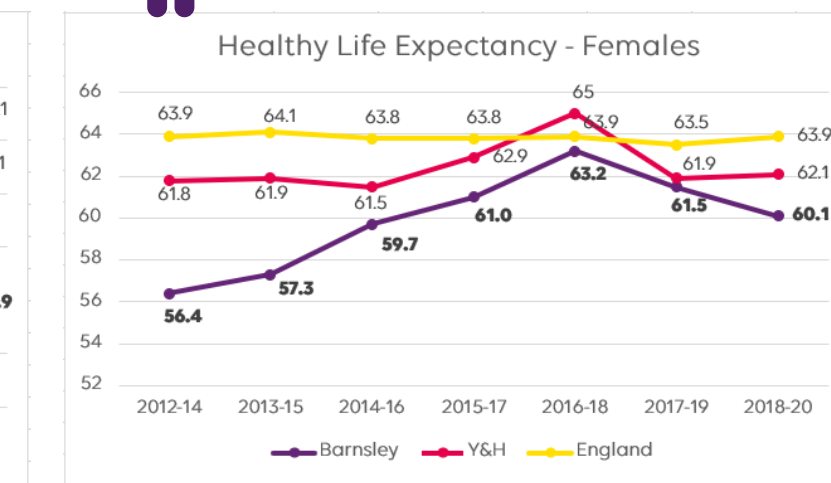


### Healthy life expectancy of Females in Barnsley



**60.1 years (-1.7 years)**

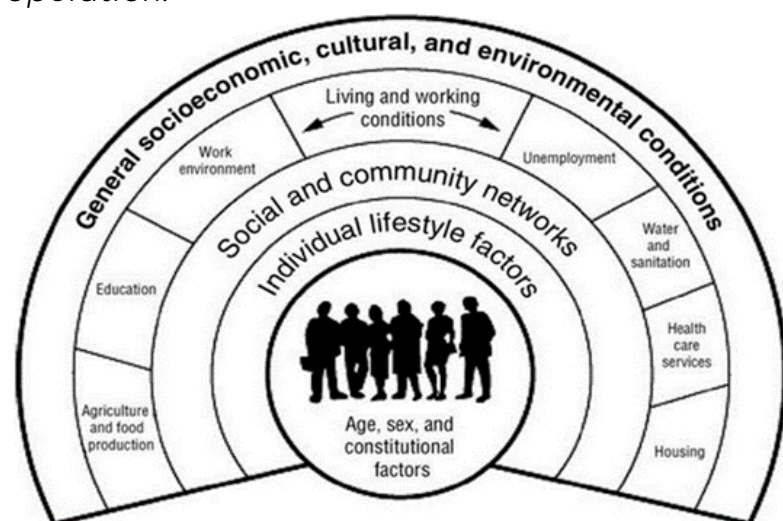
3.5 years lower than England average



## 2.2 Who is affected by health inequalities

Health inequalities affect all of us in one way or another. It is not a concept that is unique to a handful of “hard-to-reach” groups, but has a spectrum of impact across the whole population. Three overlapping factors that affect where we feature on the spectrum are who we are (demographic), our general circumstances (social, economic and environmental) and other protected characteristics that might make us susceptible to discrimination (e.g. inclusion groups). These are captured in what Dahlgren and Whitehead (1991) coined the social determinants of health (Figure 4).

Figure 4: The broad circumstances that together determine the quality of the health of an individual group of general population.<sup>5</sup>



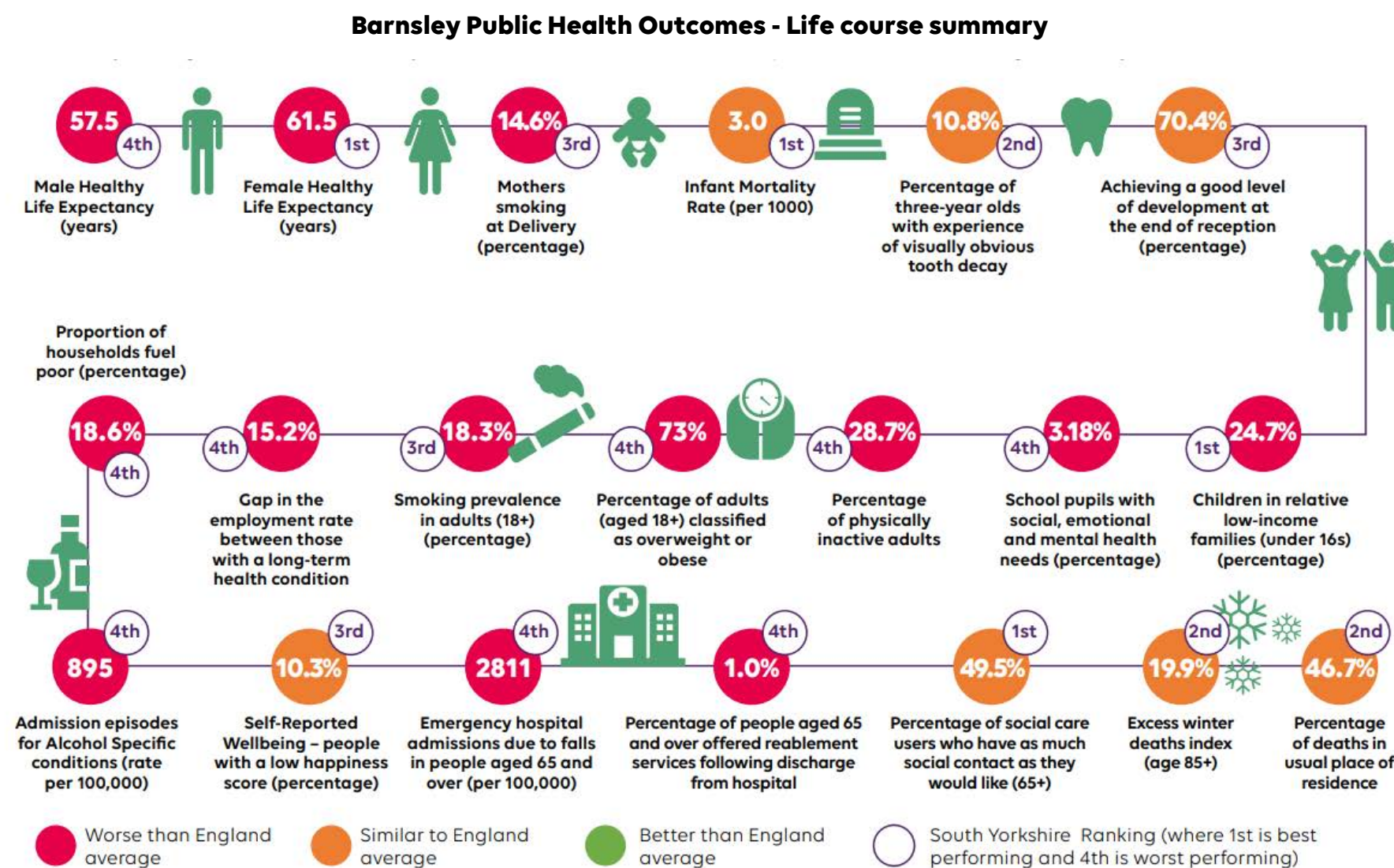
### 2.2.1 Demographics

This refers to the key statistical measures of individuals and groups such as age, gender, ethnicity and postcode area, although it can include a much broader set of characteristics, including those discussed in the next two subsections. Measurement and data are an important concept to introduce here, as these characteristics tend to be easily determined, routinely measured and readily accessible (which is often not the case for certain characteristics and inclusion groups).

Demographics overlap with the next two factors in a number of ways – e.g. people from Ethnic Minority communities in the UK are at a higher risk of more deprived socioeconomic circumstances and discrimination, and often have worse health outcomes (as seen during the COVID-19 pandemic<sup>6</sup>); older people are at a higher risk of social and digital exclusion, and not being able to afford necessary domiciliary or long term care<sup>7</sup>; the circumstances children are born into and the experiences especially of the first 1000 days of their life have a critical and lasting impact on their health and life.<sup>8</sup>

The life course is a good way to consider how certain demographic characteristics and stages in life have a part in determining health and wellbeing priorities, outcomes and needs (Fig 5). This can help inform how health systems understand the health of an individual or group and how to tailor / develop services and support to best meet the needs of people.

Figure 5. Key health outcomes for people across their life course in Barnsley in 2022 – including how they compare with the England average and whether they are improving or worsening.<sup>9</sup>



5. 2.1 Figure 1: the Dahlgren and Whitehead model of health determinants

6. Public Health England, Disparities in the risk and outcomes of COVID-19

7. Social exclusion of older persons: a scoping review and conceptual framework (European Journal of Ageing, 2017)

8. Unicef: The first 1,000 days of life: The brain's window of opportunity

9. Barnsley Health and Wellbeing Strategy 2021 - 2023: the place of possibilities



## 2.2.2 Barnsley 2021 census data<sup>10</sup>



Barnsley has a population of 244,600



Our population has increased by 5.8% since 2011 which is just below the national average increase



Our population aged 65 years and over has increased by 19.2% since 2021



Our population aged 15-64 years has increased by 2.2% since 2021



Our population aged under 15 years has increased by 6% since 2021



95.72% of the local population report English as their first language



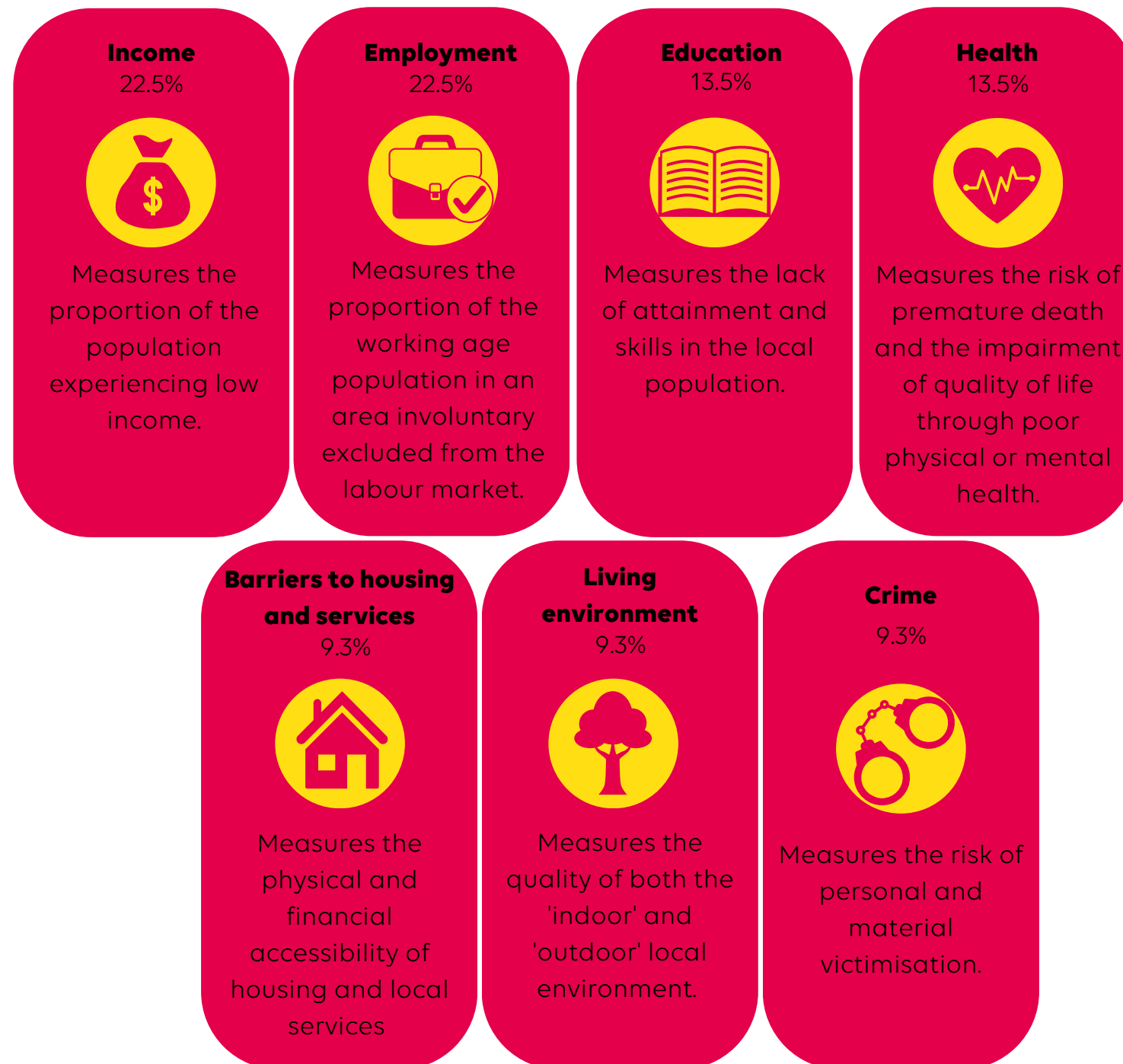
92.6% of the population identify themselves as White British (including English, Welsh, Scottish, Northern Irish or British), with the next largest ethnic group identified being Other White



## 2.2.3 Social, economic and environmental circumstances

These circumstances are incorporated into the indices of multiple deprivation (IMD) – the official measure of deprivation in England based on a composite of social, economic and environmental conditions of communities (down to lower super output areas). IMD includes seven domains: income; employment; health and disability; education, skills and training; crime; barriers to housing and services; and living environment.

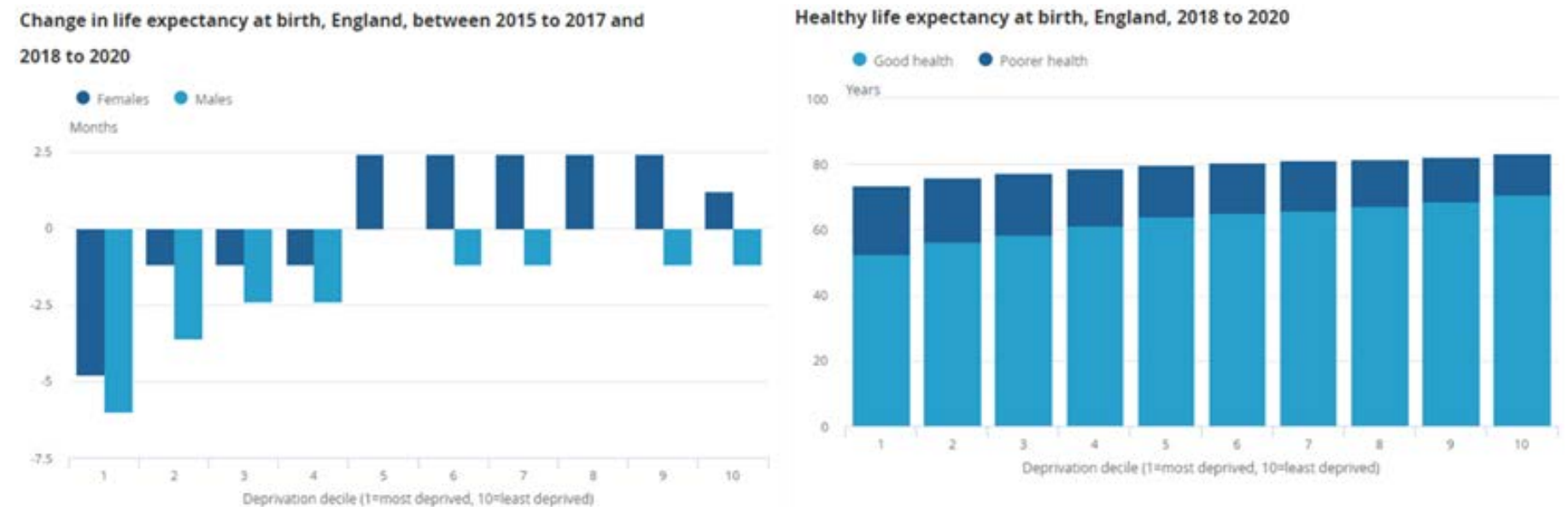
Figure 6. The English Indices of Deprivation explained with the % weightings that each domain is given (2019)<sup>11</sup>



As well as providing a holistic measure of deprivation IMD allows a structured, tried and tested way to monitor and evaluate the needs and service impact of local populations and inform development to reduce inequalities. IMD cuts the general population into five (quintiles) or ten (deciles) equal-sized groups, with the most deprived 20% or ten per cent respectively given an IMD score of one and the least deprived (most affluent) given a score of five or ten respectively.

Figure 7 presents the stark ONS analysis of life expectancy and healthy life expectancy in England against the gradient of deprivation by IMD decile. This clearly shows that with increasing deprivation people will live a shorter life and spend more time in ill health and that the worsening situation in England is affecting people with greater deprivation more than people who are more affluent.

Figure 7. Life expectancy and healthy life expectancy by deprivation (IMD decile) in England and the change in life expectancy between 2015/17 and 2018/20.<sup>12</sup>



Source: Office for National Statistics

This data represents real people across the country and are as true for Barnsley as anywhere else. Underneath those rather bleak headlines, of life-expectancy and healthy life-expectancy falling and affecting the most deprived more, is a huge burden of disease, loss of productivity and need for health and social care services.

In many ways, the challenge that inequalities present and need to address them is greater for Barnsley than the average area of the country: we are the 38th most deprived local authority in England; and, whilst 10% of the national population fit into the most deprived decile (and 20% in the most deprived quintile), over 20% of the Barnsley population fit into the nation's most deprived decile (and over 40% in the most deprived quintile).

11. National statistics: English indices of deprivation 2019

12. Census 2021: Health state life expediencies by national deprivation deciles. England: 2018 to 2020

## 2.2.4 Specific characteristics and inclusion groups

There are a number of characteristics people might have that are associated with being subject to greater barriers, unfairness and discrimination. These include certain people who:

- are lesbian, gay, bisexual, transgender or queer (LGBTQ+)
- are from different ethnicities
- are a veteran or serving member of the armed forces
- have a physical or learning difficulty
- have mental health problems
- those from inclusion groups.

"Inclusion health is a 'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes. People belonging to inclusion health groups frequently suffer from multiple health issues, which can include mental and physical ill health and substance dependence issues. This leads to extremely poor health outcomes, often much worse than the general population, lower average age of death, and it contributes considerably to increasing health inequalities.

Inclusion health includes any population group that is socially excluded. This can include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery, but can also include other socially excluded groups. There will be differences in needs within socially excluded groups (for example between men and women) and these differences must be understood and responded to appropriately."<sup>13</sup>

The very nature of inclusion groups and some of these other characteristics means it is hard to be sure from any data sources of the numbers of people represented in the local population and, therefore, of their health priorities and needs. This means that engagement is an important source of such intelligence from these groups.

However, we do know some things:



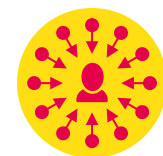
As of 17 November 2022, there were 316 asylum seekers living in dispersed accommodation across Barnsley, managed by Mears Group;



A recent mental health needs assessment found 1,828 people living with Serious Mental Illness (SMI) in Barnsley (according to GP registered conditions);



An estimated seven people sleep rough each night in Barnsley and, in 2020/21, 781 households are threatened with homelessness;



In 2021/22, approximately 15% of school children in Barnsley had a statutory plan or were receiving Special Educational Needs (SEN) support (previously school action and school action plus). There are around 35,000 pupils on roll in Barnsley school.



GP registers show 1,632 people with learning disability (all ages).



According to the Census 2021 data regarding sexual orientation, 91.57% people aged 16 years and over living in Barnsley are straight or heterosexual (versus 92.5% national average) and 5.83% did not answer (versus 7.5% national average).<sup>14</sup>



The council provides a Gypsy and Traveller site at Smithies Lane, off Wakefield Road, on the fringe of Barnsley town centre. There are currently 30 pitches on the site.

13. [Inclusion Health: applying All our Health](#)

14. [Census 2021: Sexual orientation, England and Wales](#)

## 2.3 Health inequalities: illness and care

The relationship between health and life expectancy across the gradient of inequalities can also be seen when we look specifically at illness, including multimorbidity (having multiple long-term conditions). Generally, the number of people living with multimorbidity in England is rising, with more than one in four of the adult population now living with two or more conditions. Two key risk factors for this are age and deprivation, so much so that living with numerous and often complex health problems is becoming the norm for older people and those from disadvantaged communities.<sup>15</sup> Table 2 shows how the risk of multimorbidity changes with material wealth.

Table 2: Basic multi-morbidity (MM), complex multi-morbidity, functional limitation (MFL10+) and material determinants.<sup>16</sup>

	Basic MM		Complex MM		MFL10+	
	Odds ratio	95% CI	Odds ratio	95% CI	Odds ratio	95% CI
<b>Household wealth</b>						
High	1		1		1	
Medium	1.13	1.10-1.19	1.20	1.09-1.31	1.28	1.12-1.47
Low	1.47	1.34-1.61	1.73	1.52-1.96	1.90	1.59-2.26
<b>Subjective social status</b>						
High	1		1		1	
Medium	1.04	0.98-1.10	1.11	1.00-1.20	1.15	1.02-1.29
Low	1.14	1.04-1.24	1.21	1.07-1.35	1.37	1.26-1.70
<b>Occupation</b>						
Manager/prof.	1		1		1	
Intermediate	0.93	0.85-1.01	0.92	0.81-1.03	1.04	0.91-1.20
Semi/routine	1.07	1.04-1.24	1.03	0.92-1.15	1.28	1.14-1.46
<b>Education</b>						
A-level+	1		1		1	
0-Level or equiv.	0.93	0.86-1.00	0.92	0.81-1.03	0.89	0.80-1.02
Less than 0-Level	1.02	0.97-1.07	1.04	0.92-1.16	1.12	1.01-1.22

This is true for Barnsley, where we see a clear correlation between deprivation and multimorbidity (Fig. 8).

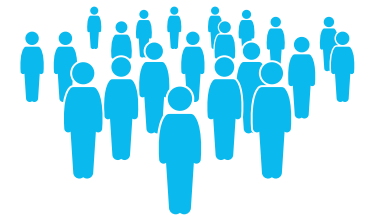
Unfortunately, we know that this is a vicious cycle for people, as the existence of one physical or mental health problem increases the risk of developing another physical or mental health problem and each long-term condition brings with other stresses than only health-related, including financial and social.

### Living with a chronic illness in Barnsley<sup>17</sup>

In Barnsley you are almost 20 times more likely to be living in one of the most deprived communities in England than in the least deprived



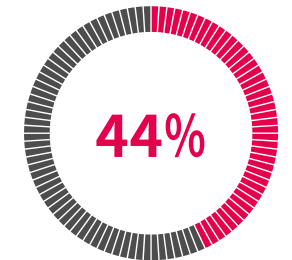
There are over 50,000 residents in Barnsley living in the most deprived 10% of communities in England



The difference in lifespan of the most and least deprived communities in England is approximately 10 years. Those most affluent can often live around 20 years longer without illness or disability.



Around 44% of adults in Barnsley are living with some form of chronic illness or disability.



Nearly 1 in 4 of Barnsley residents with chronic illness or disability live in the most deprived 10% of communities in England.



This is compared to less than 1 in 100 people in Barnsley who live in the least deprived area who live with a chronic illness or disability.



15. National Institute for Health and Care Research: Multiple long-term conditions: making sense of the evidence

16. Social determinants of multimorbidity and multiple functional limitations among the ageing population of England, 2002-2015

17. Based on local data regarding population size across IMD deciles combined with national evidence on multi-morbidity

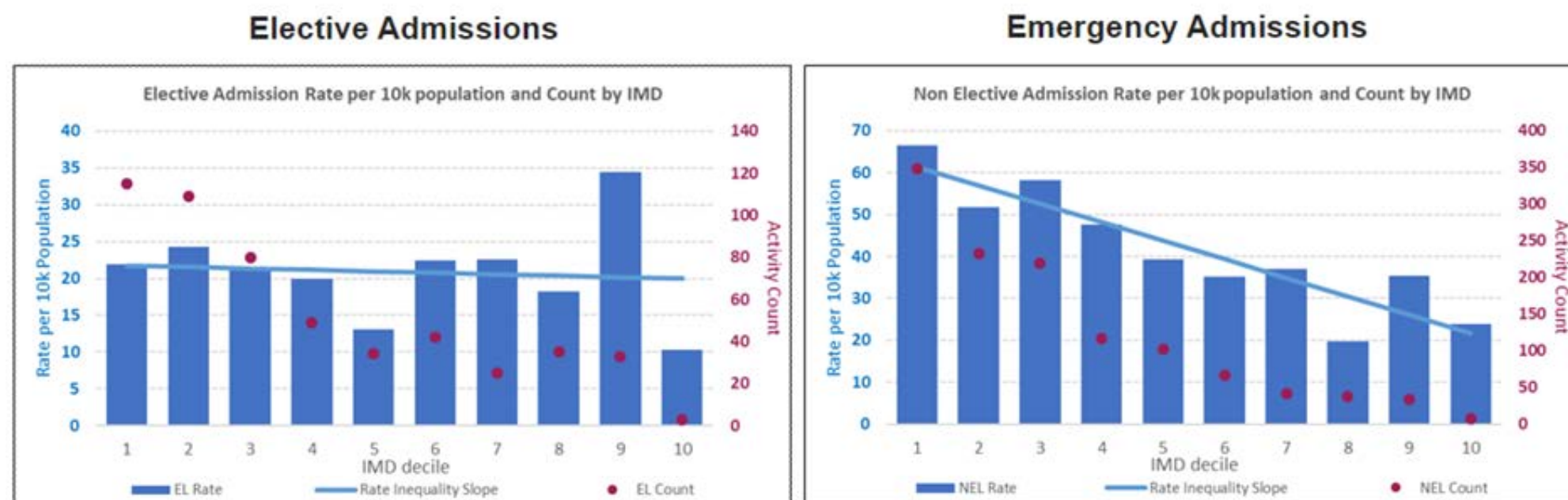


Some of this association with deprivation is linked to the greater prevalence of “lifestyle” risk factors. For example, smoking prevalence is higher in more deprived groups of the population and that will increase the risk of premature illness and death for these people. However, this is only part of the story. We know that deprivation is a direct risk factor, with some evidence suggesting more than half the association between deprivation and multi-morbidity is not related to associated lifestyle risk factors and is the direct result of deprivation.<sup>18</sup>

It is fair to say that since greater deprivation brings greater levels of illness, the more deprived a person is the greater will be their *need* for health and social care. However, greater deprivation is also associated with poorer access to health and social care (as well as poorer access to other services). This is known as the inverse care law, a term coined by Julian Tudor Hart 50 years ago, and still very much true today.<sup>19</sup>

Local analysis (Fig. 9) is consistent with this, demonstrating an association between greater deprivation and both greater use of unplanned care services (i.e. increased attendance to A&E and increased emergency admissions) and lesser use of planned care (if considered as use per long-term condition).

Figure 9. An IMD snapshot of elective and emergency respiratory admissions to Barnsley Hospital NHS Foundation Trust. Similar patterns are seen in other specialities. (2019-20 data)



Rates of Elective Admissions per 10,000 population were broadly consistent across all IMD deciles whereas, if proportionate to need, they'd be greater with greater deprivation.

Note, there are very few people in Barnsley in IMD 10, hence the lower rate.

Location of IMD 5 areas are closer to the border of Barnsley, so may access care outside of BHNFT.

In the same period 66% of non-elective admissions for respiratory conditions were for residents from the three most deprived IMD deciles.

Deprivation is also associated with a less coherent referral pathway and uptake, local analysis shows:

- More affluent groups are more likely to access planned care via a GP referral and to attend their appointments
- More deprived groups are more likely to access planned care via emergency care (often a longer less reliable route involving multiple emergency attendances) and not attend appointments (often related to barriers to access)

Deprivation and other drivers of health inequalities are associated with a greater burden of illness and greater need for health and social care. It is also associated with poorer outcomes from illness and care – whether that is health outcomes from an episode of ill health or healthcare,<sup>20</sup> or socio-economic outcomes owing to the pre-existing fragility of the person's circumstances (e.g. no sick pay agreement in their contract of employment and no or low savings).

18. [The Lancet Public Health: The effect of socioeconomic deprivation on the association between an extended measurement of unhealthy lifestyle factors and health outcomes](#)

19. [The Health Foundation: Tackling the inverse care law](#)

20. [National Library of Medicine: Socioeconomic deprivation and long-term outcomes after elective surgery](#)

# 3. Policy context

## 3.1 National

The three most relevant contemporary sources of national directive relating to the impact of inequalities in England and the health sector's actions to address them are the government's Levelling Up programme, NHS England's Core20PLUS5 and the NHS Operating Framework shaping delivery of the NHS Long Term Plan.

The government describes Levelling Up the United Kingdom<sup>21</sup> as "a moral, social and economic programme for the whole of government" that "comprises ... systems change" that will "spread opportunity more equally across the UK".

Although a lot of the White Paper is appropriately focused on other sectors and it is unfortunately unclear how many of the approaches it describes will reduce inequalities (health or otherwise), it does set out two specifically relevant "missions".

- Health: By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years.
- Wellbeing: By 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing.

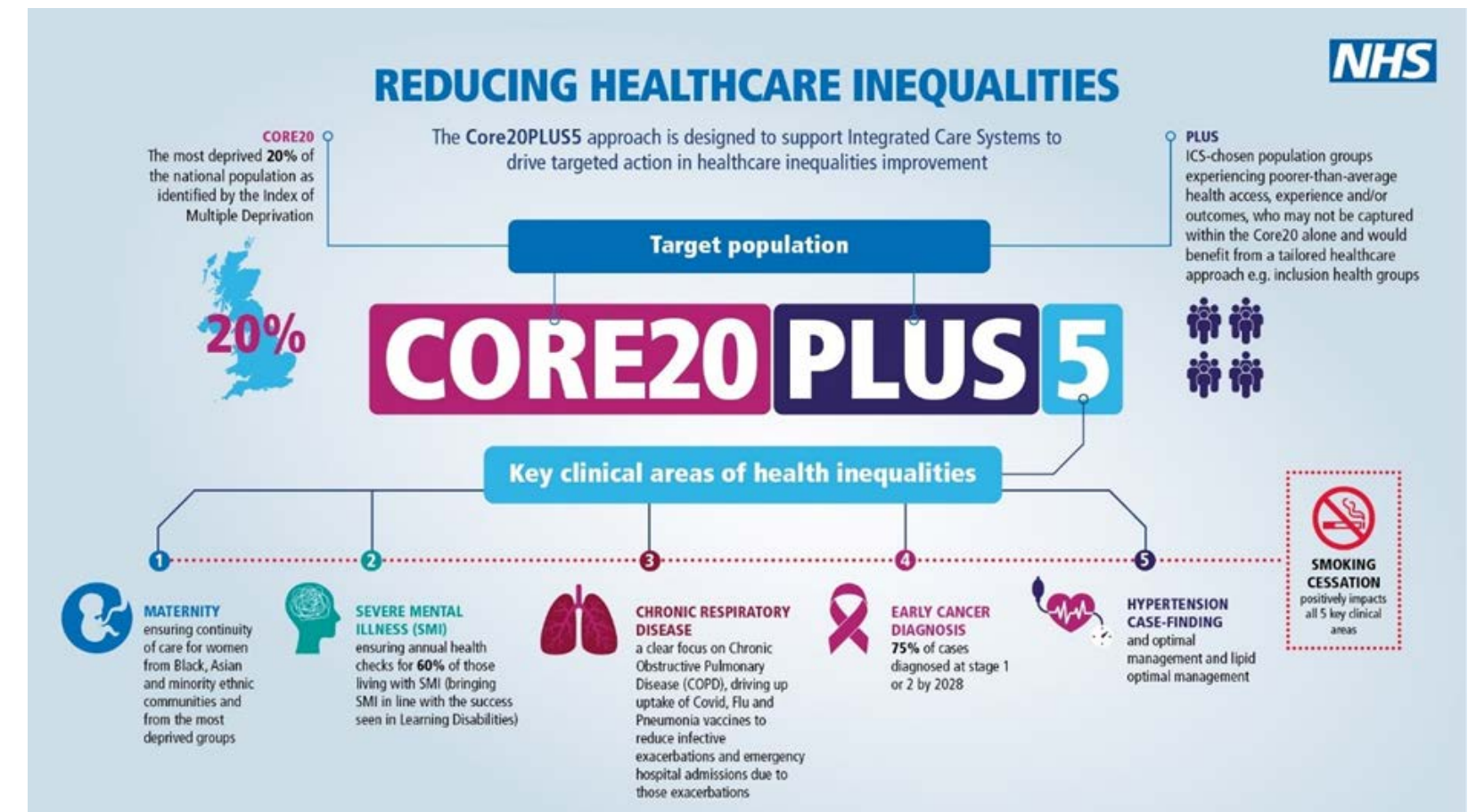
Core20PLUS5<sup>22</sup> is a national NHS England approach to inform action to reduce health inequalities. The "Core20PLUS" component helps to identify and frame the people, communities and populations to target (i.e. those most affected by health inequalities).

- Core20 refers to the most deprived 20% of the national population defined by IMD. As described earlier, unfortunately this accounts for over 40% of the population of Barnsley.
- PLUS refers to groups of the population determined locally as having greater need and being subject to greater inequalities. This might include other demographic characteristics and people from the inclusion groups and with protected or other specific characteristics discussed above.

The "5" component identifies the clinical areas which have greatest capacity to reduce health inequalities in the Core20PLUS target population and thus warrant the greatest (but not sole) focus.

For adults Core20PLUS5 (Figure 10), these are maternity with a focus of continuity of care, severe mental illness with a focus on health checks, chronic respiratory disease with a focus on vaccination to protect people with existing chronic respiratory disease, early cancer diagnosis and the diagnosis and control of hypertension.

Figure 10: Core20PLUS5 for adults



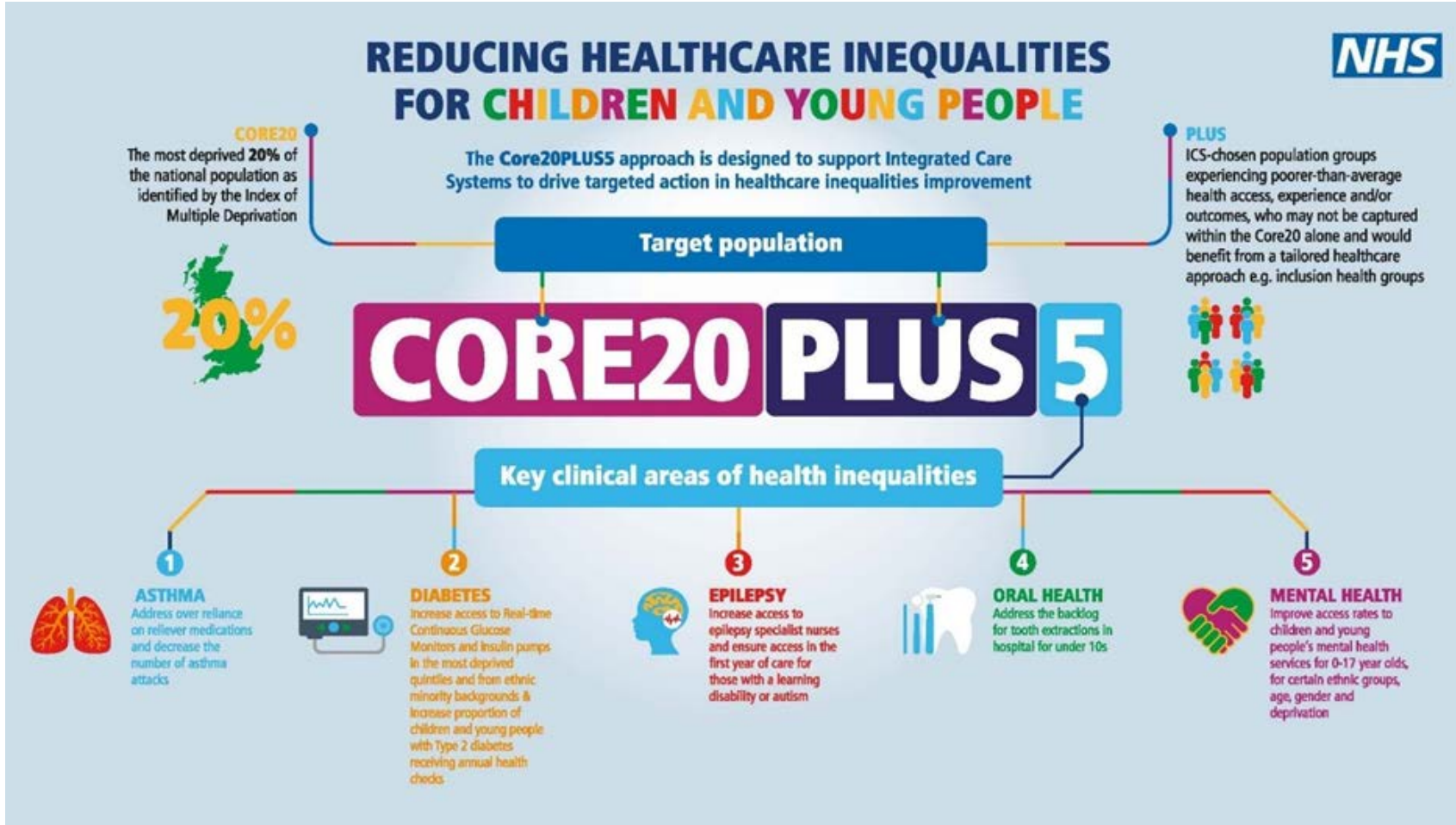
For children and young people<sup>23</sup> (Figure 11, overleaf), these are asthma to reduce reliance on medicines and reduce attacks, diabetes to increase glucose monitoring and NICE-based control, epilepsy to increase access to a speciality nurse service especially for people with learning difficulties and autism, oral health to reduce tooth extractions and mental health to improve access to care.

21. Policy paper: Levelling Up the United Kingdom  
22. Core20PLUS5 (adults) - an approach to reducing healthcare inequalities

23. Core20PLUS5 - An approach to reducing health inequalities for children and young people



Figure 11: Core20PLUS5 for children and young people



### 3.2 Regional

The South Yorkshire (SY) Integrated Care Partnership (ICP)<sup>25</sup> is a statutory part of the Integrated Care System (ICS) with membership across the range of stakeholders in health, including the Integrated Care Board and Local Authorities (similar in its membership to a local Health and Wellbeing Board).

The SY ICP's strategy, was published in February 2023, includes a four tier outcomes framework with a number of elements specific or related to health inequalities:

- At the top of the framework is the "vision and goals", which include closing the gap in healthy life expectancy between South Yorkshire and England by 2028/30, and reducing by 25% the gap between the most and least deprived groups across South Yorkshire;
- This is supported by "bold ambitions", including raising school readiness levels, moving towards a tobacco-free South Yorkshire, reducing overall economic inactivity and improving employment for people with long term health conditions, disabilities and care leavers, and becoming an anti-racist and inclusive health and care system;
- The final two tiers are the "shared outcomes" (with a range of indicators key to improving health outcomes and reducing inequalities) and measures of the "process and performance" that is required across health and related organisations to fulfil the framework.

Within the SY ICP and Board there is both an executive sponsor and named lead for health inequalities and work to reduce inequalities is coordinated by the Population Health Management Strategic Delivery Group which reports to the Systems Leadership Executive Group.



Chapter Two of the NHS Long Term Plan<sup>24</sup> published in 2019, described how it was going to take more action to reduce health inequalities. Since then, addressing health inequalities has been cited in a number of key actions and operating frameworks. The latest NHS Operating Framework published in October 2022, talk about three key approaches.

- Leadership that enables local systems and providers to improve the health of their people and patients and reduce health inequalities.
- Translating national strategy and policy to fit local circumstances, ensuring local health inequalities and priorities are addressed.
- Work with partners to build expertise & capability in delivering prevention and early intervention, using personalised approaches focused on inequalities.

24. NHS Long Term Plan  
25. South Yorkshire Integrated Care Board



### 3.3 Local

There are three key parts to the Barnsley place health and care system, each with its role in shaping the health of the local population, improving health and related outcomes and reducing health inequalities:

- The place-based integrated care partnership<sup>26</sup> which aims to deliver Barnsley's health and care plan – the 2022/23<sup>27</sup> refresh of the plan wove the thread of health equity through three of its priorities, including strengthening prevention, improving equity of access to care, and joining up support for those with greatest needs;
- In its 2021-2030 strategy<sup>28</sup>, Barnsley's Health and Wellbeing Board has committed to reducing health inequalities across the life-course, including helping to ensure every child is given the best start in life, everyone can access the resources they need to live a healthy life and to age well, it also specifically sites mental health and addressing the wider determinants of health inequalities (such as housing, employment and education);
- Barnsley 2030 "the place of possibilities" is the social, environmental and economic development plan for the borough which looks across all sectors and has four key themes (Figure 1) – Learning, Growing, Sustainable and Healthy Barnsley – there are health-related commitments across it all with those specific to inequalities including reducing poverty, improving access to quality housing and affordable energy, improving learning and social connections, and improving access to healthy and active lives.

Within the Barnsley Integrated Care Partnership and Board (Barnsley Place ICB) there is an executive sponsor for health inequalities and the cross-partners Barnsley Health Equity Group (BHEG) which coordinates the place-based approach to reducing health inequalities and reports into the place Delivery Group of the Barnsley Place ICB).



## 4. Our approach

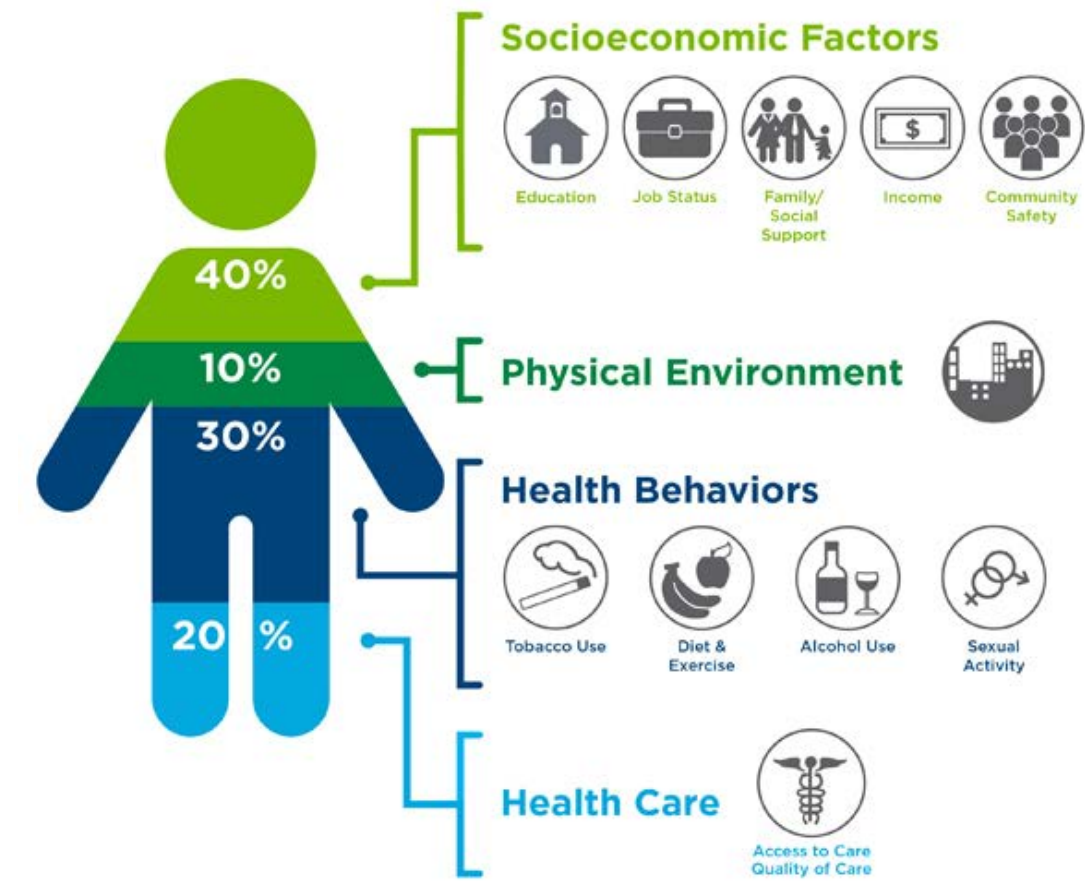
### 4.1 A framework for action

"[The] link between social conditions and health is not a footnote to the 'real' concerns with health – health care and unhealthy behaviours – it should become the main focus."<sup>29</sup>

It is not reasonable nor sustainable to think that the NHS and wider health and care providers at any level – neighbourhood, place (Barnsley), system (South Yorkshire), regional (Yorkshire and Humber) or national (England) – can continue to manage health by delivering only care and acting only when health has "gone wrong". In Barnsley we are working together to do more to improve health and reduce health inequalities in the local population. This requires action across all the determinants (Figure 12) and, where action is beyond the reach of the health and care sector, working across sectors and with wider partners to make progress.

Figure 12: What goes into your health? An illustration of the impact health care has on a person's health versus non-healthcare factors

### What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

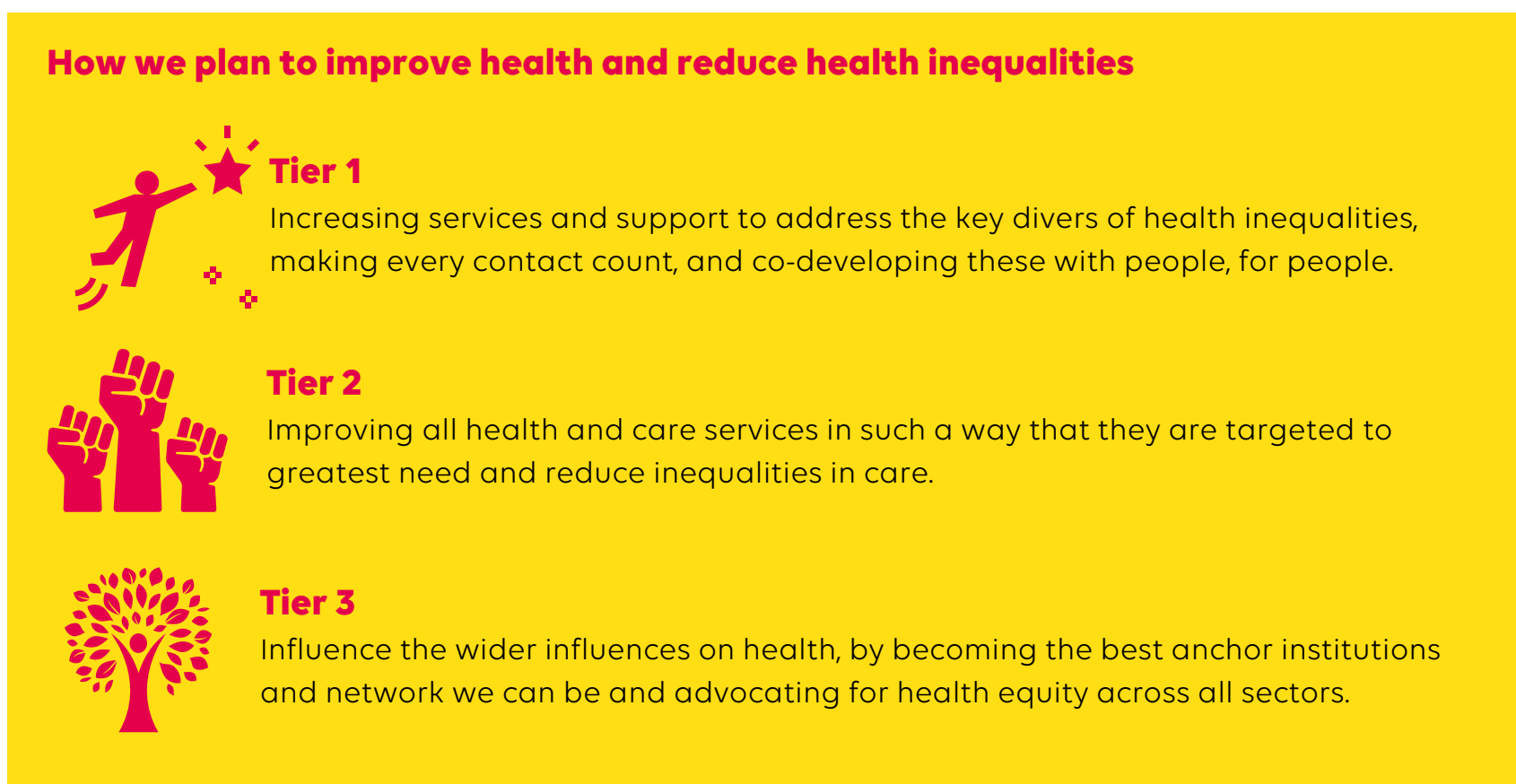


26 - Barnsley Place, South Yorkshire Integrated Care Board  
27 - TBC  
28 - Barnsley Health and Wellbeing Strategy 2021 - 2023: the place of possibilities

29 - Institute of Health Equity: Fair Society, Healthy Lives  
30 - The Community Cure for Health Care, The Bridgespan Group, 2016



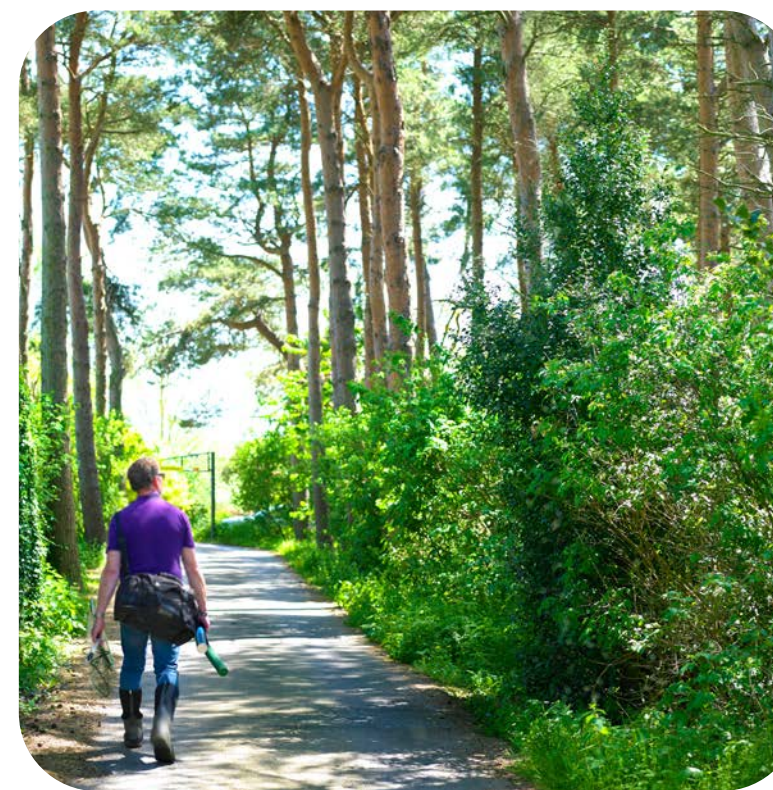
Under the guidance and coordination of BHEG, organisations across Barnsley's Integrated Care Partnership are aligning their approach to improving public health and reducing health inequalities using a three-tier framework.



This framework strikes a balance between “the whole” – acknowledging that what determines our health and wellbeing (and, therefore, the need for health and care services) covers almost all aspects of society, economy and environment – and that which is within the immediate grasp of an integrated care system.

Although in the context of this plan it is intended to guide and shape the approach of the Barnsley health and care system and its partners, it has been developed for use at any level – from service to system.

See Figure 13 on the next page for more detail on how the framework is being used and applied.



This framework has already been used to strengthen the approach to reduce inequalities across Barnsley and achieve alignment, integration and economies of scale.

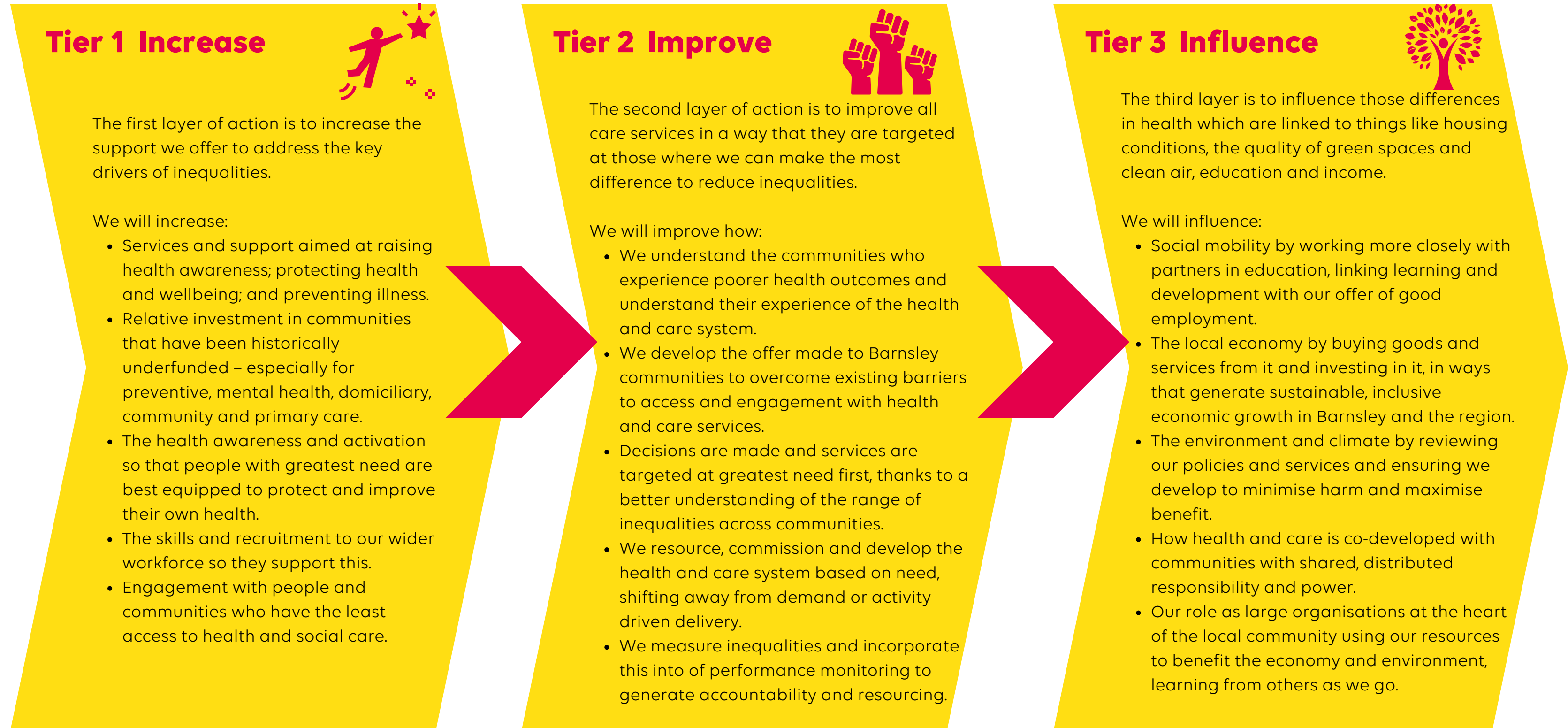
- Barnsley Hospital NHS Foundation Trust Board approved the framework as a tool to guide its approach and, in November 2021, published its first Action Plan to Improve Public Health and Reduce Health Inequalities.<sup>31</sup>
- Barnsley Metropolitan Borough Council have used the framework to develop an action plan and the Barnsley Inequality Toolkit ('Do Your BIT'), helping services identify how their work can help reduce inequalities.
- South West Yorkshire Foundation Trust have used the framework to guide a number of organisational shifts, most notably in stimulating its recently published Social Responsibility and Sustainability Strategy.<sup>32</sup>
- Barnsley's Primary Care Network have used tiers one and two to guide new care and coordination roles, expanding capacity to deliver prevention and guide care to greatest need.

31 - [Barnsley Board Meeting - December 2021](#)

31 - [South West Yorkshire Partnership NHS Foundation Trust - Social responsibility and sustainability strategy](#)

# How we plan to improve health and reduce health inequalities

Figure 13: Barnsley's integrated care framework for improving health and reducing health inequalities





## 4.2 Tier 1: Key questions and case studies

To ensure people have access to support that prevents them getting sick and reduces the drivers of inequality in their life, we can ask a number of questions of health and care services, organisations and partnerships.

- What could you introduce that doesn't already exist to strengthen prevention and/or reduce inequalities in your population and service users?
- Historically, which areas or services have historically been prioritised less than others resulting in inequalities?
- Do you have enough information about the drivers and causes of poor health and inequalities in your population and service users?
- Have you considered what underlying assumptions and biases you have when assessing the needs of your population, area or service?
- How effectively joined up and person-centred are the services that strengthen prevention and reduce inequalities?
- What engagement or resource commitments would help to sustainably reduce inequalities?

By addressing these questions, a number of services have been generated across Barnsley.

### Improving Heart Health in working-aged men

Hypertension is the third highest risk factor for death in Yorkshire and Humber. People are dying because of having undiagnosed and/or uncontrolled hypertension. In Barnsley, a priority group for blood pressure support is working-aged men living in Dearne and North. They have high rates of heart disease and yet a higher-than-average rate of missing blood pressure data in their GP records. "How's Thi Ticker?" is a local campaign and partnership initiative working across primary care, local authority, charities and businesses to increase blood pressure checks and treatment. Through marketing and engagement using the Public Health Support Service, priority groups are being supported in the community and, those found to have high blood pressure (around 30%), referred to local pharmacies.

#### What we have planned as part of Tier 1 action:

"How's Thi Ticker?" is funding Reds in the Community, Age UK and Dearne and District FC to build on the engagement and reach, and is further developing the partnership with community pharmacies Case Finding Service for early diagnosis and treatment.

### Supporting people with learning disabilities

People with learning disabilities usually have poorer physical and mental health than the average person and have a shorter life expectancy (18 years younger for women and 14 years younger for men). This is why Barnsley's Metropolitan Borough Council's Healthy Ageing Public Health Team and Barnsley's Primary Care Network have funded two new Care Coordinator roles to assist those with learning disabilities to overcome barriers they face to accessing primary care.

#### What we have planned as part of Tier 1 action:

The Care Coordinators are helping to provide a targeted and tailored approach to Health Checks for people with learning disabilities in Barnsley and have successfully offered a health check to over 75% of this group locally. They are also (with the support by NHS England) proactively identifying people with learning disabilities who are eligible for the Faecal Immunochemical Test for bowel cancer, breast and cervical screening services and supporting them to complete the test effectively.

### Holistic support and prevention

Smoking is the single biggest preventable cause of preventable death in the world. Barnsley has higher than the national average smoking prevalence, with higher rates in more deprived groups. Understanding this, Barnsley Hospital and the South Yorkshire and Bassetlaw team have established their QUIT programmes for tobacco control, in line with Barnsley's ambition to Make Smoking Invisible. QUIT is striving to identify all local people who are addicted to tobacco and support them to stop smoking for good, linking with equivalent services in the community.

#### What we have planned as part of Tier 1 action:

The success of QUIT has led to the subsequent funding and establishment at the hospital of the Alcohol Care Team and Barnsley Metropolitan Borough Council's Early Help Navigator service for children and families. These collectively make up our Healthy Lives Programme, which is expanding to strengthen support for patients and staff with housing problems, financial difficulties, unhealthy diets and physical inactivity.

### Award winning support to strengthen mental, physical and psychological wellbeing

Creative Minds is a charity that brings together over 120 community organisations together who work to provide creative stimulation and cultural activities that enables people to connect, find purpose and meaning through shared interests. Hosted by South West Yorkshire Partnership Trust, Creative Minds co-produces and delivers creative arts, sports and recreation and leisure activities. By bringing together NHS and community funding they pool resources and are able to extend the offer to more people living in Barnsley.

#### What we have planned as part of Tier 1 action:

Creative Minds will further strengthen the links and relationships in Barnsley to deliver collaborative projects that focus on things that matter to people positively impacting peoples health and wellbeing. The work they do is part of a growing evidence base that shows that by connecting communities we can address health inequalities and help people reach their potential.



## 4.3 Tier 2: Key questions and case studies

To ensure that Barnsley's health and social care partners do all they can to provide care and support to those with the greatest need first, services, organisations and the integrated care partnership as a whole can consider switching the old rhetoric around "hard to reach groups" in the local population to one that looks to answer the question of "why are our services often hardest to access for the people who need them most?"

Some of the questions below can help us continue to address this:

- Do we plan, commission, and prioritise based on existing demand or population need?
- Are there disparities between need and service use in certain communities and populations?
- Do we measure inequalities in service use and activity and consider narrowing gaps as a performance target?
- Which populations and communities have not been the focus of support for our services?
- Do some populations have easier / better access to our information and communications than others?
- What training for staff would build on their existing understanding of wider risks to peoples' health and wellbeing?
- How can we increase and co-produce engagement with excluded populations and those at greatest risk to encourage use of services earlier?
- How can we improve peoples' awareness of their own needs and build health literacy and expectations in the people at greatest risk?
- What opportunities are there for providing services in different locations that may improve access to priority groups?

### Measuring and reporting on health inequalities

BHEG has developed standard inequality metrics for health and social care providers and a common approach to presenting service data to identify inequalities. This is being rolled out across partners and incorporated into the performance reports.

#### What we have planned as part of Tier 2 action:

Recording of inequalities data for individuals needs to be strengthened as we take this further but measuring is only one step. To ensure this informs action requires its integration into the routine business of healthcare and analytical capacity with data access. We are recruiting a Barnsley population health analyst, supporting partners to use and apply the measurement, and working with South Yorkshire Integrated Care System colleagues to develop executive accountability and improve data sharing.

### More accessible care in the community

Barnsley has opened the Community Diagnostics Centre (CDC) in the town centre, increasing accessibility of care, integrating services with people's daily lives and investing in the local economy. The CDC has already received positive feedback from users and staff and national acclaim, and demonstrated a reduction in the rate of procedures to which people do not attend.

#### What we have planned as part of Tier 2 action:

Analysis of which local communities are benefiting most from this initiative is underway and will be used to inform planning for phase two of the CDC's development which will include expanding the diagnostic services available. Learning from the CDC will inform development of other community health and wellbeing offers funded by the place partnership, including consideration of integrating a health offer into libraries and other existing facilities that reach further into communities. CDC and related developments will also look to exploit partnerships to broaden its health promotion function.

### Targeting support for those most vulnerable and in greatest need

Barnsley Metropolitan Borough Council has developed "vulnerabilities index" that compiles the lists of people who were extremely vulnerable to Covid-19 infection and those who were considered socially vulnerable. This allowed the Barnsley Community Support Service to provide targeted support and to keep people safe. The index has been used target vaccines to higher risk groups, provide winter wellbeing services and identify people requiring financial support.

#### What we have planned as part of Tier 2 action:

With the clear understanding of the link between deprivation, greater health need and poorer access to care services and the demonstrated benefit of combining health data with wider social and economic data, Barnsley's Health Intelligence Group (BHIG) are building the Barnsley Index of Deprivation (BID). Based on IMD but with household-level information, this will support clinical and care decisions, improve planning care to incorporate a person's wider circumstances and inform service development to increase access for those with greatest need.

**Continuity of care in maternity services**

Barnsley's maternity services has committed to target the gold standard of continuity of midwifery care for women from Minority Ethnic backgrounds and the 10% most deprived households. This means pregnant women will have the same midwifery team throughout their pregnancy, labour and post-natal period, improving the survival, health and experience of the mother and baby.

**What we have planned as part of Tier 2 action:**

This approach can provide learning for other health and social care services. The Barnsley maternity service is building on the success, strengthening the long-term impact it has on families by improving its health education to parents and exploring how to expand its continuity offer to other communities with the most to benefit.

**Wellbeing for people with Severe Mental Illness (SMI)**

People living with SMI have a much higher prevalence of long-term conditions (LTC) and a much shorter life expectancy than those without. We have therefore been working to improve the local registers of people with SMI and use these to target Health Checks with these people to prevent, identify and improve management of LTC. As part of this work we have focused on delivering Health Checks with those who have previously disengaged with this offer. This has seen us launch a pilot where Clinical Health and Wellbeing coach has delivered this service in people's homes. Over 84% of people who were re-contacted with the offer took this up, with over 63% having this take place at home.

**What we have planned as part of Tier 2 action:**

The pilot was carried out at three GP practices in Barnsley by March 2023. We have now started rolling this out across practices in the Dearne Neighbourhood and plan to offer this to all practices by January 2024.

## 4.4 Tier 3: Key questions and case studies

The impact that the health and care sector has on health and wellbeing by means other than the services it delivers is huge and can lead to a far-reaching benefit if due consideration is given by partners and collectively to how it goes about its business. To "give everything we've got" services, organisations and the wider health system needs to ask questions about more than just the care it delivers:

- What are our values and how do they permeate everything that we do?
- What is our impact on the climate and environment and how do we maximise benefit?
  - How much waste do we produce and how can we manage it?
  - How can we reduce emissions from travel and transport?
  - How can we help to generate green, resilient and sustainable utilities (e.g. energy, water)?
  - How can we use the most sustainable technologies (health and otherwise)?
- What is our impact on the local economy and how can we maximise benefit?
  - How can we procure and spend more locally and regionally?
  - How can we generate local production and supply of what we need?
  - How can we make local supply economically viable through scale?
- What is our impact on communities and society locally and regionally?
  - How can we engage with communities to ensure we are equitable?
  - How can we share and distribute responsibility and power?
  - How can our facilities, estates and assets provide social value?
  - How can we create social mobility through recruitment and staff development?
  - How can we make Barnsley the best place to be born?
  - How can we strengthen education and equal opportunity in Barnsley?
  - How can we make our organisations the best places to work?
- What is our impact through our influence on our partners, our suppliers, other sectors and through our reach into wider policy and development?

### **A strategy for social responsibility**

In 2021, South West Yorkshire Partnership Trust published its Social Responsibility and Sustainability Strategy which aims to use the levers it has to maximise the benefits to local people, communities and places, especially those facing challenge and disadvantage. The strategy builds on its core and current activities and role as an anchor institution.

#### **What we have planned as part of Tier 3 action:**

The anchor institutions in Barnsley have ambitious plans to work better together across all these areas and seek scale and impact. BMBC, BHNFT and SWYFT are committing to establish an executive-level anchor network to generate a shared understanding of what it means to be the best anchors in Barnsley, explore the greatest opportunities to benefit the local population and set their organisations on the right direction to make more lasting change and impact across society, economy and environment.

### **Safe housing for health and wellbeing**

People who are reporting difficulty in paying their fuel bill are four times more likely to suffer from mental ill-health. Children who live in cold housing are twice as likely to suffer from respiratory conditions while those who live in homes with damp are three times more likely. In 2021, Barnsley Council commissioned a Health Impact Assessment into 'The cost of private sector housing and prospective housing interventions in Barnsley Metropolitan Council.' The report concluded that there were over 21,000 Category 1 hazards in private sector housing stock.

#### **What we have planned as part of Tier 3 action:**

The assessment has already led to 970 interventions to improve housing for health. By responding to all recommendations, it is estimated that an initial cost of £30.2 million would result in annual savings to the NHS of £4.07 million per year and £28.3 million per year savings to wider society. More than the financial impact, if all serious housing hazards were addressed, 314 Quality Adjusted Life Years could be saved – more people would live longer in good health.

### **Pledging to make Barnsley an inclusive economy**

In 2022, BHEG took its analysis of health inequalities in Barnsley outside of the health sector. At a Barnsley 2030 Board development session, BHEG presented the principles behind health inequalities, the local context and a suite of evidence-based interventions to reduce inequalities to raise awareness and generate action and accountability for inequalities across sectors and the four themes of B2030. A number of pledges were made by board members, including steps to make every child active and alleviate poverty in Barnsley.

#### **What we have planned as part of Tier 3 action:**

Making every child active has become a core focus of Barnsley Metropolitan Borough Council and the Active in Barnsley Partnership. This is being developed through a number of cycle promotion work and active travel infrastructure development. The pledge to alleviate poverty has resulted in Barnsley's Inclusive Economy Board working to promote the real living wage across all employers, refresh the More and Better Jobs initiative and develop targeted work to support the economically inactive.

### **Supporting the apprenticeship levy**

The apprenticeship levy that our collective organisation get from central government is often under used and results in funds going back to central government instead of into the local economy. Barnsley Council has committed in its Apprenticeship Strategy to transfer up to 25% of its annual levy contribution to other organisations (equivalent to approximately £145,250 per year). The council began in 2022 to support the Yorkshire Ambulance Service (YAS) in this way. YAS tend to spend all its levy and Barnsley Metropolitan Borough Council has committed £70,000 to support it with a further 10 Level 3 Apprenticeships.

#### **What we have planned as part of Tier 3 action:**

Using wider sources of funding to build employment opportunities and respond to health needs is a win across all tiers. Sheffield Council has recently done so by transferring its levy to increase the domiciliary care workforce and improve the lives of frail and elderly. Barnsley is looking at how it can take a similar approach.

## 5. The way forward

There is lots of good and important work underway in Barnsley and there is lots more to do. The three sections below set out a proposed way to proceed with our work across the place partnership, including who in the Barnsley population we might aim to engage, in what ways we might support them and how we proceed. The ambitions set out in this document have been incorporated in Barnsley's Place Based Partnership's Health and Care plan 2023-25 to ensure this becomes embedded into everything we do.

### 5.1 Who

Barnsley Health Equity Group (BHEG) consider it important to understand health inequalities represent a gradient across the whole population, rather than only a means of identifying small groups of the population; and that addressing inequalities should be done in all health and social care, rather than only through specific services. However, it is also important to ensure that the Barnsley Health and Care Partnership is enabled to focus on those with greatest need and tailor certain services and approaches to meet them. This is especially true in light of the scarce resources and the scale of need there is to address.

To identify "who" should be considered a priority for reducing inequalities in Barnsley, BHEG recommends using Core20PLUS in three key ways.

1. Deprivation (aggregated to postcode). Core20 refers to people living in the nationally defined 20% most deprived communities, but BHEG recommends the place partnership focus on the 20% most deprived communities in Barnsley, which approximately equates to those in the nationally defined 10% most deprived communities (see section 2.2.2).
2. Deprivation (at household level). Barnsley Index of Deprivation (see Box 4) is a localised tool to incorporate deprivation into individual care decision making and planning. BHEG recommends the place partnership support its development and integration into all HSC services.
3. Specific characteristics and inclusion Groups (the "PLUS") – The identification of appropriate characteristics and inclusion group(s) should flex to changing needs in the population and depend on the service or approach in question. However, BHEG recommend the place partnership support ongoing work to improve engagement, co-development, services and identification (e.g. through registers, where appropriate) for people who would identify themselves as LGBTQ+, homeless or with insecure housing, minority ethnic, having a learning disability or autism, asylum seekers or refugees.

### 5.2 What

The place partnership cannot achieve all that is within its gift to reduce inequalities only through actions, initiatives and projects, as this is about a sector-wide shift in the way it works and influencing other sectors. However, to facilitate this, BHEG recommends a three-by-three level commitment.

At the organisation-level, BHEG recommends that every partner organisation:

1. Commit to reducing health inequalities by doing more across the three tiers of this plan and considers, where appropriate, creating an action plan;
2. Improve data capture and sharing on Core20PLUS characteristics and introduce a standardised measurement and reporting on inequalities in performance (see appendix 1);
3. Establish accountability, commitment and delivery mechanisms to reduce the gaps identified and share learning across the place partnership.

At the partnership-level, BHEG recommends that organisations work together to:

1. Help to create a tobacco-free Barnsley by ensuring all staff and every patient / service user contact is used to confirm smoking status, treat all smokers and refer to a specialist service, and target tobacco treatment (e.g. in social housing, A&E, mental health, workplaces);
2. Start an active conversation with Barnsley's Core20PLUS population, to learn from their experiences and needs and co-develop support mechanisms for their health and wellbeing;
3. Establish an anchor network across HSC organisations and wider partnerships (e.g. education) to identify opportunities to work at scale and sustainably.

At the health and social care alliances and transformation groups, BHEG recommends:

1. Providing all pre-school children and their families in the Core20PLUS populations with access to support in the community for the best start through health and wellbeing;
2. Delivering HSC to school- and working- aged people in the Core20PLUS populations, working through community organisations and places of work and learning to enable productivity;
3. Identifying frailty and multi-morbidity in older people in the Core20PLUS populations and providing care in the home and community.



## 5.3 How

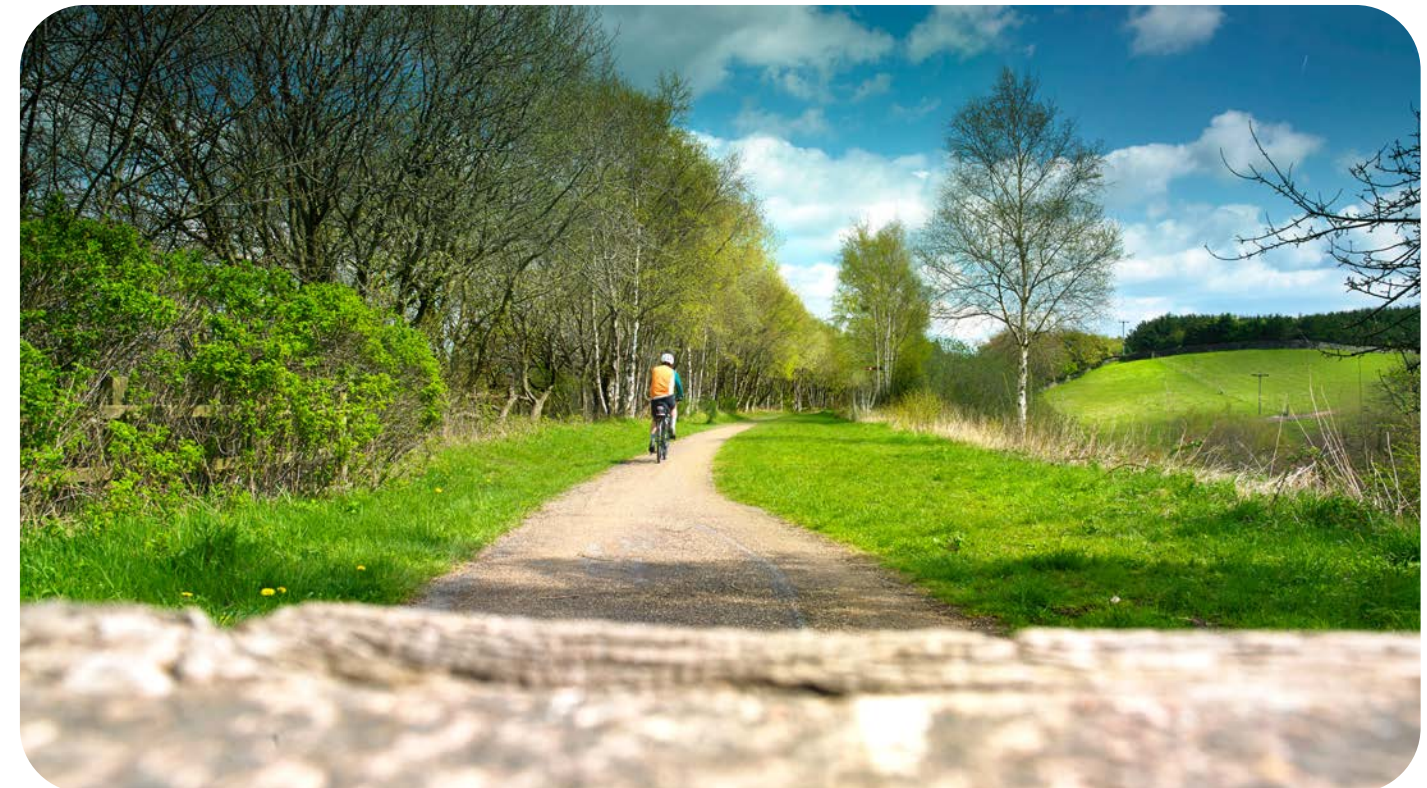
As we continue to strengthen Barnsley Place Partnership's approach to reducing health inequalities, we need to maintain a number of underlying principles and values:

1. Recognising this is the right thing to do to deliver quality care and services, to sustainably manage need for HSC and for the benefit of Barnsley residents;
2. Taking everyone along with us, so the local population, the workforce and any key stakeholders participate and share an understanding of why we are making these changes;
3. Making these commitments and reshaping the way we do things whilst being sympathetic to the hour-by-hour and day-by-day pressures on HSC services and the workforce;
4. Resourcing the right delivery mechanisms and services, generating capacity to guide the work to reduce inequalities and protecting the approach for sustainable change;
5. Challenging our decision making and ensuring we consider the impact on health inequalities in everything that we do.

BHEG will continue to support and guide this work and check in with organisations, the place partnership (directly reporting into the delivery group) and alliances / transformation groups to review progress and evaluate impact.

Where appropriate and felt good value for money, BHEG will also seek to grow capacity and expertise to strengthen and facilitate our work, drawing resources from within and without the partnership, including from the South Yorkshire ICB.

BHEG will also continue to advocate for this approach and build networks beyond Barnsley and beyond on health and care, to share learning and continue development where larger-scale approaches will increase impact.





# 6. Appendix 1

## Barnsley's approach to standardising how we measure and report on inequalities

In Barnsley we have developed three inequality measures that allow us to identify and compare inequality across a broad range of different areas of our health and care system. These measures will help us monitor changes in inequality over time and inform our improvement work. The three measures we have chosen to adopt are simple to produce and interpret, and can be used by different health and care organisations working across Barnsley to better understand the needs of Barnsley residents. The measures can be used to compare any two groups in the population for example, 'people living in the most deprived areas' and 'people living in the least deprived areas', or 'White British' and 'Other ethnic groups' or 'people with a learning difficulty' and 'people without a learning difficulty'.

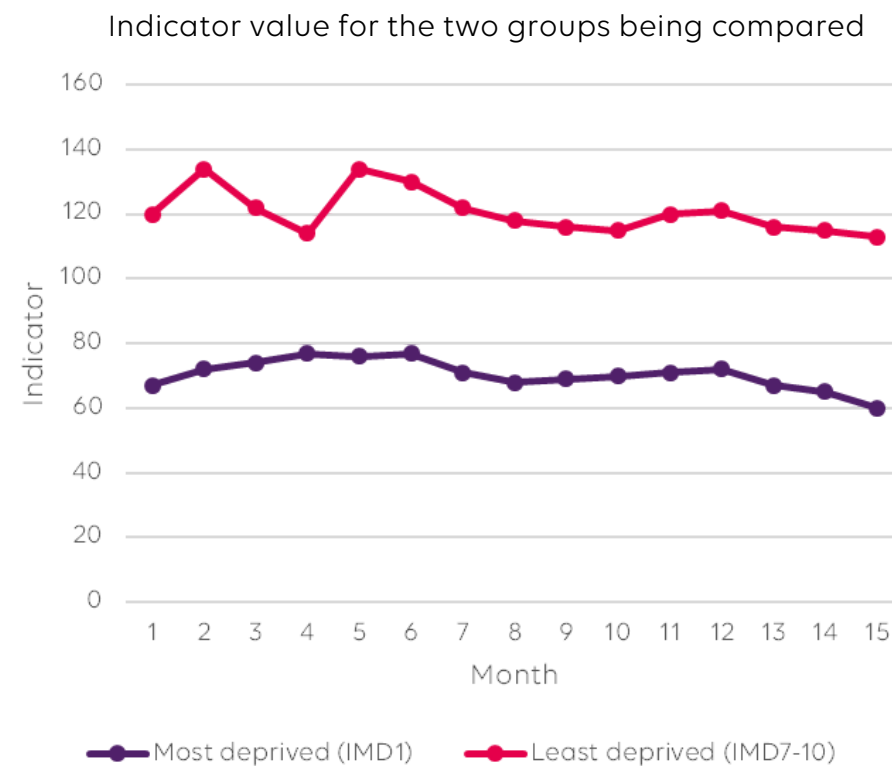
### Barnsley's three inequality measures

#### 1. Indicator value for the two groups being compared

To identify inequalities, we need to look for differences between two groups of people. For example, we might want to look at how the missed appointment rate differs between people living in the most deprived areas in Barnsley and the least deprived areas in Barnsley.

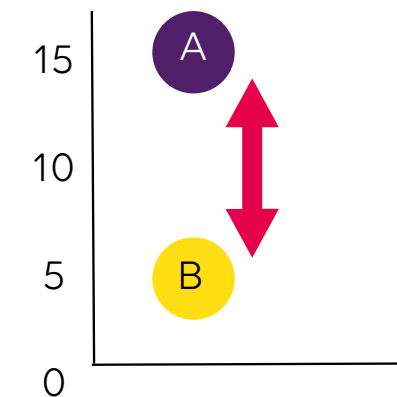
In this example our missed appointment rate measure would be our 'indicator' and our two groups would be those 'most deprived' and those 'least deprived'.

To identify if there is a difference in the missed appointment rate between these two groups, we would first need to record our indicator value for both groups as shown in the run chart on the right.



#### 2. Absolute difference

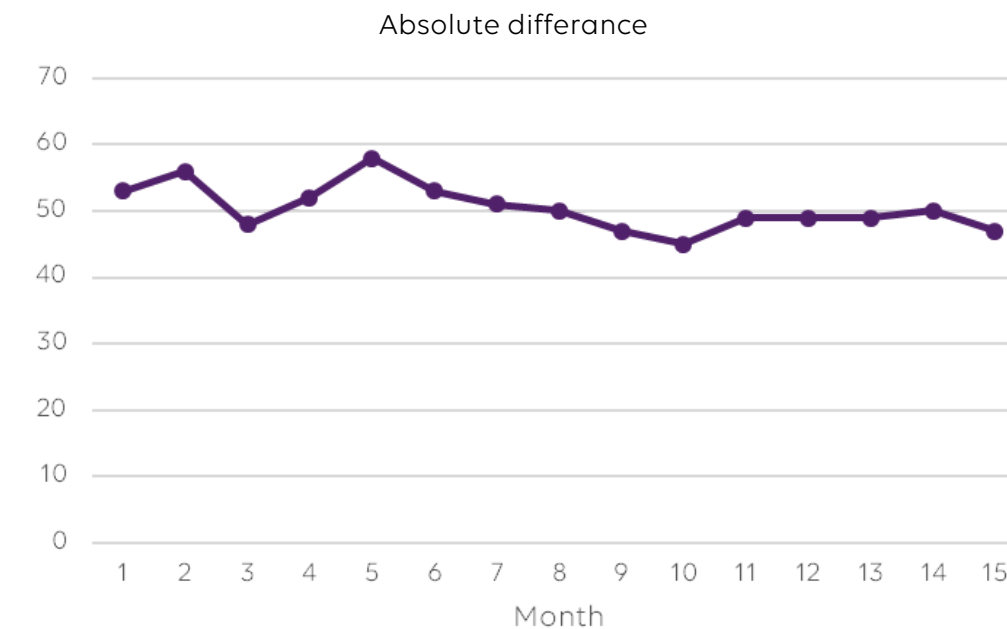
We can then calculate the absolute difference for each of the indicator values for the two groups. For example, if Group A has a missed appointment rate of 15 and Group B has a missed appointment rate of 5 then the absolute difference is 10 as in Figure 15.



**Absolute difference: 15 - 5 = 10**

You would record the absolute difference for all your indicator values as shown in the run chart below

This shows the difference between the groups you are comparing and how the difference is changing over time.



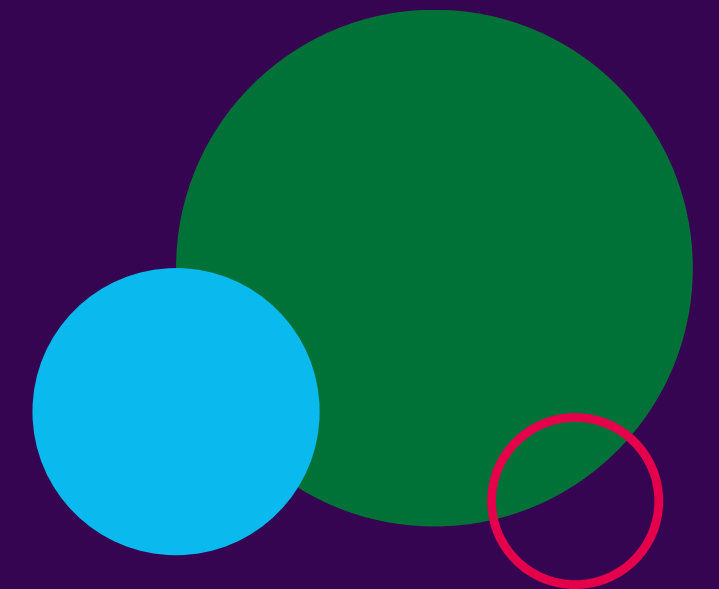
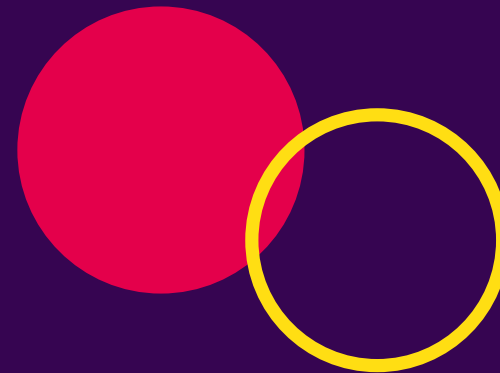
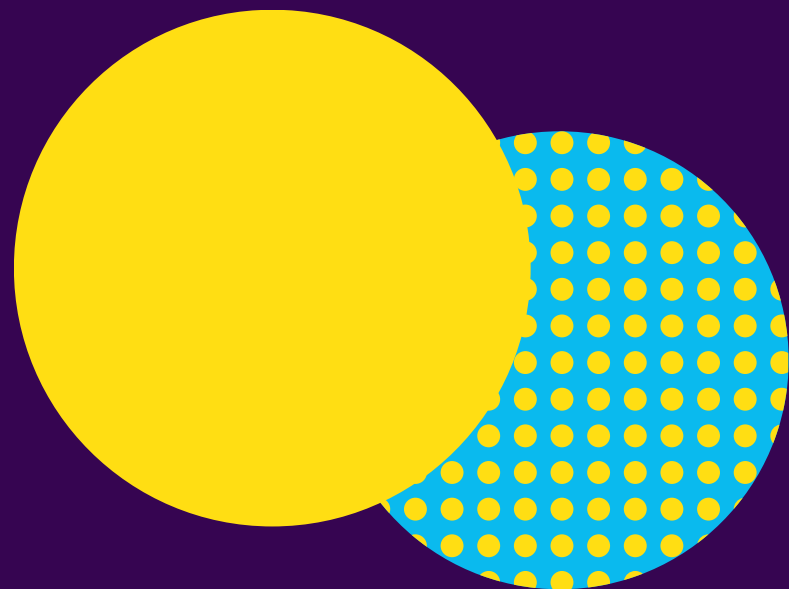
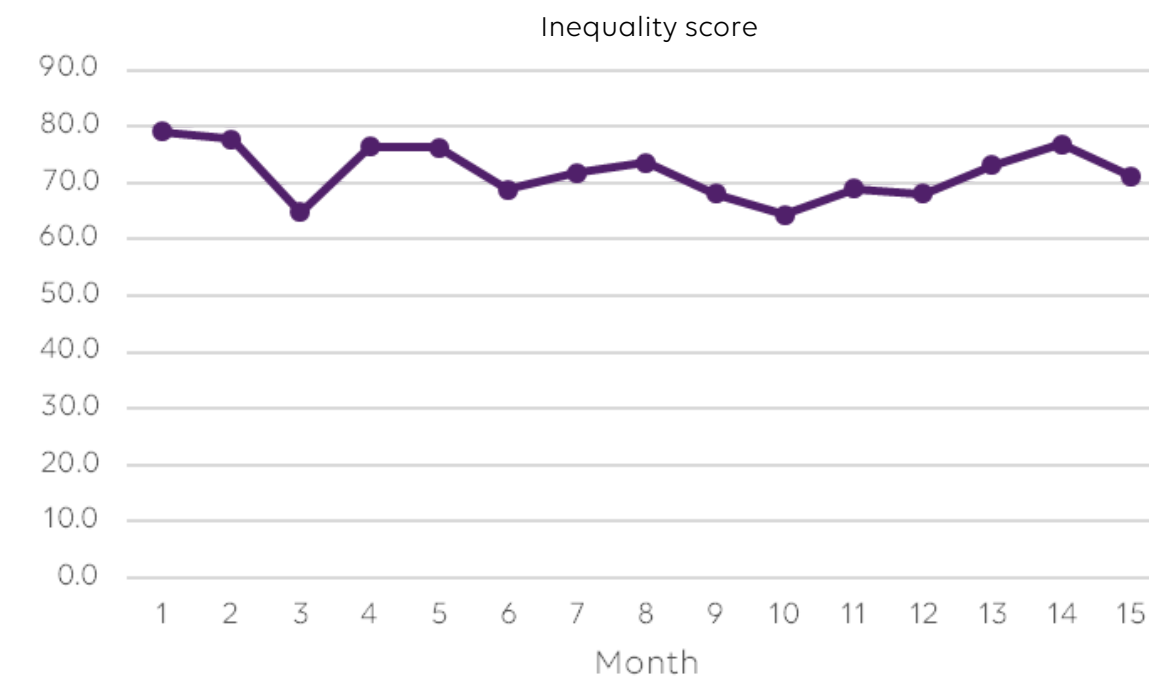
### 3. Inequality score

Finally using your indicator values you are also able to calculate an inequality score. The inequality score is the relative difference between the rate in the two groups, in the previous example this would be a score of 200. This means that the missed appointment rate is 200% greater in Group A than it is in Group B.



By recording the inequality score for all the indicator values, shown in the run chart below, we can start to test changes to see if we can make improvements to inequality scores over time.

By presenting inequality measures in a standard way using run charts we can compare different indicators and the levels of inequalities amongst these to help us show where the biggest inequalities are present to help focus our work in Barnsley.



**BARNSELY METROPOLITAN BOROUGH COUNCIL**

**REPORT OF: EXECUTIVE DIRECTOR – GROWTH & SUSTAINABILITY**

**TITLE: CITY REGION SUSTAINABLE TRANSPORT SETTLEMENT (CRSTS) – RESULTS OF CONSULTATION EXERCISE ON CONGESTION ISSUES / DELAYS ON THE NETWORK**

<b>REPORT TO:</b>	<b>CABINET</b>
<b>Date of Meeting</b>	<b>4 October 2023</b>
<b>Cabinet Member Portfolio</b>	<b>Environment and Highways</b>
<b>Key Decision</b>	<b>No</b>
<b>Public or Private</b>	<b>Public</b>

**Purpose of report**

To inform Cabinet that the consultation exercise on congestion issues / delays on the network across the Barnsley borough, was undertaken in July, the results of which will be used to inform the City Region Sustainable Transport Settlement (CRSTS) capital schemes.

**Council Plan priority**

Sustainability

**Recommendations**

That Cabinet:-

Notes the results of the consultation exercise on congestion issues/delays on the network.

**1 INTRODUCTION**

- 1.1 To provide Cabinet with the results of the consultation exercise on congestion/highway issues on the network, which will then be used to inform the City Region Sustainable Transport Settlement (CRSTS) programme of works.

**2 PROPOSAL**

- 2.1 In April 2022 an award was made to the South Yorkshire Mayoral Combined Authority (SYMCA) of over £570m. Of the £570m, the allocation for Barnsley

MBC is just over £70.3m. £25.5m of this was previously the Highways Maintenance Block (£20m) and Integrated Transport Block (£5m).

- 2.2 In addition to Barnsley's CRSTS capital allocation, the Department for Transport (DfT) also awarded revenue funding of £5.2m for local authorities to commence project feasibility work. The allocation confirmed for Barnsley of this funding is £1.520m. Cabinet have already accepted these funds (Cab.16.6.2022/100).
- 2.3 Officers within the Strategic Transport team and the wider Highways & Engineering team have been consulted on the proposed schemes and have provided input into these schemes. They are also working on developing additional schemes when more new funding comes through, or existing schemes need to be varied.
- 2.4 Once acceptance of the overall CRSTS is confirmed, and funding has been received, feasibility work will commence and strategic outline business cases prepared, which will enable funding equivalent to 2% of the scheme value to be drawn down to start detailed design and ultimately the scheme construction.
- 2.5 The public were consulted for their views on where they perceive congestion problems / delays at junctions / slow journey times are on the network and across the borough. Other questions such as air quality, pedestrian facilities etc also formed part of the survey. This will assist the Strategic Transport team to focus on specific corridors / junctions and deliver schemes that could mitigate these impacts.
- 2.6 The consultation was carried out online, with links to surveys on the Council's web site. We worked with our colleagues in the Communications Team to ensure links to social media, local press etc is undertaken. This made sure that a wide cross section of the community had access to the consultation and could express their views. The survey was also available as a paper copy in each of Barnsley's libraries.
- 2.7 The consultation responses have been analysed and where appropriate, input into the CRSTS schemes and future pipeline of schemes.

### **3 Consultation Response**

- 3.1 523 people completed the online survey, of which 507 (97%) participants provided a postcode of their home address. Of the 507 people who provided a postcode, 496 (98%) lived in Barnsley.
- 3.2 This is a good response; in 2020 a similar consultation exercise around active travel was undertaken with only 230 people responding.
- 3.3 Question 4 of the survey asked participants to select up to three junctions that they believed to be the most congested across the borough. Several of Barnsley's major roundabouts and junctions were listed, as well as the option of 'other', which enabled participants to write in an answer that wasn't listed.



489 people responded to this question, with 34 choosing to skip it entirely. 1274 answers were selected, meaning that each person selected an average of 2.6 answers.

- 3.4 Responses to Question 4 revealed that the public believe Stairfoot roundabout to be the most congested 'junction' across the borough, with 42.9% of respondents choosing this with 1 of their 3 selections. The second most selected option was the A61 Wakefield Road / Smithies Lane junction (34.2%). Third with 31.5% was the A61 Wakefield Road / Bar Lane Junction. Fourth was the Cundy Cross junction. It should be noted that both the first and fourth most selected options related to the A628 / A635 corridor with the second and third most selected options related to the A61 corridor. The 'other' option was selected by 30.9% of responders. The most common junctions stated within the other options related to the areas of Birdwell, Dodworth, Old Mill Lane and Gawber Crossroads (near to the hospital)
- 3.5 Question 5 followed similar parameters to Question 4, but instead asked the public for their views towards congestion on travel corridors and roads across the borough. 494 people responded to this question, with 29 choosing to skip it entirely. 1091 answers were selected, meaning that each person selected an average of 2.2 answers. The A61 Wakefield Road corridor was selected most commonly (48.6%) which is consistent with the junction response. The second and third most selected roads and corridors were Gawber Road (33.4%) and A635 Doncaster Road (24.3%). The A628 corridor (town to Cudworth) was fifth.
- 3.6 The survey also enquired into the participants views towards active travel, and measures which would encourage greater active travel participation. The results suggest that increasing the number of routes, improving the existing routes and improving safety on the routes would have the greatest impact on active travel participation.
- 3.7 Later in the survey participants were asked to provide their views on Barnsley's public transport offering, and what measures would encourage them to increase their public transport use. Cheaper fares, improved travel times and more bus and train services were the most selected responses.
- 3.8 Strategic Transport Element
  - 3.8.1 The results of the survey suggest an alignment between public opinion and the Strategic Transport Services vision and direction.
  - 3.8.2 This is demonstrated through the services current programme of works, which includes:
    - A635 Corridor to include Stairfoot Roundabout
    - A628 Corridor (Shafton to Town Centre) to include Cundy Cross
    - Penistone Bridge End junction
    - Town End junction
    - Smithies Bridge
    - Darton Active Travel Routes
    - River Dearne Active Travel routes

3.8.3 These schemes directly target areas that the public believe to be the most congested junctions and travel corridors, as well as schemes which will deliver the benefits said to encourage active travel and bus and rail patronage.

## 4 IMPLICATIONS OF THE DECISION

### 4.1 Financial and Risk

4.1.1 Consultation on the Financial implications of this report have taken place with representatives of the Director of Finance (Section 151 Officer).

4.1.2 The cost of the consultation exercise was contained within current agreed CRSTS funding. As individual schemes progress and require engagement, these will be recharged to the relevant CRSTS approved scheme.

### 4.2 Legal

4.2.1 There are no legal implications at this stage.

### 4.3 Equality

4.3.1 An Equality Impact Assessment (EIA) pre-screening has been completed in accordance with the EIA policy. For the purpose of this report, no potential for unlawful discrimination and/or low level or minor negative impact has been identified, therefore a full EIA has not been carried out. However, for the individual work streams/projects individual EIA's will be undertaken.

### 4.4 Sustainability

4.4.1 The Sustainable Decision Wheel has been completed which shows positive impacts for the CRSTS programme of schemes to be delivered.



#### 4.5 **Employee**

There are no issues arising directly from this report. The recently accepted Revenue Funding as well as this capital funding will enable additional resources to be brought in as and when required. The CRSTS programme funding is released in stages to develop the Strategic Outline and Full Business Cases which will cover existing staff costs.

#### 4.6 **Communications**

All SYMCA business case submissions are high profile schemes and appropriate communication strategies are being developed linked to the signing of the funding agreement. Releases will also need to be agreed and co-ordinated with SYMCA arrangements.

Timely and accurate information will be provided through appropriate press releases, social media/website updates, local member briefings, and engagement with key stakeholders

#### 5. **GLOSSARY**

SYMCA - South Yorkshire Mayoral Combined Authority (SYMCA) submitted a bid to the DfT – Department of Transport

CRSTS - City Region Sustainable Transport Settlement

HMB - Highway Maintenance Block

TCF - Transforming Cities Fund

#### 6. **LIST OF APPENDICES**

None

#### 7. **BACKGROUND PAPERS**

None

#### 8. **REPORT SIGN OFF**

<b>Financial consultation &amp; sign off</b>	Senior Financial Services officer consulted and date  Ashley Gray 8 August 2023
<b>Legal consultation &amp; sign off</b>	Legal Services officer consulted and date  Cheryl Redford 7 August 2023

**Report Author: Tracey Brewer**  
**Post: Head of Strategic Transport**  
**Date: 22 August 2023**

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**BARNSELY METROPOLITAN BOROUGH COUNCIL**

**REPORT OF:** Executive Director of Growth and Sustainability

**TITLE:** Housing Strategy 2024-2028

<b>REPORT TO:</b>	<b>CABINET</b>
<b>Date of Meeting</b>	<b>4th October 2023</b>
<b>Cabinet Member Portfolio</b>	<b>Regeneration and Culture</b>
<b>Key Decision</b>	<b>Yes</b>
<b>Public or Private</b>	<b>Public</b>

**Purpose of report**

This report seeks approval to undertake public consultation on the DRAFT Housing Strategy 2024-2028.

**Council Plan priority**

Council Plan priority

**Healthy** – The Strategy seeks to address health inequalities linked to poor housing and environment.

**Learning** – investment in housing will deliver social value and learning opportunity outcomes.

**Growing** – The Strategy supports economic and housing growth.

**Sustainable** – The Strategy supports the decarbonisation of existing housing stock via cross tenure investment in housing retrofit- increasing the energy efficiency of homes and reducing fuel poverty.

**Recommendations**

That Cabinet: -

1. Endorses the DRAFT Housing Strategy 2024-28 and approves the commencement of a public consultation exercise in line with the Communication Strategy explained at section 4. A final version of the Housing Strategy will be submitted for Cabinet approval in January 2024.

**1. INTRODUCTION**

- 1.1 This report presents the DRAFT Housing Strategy for 2024-28. The Strategy has been developed in consultation with colleagues in the Childrens, Adults, Public Health and Communities directorates; alongside our ALMO, Berneslai Homes. Its purpose is to set out the Council’s strategic priorities for housing

over the next four years. The Strategy recognises the key issues affecting housing in Barnsley and the impact these have on residents, sets out how the Council will work in partnership to address the issues identified, and demonstrates alignment with other key strategies and plans.

## **BACKGROUND**

1.2 Barnsley's 20-year Housing Strategy (2014-33) was approved in April 2014. It set out the Council's ambitions for housing provision, investment, and management in the borough for the period 2014-2033; with prioritised actions delivered via delivery plans. There are five strategic objectives within the current Strategy. These are:

- Supporting new housing development
- Building high quality, desirable and sustainable homes
- Making best use of and improving existing housing stock
- Developing strong and resilient communities
- Supporting younger, older, and vulnerable people to live independently.

1.3 Significant progress has been made in delivering against the commitments set out within the current Housing Strategy; a summary of key achievements follows:

### **New Development**

- 7099 new homes were built in Barnsley between April 2014 and April 2023.
- C.2500 additional affordable homes were built/acquired during the same period, including 140 delivered as part of the Council's own build programme (delivering social housing) with another 60 to complete during 2023/24.
- The Council delivered its first commercial housing development, Longcar, via our development arm MET Homes Barnsley; with a second scheme (St Michael's) due to complete in December 2023. The sale of homes subsidises the delivery of additional affordable homes.
- The Council adopted its Local Plan in 2019; setting out our strategic aspirations for housing growth and producing 7 strategic masterplans set to deliver up to 8000 new homes during the plan period.
- The Council secured £1m Housing Infrastructure Fund monies to accelerate the delivery of a key housing regeneration scheme in Thurnscoe – delivering 440 new homes that would otherwise have stalled.
- The Council worked in partnership with Homes England to pilot their First Homes product; acting as a trailblazer in delivering this product enabling first time buyers to access market housing who would otherwise have been unable to buy a home. The scheme has since been officially launched.

### **Quality of Design**

- The Council has produced a series of supplementary planning documents (SPDs) to maximise the provision of affordable housing provided through the planning process (Affordable Housing SPD), to enhance the quality of housing design and the provision of accessible homes (Design of New Housing SPD) and to ensure that new homes are sustainable, energy-efficient, and low carbon (Sustainable Construction and Climate Change Adaptation SPD)
- From 2021, the Council has built all Council homes to the Barnsley Low Carbon Standard.

### **Best use of Existing Stock**

- Officers have developed and delivered against the Private Rented Sector Plan (including proactive work to tackle empty homes and launching a new Landlord Accreditation Scheme during 2021/22).
- The Council has invested £360M in our Council Stock to maintain decency and ensure that our tenants live in safe, warm and affordable homes.
- Officers have secured £17.3M to deliver energy support and energy efficiency and retrofit works, across tenure, to over 2000 homes; reducing fuel poverty and improving the energy efficiency of homes (tackling the worst first).

### **Strong and Resilient Communities**

- The Council has secured £25M Town Deals Funding to deliver Masterplan priorities in Goldthorpe and to complement regeneration works undertaken in 2017/18 to demolish and re-develop new homes on Beaver Street, Goldthorpe.
- A dedicated Warm Homes Service has been established within the Strategic Housing Team to deliver information, advice and assistance to residents relating to affordable warmth and addressing fuel poverty. This includes the development of a warm home's pathway and Affordable Warmth Charter, working collaboratively with health and housing colleagues.
- Within the Local Plan, the Council has a well-developed spatial hierarchy of strategic masterplans, growth zones and regeneration priorities to ensure that new housing developments are sustainable, support existing communities and providing the right infrastructure and facilities for both new and emerging households. This includes the Town Centre Strategy (URBED work) and Principal Towns programme.
- Full Council has approved a new Council Lettings Policy which seeks to make the best use of our diminishing housing stock in line with our statutory responsibilities and in addressing housing need.

### **Supporting Older and Vulnerable People**

- The Council has developed and delivered against the Prevention of Homelessness and Rough-Sleeping Strategy 2018-2023 (responding to the Homeless Reduction Act 2017) and the 'Everyone In' campaign during the Covid Pandemic. This included the opening on Queens

House which provides self-contained temporary accommodation to support some of the borough's more complex and entrenched rough sleepers. The Strategy for 2023 to 2028 is currently progressing through the Council's approval processes with a focus on prevention.

- Officers have worked collaboratively across South Yorkshire to undertake a needs assessment to assess accommodation requirements for Learning Disability (LD) and Autism service users.
- The Council undertook an Older and Vulnerable Persons Needs Assessment to help to develop robust accommodation pathways, including work to re-commission Extra Care schemes.
- Officers developed a new Registered Provider Framework to enable the accelerated delivery/procurement of accommodation for both general needs and specialist housing.

## Key Issues

1.4 Whilst the ambitions of the current housing strategy remain, in the main, fit for purpose, there are several key challenges/opportunities which have arisen since the Strategy was published. These changes need to be reflected in this key document which shapes the over-arching Strategic Housing priorities for our borough and provide the Strategic Direction and Alignment for a number of other key housing and health related strategies as referenced in the Strategy itself. The new Strategy also changes the hierarchy approach of addressing housing need – ensuring that we place our focus on are making the very best use of the stock that we have first and foremost and then looking at how we can address unmet and growing need via the delivery of housing growth. Alongside this, the new DRAFT Strategy thus considers:

- **NET Zero** – The previous strategy was written in advance of the Council's adoption of its aspirations to become a net-zero organisation by 2040 and a net-zero borough by 2045 as part of its Sustainable Energy Action Plan (SEAP) and Barnsley 20. The DRAFT Housing Strategy ensures that we are doing all we can in the residential sector to build low/no carbon energy efficient homes and to reduce emissions in existing residential stock, focussing on making homes more energy efficient and reducing fuel poverty across tenure. Government Strategy also now places requirements for minimum energy efficiency requirements in the private rented sector (MEES – minimum energy efficiency standards) and sets a target for social housing providers to attain a minimum rating of Energy Performance Certificate (EPC) C for homes by 2035 (2030 for 'fuel poor' households). Sustainability is a cross cutting theme of the Housing Strategy, with the ambitions of Sustainable Barnsley, in ensuring that people live in sustainable communities with reduced carbon emissions and access to affordable and sustainable energy sources, at the heart of all 4 pillars.
- **Cost of Living Crisis and Pandemic Response** - The response to the pandemic led to changes in government policy, including an increase in funding to support those in financial difficulty and an initial drive to house everyone sleeping rough. However, these temporary measures were withdrawn, alongside a continued rising cost of living, increasing house prices and private rent levels, and changes to the welfare



benefits system, which has left more residents in our borough facing fuel poverty, eviction and homelessness and an increasing demand for affordable housing. The DRAFT strategy seeks to ensure that we can make the best use of our stock, promotes the continued delivery of additional affordable housing provision, and improve access to housing and housing support and advice outside of crisis support. The Strategy supports the priorities in the new Homeless and Rough Sleeping Strategy 2023-28 and the Private Rented Sector plan which seeks to maximise the private rented offer which has significantly grown in Barnsley over the last 10-15 years. The strategy also sets out how we will work collaboratively to ensure that there is a sufficient supply of high-quality supported housing provision in line with the Children's Sufficiency Strategy and adult social care plans.

- **Regulatory Changes in the Social Housing Sector** – The Social Housing White Paper (2020) and Social Housing Act 2023 focuses on the strengthening of regulation and compliance to create safer homes in the wake of the Grenfell tragedy, and this is reflected in the DRAFT Strategy's focus on safety and compliance, continued investment in existing homes, transforming communities, ensuring that our tenants' voices are heard and that the Council as landlord of 18,000 stock has the assurance that our homes are managed efficiently and effectively by the ALMO, Berneslai Homes.
- **Health and Housing** – Whilst the causal link between poor housing and poor health outcomes is well recognised and understood, the DRAFT strategy seeks to address the impacts of poor housing by promoting a systemwide approach to targeting and supporting those residents most impacted by unsuitable and unhealthy homes, to address inequalities and improve conditions across tenure. Working with our statutory, community and voluntary sector partners, the strategy promotes the wider development of cross organisational housing pathways to tackle the main causes of ill health and health inequalities from housing.
- **Regional Alignment** – The Draft Strategy aligns with the key priorities in both the South Yorkshire Mayoral Combined Authority Housing Strategy and South Yorkshire Housing Partnership Framework and sets the framework both strategically and spatially in relation to our priorities and funding requirements for both place-based investments and Devolution.
- **Sustainable Growth** - The spatial framework set by the Local Plan (adopted in 2019 and refreshed during 2023) aligns the borough's strategic growth priorities to Barnsley's Urban Centre and Principal Towns; with 7 strategic masterplans, the Goldthorpe Town Deals Regeneration Zone and the Principal Towns Programmes setting the strategic priorities for sustainable housing growth within our borough. This spatial framework sets the Council's aspirations for sustainable and inclusive growth. The previous strategy (written in advance of the adoption of the Local Plan) focussed on growth by 'numbers' rather than the promotion of sustainable communities aligning housing employment, and strategic infrastructure. It was always the intention to revise the Housing Strategy following the review of the Plan to reflect spatial growth priorities as set by the local plan and to focus on the

delivery of high quality, sustainable homes required to meet need.

1.5 The 2030 vision for '**Barnsley - the place of possibilities**' seeks a Healthy, Growing, Learning, Sustainable Barnsley and providing quality, affordable, inclusive, and sustainable housing that suits resident needs and lifestyles is critical.

1.6 Barnsley's DRAFT 2024-28 Strategy Vision is:

"We strive for everybody in Barnsley to live in welcoming and inclusive neighbourhoods with a good standard of housing that enables them to stay safe and warm and live healthy and independent lives."

1.7 The 4 key pillars of the DRAFT strategy are:

- Pillar I: Maximising Existing Borough Housing
- Pillar II: Supporting Strong and Resilient Communities
- Pillar III: Supporting People to Live Healthy Independent Lives
- Pillar IV: Enabling Sustainable Housing Growth to Meet Need

1.8 A copy of the DRAFT Housing Strategy is located at Appendix B.

## **2. PROPOSAL**

2.1 It is proposed that Cabinet Endorses the DRAFT Housing Strategy 2024-28 and approves the commencement of a public consultation exercise in line with the Communication Strategy explained at section 4.

## **3. IMPLICATIONS OF THE DECISION**

### **3.1.1 Financial**

Consultations have taken place with representatives of the Director of Finance (S151 Officer).

There are no direct financial implications linked to the recommendations detailed in the report. The public consultation process will be undertaken online and managed internally.

The key Council housing new build and decarbonisation strategies included in this report from an HRA perspective, the implications are duly considered as part of the HRA budget setting process. These papers are scheduled to be presented to Members in January 2023.

The HRA Business Plan provides a financial assessment over 30 years, considering planned actions as part of the Housing Strategy, and its impact on the management and financing of the Council's housing stock.

### **3.1.2 Risks**

This is an ambitious housing strategy and there are significant risks and

challenges in resourcing and delivering against the strategy both locally and regionally. One of the key risks is ensuring that we can meet both general and specialist housing needs requirements and maintain the supply of affordable/social housing. Our Council housing stock is reducing year on year due to Right to Buy, and we are currently unable to build sufficient replacement homes. This is exacerbated by a slower turnover of tenancies each year and demand for social stock from several services across the council for either temporary or 'move on' general needs accommodation. The Council must make some difficult decisions in prioritising the allocation of general needs accommodation for specific service users, which has a huge impact on council revenue costs (in sourcing private/out of area accommodation) and the quality of life of individuals in ensuring that they can live healthy and independent lives within their home borough.

There are also significant resourcing issues in delivering against all aspects of the housing strategy given increased pressures to directly support the provision of accommodation arising in our adults and children's services teams and in project managing the delivery of new/renovated accommodation to address current and future need.

Finally, there are risks in ensuring that the Council meets all of our regulatory requirements as landlord of our 18,000 stock and that sufficient assurances are in place with our ALMO which operationally manages the management and maintenance of council homes.

There are also some opportunities for the Council is ensuring that all opportunities are maximized to lobby for, and access, any devolved housing funding, and flexibilities via SYMCA and in ensuring that the Council is fleet of foot in developing key housing asks of Government.

### **3.2 Legal**

There is not a legal requirement for the Council to have a Housing Strategy. However, there is a robust and extensive legislative framework which determines council duties in relation to the prevention and relief of homelessness, in its role as a landlord of 18,000 housing stock, in its role as the Local Planning Authority and in providing housing to meet local need. The DRAFT strategy ensures that sufficient focus is given to ensuring that the Council meets its requirements under the Housing Act 1996, Homeless Reduction Act 2002 and 2017, Care Act 2014, Localism Act 2011, Levelling Up and Regeneration Act, the National Planning Policy Framework 2021, the Building and Fire Safety Acts 2021/2022 and the Social Housing Regulation Act 2023.

### **3.3 Equality**

A full Equality Impact Assessment will be completed following the consultation process and in advance of the Strategy's resubmission to Cabinet. Having access to good quality and affordable homes is important for all the borough's diverse communities, and the Housing Strategy seeks to remove barriers people can face in accessing a home to meet their needs.

The pillars within the Housing Strategy will support the provision of homes that meet the needs of older people, people with disabilities, larger families, single people, and couples. The Council will continue to engage with communities and make sure the homes provided and enabled, meet their changing needs.

### 3.4 Sustainability



3.1.3 Climate change poses a significant threat to environments, individuals, communities, and economies on local, national, and international scales. In recognition of this, the Council has aimed to be net carbon neutral as an organisation by 2040, and as a borough by 2045. The Housing Strategy has a positive impact on all elements of the sustainability wheel as creating sustainable communities and reducing fuel poverty and health inequalities exacerbated by housing are embedded throughout each of the four pillars.

3.1.4 Pillar One of the Strategy sets out plans to improve the energy efficiency of existing stock, across tenure; reducing emissions in our borough associated with residential properties and decarbonising our homes. The focus is on addressing fuel poverty and reducing health inequalities associated with inadequate, inappropriate, or poor-quality housing. Making the best use of existing homes and buildings is also a more sustainable way to grow the housing offer rather than automatically building new.

3.1.5 Pillar Two seeks to promote strong and resilient communities with the right infrastructure and facilities to promote active and sustainable travel, local resilience, safety and pride in our built environment and green spaces.

3.1.6 Pillar Three focusses on enabling people to live, healthy independent lives in accommodation which supports their needs now and in the future.

3.1.7 Pillar Four seeks to ensure that all new homes are low/no carbon (in line with



emerging planning/building standards), meet the requirements of the Sustainable Construction and Climate Change Adaptation SPD, and are built in sustainable locations. The Council is leading by example in terms of quality of design and sustainability credentials, pledging to build all new Council Homes to the Barnsley Low Carbon Standard.

### **3.5 Employee**

There are no direct employee implications arising from this report. As part of the Council's Transformation Programme, there will be a requirement to strengthen the Strategic Housing Function in terms of resourcing and how it connects/interacts with other services and organisations to ensure that it is able to deliver/enable all aspects of this ambitious Housing Strategy over the coming four years.

### **3.6 Communications**

The communications and marketing team will collaborate closely with the Strategic Housing team to develop effective communication channels for partners and the public, ensuring clear understanding of the consultation process and the new strategy once it is adopted. Progress against the delivery of the Strategy will be monitored by the Housing Board via the development of 2-year delivery plans.

The aims set out in this Strategy will only be achieved by working in partnership with a range of local and regional stakeholders. The Council works strategically with partners through the Housing Board and with Housing Association and Developer Partners to help meet the wide range of housing need across the borough. Working with Homes England and the South Yorkshire Mayoral Combined Authority to access funding opportunities is vital to make housing delivery schemes viable.

This DRAFT Housing Strategy has been developed in collaboration with the Housing Board, which includes representation at a senior level from Adult Care, Children and Young Peoples Services, Planning, and Public Health.

## **4. CONSULTATION**

Significant internal consultation has already been undertaken with key officers within the Council and via this Governance route. Working with officers in the Council's Communication Team, it is proposed that a 4-week on-line public consultation on the Strategy will commence from 14<sup>th</sup> October 2023 until 11<sup>th</sup> November 2023. It will also be possible to view and provide comments on the Strategy at Local Libraries.

Further consultation will be undertaken with Registered Providers, neighbouring Local Authority Housing Services and Developers at a Developer's Forum to take place in early November 2023.

An all members briefing on the DRAFT Strategy will take place over two sessions (one on-line and one in person) during late October 2023.

There will also be an opportunity for our tenants to have their say on the new Housing Strategy at a Customer Panel meeting to be held in October/November 2023.

## 5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 **Do Nothing & Retain the Existing Strategy** – The current strategy is a high-level document which span 2014-33 in line with the Local Plan period. Members could agree to retain the existing high-level strategy and key ambitions. This option is not recommended. The 2014-33 Strategy was developed as part of a suite of Strategies including the Jobs and Business, Transport and Employment and Skills strategies; all of which have updated to align with Barnsley 2030, regional priorities and updated Government Policy and directions. Section 1.4 identifies key issues and challenges that are not adequately considered in the current strategy.
- 5.2 **Option Two: Support consultation on the DRAFT Housing Strategy.**  
Preferred Option.

## 6. REASONS FOR RECOMMENDATIONS

- 6.1 Section 1.4 identifies the several key challenges/opportunities which have arisen since the 2014-33 Strategy was published. These changes need to be reflected in this key document which shapes the over-arching Strategic Housing priorities for our borough and provide the Strategic Direction and Alignment for other key housing and health related strategies as referenced in the Strategy itself.

## 7. LIST OF APPENDICES

Appendix 1: Draft Housing Strategy 2024-28  
Appendix 1A: Appendix to Strategy: Strategy and Policy Drivers

## 9. BACKGROUND PAPERS

Housing Strategy 2014-33 & Cabinet Decision 9/4/2014/6.3  
If you would like to inspect background papers for this report, please email [governance@barnsley.gov.uk](mailto:governance@barnsley.gov.uk) so that appropriate arrangements can be made

## 10. REPORT SIGN OFF

<b>Financial consultation &amp; sign off</b>	Senior Financial Services officer consulted and date: <b>Ashley Gray 12/09/2023</b>
<b>Legal consultation &amp; sign off</b>	Legal Services officer consulted and date. <b>Kate Gothard 16/08/2023</b>

**Report Author: Sarah Clyde**  
**Post: Head of Strategic Housing**  
**Date:20/09/2023**

# DRAFT Barnsley Housing Strategy

2024-2028

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Barnsley – the place  
of possibilities.



**BARNSELY**  
Metropolitan Borough Council

## Statement from Portfolio Holder

To be written following Public Consultation &

Summary of Existing and Emerging Housing Need (from SHMA Data Infographic)



## Our Housing Vision and Ambition

**Barnsley 2030** celebrates and champions the borough, and the strategic framework is helping us to work creatively and collectively to improve our borough for everyone.

The 2030 vision for **‘Barnsley - the place of possibilities’** seeks a Healthy, Growing, Learning, Sustainable Barnsley and providing quality, affordable, inclusive, and sustainable housing that suits resident needs and lifestyles is critical.

Living in a warm, safe home is essential for staying healthy and well. There is strong evidence that living in cold, damp, and unsafe homes can affect people’s physical and mental health and can increase the risk of ill health, injury or dying. Living in good quality, affordable housing supports our health and wellbeing and is something every resident in Barnsley should have access to. Having this foundation helps people support their family, be part of their community and contribute to our economy.

Ultimately, we aim to make the borough a thriving and unique place to live, work, visit, trade, and invest. We must however also recognise the need for growing the offer sustainably by making the best use of existing housing to support our communities in the first instance.

However, we strive for everybody in Barnsley to live in welcoming and inclusive neighbourhoods with a good standard of housing that enables them to stay safe and warm and live healthy and independent lives, and this will require the provision of new homes to meet a diverse and growing need.

It is also imperative that the borough can offer a compelling and sustainable living offer, not least to support wider growth and regeneration initiatives that are underway.

Our revised Housing Strategy (2024-2028) sets out our current strategic priorities. Our four pillars of success will focus and guide our collective efforts over the next 4 years. Our Sustainable Barnsley Theme and Ambitions cut across each of the 4 pillars.



Sustainable Barnsley

# Barnsley Today

Home to 244,580 residents living in 113,625 dwellings, the Borough of Barnsley is home to around 18% of South Yorkshire residents.

Barnsley, as the borough's main town, lies mid-way between the region's two main centres (Leeds and Sheffield). The town centre (including Urban Barnsley) provides a critical economic, civic and administrative role, as well as being home to around 4 in every 10 borough residents.

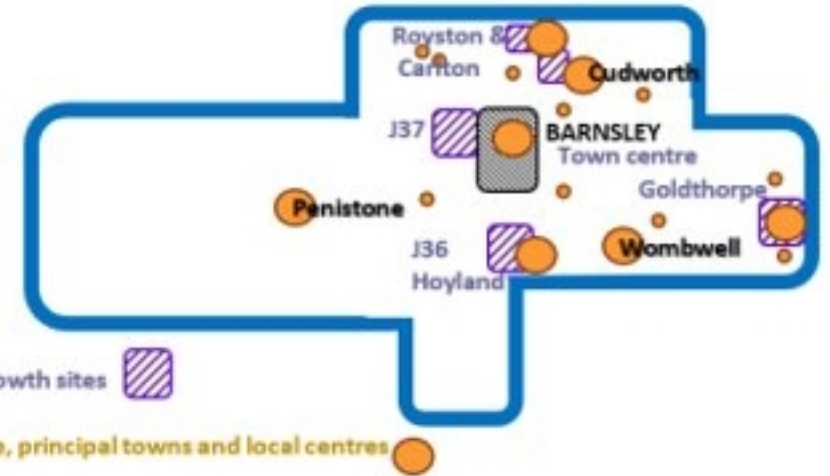
The Principal Towns of Cudworth, Goldthorpe, Hoyland, Penistone, Royston, and Wombwell surround the town of Barnsley, making the borough reasonably 'dense'.

The borough itself is the 38<sup>th</sup> most deprived nationally (out of 317 local areas) and over 20% of residents live among England's most deprived 10% of communities. The borough faces acute legacy challenges including significant unemployment and worklessness, low earnings, low skills attainment, physical and mental health challenges, and pockets of acute poverty.

Due to its age, much of the borough's housing stock requires investment to make it more efficient and many properties need repair. A recent Housing Stock Condition Survey identified over 21,200 Category 1 Hazards in 15,600 private-owned properties in the borough alone and this represents a significant risk to health.

There is also a need to diversify the borough's living offer to provide greater choice. We must ensure that sufficient affordable housing is available, as well as ensure that all residents have access to amenities, including employment opportunities, local services and community spaces and greenspace.

Barnsley is itself progressing a new economic future, with major targeted spatial growth opportunities planned or underway, both within Barnsley town centre and the borough's Principal Towns, and there is an over-riding need to ensure the borough has a quality living offer to maximise the success of the transformative regeneration initiatives that are underway.



# Strategy and Policy Drivers

## National Policy Drivers

There has been a longstanding imperative for Government intervention in the housing market, not least to address significant supply-side challenges nationally.

Various recent national-scale policies and strategies have influenced and help shape the Barnsley Housing Strategy.

## Regional and Local Policy Drivers

Alongside responding to national policy, the Housing Strategy has also been informed by a range of sub-regional and local policies and strategies.

Full list of all strategies and policies can be found at **Appendix 1**.





# Strategic Growth Areas

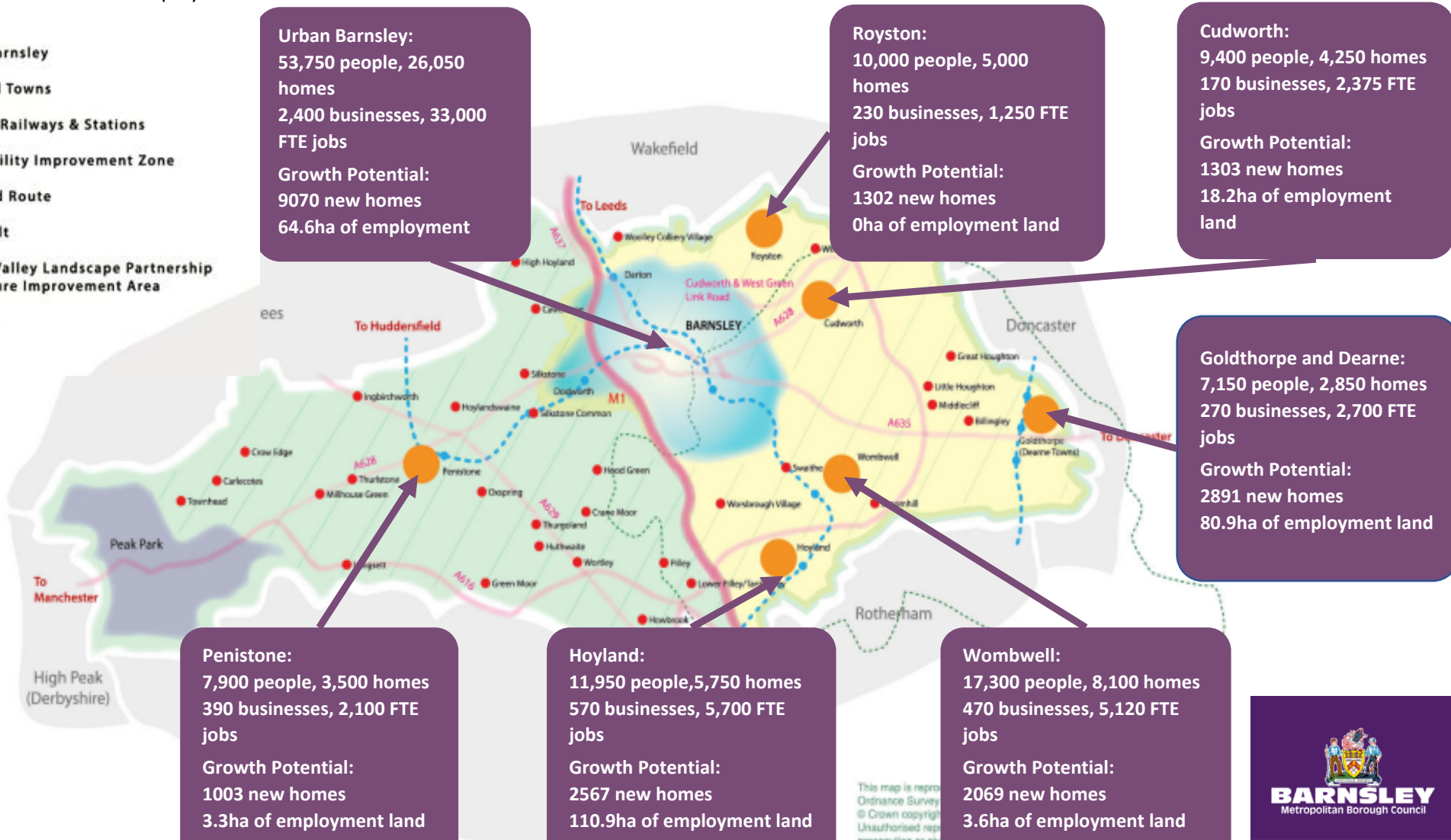
Whilst it is a priority to make the best use of existing housing, the borough has ambitious plans for strategic and co-ordinated growth required to meet increased need and demand, not only in the core town of Barnsley itself, but also in and around the Principal Towns of Goldthorpe, Royston, Cudworth, Penistone, Wombwell and Hoyland.

Ensuring new development in these areas is critical to achieving the Local Plan housing targets for 21,546 new homes by 2033, as well as to enabling development on 297 ha of Local Plan allocated employment land.

The graphic below shows the settlement hierarchy, as established through the Local Plan, its current scale and prominence and the identified capacity for new development to address demographic changes.

The new development itself is being part-enabled by various prioritised infrastructure investments across the borough, including new roads and supporting schooling and health provision.

-  Urban Barnsley
-  Principal Towns
-  Existing Railways & Stations
-  Accessibility Improvement Zone
-  Key Road Route
-  Greenbelt
-  Dearne Valley Landscape Partnership and Nature Improvement Area
-  Villages



# Pillar I: Maximising Existing Borough Stock

## Strategic Aims and Context

**Best use of existing stock** – We have 113,625 homes across the borough, the majority of which will continue to be in use for many decades to come. We must maximise the value of our existing housing assets, but some homes are sadly left empty for a significant amount of time. We are therefore prioritising bringing empty homes back into use and our priority is to reduce the number of private sector homes that have been empty for more than six months, extending the ambition set in our Empty Homes Strategy. We will also continue to work with partners to make the best use of our social housing to meet need. This will require ensuring that we have a clear and transparent lettings and relet policy and robust asset management data which enables us to make informed decisions regarding investments, disinvestments, and lifecycles.

**Ensure Sustainable Social and Affordable housing to Meet Need** - It is important that social housing is available to support people who struggle to address their own housing needs yet demand for council and social housing far exceeds supply. Our new Lettings Policy will ensure that we meet our legal and statutory duties, prioritising those in the greatest need whilst remaining choice based. Our new policy is clear and transparent and will better manage the expectations of our applicants.

Around 21% of stock in the borough is currently sub-market let at a social or affordable rent and around 4,870 properties in the borough are currently managed by 39 active Housing Associations / Registered Providers, 14 of which are on our Framework. The Council also has a retained stock of 18,000 homes, currently managed by our ALMO Barneslai Homes who have developed a 10-year strategic plan which aligns to Barnsley 2030 – this sets the 10-year ambition for the organisation in providing housing management, tenancy support and asset management and investment in line with our Services Agreement. Key priorities within the plan are: (a) Hearing Customers; (b) Keeping tenants safe; (c) Improving opportunities for employment and training; (d) Technology and innovation; (e) Growth of homes and services; and (f) Zero carbon and the ALMO has set out a range of actions and measures of success to deliver against its ambitions.

As a landlord of social housing the Council is ultimately responsible for meeting its regulatory requirements under the consumer standards set by the Regulator of Social Housing. Regulation within the sector has been significantly strengthened following the Social Housing White Paper in 2020 and amendments to the Social Housing Regulation Bill 2022/23 (receiving Royal Assent in 2023). The amendments to the Bill provide the legal basis for many of the changes set out in the White Paper which seeks to deliver transformational change within the sector to empower residents, provide greater redress, better regulation and improve the quality of social housing - giving greater powers to both the regulator and housing ombudsman and re-defining the role of landlord in terms of both accountability to the regulator and health and safety. As a landlord, the Council must have a robust Assurance Framework in place to ensure that our service provision meets all Consumer Standards, performs well and to the satisfaction of our tenants; ensuring the tenant's voice is heard and at the heart of everything we do.

**Decarbonise Existing Stock** – Whilst the efficiency standards of new build homes are increasing, decarbonising the oldest housing stock in the borough presents the biggest challenge particularly given the high proportions of older and non-traditional stock which performs poorly in regard to energy efficiency. Around 60% of private sector housing in Barnsley is over 50 years old, while almost 30% (some 22,500 homes) were built before 1919. Much of our Council housing stock is also older property, with some homes also being of non-traditional construction. Despite significant investment in decency works over the last 20 years, there are still 13,000 homes which will need some



level of retrofit work to ensure that they meet a minimum of EPC C by 2030. To decarbonise existing stocks, we are working with our ALMO, Berneslai Homes, to develop a robust retrofit plan informed by a full stock condition and energy performance surveys which seeks to deliver efficiency works on a phased basis (EPC C up to net zero by 2045) as part of existing decency and planned works programmes. Our Retrofit Working Group is also looking at options for supporting the retrofit supply chain and options for supporting the able to pay market.

**Reduce Fuel Poverty and Improve Health and Wellbeing** – The causal link between poor housing and poor health outcomes has been recognised and understood for over 150 years. Housing conditions impact on physical and mental health and contribute to avoidable health inequalities across the life course, including contributing to worklessness and poor educational attainment.

Our housing and support services will need to respond as residents live longer and our population of older and vulnerable people continues to grow, sometimes with complex health conditions. As widely recognised and discussed in the Integrated Care Strategy for South Yorkshire, one of the main factors affecting health is the quality of residents' housing and we therefore need to continue to build on the partnership between health and social care to tackle poor housing conditions and improve health outcomes. BRE Group have estimated it costs the NHS £1.4bn a year nationally to treat people affected by poor housing (2023 figures) and in Barnsley some of the worst housing conditions are in the private sector. Barnsley's Health Impact Assessment estimated the total annual potential cost to the NHS and society from not addressing over 21,200 Category 1 hazards in the borough's private stock at over £35m, and it estimated that £32m of potential savings to the NHS and society could be made by addressing the identified hazards.

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To address the impacts of poor housing, a systemwide approach to targeting and supporting those residents most impacted by unsuitable and unhealthy homes is needed to address inequalities and improve conditions across tenure. Working with our statutory, community and voluntary sector partners, we will tackle the main causes of ill health and health inequalities from housing. This will include tackling fuel poverty through energy efficiency measures, reducing overcrowding, addressing the causes of damp, mould and poor indoor air quality, and reducing trips and falls in the home. By adapting homes and making the best use of Disabled Facilities Grant funding (DFG's), to improve health and wellbeing we can improve healthy life expectancy of our residents and reduce the pressures on health and social care by helping them to age well in their own homes. We will also improve access to independent expert housing advice so that people can help themselves better.

We will continue to work with our health care partners using best practice and national guidance to assist people who are more vulnerable to impacts of poor housing conditions including those with long-term health conditions, the under 5s, over 65s, and those who are homeless. Helping people to keep themselves warm enough to stay healthy without overstressing their budget on fuel costs remains a priority through our Warm Homes Advice and Assistance Service, as is ensuring residents can be discharged into suitable accommodation for their needs. Continuing to work with our partners to take a preventative approach to improving housing conditions across the borough is crucial in protecting residents from the harmful effects of excess cold and increasingly heat, as set out in the national Adverse Weather and Health Plan.

## Our Plan

Pillar I: Maximising Existing Borough Housing		
Our Aims	Make Best Use of Existing Stock	Ensure Sustainable Social and Affordable housing to Meet Need
What does success look like?	<ul style="list-style-type: none"> <li>Reduction in empty homes to less than 1.5% of stock in the borough</li> <li>Reduction in the number of homes that are empty for longer than 6 months</li> <li>A clear and transparent Lettings Policy which makes the best use of the stock profile</li> <li>A sustainable housing stock profile which is high quality, affordable and maximises opportunities to meet need</li> </ul>	<ul style="list-style-type: none"> <li>Maintain 100% decency on Council Stock</li> <li>Social housing is available to support all residents who cannot address their own housing needs</li> <li>A thriving and well represented engaged tenant structure (Tenant Voice Panel) which is involved in all aspects of service design and delivery (including health and safety)</li> <li>Robust asset data which informs investments/disinvestments to complement both current and future need</li> </ul>
What are our priorities?	<ul style="list-style-type: none"> <li>Proactive approach to tackling empty homes</li> <li>Implementation of the Council's Lettings Policy 2023</li> <li>Develop a strategy which sets out what the future of council housing will look like in this borough and its contribution to addressing/meeting need</li> </ul>	<ul style="list-style-type: none"> <li>Develop and deliver the Future of Council Housing Strategy as a plan to make best use of council housing stock in the future</li> <li>Ensure that the Council has a robust Assurance Framework in place with Berneslai Homes to meet our Consumer Standards, Health and Safety and tenant engagement responsibilities under the new Tenants Charter</li> </ul>
How are we going to do it?	<ul style="list-style-type: none"> <li>Deliver against priorities to address empty homes within the Private Rented Sector Plan, making best use of dedicated officer support</li> <li>Explore all options to retain social housing stock levels balancing investment/disinvestment decisions and securing grant funding to support a continued acquisition/direct delivery programme</li> </ul>	<ul style="list-style-type: none"> <li>Review the Tenancy Strategy and implement the Council's Lettings Policy 2023 to ensure that the best use of stock is made in providing the most suitable accommodation to meet need</li> <li>Work in partnership with our framework of registered providers, SYMCA and the South Yorkshire Housing Partnership to increase levels of, and investment in, affordable housing provision across our borough and delivery of the key themes in the Housing Framework</li> </ul>
What difference will this make?	<ul style="list-style-type: none"> <li>Less long-term empty homes within the borough.</li> <li>Access to affordable housing for those who cannot address their own needs</li> <li>A sustainable housing stock which meets both existing and future need</li> </ul>	<ul style="list-style-type: none"> <li>Ensures access to social housing is targeted and prioritised to those most in need</li> <li>The Council will be assured that homes are well managed by the ALMO and provide a value for money service for both our tenants and the Council as Landlord</li> </ul>

Pillar I: Maximising Existing Borough Housing cont.		
Our Aims	Decarbonise Existing Stock	Reduce Fuel Poverty and Improve Health and Wellbeing
<b>What does success look like?</b>	<ul style="list-style-type: none"> <li>• Achieve EPC C or above on all council housing stock by 2030</li> <li>• 25% of council owned stock to have tenant heating replaced with green alternatives by 2030</li> <li>• The delivery of large scale, cross tenure and long term retrofit programmes which are delivered by local contractors &amp; supply chains</li> <li>• Improved stock condition and average SAP ratings across all stock in the borough</li> <li>• A thriving 'able to pay' offer for those households wanting to invest in the energy efficiency of their homes</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced number of households in fuel poverty</li> <li>• Improved health outcomes amongst residents</li> <li>• An integrated Health and Housing Pathway</li> <li>• Housing is a key consideration in the new Intermediate Care Pathway</li> <li>• Improved partnership working between housing and our community, health, and social care partners to identify, target and address poor housing conditions.</li> </ul>
<b>What are our priorities?</b>	<ul style="list-style-type: none"> <li>• Improving the Energy Efficiency of existing housing across the borough addressing worst first (those in fuel poverty) by taking a fabric first approach to energy retrofit</li> <li>• Develop a retrofit pathway for Council Housing stock up to 2030</li> <li>• Working with partners to maximise opportunities for local delivery of retrofit works – building capacity in the supply chain, developing training pathways and employment opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce the impact that poor housing has on health and well-being</li> <li>• Deliver the Council's Warm Homes Advice and Assistance Service across tenure.</li> <li>• Work on a systemwide approach to targeting, identifying, and improving housing conditions across the borough</li> </ul>
<b>How are we going to do it?</b>	<ul style="list-style-type: none"> <li>• Work with Berneslai Homes to develop a costed Retrofit Investment Programme to ensure that all stock has an EPC rating of C or above by 2030</li> <li>• Provide information and direct support to increase the energy efficiency of housing stock in the borough</li> <li>• Maximise all external funding opportunities which enable the delivery of retrofit works, across tenure</li> </ul>	<ul style="list-style-type: none"> <li>• Promote the Affordable Warmth Charter, identify and engage with stakeholders across the borough.</li> <li>• Produce joint plans and strategies with partners to address poor health and housing conditions across the borough</li> <li>• Work with partners to target and support residents who are most at risk of the impact of poor and unsuitable housing conditions</li> </ul>
<b>What difference will this make?</b>	<ul style="list-style-type: none"> <li>• More energy efficient homes across the borough – reducing instances of fuel poverty, reduced emissions from residential and improving average SAP ratings</li> <li>• Energy efficient, low carbon council-owned stocks, with reduced levels of fuel poverty</li> <li>• Contribution to Sustainable Barnsley &amp; Zero 40 / Zero 45 ambitions</li> </ul>	<ul style="list-style-type: none"> <li>• Ensures homes across the borough are energy efficient and warm, thereby reducing levels of fuel poverty</li> <li>• Consequential effects on improved physical and mental health and well-being</li> <li>• Residents will be provided with clear and independent advice to support themselves to live in homes that meet their needs</li> <li>• Joined up approach to addressing housing and health needs across the borough</li> </ul>

## Case Study: Solar Battery Scheme

Bernelsai Homes and Barnsley Council has been working in partnership with Energise Barnsley and Age UK Barnsley. The partnership successfully secured funding from the Ofgem Redress Fund to install 75 domestic smart batteries in homes with existing solar PV panels across the borough. The project specifically targeted residents over 50-year-old.

Residents will see a reduction in their bills of between £200-250 per year – a saving of up to £3,750 per home over the 15-year lifecycle of the batteries. This is great news and helps us meet our Zero Carbon ambition.

Here is some feedback:

*'The whole process was explained to me by Louise and brilliantly installed by the lads. What impressed me was how polite and respectful everyone was. I have a medical condition in which I rely on and consume more electricity than average person, and I don't have the stress of worrying about being able to pay my bills'*



*'The battery is working well it's really great, can we have another one please? We are hardly using anything from the grid. The app is brilliant, and I look at it daily along with the smart meter. The lads who installed the battery were good lads really knowledgeable'*



*'The solar panel batteries store excess solar energy ensuring the energy can be used when needed. For example, electricity generated during the day can be used at night. Batteries can be installed inside or outside the property.'*





# Pillar II: Supporting Strong and Resilient Communities

## Strategic Aims and Context

**Transform Neighbourhoods and Ensure Safer Communities** - We will continue to work collaboratively to improve public spaces and local facilities, such as shops and health services for the benefit of local communities. Making Barnsley a better place to live will support a sense of ownership and renewed pride among communities. We will work with local communities and agencies to help shape the future of their neighbourhoods and we will continue to prioritise the economic renewal and revitalisation of our 7 Strategic Masterplan areas, our Principal Towns programme, Goldthorpe Towns Fund Programme sites and Barnsley Town Centre. This is particularly true in Goldthorpe, where we are actively diversifying the tenure mix, undertaking selective clearance, and delivering against the Goldthorpe Masterplan and Town Deals Delivery Plan. This will not only instil pride of place, but it will also have a positive impact on property values, thereby helping to overcome known housing (and wider development) viability challenges. In parallel we will continue to progress wider strategic infrastructure plans, including sustainable transport schemes that are designed to better connect communities to key services and employment opportunities.

It is also important that people feel safe in their homes and neighbourhoods. Tackling anti-social behaviour (ASB) is a priority and we will continue to work with partners to build on the successful multi-agency approach that has been developed through the council's Safer Barnsley model. We want to ensure that victims of ASB receive a joined-up approach to their problem, regardless of where they live in the borough. We will identify the areas and individuals that are most at risk and develop more coordinated practical plans for tenants and homeowners to reduce ASB. An early priority will be to work with partners in mental health and drug and alcohol misuse services to improve sustained support to victims and offenders.

**Improved Access to Housing for All** - Providing suitable housing for people of all ages is essential to maintain the highest level of independence and quality of life and we continue to work with residents and partners to assess housing needs for vulnerable groups to inform future housing policies, schemes and services - This includes younger and older residents who are vulnerable, those on benefits, those with disabilities, those living with dementia, those fleeing from domestic abuse, refugee, asylum seekers and economic migrants, LGBTQ and BAME groups. We also continually work to identify and overcome any barriers that prevent some groups from accessing housing and support, reducing inequalities across the borough.

Our Local Plan and planning policies also set requirements to ensure that new housing development is built with a range of local services and community facilities within a reasonable walking distance, to ensure people with specialised housing needs have opportunities for community engagement, sport and recreation close to their homes. We will also work with our partners to provide a range of supported accommodation options for homeless young people that are unable to return home and we strive to provide a safe environment where they can gain the necessary life skills to sustain and enjoy their own home in the future.

**Provide Support and Advice and Ensure Community Engagement** - In the wake of the Energy and Cost of Living crises, we must continue to find ways to help residents avoid getting into financial difficulties due to increased rent/mortgage payments and/or other household costs. It is our aspiration to provide a Healthy Housing

Hub which would work in partnership with voluntary, community and faith partners to join up advice offer across Barnsley. Providing a one stop healthy housing hub would bring together all aspects of advice, information, and guidance, using a hub and spoke model and offering the benefits of a home improvement agency to all Barnsley residents. The focus would be on early intervention and prevention, promoting independence at home, reducing pressure on health and social care and preventing hospital re-admissions. This will include working in partnership with Berneslai Homes, citizens advice, other social housing providers, private landlords and the voluntary sector to provide advice and support to tenants in areas such as housing options, warm homes, advice on home improvements and adaptations, financial and digital inclusion, and support to improve employment prospects. This may also include a trusted trader list and access to financial support such as Home Appreciation Loans. We also want to make sure that Barnsley's residents have more control over the decisions that affect them, and we will build on our existing neighbourhood management models, across tenure, to improve opportunities for tenants and residents to have their say on housing matters across the borough.

**Maximise Private Renting Offer** - Our expectations for private landlords are high. We want to make sure housing conditions and management standards improve through our proactive work and the Landlord Accreditation Scheme. Demand within the private rented sector has grown significantly this century and we expect this trend to continue. It is essential that we make plans to meet this need and we know there will need to be an increasing number of vulnerable households being re-housed into the private rented sector. We are therefore committed to ensuring their homes are safe and affordable and that tenants have security of tenure. We also remain committed to reducing overcrowding, irradicating homelessness and improving housing conditions and management standards in the Private Rented Sector, including via the delivery of the Private Sector Housing Plan.

## Our Plan

Pillar II: Supporting Strong and Resilient Communities		
Our Aims	Transform Neighbourhoods and Ensure Safer Communities	Improve Access to Housing for All
<b>What does success look like?</b>	<ul style="list-style-type: none"> <li>The improved look, feel and function of neighbourhoods across the borough, including much-improved public spaces and local facilities</li> <li>All borough residents feel safe in their homes and neighbourhoods, particularly through a reduction in ASB</li> </ul>	<ul style="list-style-type: none"> <li>People of all ages have access to housing that ensures they can maintain the highest level of independence and quality of life</li> <li>Everybody in Barnsley to be living in welcoming, inclusive, digitally enabled and safe neighbourhoods with a good standard of housing that enables them to stay safe and warm</li> </ul>
<b>What are our priorities?</b>	<ul style="list-style-type: none"> <li>Ensure the delivery of Strategic Infrastructure which contributes to successful neighbourhoods &amp; supports residents (roads, schools, active travel, play, stewardship, green space, Age and Dementia Friendly)</li> <li>Address issues of ASB</li> <li>Design out crime in the development of new housing provision and its connection to existing homes</li> <li>Ensure that we support vulnerable households who may fall victim to crime/ASB</li> </ul>	<ul style="list-style-type: none"> <li>Address any barriers that hinder access to suitable housing</li> <li>Deliver transformational change across our regeneration zones to promote socially and economically integrated communities</li> <li>Deliver the Town Centre Urban Design and Sustainability Strategy (URBED)</li> <li>Continue to work with residents and partners to assess housing needs for vulnerable groups to inform future housing policies, schemes, and services</li> </ul>
<b>How are we going to do it?</b>	<ul style="list-style-type: none"> <li>Secure grant funding for strategic infrastructure and place-making regeneration</li> <li>Local Plan policy levers</li> <li>Work with design teams to design out crime in new development</li> <li>Continue to work with partners to build on the successful multi-agency approach that has been developed through the Safer Barnsley model</li> </ul>	<ul style="list-style-type: none"> <li>Deliver the Town Deals programme in Goldthorpe and the Dearne Valley, and develop a wider Goldthorpe Housing Strategy</li> <li>Lobby for devolved funding and flexibilities as part of our Devolution Asks</li> <li>Barnsley Town Centre regeneration (including residential offers)</li> <li>Maximise opportunities to use key evidence/data to develop proactive, area-based interventions (people and properties)</li> <li>Work with partners to provide a range of supported accommodation options, including for homeless young people unable to return home</li> </ul>
<b>What difference will this make?</b>	<ul style="list-style-type: none"> <li>Improved access to amenities, services, &amp; employment</li> <li>Renewed pride of place and community ownership</li> <li>Reduced ASB and improved perceptions of safety among residents, thereby making the borough a more welcoming and safer place to live and improving health and wellbeing</li> <li>We are meeting the ambitions of Sustainable Barnsley in ensuring that people live in sustainable communities</li> </ul>	<ul style="list-style-type: none"> <li>Rebalance the access to housing, amenities, and opportunities across the borough</li> <li>Planning levers ensure people with specialised housing needs have opportunities for community engagement, sport, and recreation close to their homes</li> </ul>

**Pillar II: Supporting Strong and Resilient Communities Cont.**

Our Aims	Provide Support and Advice and Ensure Community Engagement	Maximise Our Private Renting Offer
<b>What does success look like?</b>	<ul style="list-style-type: none"> <li>Tenants and Residents across tenure can easily access the advice and assistance that they need via clear housing support pathways and are fully represented in service delivery and design</li> </ul>	<ul style="list-style-type: none"> <li>A thriving PRS sector which provides a wide range of high-quality rented accommodation to meet need</li> <li>Increased membership of the Landlord Accreditation Scheme</li> </ul>
<b>What are our priorities?</b>	<ul style="list-style-type: none"> <li>Develop a cross tenure healthy housing 'one stop' shop for Housing Advice and Assistance (Affordable Warmth/Energy Advice/Housing Options/Home Improvement)</li> <li>Ensure that our housing service to tenants fully aligns with the Charter for Social Housing</li> <li>Encourage stakeholder engagement in developing and delivering housing and housing services</li> </ul>	<ul style="list-style-type: none"> <li>Eliminate Category 1 hazards in private properties</li> <li>Deliver against the Private Sector Housing Plan</li> </ul>
<b>How are we going to do it?</b>	<ul style="list-style-type: none"> <li>Working in partnership with Berneslai Homes, citizens advice, other social housing providers, private landlords and the voluntary sector to ensure excellent advice and support to tenants and residents</li> </ul>	<ul style="list-style-type: none"> <li>Improve housing conditions and management standards in the PRS via the delivery of the Private Sector Housing Plan</li> </ul>
<b>What difference will this make?</b>	<ul style="list-style-type: none"> <li>Access to housing pathways for all will be designed and delivered with input from service users with 'lived experience'</li> <li>Residents can assess good quality housing advice to improve their homes and remain healthy and independent for longer, reducing the pressure on health and social care</li> </ul>	<ul style="list-style-type: none"> <li>Landlord will have the support they need to ensure that they are providing a safe, warm affordable home</li> <li>Tenants will know their rights and their responsibilities and have access to a buoyant market of quality PRS provision</li> </ul>

## Case Study: Goldthorpe Regeneration

The Council has secured more than £23.1m investment to Regenerate, Renew and Revitalise Goldthorpe, Thurnscoe and Bolton upon Dearne through the government's [Towns Fund](#).

The regeneration proposals include:

**Goldthorpe Market** - redevelopment of the former market site in Goldthorpe as an early intervention project, delivering nine new council homes. The scheme includes a mix of bungalows and houses to be constructed to the council's energy efficient specification with electric air source heat pumps providing heat and hot water and solar panels and batteries to take advantage of renewable energy. A new area of public greenspace within the development will link into the Goldthorpe Housing Project proposals.

**Goldthorpe Housing Project** – regenerate pre-1919 terrace housing through strategic acquisition, demolition, and new build affordable homes. Proposals include delivery of an east-west pedestrian connection between Market Street, Co-operative Street and Victoria Street with enhancements to the public realm and rear alleyways. The project aims to reduce the turnover of private rented properties, decrease the number of empty properties and associated issues such as fly-tipping and anti-social behaviour. Improvements to the physical environment will deliver health and wellbeing benefits for residents.

**Goldthorpe Housing Retrofit Project** – delivery of retrofit measures to up to 83 pre-1919 terrace properties in the heart of Goldthorpe. Benefits include a reduction in carbon emissions, tackling fuel poverty and improved physical and mental health and wellbeing of residents.





# Pillar III: Supporting People to Live Healthy, Independent Lives

## Strategic Aims and Context

**Help Young and Older Residents Live Healthy Independent Lives** - Securing independent housing away from the family home is an important step for any young person. However, the current housing market and policy changes have made it more difficult for young people to afford suitable housing. We will continue to work with our partners to offer advice on managing money and running a home. We also want to facilitate home ownership by working with our partners to enable and promote low-cost home ownership options for first time buyers. We will continue to support the most vulnerable young people leaving the care of the council via existing pathways into secure council accommodation which include tenancy ready training and support.

As our population of older people grows, demand for adaptations is also expected to increase for those living with long term health conditions and we will continue to deliver and provide a range of accommodation which meets the varied needs of older people to help them age well. We understand that many of our older residents require higher levels of support to live comfortably and with the level of independence they desire. We will review the delivery of existing support for aids and adaptation provision, alongside assistive and smart digital technologies, across tenure, and develop clear housing support pathways to ensure that our residents make the right housing choices for themselves, at the right time.

Page 99 We ultimately want to ensure that residents can live safely and comfortably in their own homes in all life stages, and our emphasis continues to be on early intervention to prevent loss of independence, to minimise escalating need and reduce long-term costs to health, social care, and support services. We will continue to work with partners to understand the greatest risks threatening residents' capacity to continue living safely and comfortably in their own homes, whilst encouraging/enabling individuals to fully explore all their housing options. We will also continue to identify ways to fund adaptations to allow residents in private and social housing to remain in their own homes for as long as possible; including making the best use of Disabled Facilities Grants. We recognise that carers in Barnsley make an enormous contribution to independent living, and we will explore how we can improve housing support to all carers and ensure that carers who need alternative housing to provide high levels of care are given appropriate advice and support.

The current extra care housing schemes provide a high standard of design, security, and privacy to meet the varied needs of a wide range of service users. However, we will develop a range of sustainable accommodation solutions for older and/or vulnerable people such as those suffering with dementia where there is a growing need. To deliver this, we will map existing accommodation and services across the borough and use this information to inform future housing delivery and the development of long-term care and support commissioning plans.

**Support People with Additional Needs** - We will update our accommodation strategy for people with learning disabilities and other additional and complex needs, including those with mental health needs. This will aim to (a) increase the number of people who have their own home; (b) increase the quality of housing and support for people with learning disabilities; and (c) Ensure that housing and support is affordable and in the right place. In the short-term, another priority will be ensuring that all people with learning disabilities who have previously been placed outside Barnsley can be supported in affordable housing within the borough.

**Prevent Homelessness** - We want to prevent individuals from ever becoming homeless, including by identifying and acting to prevent the known root causes of homelessness such as substance abuse, domestic violence, poverty, unemployment, care leavers, veterans and those leaving prison. However, we want to offer a better choice of accommodation for those who do find themselves homeless or at risk of losing their home and we want to reduce the number of homeless households living in temporary accommodation. Due to the problems people face in sustaining their homes, in the future we expect to see an increase in demand for services to help homeless people.

As per our statutory duty and responsibility, we will continue to provide advice and assistance to help prevent homelessness in line with our Homelessness Strategy. This will include continuing to work with landlords of private rented homes to provide more good quality, safe and well-managed homes for homeless people. We will also develop flexible, tailored tenancy support to reduce the risk factors that lead to tenancy failure.

The development of an effective Supported Accommodation Pathway will also help vulnerable people of all ages to access and leave supported accommodation in a more planned way and the recently launched national £2bn Single Homeless Accommodation Programme (SHAP) aims to increase the supply of high-quality accommodation and support to address gaps in homelessness pathway provision, targeting those with a history of rough sleeping and those aged 18-25. The Council will seek to secure investment via SHAP to fill identified gaps in current provision, thereby helping people move on from temporary supported housing services in a more planned way. We will develop a supported accommodation scheme which will reduce the reliance on temporary accommodation and provide longer term supported provision for those with more complex housing and health needs.

**Support those with bespoke housing needs (including Gypsy and Travellers)** - BMBCs needs assessment indicated a shortfall of permanent pitch provision for gypsies and travellers in the borough and in response the adopted Local Plan Policies GT1 and GT2 identified additional sites to meet the shortfall and sets out sets out criteria against which proposed sites should be considered, confirming that self-sought pitches will be positively considered where they accord with other policies of the Local Plan. The longer-term solution will be to ensure the sites outlined within the Local Plan are delivered. The Council also created an emergency stopping place to help with better management and to reduce the frequency of illegal and unauthorised encampments.

The Council also has a duty to keep and publicise a register of people who want to self-or custom build homes within our borough and will seek to support community-led housing schemes in line with planning policies.

## Our Plan

Pillar III: Supporting People to Live Healthy, Independent Lives		
Our Aims	Help Young and Older Residents Live Healthy Independent Lives	Support People with Additional Needs
<b>What does success look like?</b>	<ul style="list-style-type: none"> <li>• Young people have access to a range of affordable housing options which meet need</li> <li>• Older residents in the borough have access to advice, assistance, and a much wider range of housing options; enabling them to make informed decisions at the right time</li> <li>• People can live in their own homes for longer without detriment to their health and well-being</li> </ul>	<ul style="list-style-type: none"> <li>• More people with Learning Disabilities / Autism are living independently within existing communities in our borough</li> </ul>
<b>What are our priorities?</b>	<ul style="list-style-type: none"> <li>• Deliver against the new strategy to support young people to access housing and live independently</li> <li>• Develop and promote housing options which meet the varied needs of our aging population in line with Age &amp; Dementia Friendly principles (See Development of Housing Design SPD)</li> <li>• Promote a streamlined Aids and Adaptations service across tenure</li> <li>• Provide more choice and options to help people live independently for as long as possible</li> <li>• Develop a social care improvement plan which better integrates care systems, housing, and commissioning</li> <li>• Undertake a review of housing and housing related support for those with multiple and complex needs</li> </ul>	<ul style="list-style-type: none"> <li>• Co-produce a delivery strategy to meet the identified needs of people with Learning Disabilities /Autism within the borough and wider region</li> </ul>
<b>How are we going to do it?</b>	<ul style="list-style-type: none"> <li>• Continue to work with partners to offer housing advice and assistance including managing money and running a home, including to young individuals</li> <li>• Deliver a range of accommodation which meets the varied needs of older people</li> <li>• Identify and address any barriers that may be hinder independent living</li> </ul>	<ul style="list-style-type: none"> <li>• Access NHS funding to deliver purpose-built accommodation which enable independent living in a community rather than hospital environment</li> </ul>
<b>What difference will this make?</b>	<ul style="list-style-type: none"> <li>• Helps to ensure accessibility to the housing sales market among younger residents, thereby retaining younger residents locally</li> <li>• Helps to ensure older residents can live independently and comfortably in their own homes for a prolonged length of time, thus improving health and well-being, as well as negating service delivery costs</li> </ul>	<ul style="list-style-type: none"> <li>• Residents with Learning Disabilities / Autism can live independently with their own communities and within the borough</li> <li>• Reduction in use of hospital facilities and expensive out of area provision</li> </ul>

**Pillar III: Supporting People to Live Healthy, Independent Lives cont.**

Our Aims	Support those with bespoke housing needs	Prevent Homelessness
<b>What does success look like?</b>	<ul style="list-style-type: none"> <li>• Available and suitable permanent pitch provision for all Gypsies and Travellers looking to reside in the borough</li> <li>• Eradication of illegal and unauthorised encampments</li> <li>• Enable self and custom build (including Community Housing)</li> </ul>	<ul style="list-style-type: none"> <li>• Eradication of homelessness</li> </ul>
<b>What are our priorities?</b>	<ul style="list-style-type: none"> <li>• Delivery of new Local Plan allocated permanent pitch provision to meet unmet demand</li> <li>• Support those wishing to develop self and custom build homes</li> <li>• Where resource allows, support those seeking to deliver community housing</li> </ul>	<ul style="list-style-type: none"> <li>• Prevent and reduce homelessness through early intervention</li> <li>• Improve the range and options of supported accommodation, including via SHAP investment</li> <li>• Support Homelessness health needs assessment</li> </ul>
<b>How are we going to do it?</b>	<ul style="list-style-type: none"> <li>• Review of suitable sites and update of Gypsy and Traveller Needs Assessment</li> <li>• Take a proactive approach to maintaining the self and custom build register (including consideration to self and custom build opportunities when reviewing disposal programmes)</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver the strategic objectives and aspirations of the Homeless Prevention and Rough Sleeping Strategy</li> </ul>
<b>What difference will this make?</b>	<ul style="list-style-type: none"> <li>• Suitable capacity for Gypsies and Travellers to reside on allocated permanent sites, with reduced frequency of illegal and unauthorised encampment</li> <li>• Greater opportunity for those wishing to pursue bespoke housing opportunities (outside of traditional build options)</li> </ul>	<ul style="list-style-type: none"> <li>• Ensures early prevention to avoid homelessness among residents and takes homeless residential out of homelessness</li> <li>• Improved health and wellbeing of those at risk of being homeless, or no longer homeless</li> </ul>

## Case Study: Queens House

In response to the Covid pandemic the government introduced 'Everyone In' asking all Local Authorities to support rough sleepers off the streets. As a council we stepped up the temporary management of 12 flats which we used to support rough sleepers for 18 months. From this work it was clearly identified that there was a gap in local provision for this client group. This led to the development of a business case and the sourcing of capital and revenue funding to purchase and renovate a building to be used for temporary accommodation. The aim of the accommodation is to ensure that any instances of rough sleeping are rare, brief, and non-recurring. It provides accommodation for those with some of the most complex needs, assessments are undertaken and a move on plan developed in a multi- agency way. The flats were purchased in April 2021, a full refurbishment programme was undertaken, and the first resident moved in July 2022. It provides an invaluable local resource to support the strategic aims of ending rough sleeping.





# Pillar IV: Enabling Sustainable Housing Growth to Meet Need

## Strategic Aims and Context

**Increase Housing Supply, including in our Urban Centre and Principal Towns** – We know that some of our residents have concerns regarding planned housing growth in our borough and our priority is to always make the very best use of our existing housing provision, in the first instance. However, Barnsley’s growing and changing population means that we must deliver a significant number of new homes annually to meet need and many of our allocated sites are in and around the Principal Towns, alongside the town of Barnsley itself. Our emphasis is on making development more economically viable. We want to increase access to new homes by actively enabling more people to buy on the open market and have allocated a broad range of sites across sustainable locations within our urban centre and principal towns to accommodate this. It is essential that future housing development must take place in the right locations, with the right infrastructure and amenities complementing wider regeneration initiatives locally. Our Local Plan, adopted in 2019 (and reviewed in 2023), sets the spatial framework for housing growth and ensures that new development must be in keeping with the character of the area and that growth must be sustainable. Infrastructure must link residential areas to employment and local service centres through sustainable transport modes.

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**Provide a Range of Quality Homes** – Our Strategic Housing Market Assessment (SHMA) shows an ongoing need for all types and sizes of dwellings, with the strongest need for 2 and 3 bed houses. There is also a need for smaller properties, bungalows and level access accommodation, particularly to cater for older residents. In order to attract and retain residents, we must ensure a compelling and comprehensive housing offer. This is critical to ensuring sufficient labour supply in future years to meet our ambitious plans for growing the economy. We therefore need to provide a greater mix of homes, including larger and higher value homes, thereby making the borough a more appealing and more prosperous place. Working with our partners we will address the shortfall of detached and semi-detached housing, and bungalows to reflect household aspirations across the borough.

As the planning authority, we also need to ensure our land supply and design policies help us to create sustainable communities and the right balance between high quality design and timely cost-effective housing delivery. We will work closely with developers to ensure that the design of new housing helps to make Barnsley a more attractive place to live and undertake Health Impact Assessments to ensure new developments support the health and wellbeing of residents. We will continue to use our Design of Housing Development SPD and national standards as our best practice guides to drive improved quality through design.

**Ensure New Affordable Housing, First Homes and Supported Housing** - We will continue to work with partners to increase the range of affordable homes for people on low and middle incomes. Rising house prices coupled with the recent Energy Crisis and Cost of Living Crisis has put home ownership beyond the reach of many and prompted others to borrow beyond their means. Providing affordable housing options will address these inequalities and provide opportunities for those residents who aspire to own their own homes. In areas of Barnsley where land and property prices are high, we will explore the potential for purchasing homes for sale on the open housing

market, to turn them into quality, affordable rental accommodation and will strive to continue to deliver our Council Build programme, where funding allows. In areas where social housing is already high, we will focus on providing a balance of homes for affordable rent and sale. We will work with landlords and agents to provide more high quality private rented accommodation in these areas, and we will support new build affordable housing in rural and green belt areas, where it is needed to meet community needs and there is acceptable mitigation of their impact on the countryside.

By providing the right type of buildings, and backed by a comprehensive support service offer, we aim to enable everyone to live in a home that is suitable for them at different stages in their lives. This will help residents to remain healthy and independent in their own homes for longer. We have undertaken a detailed needs assessment to help shape where our priorities lie for supported accommodation and we will ensure that we make the best use of the Council's stock in meeting supported housing need, where this is required.

**Develop Low Carbon New Build Options** - New and existing homes collectively account for 17% of UK greenhouse gas emissions and while considerable progress has been made, more must be done to decarbonise homes to help to meet the Government's commitment to achieve net zero by 2050. The introduction of a Future Homes Standard for England by 2025 will ensure that new build homes are future proofed with low carbon heating and high levels of energy efficiency, and once the supply has been decarbonised the expectation is that all homes built to this standard will produce no operational carbon dioxide, with 75% to 80% lower emissions than those built to current Building Regulations standards. In Barnsley, this is expected to be a standard for all new-built homes. Through Barnsley Zero 40/ Zero 45, the Council has committed to making itself a net zero organisation by 2040, with the whole borough net zero by 2045, ahead of the national target.

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For housing, this means (a) raising standards in the design, efficiency and the build quality of housing to reduce carbon emissions in development, delivery and use by signposting developers to the Sustainable Construction and Climate Change Adaptation Supplementary Planning Document; (b) ensuring that all new build Council homes and those delivered by our Affordable Housing Providers) are delivered to the Barnsley Low Carbon Standard; and, (c) exploring opportunities to make the best use of the borough's natural assets and industry by-products to enable innovative heat networks and solutions. Developing low carbon new build options will also reduce energy costs for residents, address fuel poverty and provide warm and healthy homes for Barnsley residents. The ambitions of Sustainable Barnsley cut across each of the 4 pillars of the Housing Strategy.

## Our Plan

Pillar IV: Enabling Sustainable Housing Growth to Meet Need		
Our Aims	Increase Housing Supply, including in our Urban Centre and Principal Towns	Provide a Range of Quality Homes
What does success look like?	<ul style="list-style-type: none"> <li>• Delivery of net new homes to meet Local Plan targets for 2033 (Housing Delivery Test)</li> <li>• Progression of major planned housing opportunities in spatial priority areas</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of a broad mix of house sizes, type, and tenure across new developments, with 6% of new dwellings built to be wheelchair accessible M4(3) standard and a minimum of 25.6% of new dwellings built to M4(2) accessible and adaptable standard</li> <li>• Sustainable housing developments of high quality and design which align to our place-based aspirations, and which complement existing housing &amp; communities</li> </ul>
What are our priorities?	<ul style="list-style-type: none"> <li>• Spatial priorities to 2028 include the 7 Strategic Masterplan areas, our Principal Towns programme, Goldthorpe Towns Fund Programme sites and Barnsley Town Centre</li> </ul>	<ul style="list-style-type: none"> <li>• Improve the range and quality of new homes to meet existing and future need – to include larger family homes, homes suitable for older/vulnerable households, accommodation for single people and live/work.</li> <li>• Ensure that our strategic masterplan sites are delivered holistically to align with their framework and planning policy requirements</li> </ul>
How are we going to do it?	<ul style="list-style-type: none"> <li>• Work collaboratively with key partners (HE, SYMCA) and developers to unlock any barriers to delivery, improve economic viability where this is a problem and ensure that we deliver sustainable housing across the borough</li> <li>• Work collectively to maximise opportunities for feasibility/funding to enable the delivery of essential infrastructure, where this is needed</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the Design of New Housing SPD</li> <li>• Use our SHMA data to address local need requirements across our sub-market areas to meet existing and future need</li> <li>• Work closely with developers to ensure that the design of new housing helps to make Barnsley a more attractive place to live, with a focus on raising standards in the design, efficiency and build quality of housing to reduce carbon emissions in development, delivery, and use</li> <li>• Undertake Health Impact Assessments for our new developments to maximise the positive impact and address any negative impacts.</li> </ul>
What difference will this make?	<ul style="list-style-type: none"> <li>• Makes a major contribution to housing targets, thereby enabling an extended, diversified and more accessible housing offer</li> <li>• Support the success of wider economic development initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Helps people to access a range of types to meet need, supporting people to remain healthy and independent in their own homes for longer.</li> <li>• Create thriving, sustainable developments which promote community engagement and cohesion across demographics</li> <li>• More people have access to healthy, warm, and sustainable housing which makes a positive contribution to physical and mental health and reduces pressures on health and social care</li> </ul>

## Pillar IV: Supporting Sustainable Housing Growth to Meet Need cont.

Our Aims	Ensure Affordable Housing, First Homes and Supported Housing	Develop Low Carbon Options
<b>What does success look like?</b>	<ul style="list-style-type: none"> <li>• Deliver between 10% &amp; 30% affordable housing in line with our Affordable Housing SPD (with 25% First Homes)</li> <li>• More supported accommodation which meets the needs of the service user and staff</li> <li>• More social housing stock available for rent</li> </ul>	<ul style="list-style-type: none"> <li>• Our aspiration is for all new-build housing delivered to net zero, and by 2028 we expect to make significant strides towards this</li> <li>• We are meeting the ambitions of Sustainable Barnsley in ensuring that people live in sustainable communities with reduced carbon emissions and access to affordable and sustainable energy sources</li> </ul>
<b>What are our priorities?</b>	<ul style="list-style-type: none"> <li>• Provide a mix of housing types and affordable tenures to meet the needs of existing and future households.</li> <li>• Direct delivery via our Council Build and Acquisitions Programme</li> <li>• Address identified need for additional Learning Difficulty and Autism accommodation via a mix of purpose build (working with partners) &amp; increasing provision within our own stock portfolio.</li> <li>• Increased temporary accommodation for homeless applicants</li> <li>• Longer term, supported accommodation to address the needs of complex homeless cases</li> </ul>	<ul style="list-style-type: none"> <li>• Deliver all Council housing schemes to the Barnsley Low Carbon Standard</li> <li>• Encourage all private and social developer led schemes to be delivered to the same standards or better</li> </ul>
<b>How are we going to do it?</b>	<ul style="list-style-type: none"> <li>• Work with partners to deliver more affordable homes, where there is need.</li> <li>• Implement the revised Affordable Housing SPD</li> <li>• Grow our RP framework</li> <li>• Work with partners (including the NHS) to develop purpose-built accommodation which enable independent living options</li> <li>• Prioritise asks and increase the allocation of council stock for supported housing</li> </ul>	<ul style="list-style-type: none"> <li>• Implement Sustainable Construction and Climate Change Adaptation SPD (Supplementary Planning Document)</li> <li>• Explore opportunities to make the best use of the Borough's natural assets and industry by-products to enable innovative heat networks and solutions and local energy generation</li> </ul>
<b>What difference will this make?</b>	<ul style="list-style-type: none"> <li>• Increased affordable provision to meet existing and emerging need from those households that cannot access private market addressing housing inequalities across the Borough</li> <li>• Increased availability of supported housing</li> <li>• Increased purpose-built accommodation to enable independent living for those currently residing in hospital settings reducing pressure on health and social care</li> <li>• Provide affordable and suitable housing, supporting residents' health and wellbeing by helping them to remain independent in their own homes.</li> </ul>	<ul style="list-style-type: none"> <li>• Progression towards Barnsley Net Zero 40/45 ambitions – carbon reduction from residential</li> <li>• Provide warm, healthy homes and reduce fuel poverty rates, improving health and wellbeing for Barnsley residents</li> </ul>

## Case Study: Woodmoor View, Athersley South

At Woodmoor View, completed in September 2022, seven bungalows occupy a site on a key route into the town centre, helping to meet the demand for affordable rented housing in the Borough. All the bungalows meet the requirements of Building Regulations Part M4 (2) for accessible and adaptable dwellings. A three-bedroom bungalow on the site was further adapted to meet the requirements of a specific family whose needs could not be met in the existing council stock.

As well as being let at affordable social rents, the properties are highly energy efficient. This contributes to the council meeting its carbon reduction targets and helps residents to minimise their energy use.

Using a fabric first build specification with high levels of insulation and low air permeability, the bungalows are fully electric with air source heat pumps to provide heating and hot water. Solar Panels generate electricity to reduce the occupier's overall consumption from the grid. In addition, a battery system stores any unused electricity generated until it is needed.

This scheme sets a precedent, demonstrating how the incorporation of design measures can reduce carbon emissions from future new homes. This information will be used by the council to inform discussions with other housing providers.





## Collaborative Working for Strategy Success

Barnsley enjoys a strong history of collective and collaborative working towards common goals, and we will continue to build, grow, and strengthen partnerships to make the most of our combined resources – this is critical not only to successfully delivering against the plans set out in this housing Strategy, but also to the overall Barnsley 2030 vision.

We believe that everyone in the borough should be able to access a home that is welcoming, warm and safe and our ambition for housing as set out in this Strategy is unashamedly bold.

We recognise that the longer-term housing needs and economic aspirations of the borough are intrinsically linked, and our aim to increase the supply and choice of housing, particularly within our Urban Centre and Principal Towns. We will ready sites for development whilst ensuring that housing growth can be delivered sustainably, contributing to Zero 40 / Zero 45 imperatives – and always making the very best use of our existing homes.

We also recognise that we do not start from scratch, and we will continue to pursue efforts to bring renewed quality to our existing stocks, alongside efforts to continually strengthen our service offer to residents.

Although some aspects of this housing strategy are outside of our control, for example, the constraints on mortgage lending and wider economic conditions, we believe that by working with our partners and liaising with Government, we can create the right conditions to help us achieve our long-term goals of raising the quality and efficiency of housing in the borough and improving the health and wellbeing of our residents.

## Glossary

**ALMO** – Arms-Length Management Organisation

**ASB** – Anti-Social Behaviour

**BAME** - Black, Asian and minority ethnic

**BRE Group** – British Research Establishment Group

**EPC** – Energy Performance Certificate

**Ha** – Hectares

**HE** – Homes England

**HIA** – Health Impact Assessment

**HRA** – Housing Revenue Account

**LGBTQ** – Lesbian, gay, bi, trans, queer/questioning and more

**NHS** – National Health Service

**NPPF** – National Planning Policy Framework

**PRS** – Private Rented Sector

**PRS Plan** – Private Rented Sector Plan

**RP Framework** – Registered Providers Framework

**SAP** – Standard Assessment Procedure

**SEAM** – Barnsley’s Digital Campus

**SEAP** – Sustainable Energy Action Plan

**SHAP** – Single Homeless Accommodation Programme

**SHMA** – Strategic Housing Market Assessment

**SPD** – Supplementary Planning Document

**SYMCA** – South Yorkshire Mayoral Combined Authority

**URBED** – Urbanism, Environment and Design Ltd

# Barnsley Housing Strategy: Appendix 1

Strategy and Policy Drivers



Barnsley – the place  
of possibilities.



**BARNSLEY**  
Metropolitan Borough Council

## National Strategy and Policy Drivers

There has been a longstanding imperative nationally for Government intervention in the housing market, not least to address significant supply-side challenges nationally.

Various recent national-scale policies and strategies have influenced and help shape the Barnsley Housing Strategy, including:

**Levelling Up White Paper (2022)** sets the long-term strategy for reducing inequality and ‘levelling up’ the UK, seeking to (a) Boost productivity, pay, jobs and living standards by growing the private sector, especially in those places where they are lagging; (b) Spread opportunities and improve public services, especially in those places where they are weakest; (c) Restore a sense of community, local pride and belonging, especially in those places where they have been lost; and, (d) Empower local leaders and communities, especially in those places lacking local agency. It sets 12 missions spanning policy areas and for housing, the mission is that by 2030, renters will have a secure path to ownership with the number of first-time buyers increasing in all areas; and the government’s ambition is for the number of non-decent rented homes to have fallen by 50%, with the biggest improvements in the lowest performing areas. The **Levelling Up and Regeneration Bill (2022/23)** is subsequently putting the foundations in place for delivering against the 12 missions. The Bill also includes reference to a new Infrastructure Levy to replace the current system for obtaining developer contributions for infrastructure and affordable housing and it includes a host raft of Planning changes. For housing in the planning system, the proposal to give Local Plans more weight in the decision-making process and there are several measures to speed up the process of implementing a Local Plan.

**Social Housing Regulation Bill (2022/23)** sets the foundations for delivering the reforms outlined in the **Social Housing White Paper (2020)** to address the concerns raised following the Grenfell Tower fire in 2017. The Bill will bring forward a stronger and more proactive regulatory regime to drive up standards in the sector and hold landlords to account for the service they provide to their tenants.

**Fire Safety Act (2021)** clarifies that responsible persons for multi-occupied residential buildings must manage and reduce the risk of fire for the structure and external walls of the building, including cladding, balconies and windows, and entrance doors to individual flats that open into common parts. It followed the **Independent Review of Building Safety and Fire Regulations (2018)** which reviewed and provided recommendations on building and fire safety regulations and related compliance and enforcement, with a focus on high rise residential buildings following Grenfell.

**Homelessness Reduction Act (2017)** brought about the biggest change to homelessness legislation for 40 years. The Act placed a duty on local authorities, including Barnsley MBC, to intervene at earlier stages to prevent homelessness. It sets duties to both prevent and relieve homelessness, alongside setting a requirement to carry out assessments and personalised housing plans, duties for local authorities to refer people whom they know are threatened with homelessness and applicants also now have the right to ask for a review of any points of the new legislation.

**National Rough Sleeping Strategy (2018)** published by the Ministry for Housing, Communities and Local Government (now the Department for Levelling Up, Housing and Communities, DLUHC) sets out the Government's plan to halve rough sleeping by 2022 and end it by 2027. The Strategy sets out what local authorities need to do to reduce and end rough sleeping and it is backed by an action plan alongside financial commitments from Government. The Government has also developed and published a new strategy - **Ending Rough Sleeping for Good' (2022)** - which promotes cross-Government partnership working by setting out commitments across key departments.

**Domestic Abuse Act (2021)** set a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling, and economic abuses. Children are also deemed to a victim if they see, hear or otherwise experience domestic abuse. The Act strengthens the support available to victims of domestic abuse, including by extending priority need to all eligible victims of domestic abuse who are homeless as a result of being a victim of domestic abuse. The Act also places a duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation.

**Building Safety Act (2022)** includes many regulatory changes that will impact on the Council's work, setting out a new regulatory regime aimed at ensuring the safety of residents in residential buildings. The Act establishes a national Building Safety Regulator sitting within the Health and Safety Executive and it establishes the role of the Accountable Person who will legally be responsible for higher risk buildings.

**National Planning Policy Framework (2021)** sets out the government's planning policies for England and how these are expected to be applied. The latest review retains the presumption in favour of sustainable development and it retains a requirement for objectively assessed housing needs to inform Local Plan production, alongside Housing Delivery Tests and the need to retain a forward supply of housing sites to meet the requirements set in Local Plans. The NPPF also includes a definition of affordable housing, alongside various other planning matters.

**A Fairer Private Rented Sector - Private Rented Sector White Paper (2022)** – sets a requirement for privately rented homes to meet the Decent Homes Standard for the first time. It also sets out that 'no fault' evictions will be abolished and all tenants who would previously have had an Assured Tenancy or Assured Shorthold Tenancy will move onto a single system of periodic tenancies. Tenants will need to give two months' notice to end their tenancy. Grounds for possession will also be reformed to make sure that landlords have effective means to gain possession of their property where necessary. Increases to rent will only be allowed once per year and a new single Ombudsman that all private landlords must join will be introduced. It will be illegal for landlords or agents to have blanket bans on renting to families with children or those in receipt of benefits and tenants will be given the right to request that they can have a pet in their property, which the landlord must consider and cannot unreasonably refuse.



**Building for 2050 - Low cost, low carbon homes (2022)** – is a BEIS research paper that offers a snapshot of the UK’s construction industry and its ability to deliver low carbon homes now. It identifies how best to minimise cost, improve energy efficiency, reduce carbon emissions, increase consumer demand, and accelerate industry delivery of low carbon housing.

**Sustainable warmth: protecting vulnerable households in England (2021)** - Published by the Department for Business, Innovation and Skills (BIS), the Strategy sets the Government’s commitment to tackle fuel poverty while also decarbonising buildings. Alongside updating the way that the Government measures fuel poverty, the Strategy includes commitments to a series of national programmes designed to deliver retrofit packages, alongside an extension to the Energy Company Obligation (ECO) and the Warm Homes Discount schemes.

**Adverse Weather and Health Plan (2023)** – Published by the UK Health Security Agency, the Plan aims to protect individuals and communities from the health effects of adverse weather and to build community resilience. For housing, the Plan outlines that while actions taken by health and social care sector during adverse weather events may relieve part of the health impacts arising from Adverse Weather, multi-agency action is required to address wider determinants of health, such as socioeconomic inequalities, fuel poverty and housing energy efficiency.

**Public Health England – PHE Strategy 2020-2025** – The Strategy acknowledges the effects of poor housing on health, reflecting on PHE’s 2017 publication ‘Spatial Planning for Health: An evidence resource for planning and designing healthier places’, which assessed the impact of neighbourhood design, housing, transport, the natural environment, and the food environment on health. As such, the PHE strategy sets an aim for improved social connections, housing, and employment prospects for people at risk of living with and recovering from mental health problems.

## Regional and Local Strategy and Policy Drivers

Alongside responding to national and sub-regional policy drivers, the Housing Strategy has also been informed by a range of local policies and strategies, including:

**Barnsley 2030** - Barnsley 2030 sets the long-term vision for Barnsley and how the borough will work collectively to together to achieve it. The 2030 vision for 'Barnsley - the place of possibilities' includes the ambitions for:

- Growing Barnsley - People have a wider choice of quality, affordable and sustainable housing, to suit their needs and lifestyle.
- Healthy Barnsley - Everyone is able to enjoy a life in good physical and mental health.
- Healthy Barnsley - Fewer people live in poverty, and everyone has the resources they need to look after themselves and their families.
- Healthy Barnsley - Our diverse places are welcoming, supportive and adaptable
- Sustainable Barnsley - People live in sustainable communities with reduced carbon emissions and increased access to affordable and sustainable energy sources.

As such, the Strategy outlines the ambition for 'managing and building housing to meet people's needs'.

**Barnsley Local Plan (Adopted 2019)** - Objective 3 of the Local Plan seeks to widen the choice of high-quality homes and the Plan sets numerous relevant policies:

- **Policy H1** sets the aspirational **housing target** to deliver 21,546 net new homes during the plan period (2014 to 2033), or 1,134 per annum and the Plan also includes a range of policies and site allocations for housing and mixed-use sites to support the housing target.
- **Policy H7** sets out that up to 30% of new homes will be **affordable housing** on sites where there is a minimum of 15 new units delivered.
- **Policy H8** establishes the ambition for **housing market regeneration programmes** in in lower value housing sub-markets, aimed at the renewal of poor housing and the revitalisation of the neighbourhoods and communities.
- **Policies GT1 and GT2** confirm that sites will be established for **gypsies, travellers and travelling show people**, in response to a known shortfall in existing allocated sites.
- **Policies T3 and T4** sets the ambition for new development to be supported by **sustainable travel**, outlining that new development will be expected to be located and designed to reduce the need to travel, be accessible to public transport and meet the needs of pedestrians and cyclists.

- **Policies D1 and LC1** set the expectation that new development will be of **high-quality design** and that it will be expected to respect, take advantage of and reinforce the distinctive, local character, features and landscape of Barnsley.
- **Policy GB1** seeks to preserve **greenbelt land** in the borough, accepting that some land will be taken out of greenbelt in response to the need for additional development land. The Plan will be to retain the vast majority of greenbelt land, which makes up around 75% of the borough's landmass.
- **Policy CC2** confirms the expected standards for **Sustainable Design and Construction** outlining that development is expected to minimise resource and energy consumption through the inclusion of sustainable design and construction features, where this is technically feasible and viable. For housing development, energy efficiency is regulated by Building Regulations and the Policy confirms that BMBC will encourage energy efficiency that exceeds those minimum standards set out in national standards and take that into account where proposed in support of a planning application.
- **Policy GD1** sets the policy for **General Development**, confirming that development will be approved if there will be no significant adverse effect on the living conditions and residential amenity of existing and future residents and that the proposed developed is compatible with neighbouring land and will not significantly prejudice the current or future use of the neighbouring land.

Various routine monitoring evidence has also informed the Strategy, including **Local Plan Monitoring Reports** and **5 Year Land Supply Note**.

**Affordable Housing Supplementary Planning Document (2022)** – The SPD offers guidance on planning contributions for affordable housing in the borough, supplementing Local Plan policy H7 Affordable Housing, with sets out that up to 30% of housing in the borough is expected for developments of 15+ units. It sets out that the Local Planning Authority encourages custom and self-build homes, and that the Council expects applicants to submit an Affordable Housing Statement setting out how they propose to deal with affordable housing before a planning application is validated. Affordable housing will usually be provided on-site and transferred to a Registered Provider, with negotiations with a Registered Provider typically held well in advance of a planning application being submitted. The Council will generally expect to see a mix of affordable property types that could include; 2, 3 and 4 bed houses along with 2+ bed level access accommodation/ bungalows and 1-2 bed flats. The SPD also outlines various other matters, including off-site provision, the transfer of free serviced land, commuted sums, s106 demands and vacant building credits.

**First Homes Technical Note (2022)** – Summarises and explains the changes brought in by the introduction of First Homes (brought about through changes to the National Planning Policy Guidance) and how this applies in Barnsley. From December 2021, a home which meets the criteria of a First Home will be considered to meet the definition of 'affordable housing' for planning purposes in Barnsley and First Homes are now required to account for at least 25% of all affordable housing units delivered by developers through planning obligations. A First Home must (a) be discounted by a minimum of 30% against the Market Value; (b) be sold to a person or persons meeting the First Homes eligibility criteria; (c) on their first sale, will have a restriction registered on the title at HM Land Registry to ensure this discount and certain other restrictions are passed on at each subsequent title transfer; and (d) after the discount has been applied, the first sale must be priced no higher than £250,000.

## Design of Housing SPD and Sustainable Construction and Climate Change Mitigation SPD (2023)

**Barnsley Health and Wellbeing Strategy (2021-2030)** – The Strategy ambition for Living Well outlines that everyone in Barnsley can access the resources they need to live a healthy life, including having access to a safe, warm and sustainable home. The strategy also confirms the Aging Well ambition for older residents being able to live independent and active lives.

**New Lettings Policy (2023/24)** - The purpose of the Lettings Policy is to set out clear guidelines to ensure that the Council’s social housing stock and nominations to Registered Providers is allocated fairly, according to housing needs of waiting list applicants and to meet the priorities of the Council. The implementation of the Council’s Lettings Policy, and the assessment and lettings functions, are delegated to Berneslai Homes as the Arm’s Length Management Organisation responsible for the management of the Council’s housing stock. The Policy itself sets out the range of principles, standards and procedures for letting Council-owned homes, including setting out the core eligibility criteria, application, assessment and allocation and lettings processes, alongside the core decisions, reviews, appeals and complaints procedures. The policy will act as a guide for the for the Barnsley Homeseeker Service.

**Barnsley Housing Strategy (2014-2033)** – the initial iteration of the borough Housing Strategy (the precursor to this updated Strategy) sets the ambition for housing in Barnsley, much of which is retained in this iteration of the Strategy.

**Barnsley Strategic Housing Market Assessment (SHMA, 2021)** – the SHMA 2020 provides current evidence to inform the five-year review of the Local Plan and this Housing Strategy. The SHMA provides detailed, robust and defensible evidence of the social, economic, housing and demographic characteristics of the borough. It provides critical housing market context, and offers a series of recommendations on the scale, dwelling type, mix and tenure of housing needed locally (both market and affordable), including housing requirement for particular groups in the borough, including older people and those with disabilities.

**Draft Lettings Policy (2023/24)** – the new Policy sets out clear guidelines to ensure that the Council’s social housing stock and nominations to Registered Providers is allocated fairly, according to housing needs of waiting list applicants and to meet the priorities of the Council. The implementation of the Council’s Lettings Policy, and the assessment and lettings functions, are delegated to Berneslai Homes as the Arm’s Length Management Organisation responsible for the management of the Council’s housing stock. The new refreshed Lettings Policy has itself largely been developed in response to the Homeless Reduction Act 2017.

**Design of New Housing SPD (2019)** – the SPD supports and provides greater detail on requirements set out in Local Plan Policies D1 (High Quality Design and Place Making) and GD1 (General Development). The SPD confirms that development should make a positive contribution to achieving qualities of

a successful place such as character, legibility, permeability and vitality and the SPD itself covers a range of matters in relation to new housing development, conversion of non-residential buildings to residential use and adapting residential properties to different house types, for example dwellings to flats and Houses in Multiple Occupation (HMO). These matters include requirements for accessible accommodation, external and internal space standards, designing out crime, landscape design and gardens, garages and parking requirements and other design factors.

**Homeless Prevention and Rough Sleeping Strategy 2023-2028** This strategy sets out our approach to tackling homelessness in Barnsley, taking a preventative, multi-agency partnership approach to help those who are homeless become more resilient and build a better future.

**Children in Care Placement Sufficiency Strategy 2023-2026** - The Strategy sets out how BMBC intends to meet its responsibilities under the Sufficiency Duty within the Children Act 1989, to ensure that there is sufficient accommodation to meet the needs of children and young people who are looked after and those leaving care. The Strategy applies when all earlier, preventive action has been taken to support children and families so that fewer children (aged 0-18) become looked after. The Strategy vision for, and approach to, providing sufficient, safe, secure and appropriate placements for children in care and young people over the next 3 years. In delivering this Strategy, BMBC seeks to ensure that (a) there is a choice of placement options and that (b) placement breakdown is reduced. The Strategy also seeks to (c) improve the integration between children in care services and universal and specialist services and (d) have lower numbers of children coming into care and, long term, significantly reduced costs.

**Health and Care Plan (2023-2025)** The Barnsley health and care plan 2023-25 sets out the priorities for the Barnsley Place Partnership that are part of delivering the vision, goals, and ambitions of the SYICP (South Yorkshire Integrated Care Partnership) and the Barnsley Health and Wellbeing Strategy.

**Health Impact Assessment for Housing Stock Report (2023)** – BRE have recently completed a condition survey and health impact assessment for the boroughs private-owned stock, identifying over 21,200 Category 1 hazards across 15,300 private homes in the borough. BRE conclude that poor condition housing is responsible for almost 1,000 harmful events requiring medical attention in the borough each year.

**Director of Public Health Annual Report (2023)** – the Annual Report, covering 2022, focusses on the impact of the Cost of Living Crisis on residents in the borough, highlighting that whilst the cost-of-living crisis is having a significant impact across the country, it is proportionately affecting boroughs like Barnsley where poverty was already increasing before the COVID-19 pandemic, worsening inequalities, and making life even harder for our poorest communities. The report outlines that uncertainty of future cost increases is set to amplify these challenges further. The report considers that whilst we can expect worsening health outcomes for our population, the reality is that the cost-of-living crisis won't affect residents equally and that those already living in the most deprived areas will feel the impact disproportionately more than others, due to a combination of rising energy prices, compounded by falling wages and already poor-quality housing. The report concludes that will lead to worsening health outcomes being felt within certain communities.



**Integrated Care Strategy for South Yorkshire (2023)** – has been developed by South Yorkshire Mayoral Combined Authority (SYMCA), NHS providers, local councils and voluntary and community organisations. Its vision for ‘everyone in South Yorkshire’s diverse communities to live happy, healthier lives for longer’ is underpinned by the strategy ambition’s goals and shared outcomes for (a) the best start in life for children and young people; (b) living healthier and longer lives; (c) improved wellbeing for those with the greatest need; (d) safe, strong and vibrant communities; and, (e) people with the skills and resources they need to thrive. The strategy confirms the impact of poor housing on health and the strategy sets out the ambition for place partnerships working together with housing providers to address key issues associated with fuel poverty, including condensation, damp and mould.

**South Yorkshire Integrated Care System Market Position Statement: Housing with Support for People with Learning Disabilities and/or Autism** – The Position Statement sets out the opportunities for developing new supported living provision and it is specifically aimed at Registered Providers but is also likely to be of interest to developers and private sector landlords. It builds on an earlier ICS Housing Needs Assessment for people with learning disabilities and/or autism which identified the demand for supported living in each authority in South Yorkshire over the next 10 years. For Barnsley, there are 139 accessible units for supported living which are owned by a number of Registered Providers. Most is in shared accommodation rather than self-contained apartments and as the accommodation is shared it can be difficult to find compatible referrals for vacancies, resulting in some long-term voids. The Position Statement then sets out a requirement for 10 new supported living units in Barnsley per year (100 over 10 years), with options for a range of models/accommodation types. Barnsley itself currently uses a framework agreement to commission care and support services for supported living and this has enabled tenancies to be separated from the support service, thereby encouraging more people down the universal route for accessing properties.

**Energy Strategy (2015-2025)** - Sets out the case for greater investment in energy, to support the strategic objectives set for (a) creating a green economy; (b) improving energy efficiency; (c) producing more low carbon energy; (d) ensuring a cleaner, lower carbon environment and (e) strengthening the resilience and sustainability of communities. In relation to housing, the Strategy sets out that UK 27% of emissions are from housing and in Barnsley, a significant proportion of the older (i.e. pre-1919) housing stock are poorly insulated with low levels of energy efficiency. Investment in improvements and maintenance to Council Housing stock means that the Borough’s social provision is relatively energy efficient, although the Strategy outlines that the real challenge lies in improving private stocks across the borough, much of which has very low SAP ratings. The Strategy outlines that the Council has and will continue to support a number of projects designed to improve the efficiency of older stock and the Strategy also sets out that BMBC will work with housing developers to encourage compliance with the Code for Sustainable Homes among new development.

**Barnsley Zero 40 / Zero 45 Programmes** - The two programmes were established in response to Barnsley Cabinet declaring a climate emergency (September 2019). To help Barnsley reduce its carbon emissions it has set the ambition that BMBC will lead by example and become net carbon Zero organisation by 2040, or earlier if possible, and the Zero 40 programme focuses on improvements in the council’s environmental performance. The Zero 45

programme seeks to ensure that the wider borough is net zero carbon by 2045, including by helping its residents, communities, partners and businesses to support Barnsley's changeover to be net zero. To deliver the programmes, BMBC has embarked on a range of projects to reduce carbon emissions, largely focussed on Energy efficiency and procurement of energy, Resource efficiency, Sustainable transport, Renewables and Decentralised heating.

**Barnsley Sustainable Energy Action Plan (SEAP 2020-2025)** - The SEAP is the first of series of five-year SEAPs that aim to deliver a Zero Carbon programme across the borough and within BMBC. It sets the aims, ambitions and emission reduction targets that will be required to meet the ambition for net Zero Carbon by 2045 (Zero45) across the borough and for BMBC to lead by example and become net zero carbon organisation by 2040 (Zero40). The SEAP confirms that domestic properties are the largest source of carbon emissions in the borough and as a leading anchor institution, BMBC will seek to use its powers and create policies to facilitate, encourage and support the reduction of emissions across the borough.

**Barneslai Homes Strategic Plan (2021-2031)** – As the leading RP for the borough, the Strategic Plan and the services delivered by Barneslai Homes is fully aligned with BMBC's Corporate Plan and the Barnsley 2030 vision. The Plan itself sets the vision for 'creating great homes and communities with the people of Barnsley' with the mission for 'Great place, great people, great company' seeking to create and develop vibrant neighbourhoods where diverse communities thrive and develop, attracting and retaining talented people, serviced by a diverse organisation. The 10-year ambitions set out in plan are for (a) Hearing customers; (b) Keeping tenants safe; (c) Improving opportunities for employment and training; (d) Technology and innovation; (e) Growth of homes and services; and (f) Zero carbon. As such, the RP is well-aligned to the values and ambitions of BMBC.