

MEETING:	Health and Wellbeing Board
DATE:	Thursday, 10 June 2021
TIME:	2.00 pm
VENUE:	Assembly Room - Barnsley Civic

AGENDA

Welcome and introductions

- 1 Declarations of Pecuniary and Non-Pecuniary Interests
- 2 Minutes of the Board Meeting held on 4th February 2021 (*Pages 3 - 10*)
- 3 Public questions

Understanding our new health and wellbeing landscape - where we are now and how might we need to shape our thinking

- 4 Poverty Needs Assessment - Emma Robinson (*Pages 11 - 70*)
- 5 Integrated Care System Compact - Andrew Osborn (*Pages 71 - 138*)

Our next steps . . . now, next month and next year

- 6 Barnsley Sustainability - David Malsam/ Sarah Cartwright (*Pages 139 - 182*)
- 7 Healthy Weight Declaration - Christus Ferneyhough (*To Follow*)
- 8 Collaborative Cold Weather Planning - Julie Tolhurst (*Pages 183 - 184*)

Other Business

- 9 Key points from the Children and Young People's Trust Executive Group held on 18th March, 2021 (*Pages 185 - 192*)
- 10 Key points from the Safer Barnsley Partnership held on 8th March, 2021 - Wendy Lowder (*Pages 193 - 200*)
- 11 Key points from the Mental Health Partnership 17th May, 2021 - Adrian England (*Pages 201 - 214*)
- 12 Key points from the Stronger Communities Partnership - Councillor Platts

For Information/to note:

- 13 A Day in the Life of - Diane Lee (*Pages 215 - 252*)

Please contact Elizabeth Barnard on or email governance@barnsley.gov.uk

Wednesday, 2 June 2021

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MEETING:	Health and Wellbeing Board
DATE:	Thursday, 4 February 2021
TIME:	2.00 pm
VENUE:	Held Virtually

MINUTES

Present

Councillor Jim Andrews BEM, Deputy Leader
 Councillor Margaret Bruff, Cabinet Spokesperson - Childrens
 Councillor Jenny Platts, Cabinet Spokesperson - Adults and Communities
 Dr Nick Balac, Chair, NHS Barnsley Clinical Commissioning Group
 Wendy Lowder, Executive Director - Adults and Communities
 Julia Burrows, Director of Public Health
 Mel John-Ross, Executive Director – Children’s Services
 Sue Barton, South and West Yorkshire Partnership NHS Foundation Trust
 Adrian England, Healthwatch Barnsley
 Chris Edwards, NHS Barnsley Clinical Commissioning Group
 Jeremy Budd, NHS Barnsley Clinical Commissioning Group
 Bob Kirton, Barnsley Hospital NHS Foundation Trust
 Amanda Garrard, Berneslai Homes
 Andrew Denniff, Barnsley and Rotherham Chamber of Commerce

1 **Declarations of Pecuniary and Non-Pecuniary Interests**

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

2 **Minutes of the Board Meeting held on 8th October, 2020 (HWB.04.02.2021/2)**

The meeting considered the minutes of the previous meeting held on 8th October, 2020.

RESOLVED that the minutes be approved as a true and correct record.

3 **Key points from the Children and Young People's Trust Executive Group held on 17th September and 17th December (Draft), 2020 (HWB.04.02.2021/3)**

The meeting considered the minutes from the Children and Young People’s Trust Executive Group held on 17th September and 17th December, 2020.

At the 17th December meeting, the Trust welcomed Jeremy Budd to give an overview of the Integrated Care System. Feedback had also been provided on the Emotional Health and Wellbeing Group, their priorities and their workstreams.

RESOLVED that the minutes be received.

4 Key points from the Safer Barnsley Partnership held on 30th November, 2020 (HWB.04.02.2021/4)

The meeting considered the minutes from the Safer Barnsley Partnership held on 30th November, 2020. The meeting had been well attended and had considered a case study regarding a problem area in Barnsley. This which brought to life the approach taken in working with local people to deliver sustainable change.

The meeting had also discussed the performance of the Youth Justice Team, with excellent work taking place to ensure first time entrants to the justice system were diverted from court.

RESOLVED that the minutes be received.

5 Public Questions (HWB.04.02.2021/5)

The meeting noted that no public questions had been received for consideration at the meeting.

6 Covid Intelligence Update - Presentation by Andy Snell/ Joe Minton (HWB.04.02.2021/6)

Dr. Andy Snell, Consultant in Public and Global Health was welcomed to the meeting to provide an overview on Covid-19.

Members heard how variations had been seen throughout the globe, with the US having experienced turbulence, and France previously seeing a significantly high peak. However, the UK rates and deaths per 1 million residents were currently high globally. This was attributed to winter and less tight controls, alongside the UK variant, which had resulted in rises in cases, deaths, and significant pressures on care.

However, it was suggested that the UK was seeing cases drop and was now over the peak. Members also heard that the rates of vaccines per million people was significantly high.

It was noted that in December/January that Barnsley had low case rates compared to other areas nationally. This could be attributed to areas with fewer restrictions and the more transmissible variant leading to high case rates in those areas. However, lockdown had contributed to reducing variations throughout the country.

Members heard that the 7-day case rate for Barnsley was 226/100,000, which was relatively low nationally, but significantly above rates in the summer and September. Though it was expected that the vaccine would have an impact, but Barnsley still had high rates of death, with it ranking 4th in the country. Pressure was also still being felt in Primary Care. The reasons behind high death rates, which included a high density of care homes, an older than average population and high rates of social and economic deprivation were discussed. It was suggested that Covid had starkly highlighted health inequalities, with an opportunity to address these in recovery and renewal, building back fairer.

With regards to vaccination, it was noted that the vast majority of over 75s has been vaccinated, with increasing numbers of those aged over 70. In addition, the majority of social care, primary care and related workforces had also been vaccinated.

Members noted the emergence of new variants, but there was evidence that the vaccination did help to reduce the spread of the virus. Also noted was the additional social and economy impacts of the pandemic and the need to work together to address these.

RESOLVED:- that thanks be given for the presentation, and that the update be received.

7 Report from the Health and Wellbeing Board Development Session (10th December, 2020) and Updated Terms of Reference - Presentation by Diane Lee and Ben Brannan (HWB.04.02.2021/7)

Ben Brannan, Senior Public Health Officer provided a presentation which gave feedback from the development session held on 10th December, 2020.

Identified were clear strengths, which included being good at communicating key messages, having a clear vision, having committed frontline staff and a strong understanding of data. It was noted that whilst Covid had presented significant problem, partnership working to address this had improved. There was civic pride in Barnsley, with a will to improve things. This had been seen in the recent forming of the Mental Health Partnership. Members acknowledged that the forthcoming refresh of the Health and Wellbeing Strategy offered an opportunity to drive improvements and tackle inequalities in health.

Members noted a number of actions emanating from the workshop which included a 'left shift' towards prevention, and strengthening partnership working.

It was suggested that the ultimate aim was to increase healthy life expectancy and narrow gaps in life expectancy across the borough. As this was a longer-term aspiration, a number of measures were suggested in order to consider the impact in the more immediate term, including employment levels, housing conditions and school readiness.

Questions were raised about the length of term the refreshed Health and Wellbeing Strategy would cover and it was noted that this would be defined by Members. It was acknowledged that that many of the issues highlighted by the pandemic were relevant prior and would be subsequently.

The need to ensure the refreshed strategy dovetailed with the Barnsley 2030 work and vice versa was also acknowledged.

With regards to the revised terms of reference it was suggested that discussions take place in order to engage young people in the work of the Board, perhaps inviting Members of the Youth Council.

RESOLVED:-

- (i) That the revised Terms of Reference for the Health and Wellbeing Board be endorsed and be recommended to Full Council for approval, subject to the inclusion of further youth participation;
- (ii) That a cross-system (including the Integrated Care System) workshop is held at an appropriate time, which focusses on how we can achieve greater value for money in Barnsley;
- (iii) That Board members actively contribute to the development and delivery of the updated Joint Health and Wellbeing Strategy; that they take ownership for delivering on the strategy and advocate the work of the Board within their own organisation and at partnership meetings (as per the updated Terms of Reference);
- (iv) That the Strategy is translated into clear and measurable outcomes and the Board hold the system to account in achieving these outcomes;
- (v) That a template for the Board is updated and agreed for all reports to the Board which includes questions for the Board, recommendations and SMART actions for the Board, and identifies which outcomes of the refreshed Health and Wellbeing Strategy the reports aligns with.

8 Tackling Excess Winter Deaths and cold related illnesses - Jen Macphail and Julie Tolhurst (HWB.04.02.2021/8)

Julie Tolhurst, Public Health Principal, and Jen McPhail, Senior Health Improvement Officer were welcomed to the meeting.

Work started in 2018 to plan in order to support a reduction in excess winter deaths. Over several years, work has been undertaken with partners to consider what actions can be collectively undertaken.

Members were reminded of the affect of the cold, which was linked to health inequalities and was also related to deprivation and other social economic factors. It was noted that Covid-19 was amplifying risk factors associated with the cold.

The Barnsley 2018-19 excess winter deaths rate was 17.7% which was not statistically different to England, however Barnsley is joint 6th highest when compared to neighbours. It was noted that other measures rather than excess winter deaths were being considered in light of Covid-19.

A review of the Excess Winter Deaths Plan had commenced in December 2020, aiming to review actions taken and map support available.

Members noted progress made, including establishing a single point of access for warm homes; Better Homes Barnsley improvements in private sector housing; safe and well checks; and work supported by Area Councils to promote winter warmth and falls prevention. It was also noted that seasonal flu vaccine uptake was higher than average across age groups.

Members were made aware of current support available and were asked to circulate this information through their networks.

A full review of the Excess Winter Deaths plan was planned in Summer 2021 which would also help to understand resource implications going forward.

It was noted that the plan fed into Zero Carbon work, Health and Wellbeing Strategy, and work to alleviate poverty. Questions were raised about where this work would best sit strategically.

Those present discussed the geographical variations in excess winter deaths across the borough, noting the relatively small statistics. Discussions had taken place with Area Council officers to help understand variations, but it was suggested that this was multifactorial. It was acknowledged that a greater understanding would help target resources more effectively.

Members discussed the impact of the behavioural change required in addition to increasing warm homes, especially with the use of new technologies such as air source heat pumps in social housing.

The link between digital exclusion and excess winter deaths was raised, and it was suggested that further work was needed to understand how work in each area could be mutually supportive.

RESOLVED:-

- (i) That the review of the 2018-21 and the work done to address excess winter deaths in Barnsley be noted;
- (ii) That Members agree to raise awareness of current guidance and support locally to address excess winter deaths this winter and beyond;
- (iii) That a review of the plan going forward in to 2021, taking account of the evidence from the Covid-19 pandemic and the zero-carbon commitment be supported;
- (iv) That further consideration be given to where Excess Winter Deaths would best strategically fit.

9 Better Care Fund - Wendy Lowder and Jeremy Budd (HWB.04.02.2021/9)

Wendy Lowder, Executive Director, Communities, spoke to the item and referred to the delayed publication of the Government's approach to the Better Care Fund (BCF) and it was noted that the intention was for minimal change. There was no obligation to submit the BCF plan for approval but, there were a number of requirements such as reviewing expenditure on social care and having an agreement of the plan in writing

It was noted that there were no plan targets, but this had not hampered partnership work which had helped to prevent delayed discharges despite challenges. Thanks were given to all staff involved.

Members heard that 2021 spending plans were largely a roll forward of previous years, with additional spending commitments. In addition, there were proposals for an uplift amount for 2021 and also commitments to the business cases in relation to developing an Older People Health and Wellbeing Service and Community Reablement Support.

RESOLVED:-

- (i) That the content of the report be noted; and
- (ii) That the 2020/1 Better Care Fund planning template including additional spending commitments, be approved.

10 Mental Health Partnership - Verbal update from Adrian England (HWB.04.02.2021/10)

Adrian England, Independent Chair of the Mental Health Partnership, provided an update following the inaugural meeting of the body which was held on 27th January, 2021.

An overview was given of the topics discussed, which included the terms of reference and membership. It was noted that these would be reviewed again in a few months to ensure the partnership was fit for purpose.

Members heard that the partnership was originally to meet every quarter, but as part of its establishment would meet every two months in the immediate term.

An exercise had commenced to map all key strategic mental health meetings, which would be shared, and Public Health officers would meet all partners to discuss priorities and governance arrangements prior to the next meeting of the partnership.

A presentation had been received on data and intelligence, and further work was being undertaken to understand suppressed need as a result of the pandemic. It was noted that data and intelligence would be a standing agenda item.

The partnership had considered suicide and information from 'deep dives.' Actions resulting included the development of a multiagency approach to communication in relation to mental health, suicide and young people.

The meeting had also discussed learning disabilities and mental health needs, and this would feature on future agenda.

Members noted that the notes of the meeting would be circulated to the Health and Wellbeing Board once available.

Questions were raised around whether homelessness or substance misuse and mental health had been considered, and it was agreed that these would be discussed in the future.

Noted was the impact of the pandemic on mental health including on the workforce and on children and young people.

Questions were raised about how the Mental Health partnership may arrive at its priorities, and a suggestion was made to engage Steve Bedser through the LGA, as had happened with the board.

Members were reminded that the priorities of the Health and Wellbeing Board included Early Years and Parenting, which had links with mental health, especially when taking into account the impact of the pandemic. It was suggested it may be useful to focus a development session on the priority.

RESOLVED:-

- (i) that the report be noted;

- (ii) that thanks be given for all those involved in the establishment of the partnership;
- (iii) that the notes of the Mental Health Partnership be circulated when available.
- (iv) That a future development session of the Board focuses on Early Years and Parenting.

Chair

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Poverty Needs Assessment

Update 2020/21

Produced by the Business Improvement and Intelligence Team
March 2021 – Last Updated 28/05/2021

Change Log

What's new?

Updated 27/05/2021

- New claimant count data and furlough rates to March 2021 added to [Slide 23](#) to [Slide 25](#). Also changes to labour market data and fuel poverty data on [Slide 13](#)

Updated 17/05/2021

- Fuel Poverty data updated on Slides [41](#) and [42](#) – following release of data for new Low Income, Low Energy Efficiency (LILEE) measure. Geographical distribution map also updated.

Updated 21/04/2021

- New data on Children in Low Income Families added to [Slide 16](#) following annual release of data from DfE (25/03/2021)

Updated 08/04/2021

- Mortality rates for 2020 and inequality slope index by deprivation decile added to [Slide 39](#) following publication on PHE Wider Impacts of Covid (WICH) [tool](#).

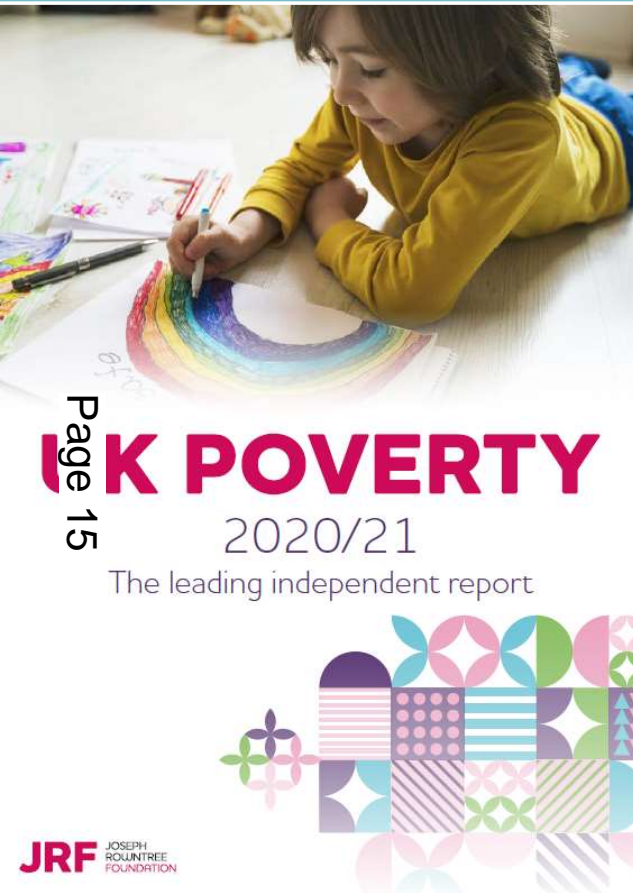
Key Messages

- **Poverty has risen as a result of the Covid-19 crisis.** Compared to the situation where the Covid-19 pandemic had not hit the country, 440,000 more people were in poverty in Summer 2020 and 690,000 more in Winter 2020.
- **Many of those already in poverty** could move deeper into poverty as a result of losing their jobs or having lower earnings because of reduced hours or pay.
- **Those previously close to, but above, the poverty line** could move into poverty because of their changing employment status. This could result in a significant increase in poverty.
- **Poverty has reduced amongst some groups.** The increases to benefits have also meant that some groups have seen a fall in poverty. Many non-working families have seen their benefits increase, meaning that they are less likely to be in poverty than would have been the case in the absence of the Covid-19 pandemic.
- **Some impacts have not yet been seen** and there may be further financial hardship that becomes apparent over the next six months as various support packages are reduced/cease including:
 - Impact of the furlough scheme coming to an end
 - Cessation of the temporary increase of £20 a week to Universal Credit and Working Tax Credits (from April 2021) and the suspension the Minimum Income Floor (that applies to self-employed people claiming Universal Credit). It is estimated that these policies alone have protected some 690,000 people from poverty in Winter 2020.



National Context – UK Poverty 2020/21

Poverty in the UK



Joseph Rowntree Report - January 2021

- **Pre-Coronavirus, 14.5 million people in the UK caught up in poverty**
- **Many of these groups already struggling have borne the brunt of the economic and health impacts of Covid-19 including:**
 - Part-time workers, low paid workers and sectors with higher rates of in-work poverty (e.g. accommodation and food services)
 - Black, Asian and minority ethnic households
 - Lone parents - mostly women, many of whom work in hard-hit sectors
 - Private renters, who have higher housing costs and social renters, who tend to have lower incomes
 - Areas of the UK where there were already higher levels of unemployment, poverty and deprivation.

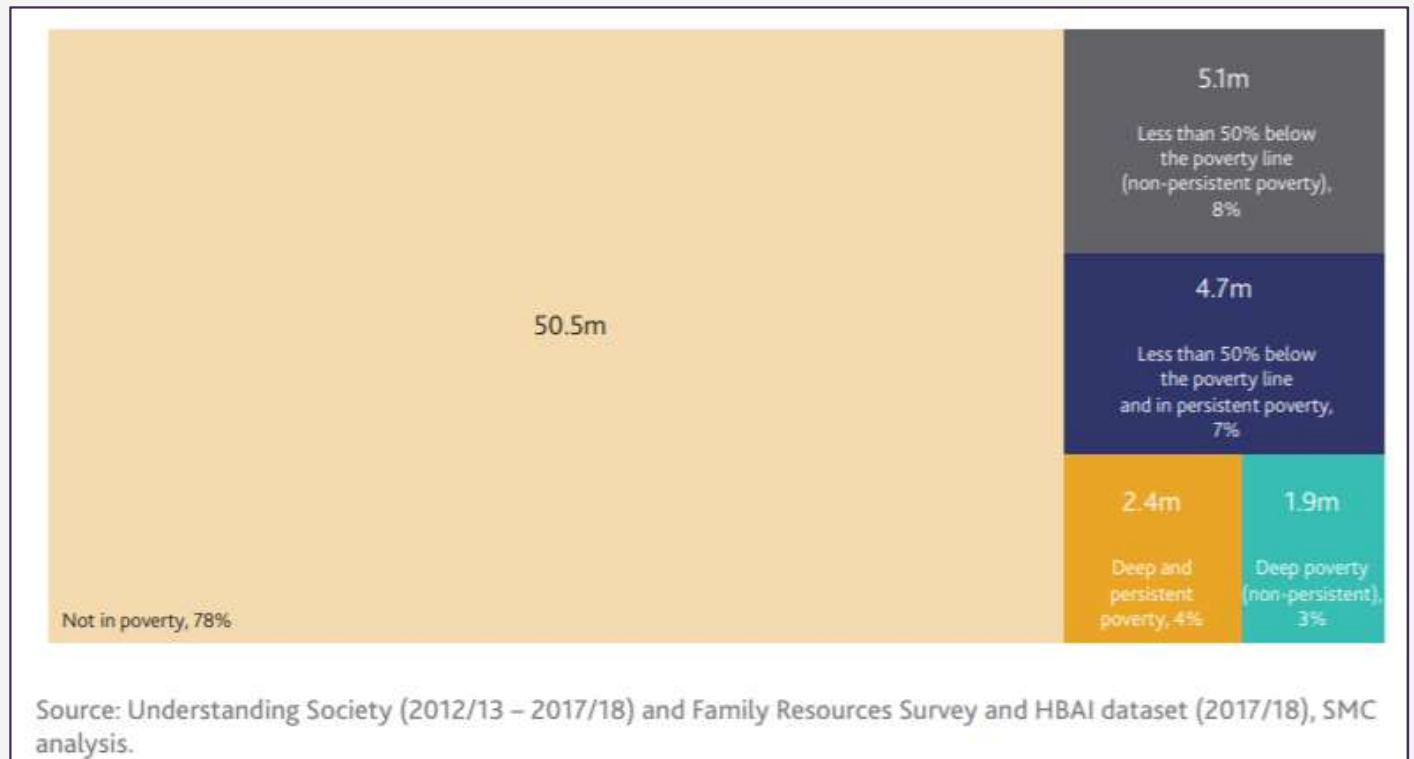
Poverty in the UK



- The incidence of **deep poverty** (those living more than 50% below the poverty line) has **increased** over the last two decades.
- Some 4.5 million people (7% of the population) in the UK now live in this deepest form of poverty, compared to 2.8 million people (5% of the population) in 2000/01.

Social Metrics Commission Report - August 2020

UK population by poverty status 2017/18:



Marmot Review 2020



HEALTH EQUITY IN ENGLAND:
THE MARMOT REVIEW 10 YEARS ON
EXECUTIVE SUMMARY

Page 17
“Since 2010 there have been worrying deteriorations in health and widening health inequalities in England.”

Since 2010...

- Life expectancy in England has stalled for the first time since 1900
- Inequalities in life expectancy have **increased**. Among women in the most deprived 10 per cent of areas, life expectancy fell between 2010-12 and 2016-18
- The gradient in healthy life expectancy is steeper than that of life expectancy. **It means that people in more deprived areas spend more of their shorter lives in ill-health than those in less deprived areas**
- The amount of time people spend in poor health has **increased** across England since 2010
- Large funding cuts have affected the social determinants across the whole of England, but **deprived areas** and areas outside London and the South East experienced larger cuts.

Child Poverty

- Disadvantaged children are **4.5 times** more likely to develop severe mental health problems by age 11 than their well-off peers, a Millennium Cohort study showed.

Page 18.

In 2019, **25%** of children receiving free school meals achieved grades 9-5 in GCSE English and Maths, compared with **50%** of other children.

- Of the **700,000** people calculated by the [Legatum Institute](#) to have been pushed into UK poverty during the pandemic, **120,000** were children.
- More than **two in five** families told the Child Poverty Action Group they fell into poverty in 2020, meaning hundreds of thousands were struggling to pay bills and cover costs for their child in lockdown.
- More than 70 per cent of children facing hardship have at least one parent who works, [according to the Joseph Rowntree Foundation](#).
- Childcare and housing are two of the costs that take the biggest toll on families' budgets.
- Living in poverty can have a serious impact on a child's wellbeing. Some report feeling ashamed and unhappy and worry about their parents.



[Source CPAG](#)

Food Poverty

September 2020: Marcus Rashford formed the Child Food Poverty Task Force, a coalition of charities and food businesses calling on Government to implement 3 recommendations from the National Food Strategy.

Centre for Social Justice Survey

- 37% of people in the poorest households have occasionally struggled to pay for everyday food.
- A third are also worried about losing their jobs in the near future.

#Endchildfoodpoverty

- Before Covid-19, 4.2 million children were living in poverty in the UK (9 in every classroom of 30).
- **2.3 million children experienced food insecurity** between March and August 2020.
- **Two in five children** in the UK living under the poverty line (1.3 million) are not eligible for Free School Meals.

November 2020: Following a major public campaign, Government announced a funding package to help alleviate child food poverty. The support package is significant progress against the 3 National Food Strategy recommendations.

✓ **SUPPORTED**

Extend the Holiday Activity and Food Programme to all areas in England, to all children who get Free School Meals

✓ **SUPPORTED**

Increase the value of Healthy Start vouchers to £4.25

✗ **NO PROGRESS MADE**

Expand Free School Meals to all under-16s where a parent or guardian is in receipt of Universal Credit or equivalent benefit

Digital Poverty

A significant proportion of the population is digitally excluded because they lack internet access and/or have low levels of digital literacy.

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Lloyds' Consumer Digital Index 2020 found that nine million people in the UK are "digitally excluded", with no or limited access to the internet. Of that figure, **40 per cent** are based in northern England, in the cities and regions hit hardest by Tier restrictions and lockdowns.

Cambridge Centre for Housing and Planning [Research](#)

- Coronavirus has intensified the UK's digital divide. It has also thrown into focus the issue of digital exclusion, which has been a reality for the **22%** of the UK's population who lack basic digital skills since long before the Covid-19 outbreak.
- The likelihood of having access to the internet from home increases along with income, such that only **51%** of households earning between £6000-10,000 had home internet access compared with **99%** of households with an income of over £40,001 ([ONS data](#)).
- People who are digitally excluded are likely to be disproportionately heavy users of government services. Nearly half of those seeking help on tax and tax credit issues do not have access to a computer.

Centre for Cities Report

- Levelling up was already a huge task – 80% of the challenge was within cities and large towns.
- The economic impact of the Covid pandemic has made that task at least **4 times harder**.
- Assuming a worst-case scenario, in which all those people still on the Covid Job Retention Scheme at the end of October lost their job, levelling-up would be **10 times** more challenging than in March 2020.

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Cities Outlook 2021

Figure 17

Different places need different policy responses

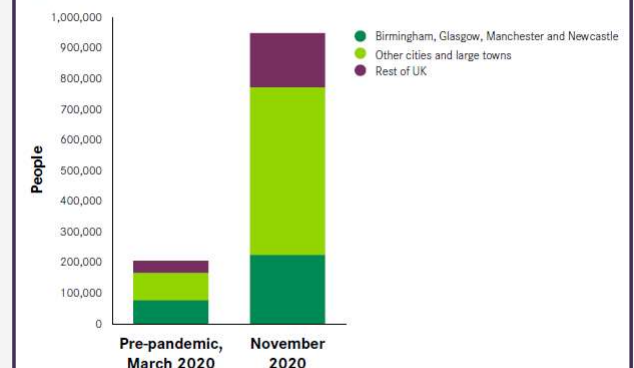
Summary table of the challenges affecting different groups of cities and large towns

	Details of challenge	Cities and large towns
Levelling-up + Covid challenges	In need of levelling up pre-pandemic and export base further affected by Covid.	Basildon, Birmingham, Blackburn, Blackpool, Bradford, Burnley, Cardiff, Dundee, Glasgow, Huddersfield, Liverpool, Luton, Newport, Sheffield and Swansea.
Levelling-up challenge	In need of levelling up pre-pandemic but export base relatively sheltered from Covid.	Barnsley, Birkenhead, Chesham, Coventry, Derby, Doncaster, Hull, Ipswich, Leeds, Manchester, Mansfield, Middlesbrough, Newcastle, Nottingham, Peterborough, Plymouth, Stoke, Sunderland, Telford, Wakefield and Wigan.
Covid challenge	Strong economies hard hit by Covid.	Aberdeen, Bournemouth, Brighton, Crawley, Edinburgh, Leicester, London, Slough and Southend.
Strong economies	Strong economies who have only been marginally affected by Covid.	Aldershot, Bristol, Cambridge, Exeter, Gloucester, Milton Keynes, Northampton, Norwich, Oxford, Portsmouth, Preston, Reading, Southampton, Swindon, Warrington, Worthing and York.

“Data suggests that Barnsley might be better placed to come back, but there is a longer-term challenge in that even a full recovery to pre-pandemic levels will only return the borough to a position of relatively weak economic performance – something which **levelling up** policies will need to tackle.”

Covid has made the levelling-up challenge much bigger

People claiming unemployment related benefits that would need to find or improve their job opportunities to level up the economically weaker parts of the UK



Source: ONS, claimant count March 2020 and November 2020, population estimates 2019. Data is not seasonally adjusted

Overall Poverty Barnsley

Recent Trend



Improving



Worsening

Labour Market

Employment Rate

(-3.4%)

70.0%

% Earning Below Living Wage

24.5%

People Claiming Universal Credit

(+26,163)

27,043

Claimants Seeking Employment

(+5,890)

9,645

Deprivation

LSOAS in 10% most deprived in England

(+4.1%)

21.8%

Barnsley Pupils eligible for Free School Meals

(+8.2%)

22.5%

Older People in Poverty

(-2.3%)

16.3%

Households in Fuel Poverty

(+7.3%) **

9.7%

**note impacted by new measure (see [Slide 43](#))

Housing

Housing Benefit Claimants

11,704

Homelessness Applications 2020/21

619

Council Tax Arrears (current)

3.74%

Percentage claiming Council Tax Support

11.6%

Health

Healthy Life Expectancy (Males)

(-0.1 years)

57.5

Healthy Life Expectancy (Females)

(+5.1 years)

61.5

Inequality in Life Expectancy at birth - Male

(+0.2 years)

9.1

Inequality in Life Expectancy at birth - Female (years)

8.6

Poverty in Barnsley

- Barnsley ranks 38 out of 317 local authorities on the average rank score of deprivation.
- relative position has improved by 1 since 2015

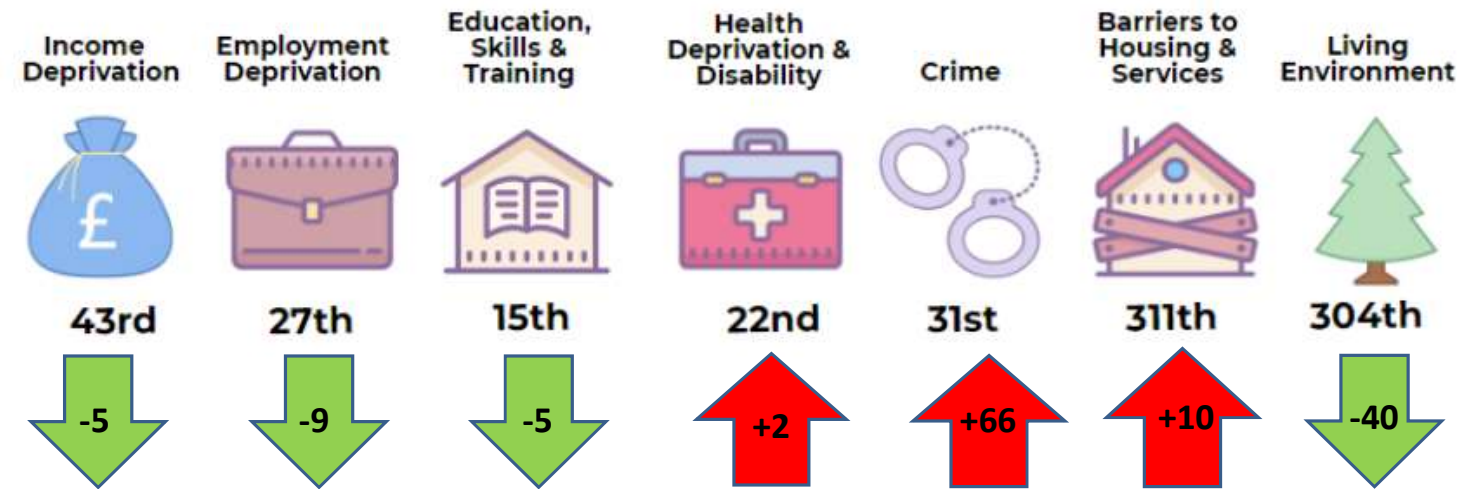


Indices of Deprivation 2019

(arrows show trend from IMD 2015)

How does Barnsley perform on the seven domains?

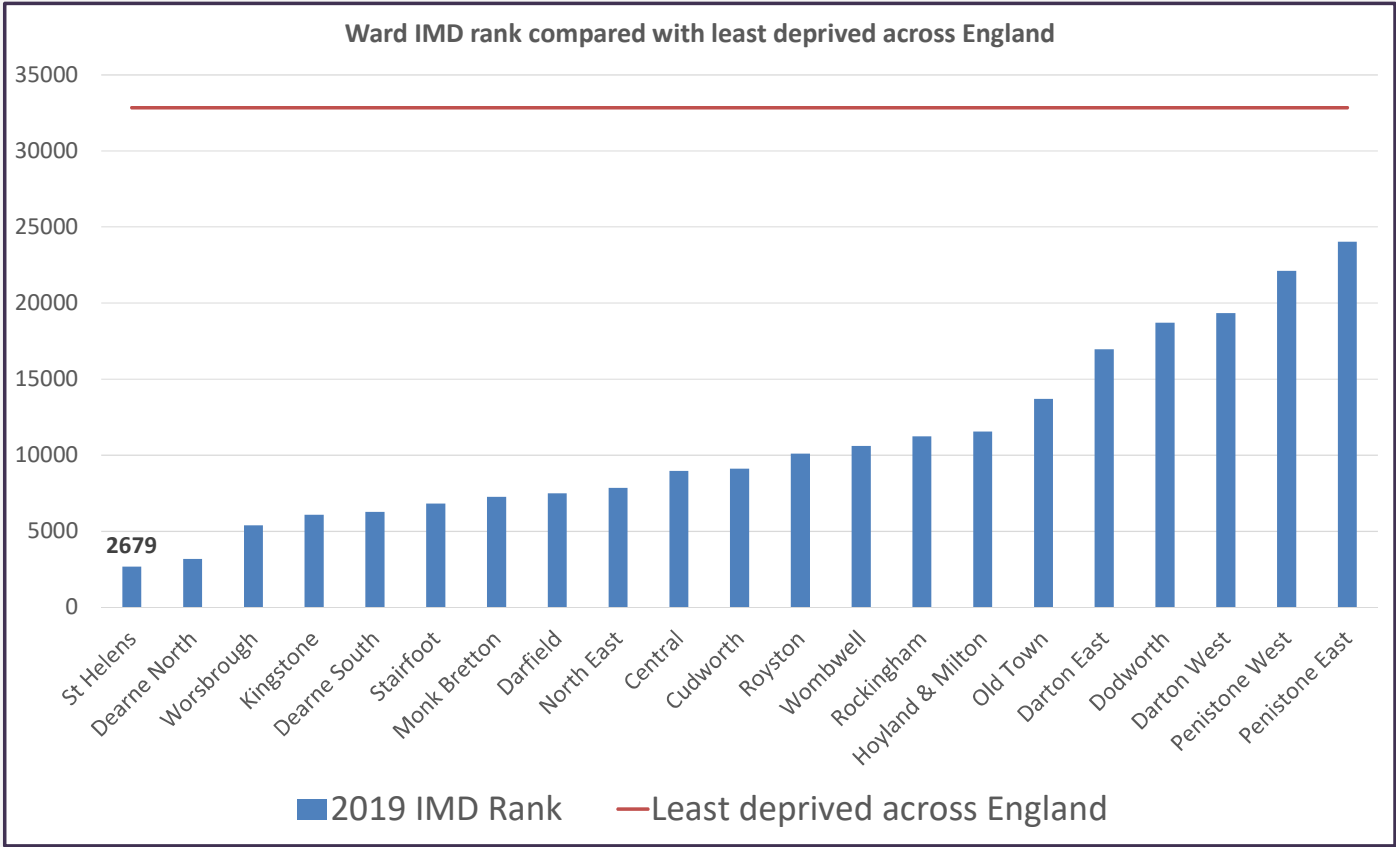
Below are the rankings for Barnsley relative to the other 316 Local Authorities using the 'rank of average score' by domain (where 1=most deprived, 317=least deprived).



Poverty in Barnsley

- Most deprived wards in Barnsley on 2019 IMD are St Helens and Dearne North.
- Least deprived wards are Penistone West and Penistone East.

Indices of Deprivation 2019 – Ward level



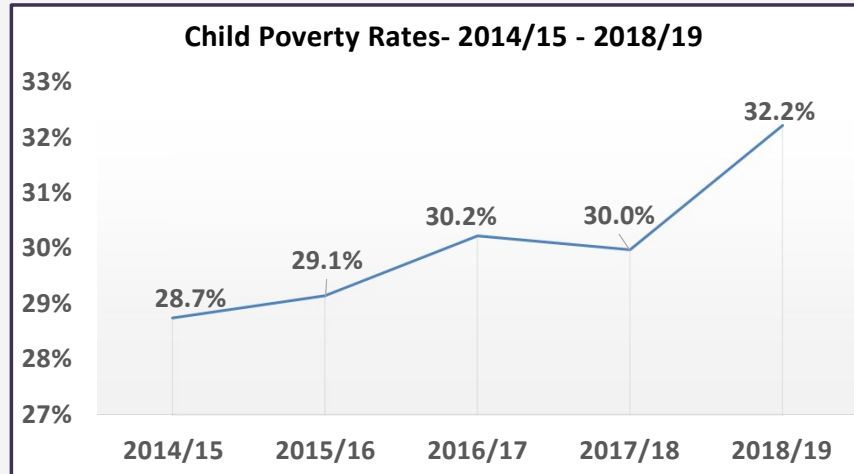
Poverty in Barnsley

- 3.5% increase in the Child Poverty rate since 2014/15 to **32.2%**. This compares to a UK average of 30%.

- Children in low income families - Dearne North ward above the Borough average at 37%.

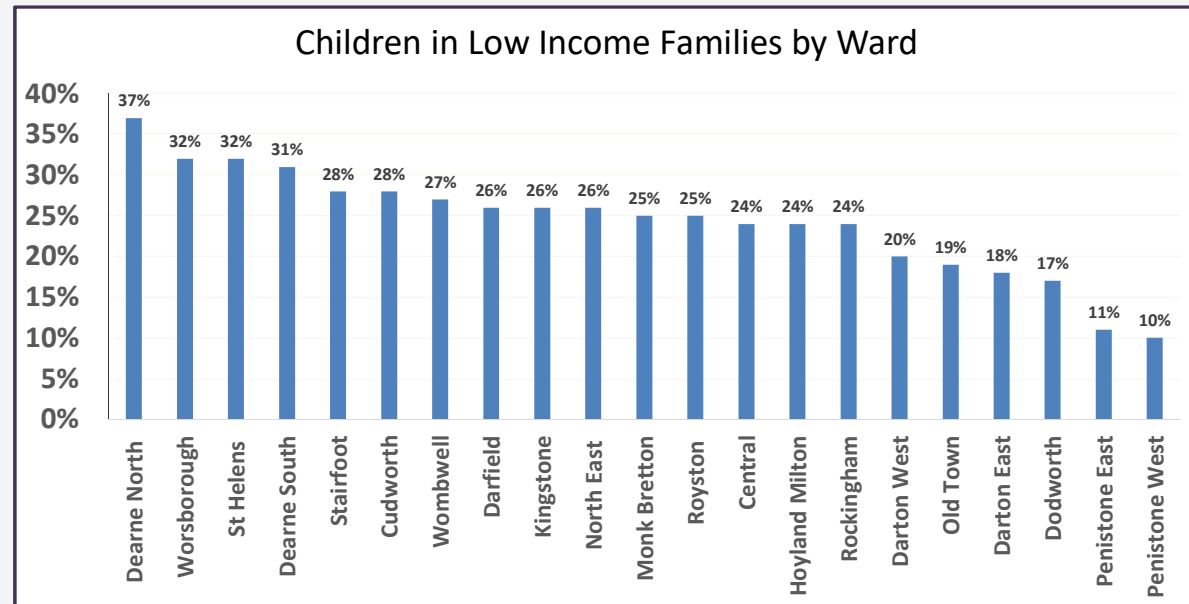
- Largest growth since 2014/15 in Darfield (+7%), Cudworth (+6%) and Worsborough (+6%).

Child Poverty



Local child poverty rates after housing costs.

Source: [End Child Poverty Coalition](#)



Source: DWP

Poverty in Barnsley

- A series of practice focused workshops with children's services staff (managers and frontline staff).
- result of senior management engagement with the CWIP which established link between rates of poverty and the chances of children entering the care and protection system.

Child Inequalities Welfare Project (CWIP)

Reflections from the workshops...

- Poverty reported to be **endemic** amongst the families worked with who experienced degrees of economic hardship, often over many decades and generations, including in-work poverty.
- While there was recognition of the endemic nature of poverty and a high level of understanding of the particular issues, practitioners sometimes did not make links between these wider issues of poverty and the harms faced by, and within, families.
- Child protection practice is focused at the level of the individual family and the risks within that family; it is not always sighted on the poverty in which the family is living.



Work and Poverty

National Context

- There is **significant uncertainty** as to what will happen when the Coronavirus Job Retention Scheme comes to an end.

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- Between February, immediately prior to the crisis, and November 2020, the latest month for which figures are available, **the number of claimant unemployed across Great Britain more than doubled.**

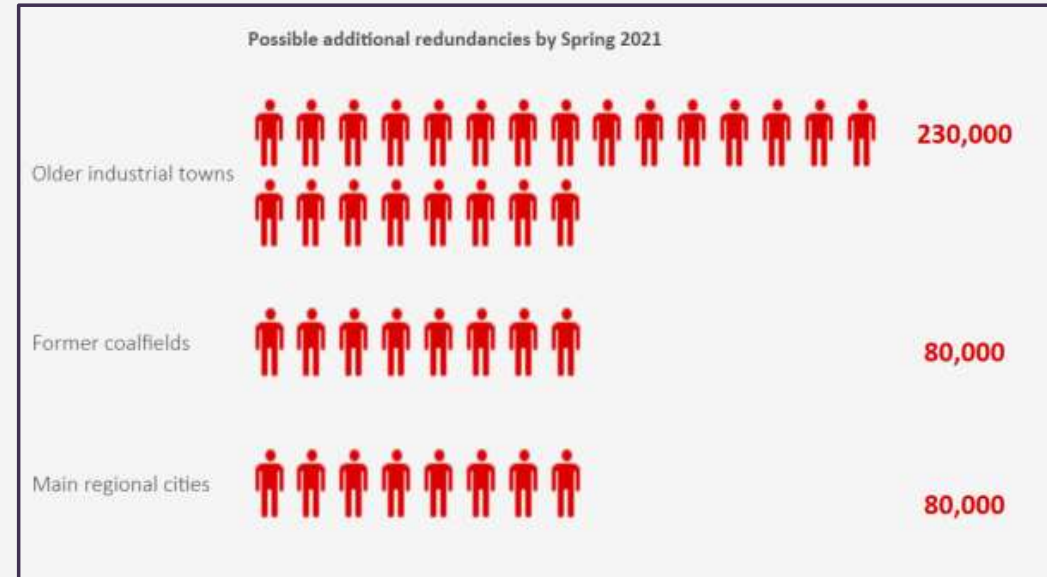
Unemployment (Sheffield University Research - Jan 2021)

[The impact of the Coronavirus Crisis on older industrial Britain](#)

Older industrial Britain has been hit hard by this surge in claimant unemployment – **between February and November the numbers rose by 310,000 in older industrial towns, 100,000 in the former coalfields.**

Increase in claimant unemployment, February-November 2020			
	no.	% point*	Rate (%*) Nov 2020
London	310,000	6.5	10.4
Main regional cities	140,000	5.1	11.1
GB average	1,350,000	4.2	8.1
Older industrial towns	310,000	3.9	9.1
South East England	170,000	3.8	6.4
Former coalfields	100,000	3.6	8.3

Some of the jobs presently supported by the Job Retention Scheme may disappear when the scheme comes to an end - some firms may conclude that the jobs are simply no longer viable.



National Context

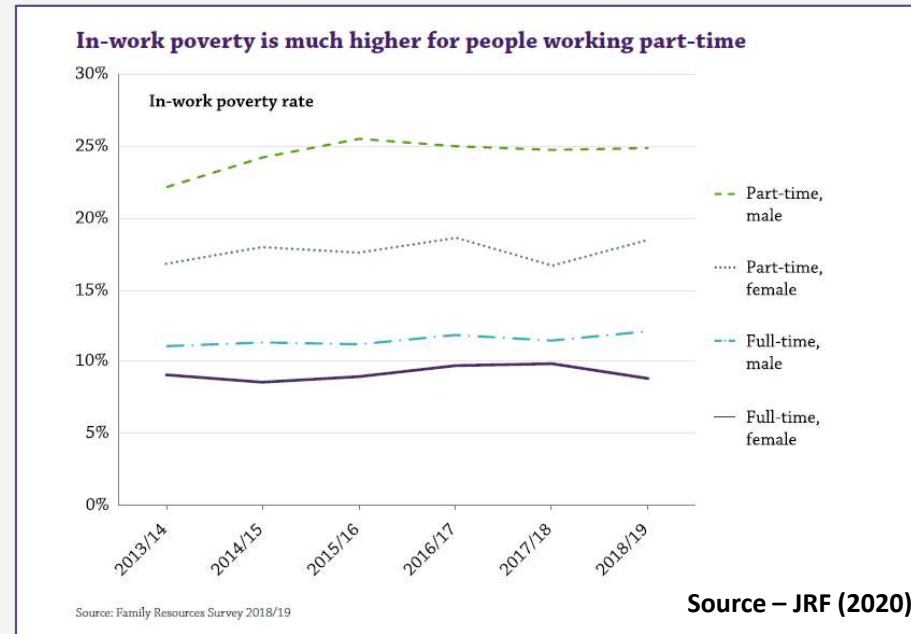
- **Women** are more likely to be low paid and face more barriers to progressing out of low paid work.

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■ **Childcare** is a significant issue for many workers – 56% of councils in England report having enough childcare for parents working full-time.

In-work poverty

Those employed before the Covid-19 pandemic and **already in poverty** have been the most heavily affected by economic changes (SMC, 2020).



Those in working poverty prior to the crisis have been more likely to experience negative employment impacts (reduced hours or earnings and / or been furloughed or lost their job). Nearly **two in three (65%)** of those employed prior to the Covid-19 crisis who were in deep poverty have experienced some kind of negative labour change compared to **one in three (35%)** of those who were employed and more than 20% above the poverty line prior to the Covid-19 crisis.

National Context

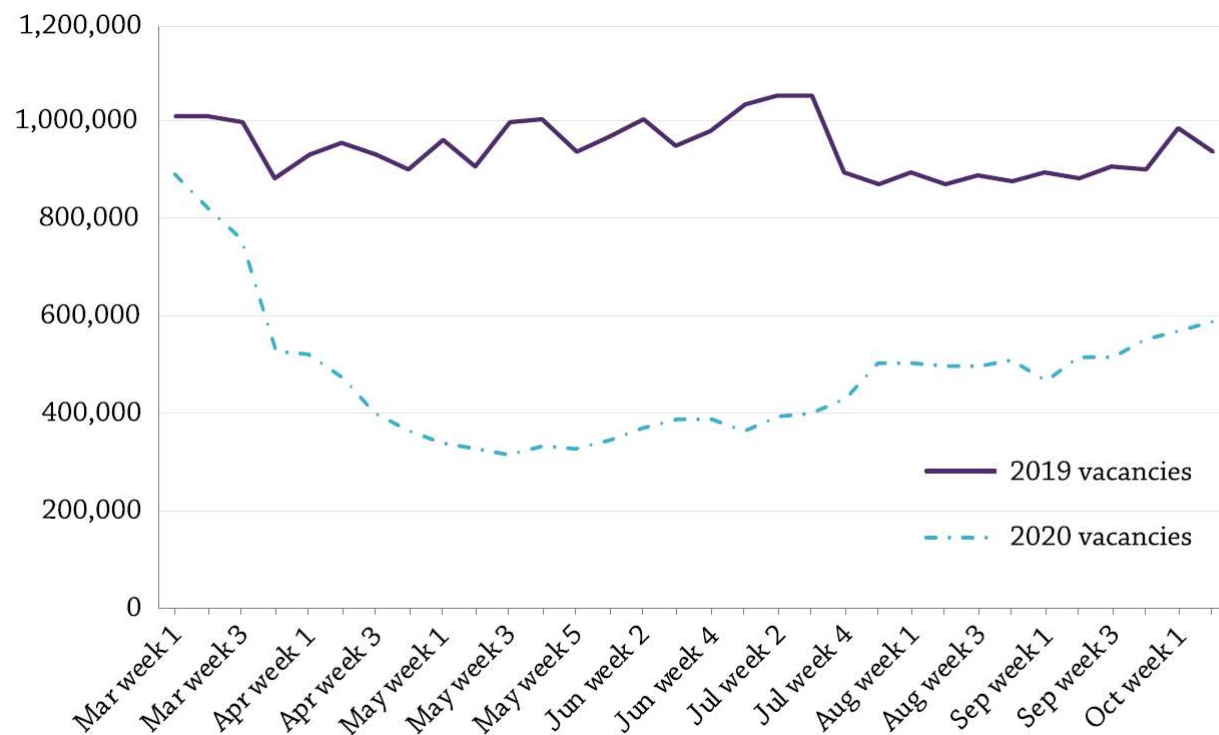
- Oncoming wave of unemployment expected but uncertainty as to how many people will lose their jobs – forecasts from the Bank of England predict a peak in early 2021 of between 7.5% and 11.9%
- Workers who were at greatest risk of poverty before the pandemic are **most at risk of losing their jobs now.**

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Unemployment

Those that lose their jobs are facing a difficult challenge in getting back to work...

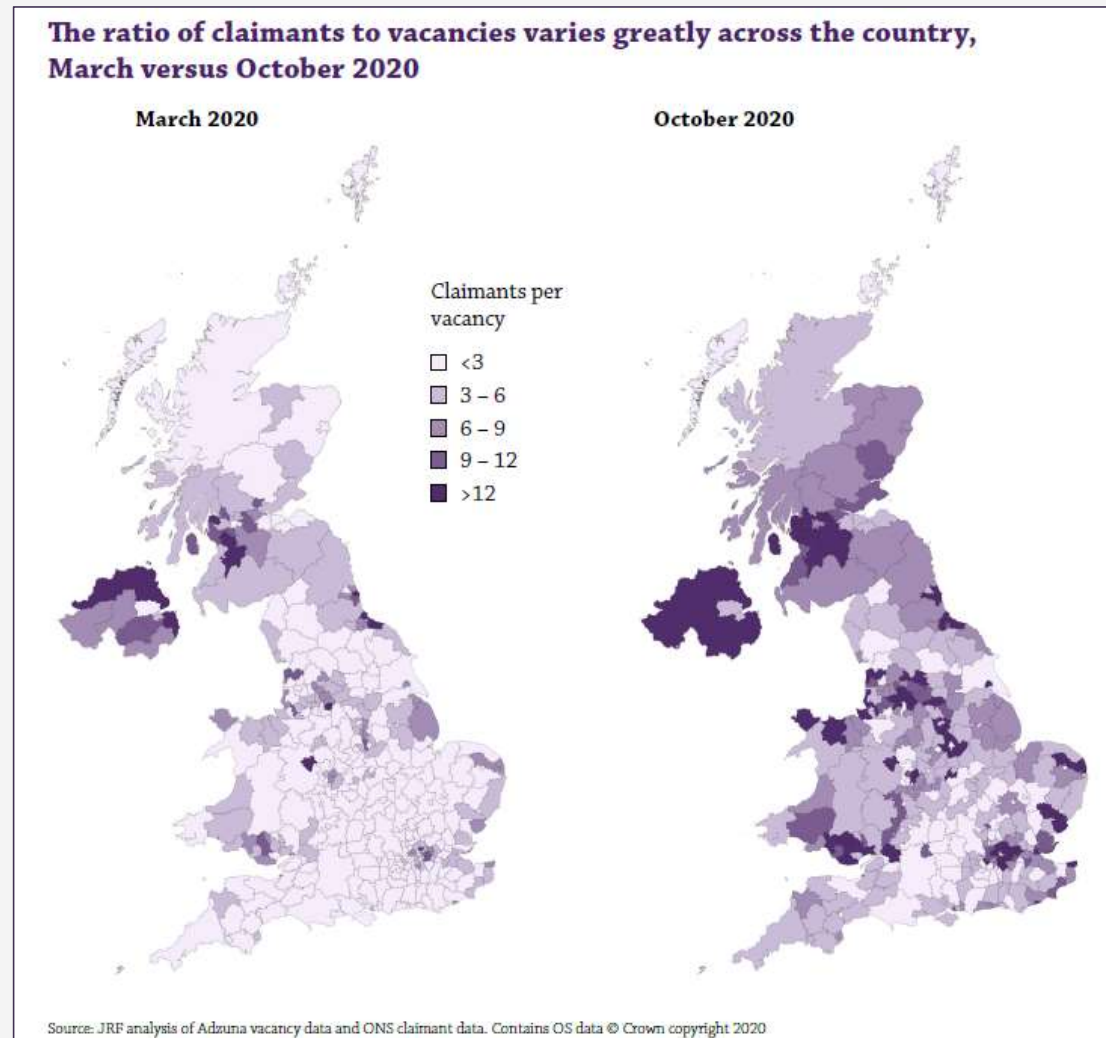
Vacancies in 2020 were much lower than 2019 since the start of March



Source: Adzuna vacancy data

Local Picture

- Currently, claimant count data provides the best comparison of unemployment across different places.
- Maps show ratio of claimants to vacancies by local authority.
- The ratio for Barnsley has increased from **3-6 claimants in March 2020** to **>12 claimants in October**.



Local Picture

- Covid-19 has had a substantial impact on the working age population. Within the first month of the pandemic, the claimant count doubled.
- Since the lockdown in January claimant figures have again increased. At the end of March there were 9820 claimants. This is up 0.1% on February and by 0.4% on the January.
- The local rate of 6.4% remains lower than regional and national rates, which are 6.7% and 6.5% respectively.

The Impact in BMBC by March 2021



Universal Credit Claimant and Month on Month Direction of Travel – Source NOMIS Local Authority Profile – 20 April 2021

- Nationally and regionally **male claimants** rates were stable but in Barnsley it increased by 0.1% in March to match the national level at 7.7%
- The number of **female claimants** have also increased and it is now 5.2%, above the high point during the first lockdown. The national and regional rate is 5.3%.
- *After a slight dip in December and January, the claimant rate for young people 18 – 24 increased to its highest point since September 2020. Youth unemployment remains higher than national and regional levels and is increasing faster; up by 0.3% to 11.9% in March, whereas nationally and regionally the rate only increased by 0.1%.*
- The local rate of **25-49 year-olds** claiming benefits is 7%, an 0.1% increase. This is the same increased as that nationally where the rate in 7.1%. Regionally the rate was the same as in February.
- Although the **50+ group** increased by 0.1%, this still remains lower than regional and national rate of 4.9% and 5.1% respectively.

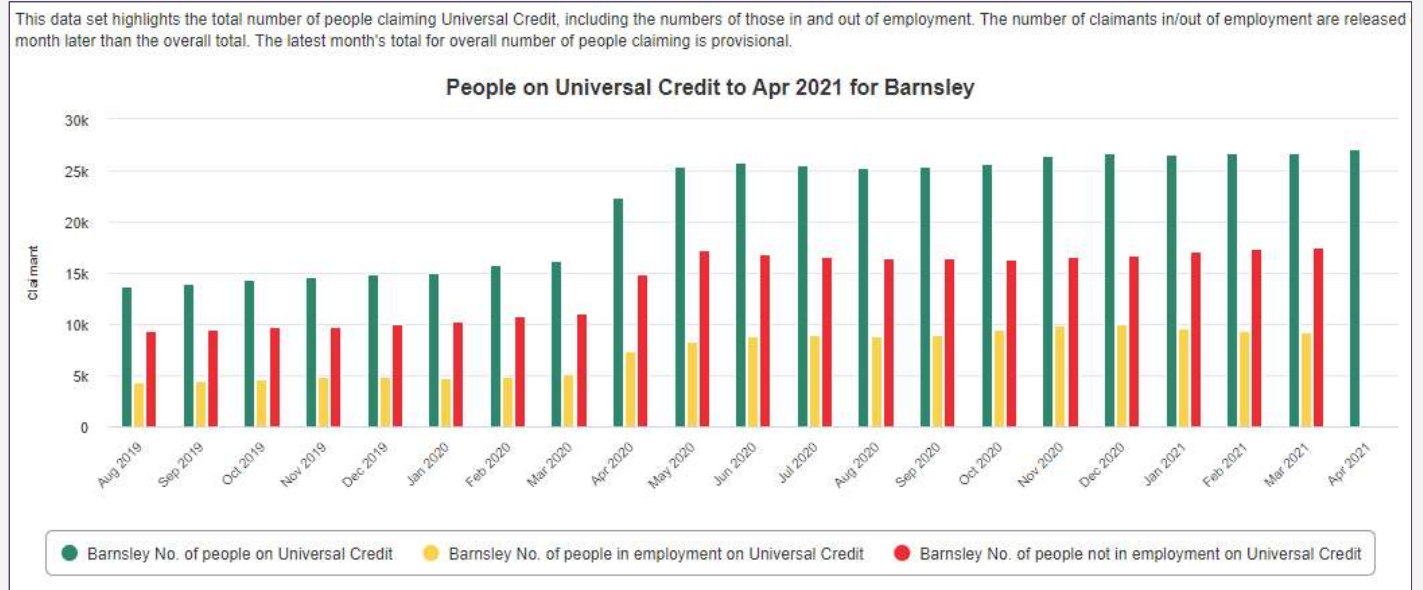
Local Picture

April 2021 data shows a total of **27,043** people on Universal Credit in Barnsley. This is a 42% increase from the figure of 15,571 at the start of the pandemic.

Page 34

Contributing factors – claimant increase

- **Universal Credit claimants** can be employed but with a reduced household income, notably:
 - o Across April 2021 many **furloughed workers** made claims for support
 - o JobCentre Plus reported significant numbers of new **self-employed claimants** in advance of the Covid-19 self-employment support from Government
- **A collapse in job vacancies** from around 800 thousand nationally before the crisis to just 320 thousand in the single-month (April) – now witnessing steady increase.
- Over **1000 redundancies** have been notified locally



Local Picture

Nationally the proportion of the workforce on full furlough increased from early December to January.

Furlough Rates

- The latest HMRC furlough statistics are up to March this year
- The latest rate is 11% of the local workforce, 11,700 people

Coronavirus Job Retention Scheme			
Area	Total number of eligible employments under the CJRS	Total number of furloughed employments under the CJRS	% take-up rate of the CJRS claims
	Mar 2021		
	People		%
Barnsley ↑↓	105,800 ↑↓	11,700 ↑↓	11 ↑↓
Mean for Barnsley CIPFA nearest neighbours	107,967	13,313	12

- The rates vary between men and women. There are slightly more women on furlough than men.
- In May 2020 the number of people on furlough was **27,400**

Social Security and Poverty

National Context

Immediately before the coronavirus outbreak, households in receipt of income related benefits were:

- **more than twice** as likely to have been in arrears on a household bill in the last 12 months than those not receiving these benefits.
- **one-and-a-half times** more likely to be behind with their rent (or three times more likely to be behind with mortgage payments).

Poverty is particularly high among those in receipt of Universal Credit

Benefit	Poverty rate (%)	Number in poverty (to the nearest 100,000)
Universal Credit	58	800,000
ESA, IS or JSA	53	2,200,000
Housing Benefit	56	3,900,000
Tax credits (WTC and/or CTC)	47	4,200,000
Pension Credit	23	300,000

Families in receipt of income-related benefits are also much more likely to be suffering from some form of material deprivation. They are **twice as likely** to be unable to afford the ingredients for a healthy diet and **three times** as likely to be unable to afford to keep their homes warm.

Local Picture

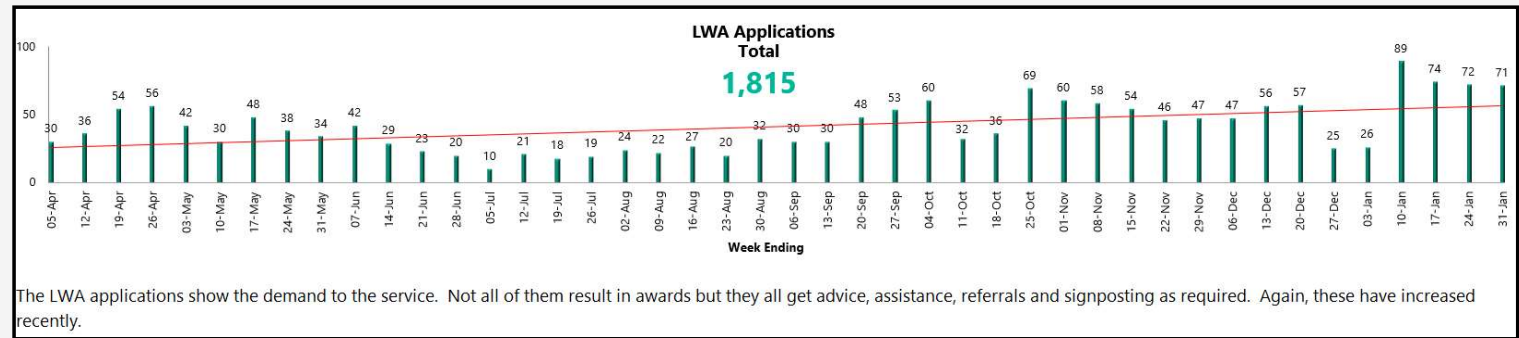
- LWA applications have **been increasing** since July just after the hardship fund/ rent arrears fund was launched.

Page 38

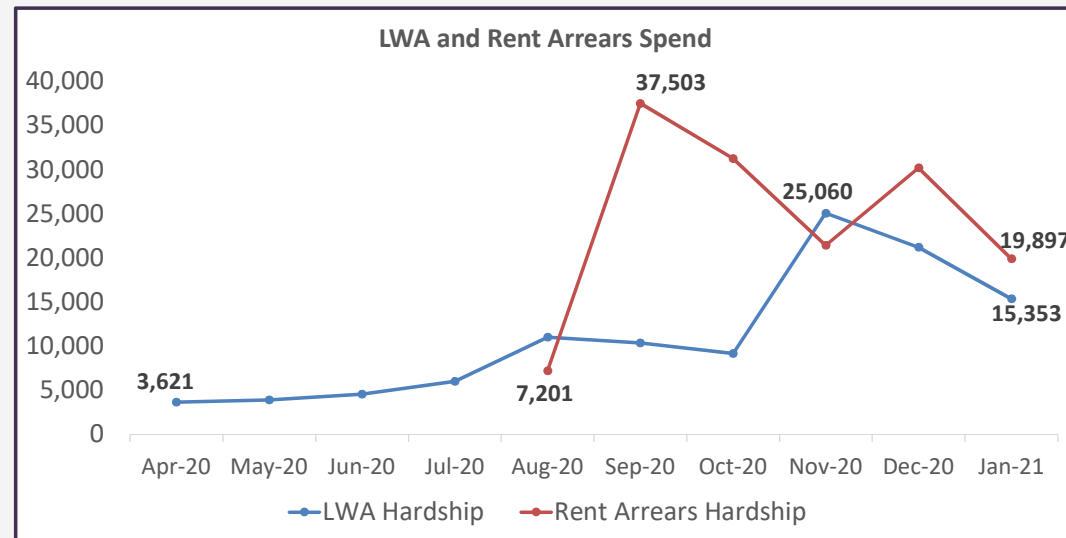
These applications are a mixture of normal hardship and COVID-19 related hardship.

- LWA hardship - this is the grant provided (as a result of Covid) for utilities and goods.

Barnsley Local Welfare Assistance Applications



Housing Options Team Data – LWA and Rent Arrears Spend



Housing and Poverty

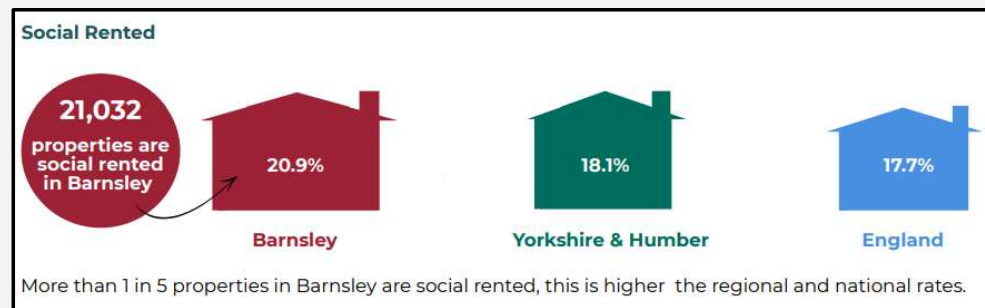
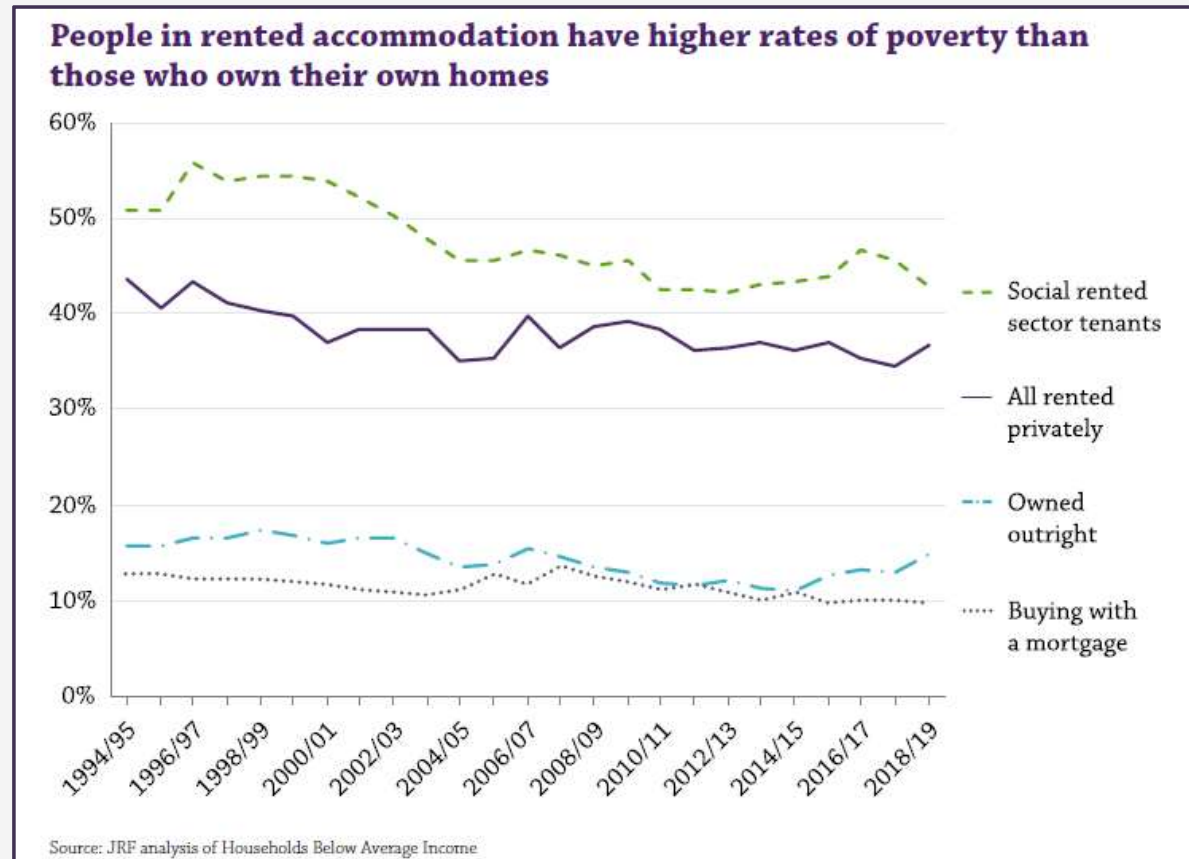
National Context

- Housing is a major factor in determining whether people are pulled into poverty or whether they stay afloat.

Page 40

As of October, social renters have been most likely to **fall behind on rent and household bills.**

Private renters have been most likely to **use savings and borrow to make ends meet.**

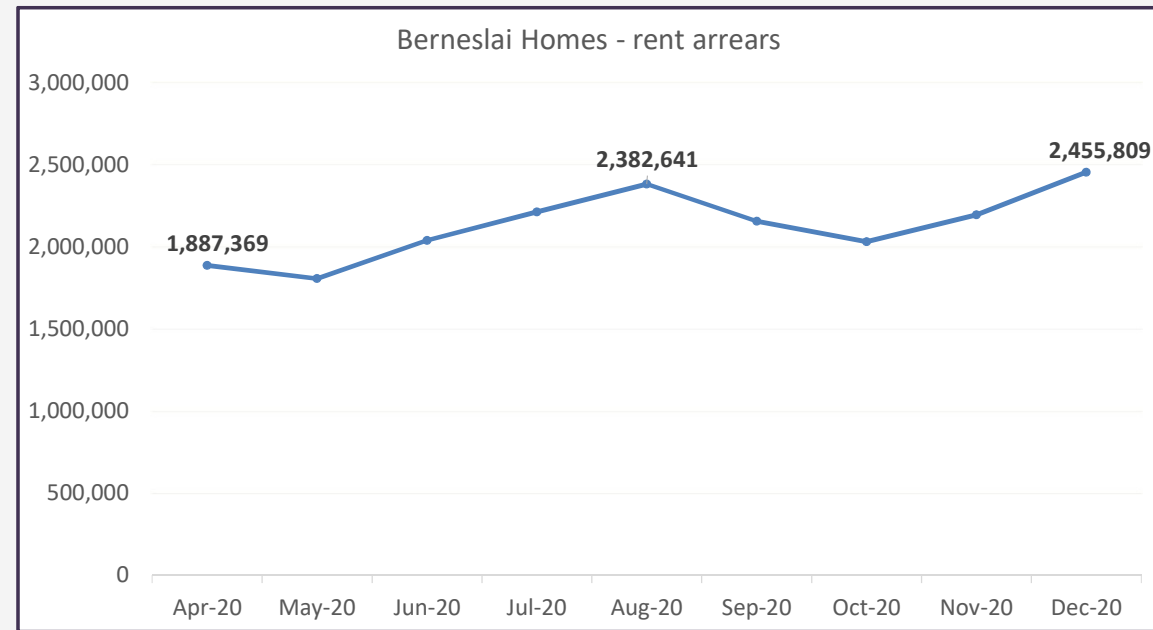


Local Picture



The impact of the pandemic on people's lives and livelihood, along with the legal constraints imposed by government, made 2020 a very challenging period for maintaining rent collection and managing arrears levels.

Page 41



23% of tenants are claiming the housing element of Universal Credit and the arrears of this group represent **62%** of the gross arrears.

Of those in arrears, 19% owe more than 8 weeks rent and the average debt is £471.

[Source: Berneslai Homes](#)

Local Picture

- The scale of the affordable housing requirements has been assessed using household survey evidence and further evidence from the Council’s housing register.
- There is currently an annual shortfall of 1,672 households in affordable need which is referred to as ‘gross’ need. Once annual supply through shared ownership sales, social and affordable relets of 1,482 is taken into account, there is a ‘net’ shortfall of affordable housing of **190 households each year.**

Affordable Housing

Table E51 Affordable dwelling type and number of bedrooms required as a proportion (%) of GROSS affordable need									
	Sub-area								
Dwelling type/size	Bolton, Goldthorpe and Thurnscoe	Darton and Barugh	Hoyland, Wombwell and Darfield	North Barnsley and Royston	Penistone and Dodworth	Rural East	Rural West	South Barnsley and Worsbrough	BARNSELY TOTAL
1 and 2-bedroom house	0.0	30.4	16.6	23.0	72.9	20.9	50.1	71.1	38.3
3-bedroom house	90.2	12.8	54.3	48.0	2.9	0.0	0.0	14.7	29.5
4 or more-bedroom house	0.0	0.0	0.0	0.0	0.0	0.0	46.8	0.0	0.8
1-bedroom flat	0.0	41.9	0.0	0.0	4.0	0.0	3.1	9.0	7.6
2 and 3-bedroom flat	0.0	1.4	12.7	0.0	13.6	43.3	0.0	1.5	10.0
1 or 2-bedroom bungalow	9.8	9.2	14.3	29.0	6.0	18.7	0.0	3.7	11.4
3 or more-bedroom bungalow	0.0	4.4	2.1	0.0	0.5	17.1	0.0	0.0	2.5
Other ¹²	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total gross need	213	147	586	187	153	152	65	170	1,672
Total net need	66	8	314	-48	62	10	-29	-194	190

Source: 2020 household survey

There is an overall imbalance between the scale of affordable housing that is needed and the scale of supply on an annual basis. This imbalance justifies the need for a robust affordable housing policy to deliver suitable housing to meet this annual level of unmet need.

A mapping exercise is underway to highlight our areas of highest demand for a social housing stock basis.

Local Picture

- Approaches to the service have been very similar to last year. However the way of working with cases who present is different.
- Individuals cannot present at the office; it is done over the phone and due to the eviction ban and stalled asylum decisions and move on, these cases have not been coming through.
- These made up a substantial proportion of approaches to the service last year, so once this changes we can **expect an increase in approaches**

Homelessness

Approaches, Applications and Full Duty by Year

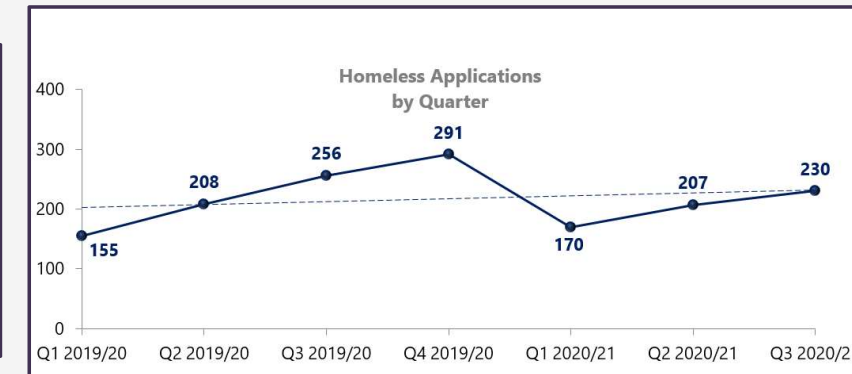
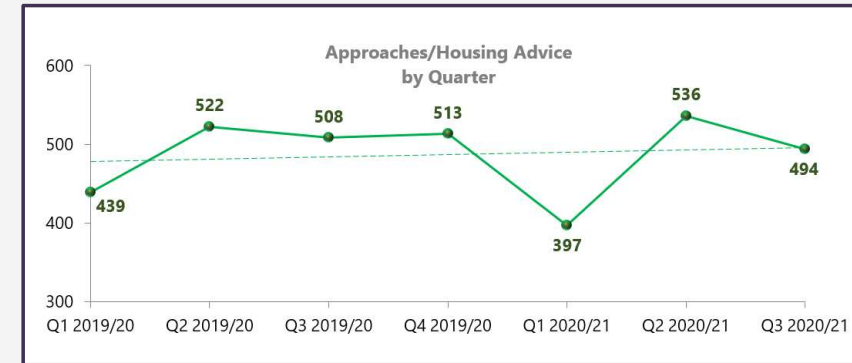
Period	Approaches/ Housing Advice	Homeless Applications	Full Duty
2014/15	2,065	319	11
2015/16	1,703	201	14
2016/17	2,065	185	16
2017/18	1,295	253	41
2018/19	1,565	488	12
2019/20	1,982	910	37
2020/21 ¹	1,427	607	72

Caveats:

¹ Q1, Q2 and Q3 data only.

Approaches, Applications and Full Duty by Quarter

Period	Approaches/ Housing Advice	Homeless Applications	Full Duty
Q1 2019/20	439	155	3
Q2 2019/20	522	208	3
Q3 2019/20	508	256	9
Q4 2019/20	513	291	22
Q1 2020/21	397	170	17
Q2 2020/21	536	207	24
Q3 2020/21	494	230	31



Full duty cases have increased significantly over this year, this reflects the limited options and time to work with people to prevent homelessness, so more are going on to be owed a full housing duty.

Health and Poverty

National Context

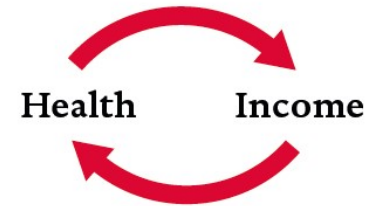
- Income is associated with health: **people in the bottom 40% of the income distribution are almost twice as likely to report poor health than those in the top 20%.** Poverty in particular is associated with worse health outcomes.
- The pattern of employment loss and furloughing by income suggests that the future economic consequences of COVID-19 may be borne by those on lower incomes. **This in turn risks an additional long-run burden on health.**

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The relationship between health and income

Better health

- allows people to gain and sustain employment
- can reduce the costs people face from ill-health
- allows people to have more options, such as a more active life.

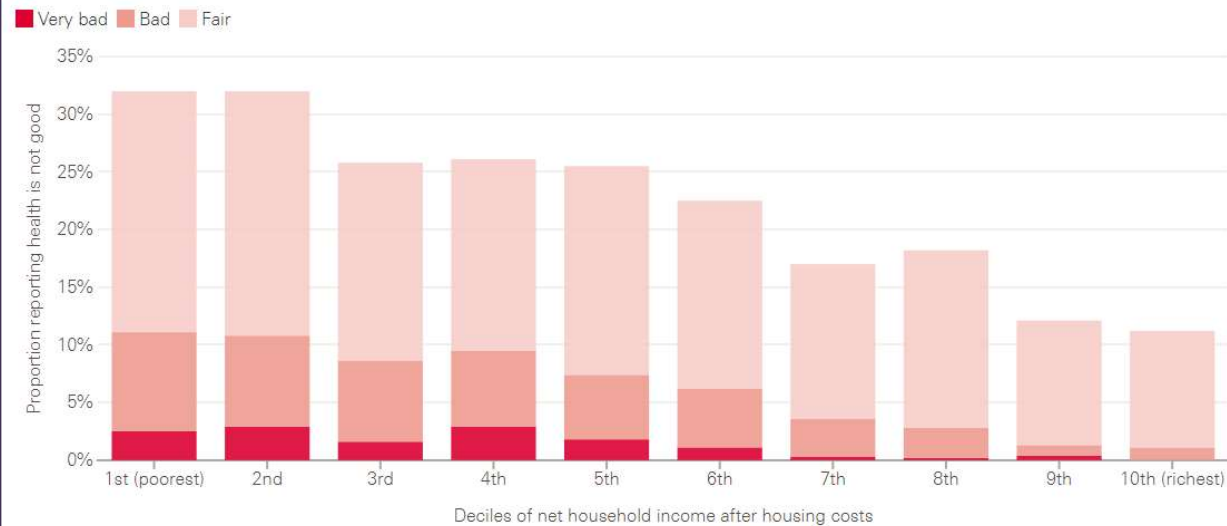


Higher income

- means people face fewer stresses
- allows people to meet more of their needs
- can be spent on health-promoting assets, such as better-quality housing or food.

People with lower incomes are more likely to report their health as 'bad' or 'very bad'

Self-rated health and employment rate by household income, adults aged 55 and under: UK, 2018/19



Source: The Health Foundation

National Context

■ People's experiences of the pandemic have been shaped by their health and existing inequalities. The Health Foundation's COVID-19 impact inquiry has been gathering evidence from a range of sources to better understand this.

Measures to control the virus have fallen unevenly across society

- Impact on women and key workers- financial insecurity, domestic violence
- Wider implications for people's mental health- social isolation; pre-existing illness; access to services; suicide.
- Young people – stress, sleep, isolation
- Workplace support- BAME communities; key workers

<https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-health-inequalities-and-covid-19-march-2021>

Parents, especially mothers, paying heavy price for lockdown

Many young people are admitting to anxiety and depression, exacerbated now by the pandemic. Some mention self-harming. Issues around doing the best by their parents are also exacerbated by the pandemic now.

Samaritans listening volunteer

Women doing more home schooling during Covid lockdown than men

Schooling children at home is having a worsening impact on wellbeing, ONS data shows

The survey, *Over Exposed and Under-Protected - The Devastating Impact of COVID-19 on Black and Minority Ethnic Communities in Great Britain* (conducted by the Runnymede Trust and ICM in June 2020), illuminates why BME groups are at greater risk from Covid-19: they are more likely to be working outside their home, more likely to be using public transport, more likely to be working in key worker roles, less likely to be protected with PPE and more likely to live in multigenerational, overcrowded housing, so much less able to self-isolate and shield.

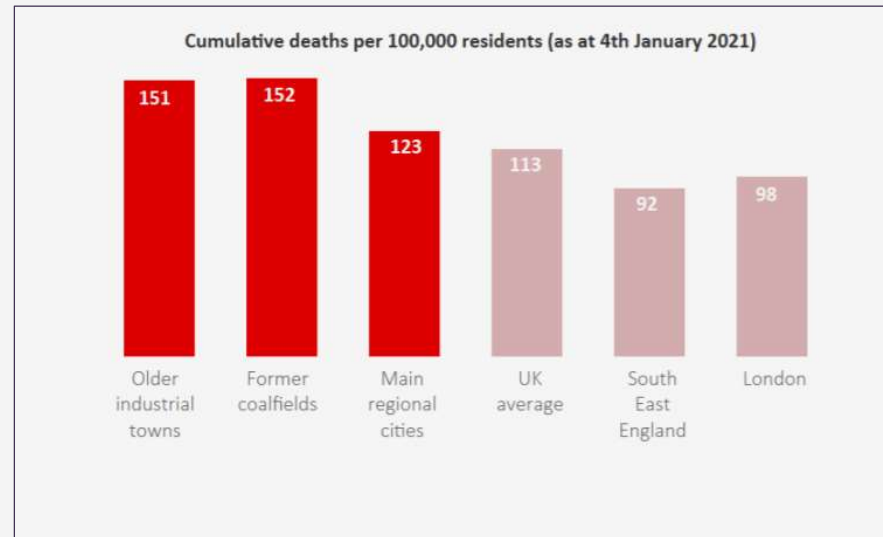
Local Picture

- Older industrial towns and the former coalfields entered the pandemic with an older and less healthy population, at higher risk from the virus
- Barnsley was in the top 5** of UK local authorities with the highest death rate from Covid-19 in January 2021

Sheffield University Research (January 2021)

The impact of the Coronavirus Crisis on older industrial Britain

The death rate in older industrial towns and the former coalfields has exceeded the national average by a bigger margin than the confirmed infection rate.



In Barnsley, we have an older population, a higher number of care homes and greater levels of chronic disease and deprivation compared with the rest of the country. This means the population of Barnsley are susceptible to infection, serious illness and death during the pandemic.

Life Expectancy (data updated Jan 2021)

- After a period of remaining static, the most recent data available shows that life expectancy for males and females in Barnsley has lowered, and is **significantly lower** than both national and regional rates, both of which have increased slightly in this most recent time period (2017-19)
- However, the data does show that the **life expectancy gap** for men and women between the most and least deprived Barnsley communities is **improving**.

Male



77.8 Years (-0.3 years)

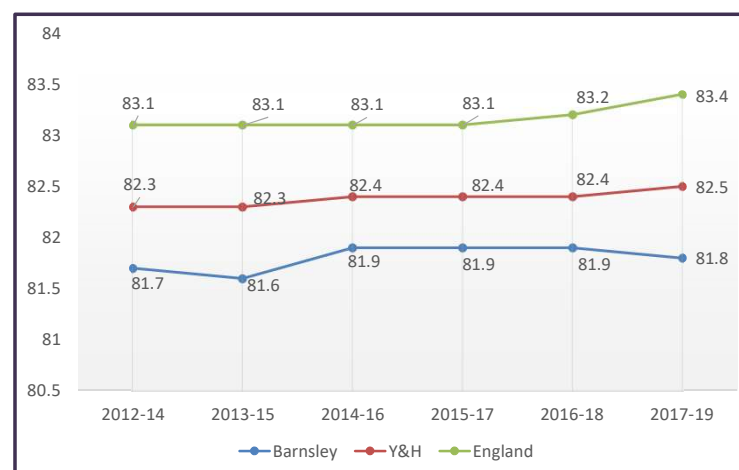
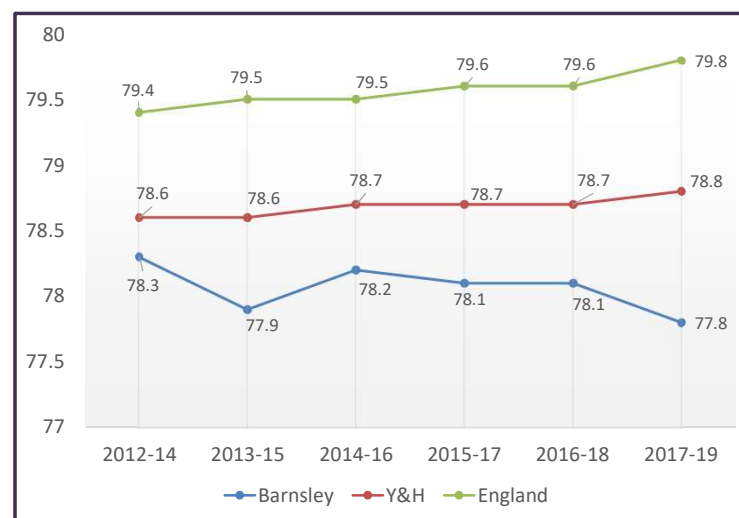
2 years lower than England average

Female



81.8 Years (-0.1 years)

1.6 years lower than England average



Local Picture

Despite seeing improvements in recent years, the latest published data shows healthy life expectancy **has decreased** for **both women and men** in Barnsley. A similar picture can be seen nationally; data for the UK illustrates that healthy life expectancy for men has shown no significant change and healthy life expectancy for women has shown a significant decrease.

Healthy Life Expectancy

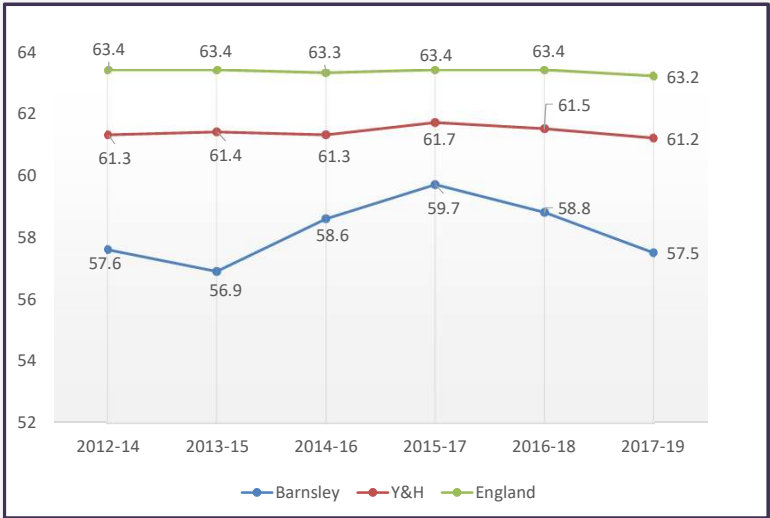
(data updated Jan 2021)

Male



57.5 Years (-1.3 years)

5.7 years lower than England average

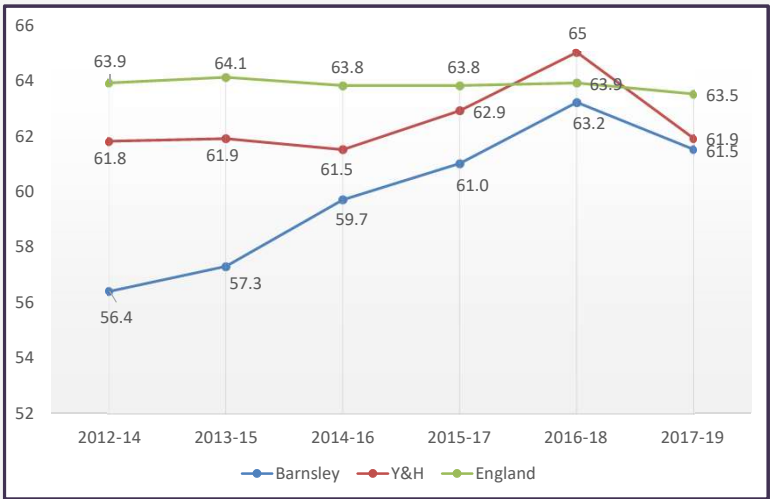


Female



61.5 Years (-1.7 years)

2 years lower than England average



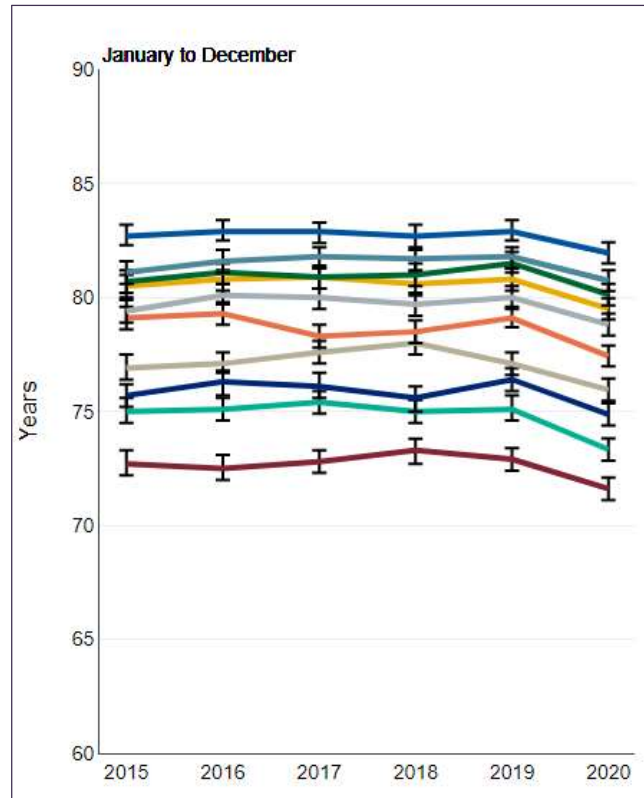
Mortality Rates 2020

- Provisional data shows falls in life expectancy across all deprivation deciles in Y&H in 2020, compared with the same period in 2019.
- inequality in life expectancy has increased for both males and females.

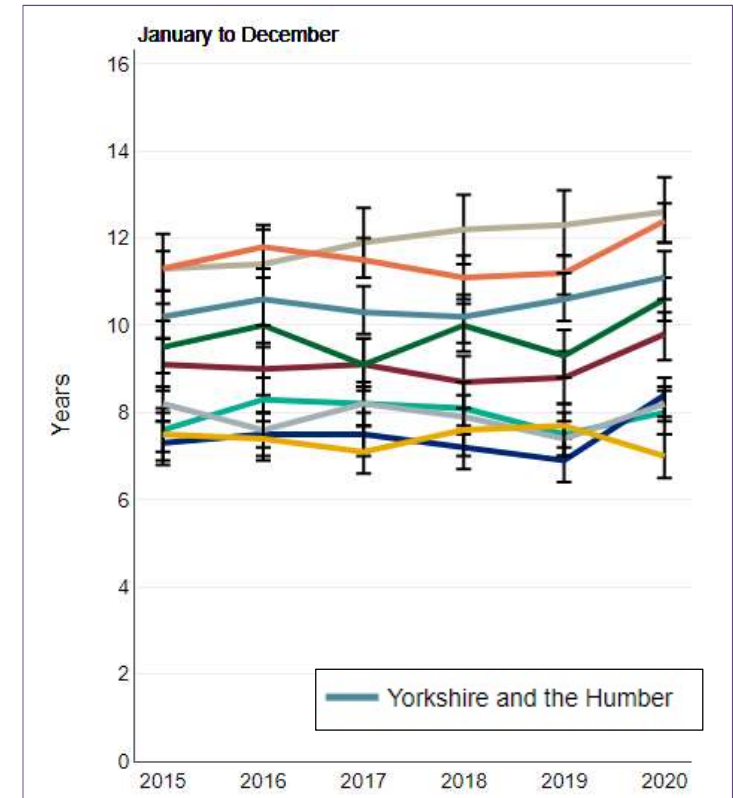
Page 50

[Source PHE WICH Tool](#)

Mortality Rate Y&H



Slope index of inequality



1 = most deprived 2 3 4 5 6 7 8 9 10 = least deprived

Data Note: The figures reflect current mortality rates and are not the number of years a baby born in 2020 could actually expect to live, because mortality rates will change in the future. The life expectancy estimates are therefore an alternative way of presenting mortality rates, in order to show the impact of COVID-19 on levels of mortality in 2020.

Local Picture

[British Medical Association: "Health at a Price"](#)

Poverty can affect the health of people at all ages:

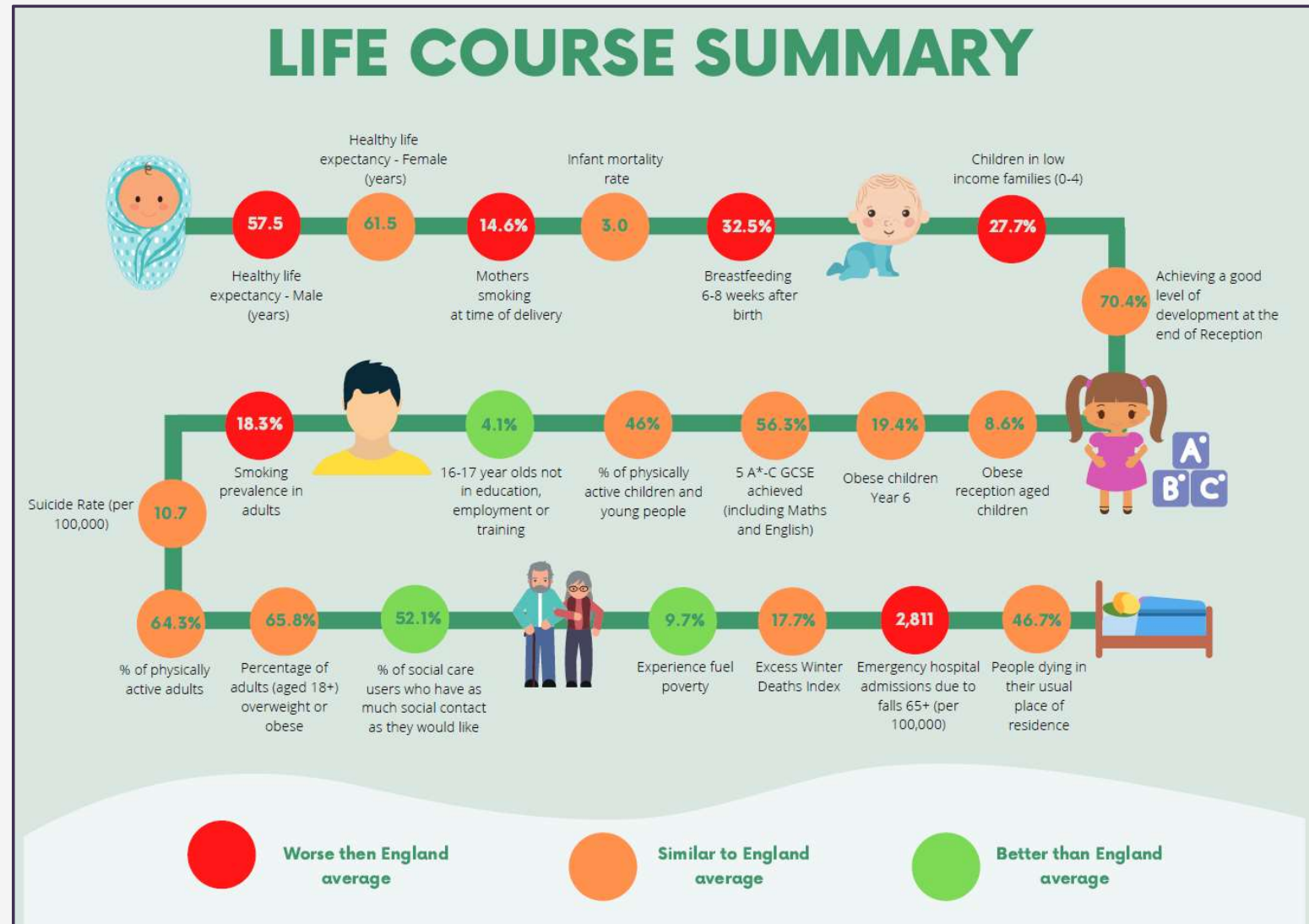
In **INFANCY** it is associated with low birth weight, shorter life expectancy and a higher risk of death in the first year of life

CHILDREN living in poverty are more likely to suffer from chronic diseases and diet related problems

Poverty has long-term implications on children's 'life chances' and health in **ADULTHOOD**

OLDER PEOPLE who have experienced disadvantage throughout their adult lives are at greater risk of reporting ill-health and long-term illness.

Barnsley Health and Wellbeing Life Course Summary



Fuel Poverty

- Barnsley has a **significantly higher** proportion of households that are considered fuel poor under the LILEE measure.

In 2018, under the LIHC measure Barnsley was performing well in comparison to regional and national averages. However, the LILEE data shows that Barnsley has moved away from both the regional average (Barnsley +1.8% higher) and the national average (+5.2% higher).

Fuel Poverty

The Low Income, High Cost metric has been replaced with a new indicator – **Low Income Low Energy Efficiency (LILEE)**

This ‘counts’ a household as fuel poor if:

- The household has a residual income below the poverty line (after accounting for required fuel costs)

AND

- Lives in a home that has an energy efficiency rating below BAND C

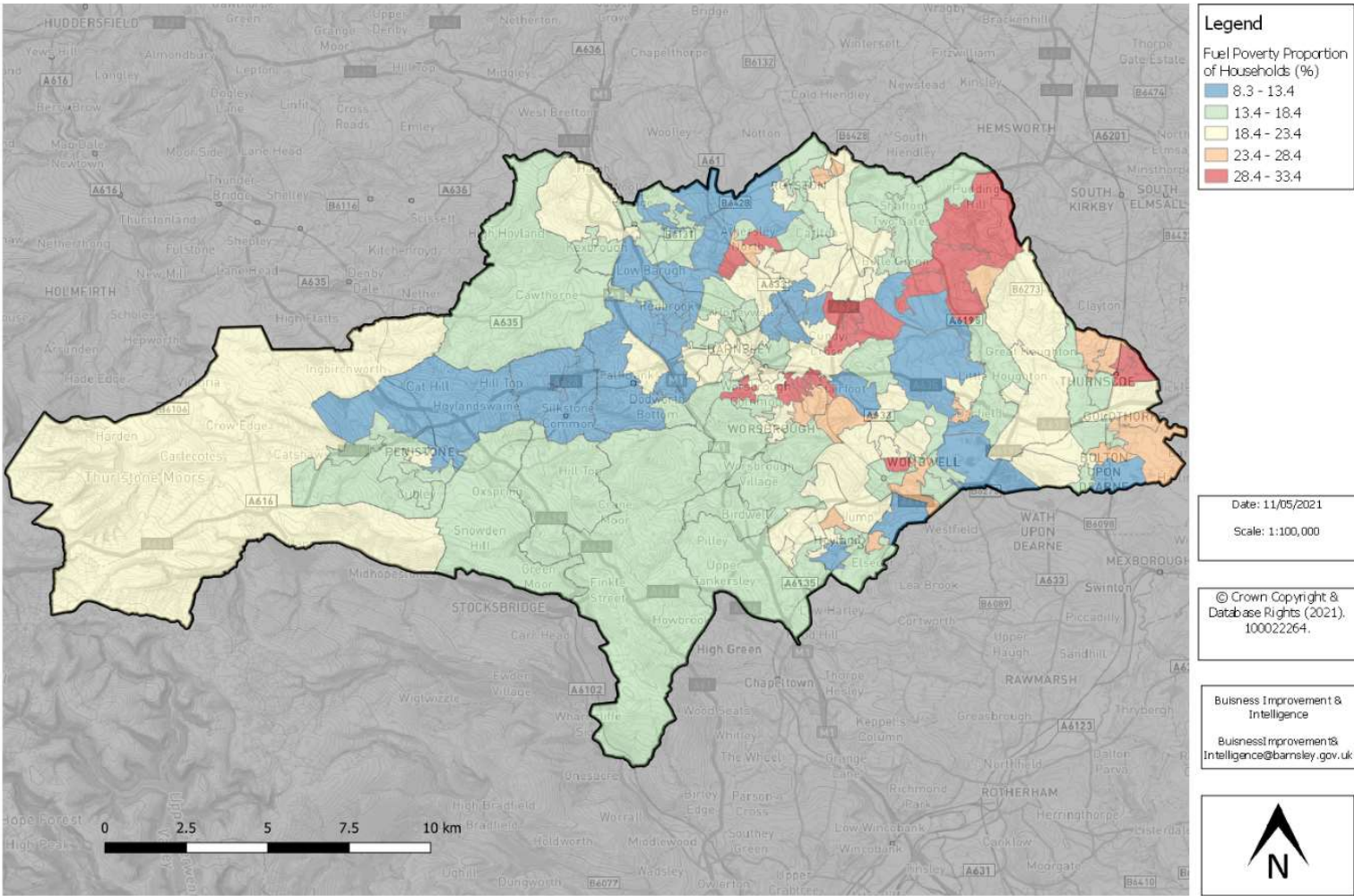
		2011	2012	2013	2014	2015	2016	2017	2018	2019	
Low Income High Cost (LIHC) Measure	ENGLAND	10.9%	10.4%	10.4%	10.6%	11.0%	11.1%	10.9%	10.3%	13.4%	Low Income Low Energy Efficiency (LILEE) Measure
	YORKSHIRE AND HUMBER	11.0%	10.8%	10.6%	11.8%	12.4%	12.1%	10.6%	10.1%	16.8%	
	BARNSLEY	10.9%	9.7%	9.2%	11.3%	11.3%	12.2%	10.7%	9.7%	18.6%	

Fuel Poverty

Area Name	%	% Change from LIHC to LILEE(+)
New Lodge	30%	16
Thurnscoe East	33%	14
Lulley Wood	32%	14
Atterley North East	32%	14
Thurnscoe North East	29%	14
Cudworth Darfield Road	29%	14
Worsbrough Common West	31%	13
Wombwell Copeland Road	28%	13
Burton Grange	29%	13
Kendray West	29%	13

Fuel Poverty – Geographical spread (new LILEE measure)

Barnsley Fuel Poverty Ratings (2021 Data)



Local Picture

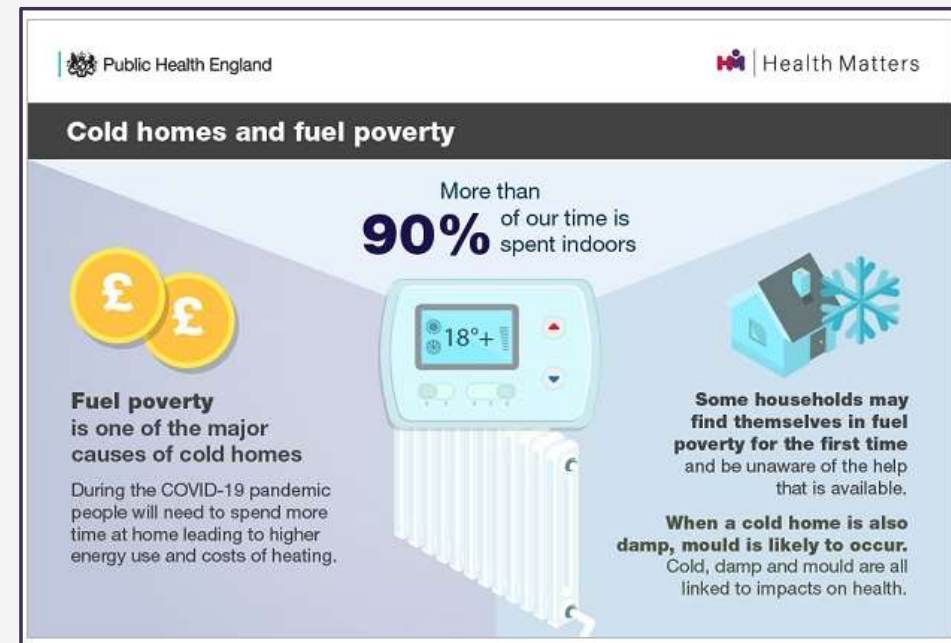
Vulnerable groups:

- 65 + and 0-5 year olds
- Pregnant woman
- Those with respiratory conditions (especially COPD and childhood asthma)
- Cardiovascular disease
- Mental health conditions
- Disabilities
- **Low income**

Impact of Cold homes

Risk of death and ill health associated with living in a cold home - impact when outdoor temperatures drop below 6°C.

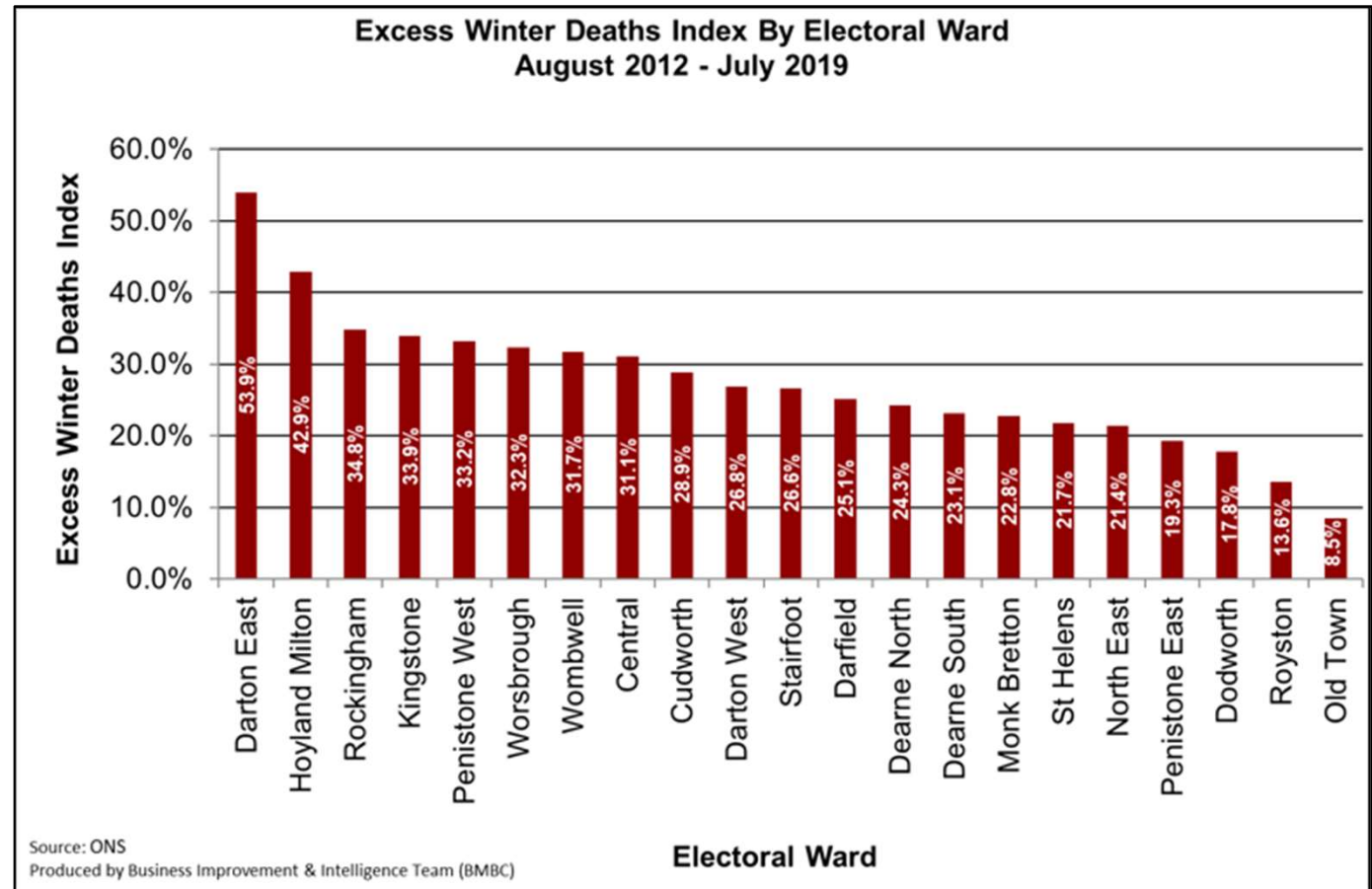
- **Children and young people** - increased risk of childhood asthma, poor attainment, lower body weight
- **Social isolation** (across the age range)
- **Physical health conditions** (especially cardiovascular and respiratory conditions)
- **Mental health conditions** (especially depression and anxiety)
- **Dietary opportunities and choices** - heating vs eating
- Mould and damp
- **Reduces strength and dexterity**, increasing the risk of accidents and injuries particularly falls



Local Picture

- Fuel Poverty is a **contributing factor** to Excess Winter Deaths (EWDs).
- Under-heating of a property can contribute to poor health outcomes, both in terms of **mortality** (including EWDs) and **morbidity** (particularly in terms of cardiovascular and respiratory conditions).
- **Improving trend in Barnsley overall** – reduction from 39.4% to 17.7% in the most recent time point. However geographical differences across the Borough persist.

Excess Winter Deaths



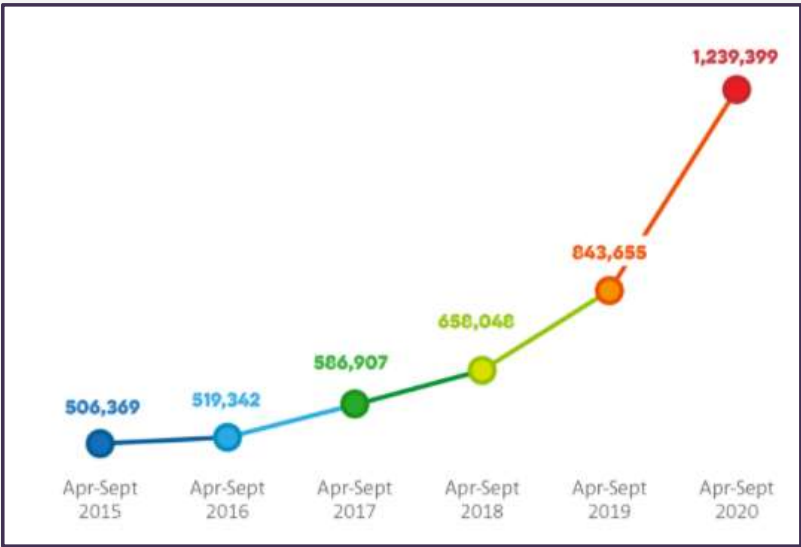
Excess Winter Deaths Index ranges from 53.9% in Darton East to 8.5% in Old Town

Food Poverty

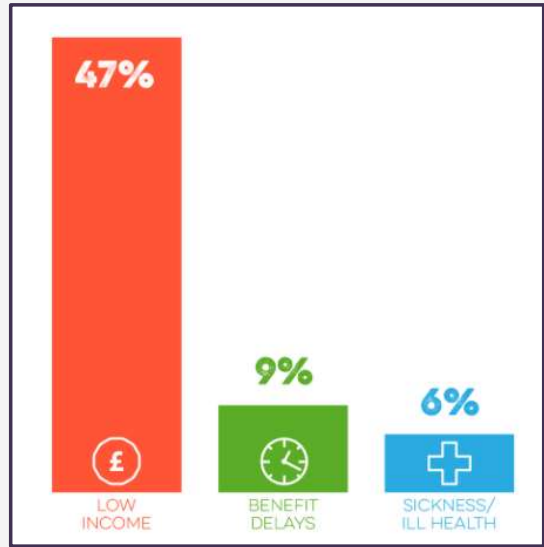
National Picture

- **14% of UK families** experienced food insecurity between April-September 2020 compared to pre-Covid levels of 11.4%.
- Overall, food banks in the Trussell Trust's network saw a **47 per cent increase** in the number of emergency food parcels needed across the UK (April – September 2020) when compared to the same period last year.
- Children have been disproportionately affected by the crisis, with the number of parcels given to children rising by 52 per cent, compared to an increase for adults of 44 per cent.

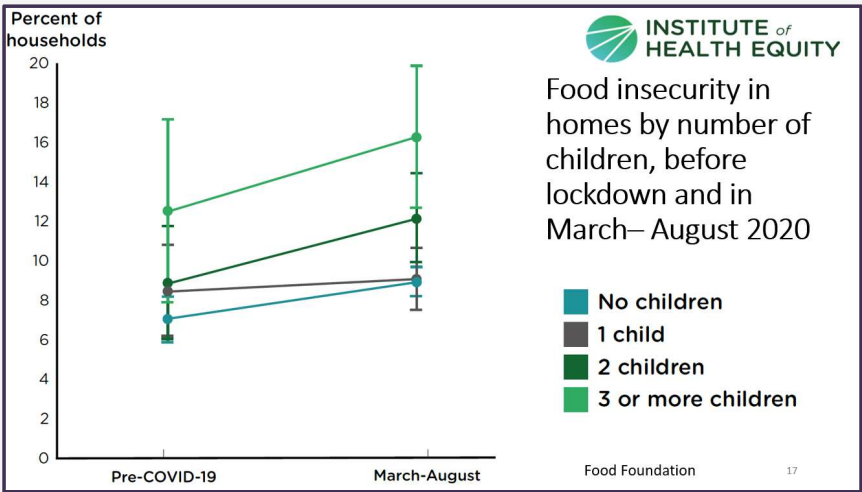
Number of emergency food parcels distributed by food banks in the Trussell Trust network (Annual)



Reasons for needing to use a foodbank

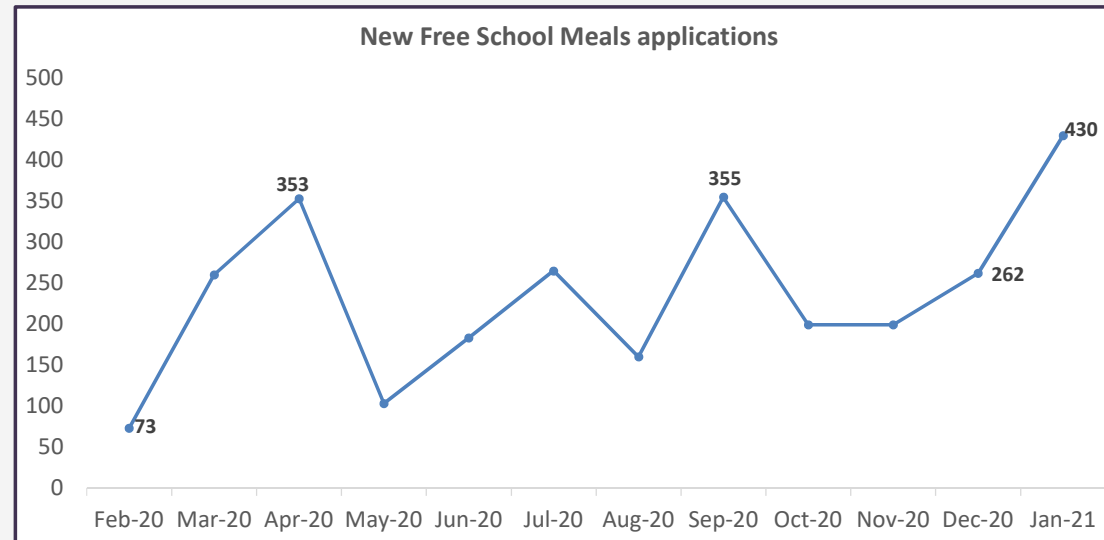
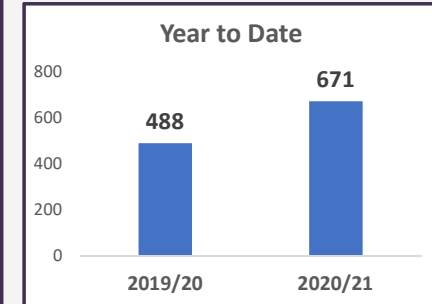
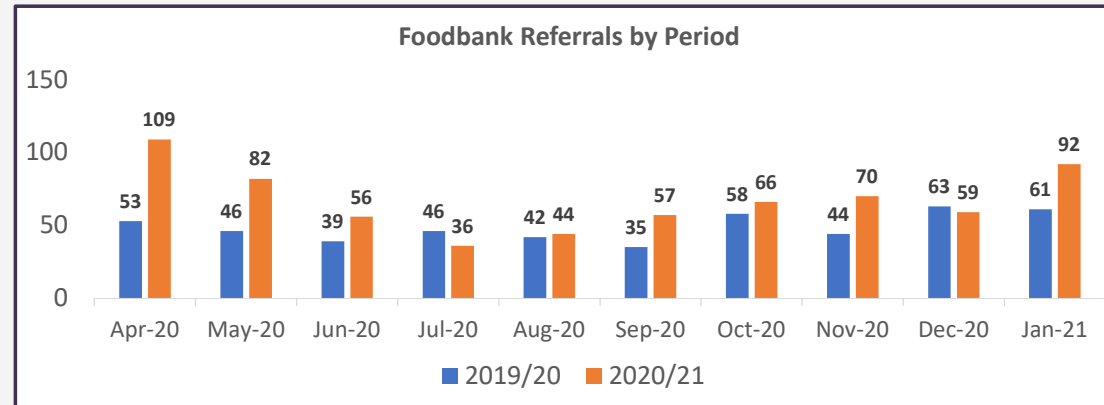


[Source: The Trussell Trust](#)



Local Picture

- Foodbank referrals have increased across the board for those impacted by COVID-19 and general hardship.
- The number of **new** FSM applications has increased by 64% to 450 in January. This is the highest we have seen in new applications for FSM. The impact of school closures since January 2021, along with the census run in January (used for schools funding is potentially, and most likely to be the reason for the increase).



Poverty Partners

- 37% of problems dealt with by Citizens Advice in 19/20 related to debt
- Most common debt issue was Council Tax arrears (19%)

Citizens Advice Barnsley Statistics	19/20	18/19
Unique clients advised	8150	8054
Problems dealt with	33342	33660
Main Problem Areas:		
Debt	12326	15486
Benefits Universal Credit	6597	2740
Benefits & Tax Credits	6276	6534
Financial Services & Capability	1357	1854
Housing	1094	1166
Top 5 Debt Issues:		
Council Tax Arrears	2355	3433
Debt Relief Order	1356	2249
Credit, Store and Charge Card Debt	800	902
Unsecured Personal Loan Debts	756	898
Rent Arrears - LA's or ALMO's	525	669

Debt Managed

During 2019/20 we helped people manage **£11,585,576** of problem debt, of which **£542,512** was local council tax arrears.

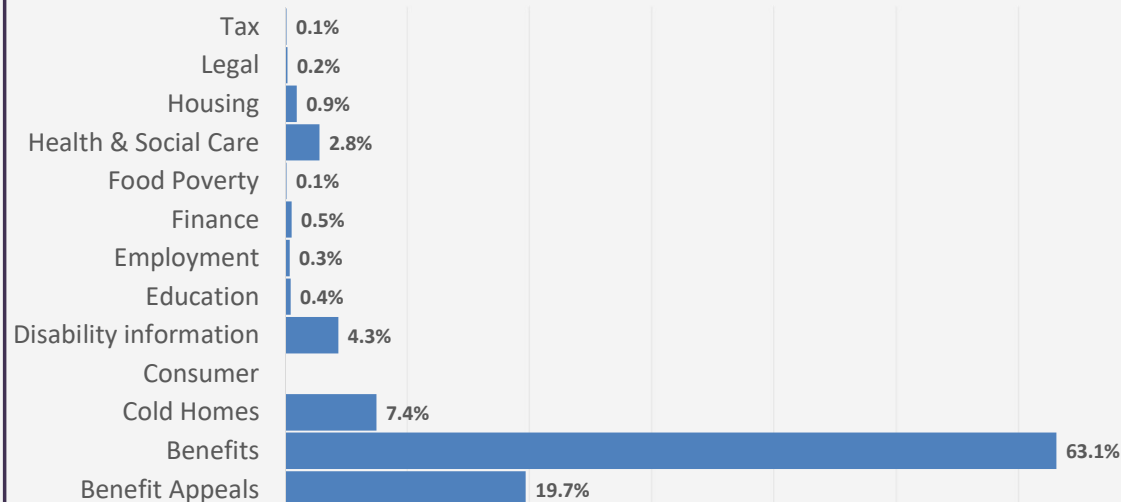
When 2020/21 data is available, we may be able to assess the impact of increase to the Local Council Tax support Scheme (LCTS) and the government grant of £150 to all working age LCTS claimants, both introduced in 2020.



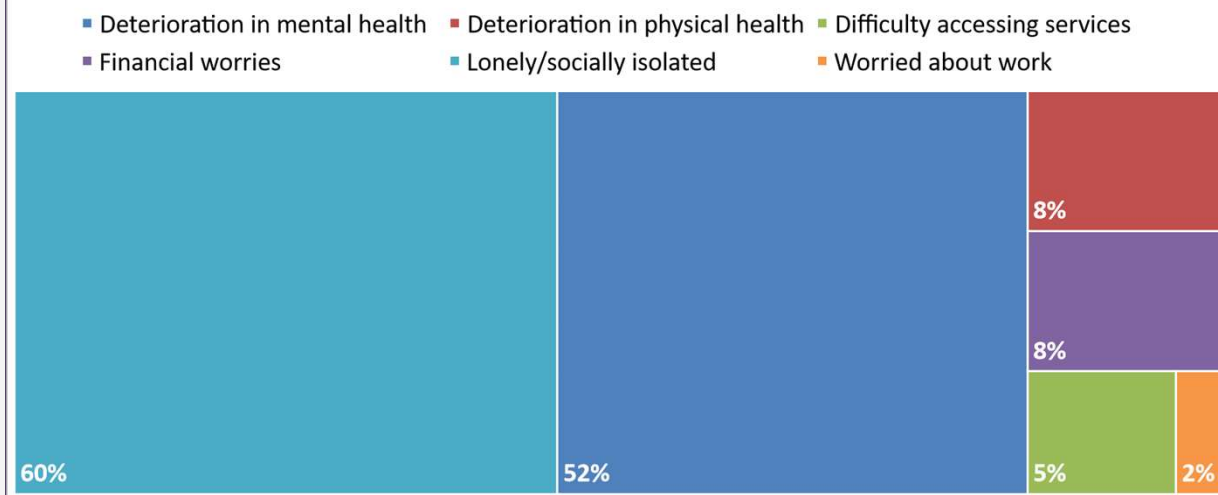
- Majority of advice provided in 2020/21 concerns benefits (63%), followed by benefits appeals (20%).

- However, recent consultation with service users regarding Covid-19 impact shows the biggest issues are: social isolation (60% - but up to 80% in Dodworth), and deterioration in mental health (52%).

Advice - Enquiry by Issue



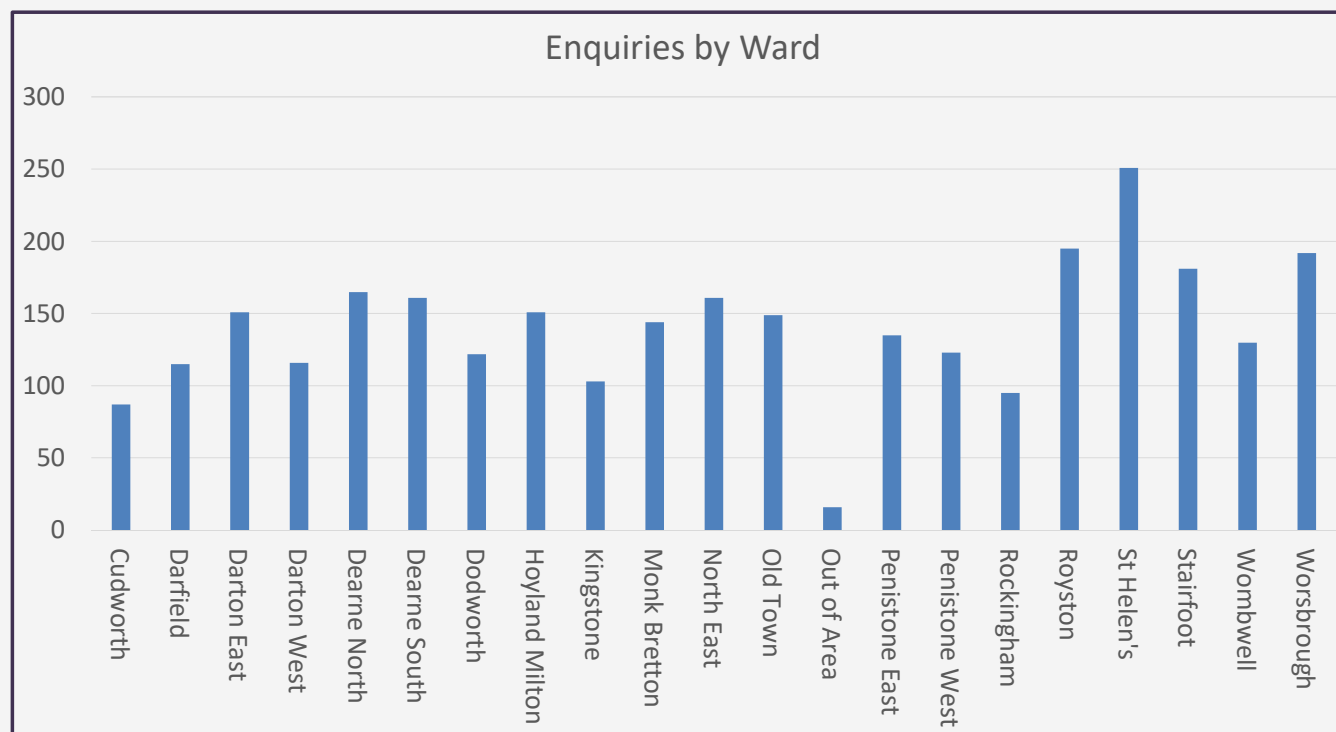
Impact of Covid-19





- An emerging issue is around energy debt – impact of being locked down in the winter and increasing fuel costs.

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- There are also some concerns around other impacts yet to be felt – for instance when benefits assessments are re-instated.



Highest number of enquires to DIAL come from St Helens Ward, followed by Royston and Worsborough.

Resident Stories

Day in the Life of..

“

”

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Being offered a grant £1334 that only covers the business building lease and the essential bills for the business that go out monthly. Where are we supposed to find the 5% top up for our contribution to staff NI and pension? The worry of paying that from fresh air with no income is daunting. **After having a business 17 years this is by far the worst storm of my life. It's so unclear and uncertain with nowhere to turn.**

Thinking about pretty much anything nowadays is taxing. I only spent £40 but I'm worried about money, two weeks off work unpaid and then a new freezer to pay for. . . not the best timing. I'm surprised by how little SSP is. **Being off sick is unplanned, but the payment isn't enough to live on.**

I've been struggling for so long, but trying to push through. I work in entertainment and advertising, and our industry has been hit by Covid hard too. I want to be there for the team and I can't take anything for granted. I feel like I need more time off, but I also need to make money whilst I can. **I'm not sure for how much longer I will have a job and getting a new one is harder then ever. I worry that even if I get a job, that minimum wage won't be enough.** I have a mortgage and a house to fix up on my own and my future won't be terribly secure with the pay cut. I don't earn enough now as is to put a lot aside in savings.

Source: BMBC – Day in the Life of Consultation

Day in the Life of..

“

”

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Nipped in a shop and had my card declined. **We were having money problems before Covid but since it's even worse as little income my husband earned had gone.”**

I'm scared - for us as a family, and what the new lockdown may mean financially if our workplaces have to close or furlough again. **Brexit is already a huge threat as we both work in different manufacturing businesses, and I worry that Covid on top will just be too much.**

My partner has had to suspend his studies and **has been unable to find a job, my income and his savings will keep us afloat, but things will be tighter and I will be able to save less, which is stressful, and I don't know how it's going to affect our future.**

Source: BMBC – Day in the Life of Consultation

Other intelligence work

Regional (SY) work

Future Plans:

- Local Authority analysts and NHS England to be identified to work with the University of Sheffield.
- Local Authorities to share a list of meta-data from their individual vulnerability indices.
- University of Sheffield to share the development of the bid and identify to the group where more support is required.

South Yorkshire Local Resilience Forum

University of Sheffield looking to secure additional funding through a bid to increase the scope of their research, following an initial piece of work focusing on the ["Zoomshock"](#) impact.

"Zoomshock" – Shift of economic activity across geographical areas due to the increase in the extent of working-from-home.

At the most recent meeting (February 2021) it was agreed that an interactive tool covering three broad areas of **People, Places, and Businesses** would be highly beneficial, should the funding be secured. Data sets have been categorised into these three themes as follows:

- **People:** Ethnicity, gender, younger people, energy risk, access to services, health, household indebtedness.
- **Place:** Zoomshock, growth, supply chains, opportunities.
- **Business:** Brexit and integration into international supply chains, sectoral vulnerability, business indebtedness, job postings, move to automation, sectors with opportunities for growth

Developing a 'Poverty Index' (BMBC)

BI Tech team to start to map the “top hitters” in early 2021 at LSOA level (IMD, Acorn and some of the other directly attributable data sources).

This to be a starting point before progressing onto the more powerful work around a “poverty index”.

Data on 'poverty' and financial hardship can be split into two categories:

1) Directly attributable/household level - for example:

- Benefits data (out of work, universal credit) - Benefits and Taxation data
- Rent arrears data from Berneslai homes - enforcement data
- Academy module (probability of people falling into recovery proceedings)
- Information from Local Welfare Assistance Service
- Households in fuel poverty
- Free School Meals data

2) Proxy/derived indicators from aggregated level data - for example:

- IMD Data – income decile, children in poverty, older people in poverty
- Acorn Paycheck data
- Labour Market data (e.g. employment, people earning below real living wage, etc)
- Homelessness data

Recommendations

- 1) **Develop a household level 'Poverty Index' for the Borough** using similar methodology to the vulnerability model, focusing on financial hardship and poverty 'flags', to inform targeting of preventative work.
- 2) **Better capturing of data at an area level** in our 'business as usual' work. Making sure we asking the right questions at the start of our contact with residents to collect data on the situation of people in the Borough.
- 3) **Wider boards to receive the findings** and consider key actions/outcome proposals for reducing poverty in the Borough. Findings from the needs assessment suggest that tackling poverty and inequalities will need a co-ordinated partnership response with place-based initiatives to support and promote employment, educational achievement, better health and improved social mobility.
- 4) **Undertake a mapping exercise in terms of our resources to tackle poverty** to help us identify the opportunities and gaps. This would also act as a "sense check" of current funding streams against the intelligence in the needs assessment (e.g., are we spending the money in the right areas?).
- 5) **Incorporate the findings/intelligence from this needs assessment** into the development of the Council plan and Barnsley 2030 vision.

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Item 5

BARNSELEY METROPOLITAN BOROUGH COUNCIL

Integrated Care Systems - Governance Arrangements

1. PURPOSE OF NOTE

- 1.1 This note provides context for documents related to development of the Integrated Care System, that have been circulated to Health and Well-Being Board members ahead of a presentation that will be made as part of the upcoming meeting.

These documents are currently draft pending feedback by stakeholders, with final versions being shared with the Board at a later date.

Over the last four months, an overarching Steering Group, formed from members of the SYB ICS partnership, has been overseeing work that builds on the existing ways of working. Specifically, this has been looking at:

- Establishing place-based partnerships
- How provider collaboratives will operate across systems
- How the nature of commissioning will change; and
- An integrated care system operating model.

Three draft products that are being worked on to shape the next phase of the ICS development during transition to becoming a statutory authority from April 2022. These are;

1. Compact Agreement
2. Place Partnership Terms of Reference
3. Place Development Matrix

A further document setting out the Barnsley Partnership Agreement is also attached for consideration.

3. CONTEXT

- 3.1 In November 2020, an overarching Steering Group was formed from members of the SYB ICS partnership and includes the full range of health and care partners including senior leadership of local authorities, the voluntary sector, Healthwatch, health and care providers and commissioners and include clinical and professional leadership and representation. Additional capacity to facilitate and provide expert legal support was commissioned.

The Steering Group set up a design sub-group, established from its membership to co-design several key products to shape the next phase of the ICS during transition to a statutory authority from April 2022. These products would come into operation from July 2021 in the transition year and include:

- Health and Care Compact
- Health and Care Partnership Terms of Reference

- Place Development Matrix
- A Route Map for 2021/22

The Integrated Care Partnership Group continues to have strategic oversight of the developments for Barnsley.

A Barnsley Design Group has been established, reporting to the ICPG, to specifically look at the implementation of the ICS for Barnsley. This group has reviewed and discussed these documents and provided feedback.

4. DOCUMENTATION

4.1 Health and Care Compact (Appendix 1)

The Health and Care Compact captures the commitment of South Yorkshire and Bassetlaw's (SYB) health and care partners to focus on the shared purpose of the ICS to deliver what it sees as the quadruple aim of better health and wellbeing for the whole population, better quality care for all patients, sustainable services for the taxpayer and the reduction of health inequalities. The Compact is intended as a golden thread and its commitment is an underpinning principle of the system and way of working.

4.2 Health and Care Partnership Terms of Reference (Appendix 2)

The Health and Care Partnership is a significant opportunity for the ICS to realise its wider ambitions to address broader health outcomes and inequalities. Health and Care Partnerships will have a key role in promoting partnership working and collaboration and developing a plan that addresses the wider health, public health and social care needs of the system, with the NHS ICS Board and Local Authorities having regard to that plan when making decisions. A draft Terms of Reference has been co-produced with partners with the transition year in mind and to be revised following DHSC guidance due later in the year to take it into the statutory form ready for April 2022.

Recommendations as to who should be members of the Partnership have now been received. Barnsley has nominated people to take up the 6 places on the board with the Directors of Adult Care and Director of Public Health being mandatory members.

4.3 Development Matrix (Appendix 3)

The place development matrix has been co-produced with partners to support places and provider collaboratives with development arrangements. The aim is to use the matrix to inform and support the development of plans through the transition year. Plans would build on the significant progress made in each of our places and across the system, understanding that this journey is continuous and will go beyond April 2022.

The current draft was reviewed by the Design Team and ICDG. An action plan will be developed from the initial self-assessment against the draft matrix to identify key areas to focus on during the transition period.

The review against the current draft version highlighted the good progress that has been made around partnership working over the last couple of years.

4.4 Barnsley Partnership Agreement (Appendix 4)

This Agreement provides an overarching framework for the continued development of an integrated care partnership for Barnsley. The arrangements set out are intended to build on the existing integrated governance structures between the health and care partners in Barnsley, including the Integrated Care Partnership Group and the Integrated Care Delivery Group, and further strengthen relationships between the Partners for the benefit of the Barnsley population.

The Partners have been working collaboratively across Barnsley to integrate services and provide care closer to home for local people for some time. This Agreement sets out the vision, objectives and shared principles of the Partners in supporting the further development of place-based health and care provision for the people of Barnsley using a population health management approach, building on the progress achieved by the Partners to date.

4. **RECOMMENDATION**

The Board are asked to note the contents of this paper, accompanying documents and supporting presentation and be assured that appropriate, place-based feedback is being provided by the Barnsley Design Group, which consists of key local stakeholders.

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Integrated Care System: Update to Health & Well-Being Board

June 2021

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Integrated Care Systems

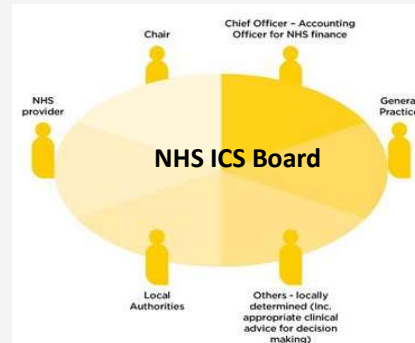
Integrated Care Systems should develop

- Stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- Provider organisations in formal collaborative arrangements that allow them to operate at scale; and
- Developing strategic commissioning through systems with a focus on population health outcomes;
- The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

ICS should deliver on the triple aim of:

- Better health and wellbeing for everyone
 - Better quality of health services for individuals, and
 - Sustainable use of NHS resources
- and
- Reduce Health Inequalities

Governance Model for Integrated Care System



Health & Well-Being Board



LD Provider Collaborative

MH Provider Collaborative

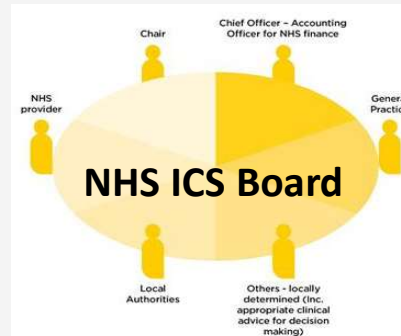
Acute Provider Collaborative

Governance Model for Integrated Care System

Manage the business of the ICS.

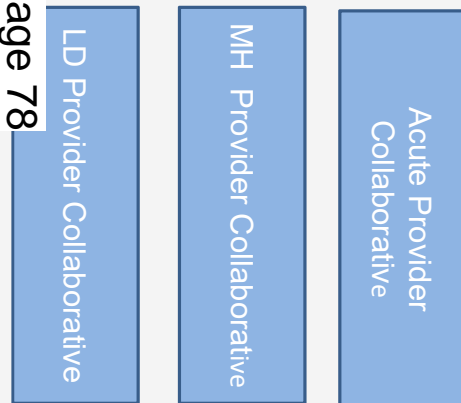
- Strategic & Capital Planning
- Accountable to NHS
- Plan to meet population health needs

Will have a Chair / Chief Exec / Reps from across the system



- Manage the delivery of plans
- Barnsley would have 6 representatives drawn from the current Partnership. DPH mandatory member
- Sheffield City Region will be invited to be members
- Membership initially 50+
- **Terms of Reference drafted**

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- Themed Provider Collaboratives working across the sub- region.
- Uncertain how they would be commissioned
- Proposals being developed for how will operate

£ Maximise the level of funding delegated to Barnsley

£ COMPACT

Health & Well-Being Board

ICS Boards must have “regard” for Health and Well-Being boards plans and priorities



- Existing Partnership Groups with **Place Agreement** setting out priorities and plans
- **Development Matrix** to support partnership to develop and mature
- Demonstrate the principle of subsidiarity and the ability to deliver at Barnsley Place

Progress Update : ICS Development

- Barnsley Design Group meeting regularly to establish a weight-bearing organisation that is able to receive maximum delegated funding permissible
- Letter from Sir Andrew Cash on 22nd April asking for support and feedback on the
 - Health and Care Compact,
 - Health and Care Partnership Terms of Reference and the
 - Place Development Matrix
- Legislation expected in July,
 - expected to be reasonably permissive and allow places flexibility in how implemented, rather than overly prescriptive
- Collaboration and dialogue in partnership meetings to agree Compact and Terms of Reference for Partnership Board
- Nominations for the Partnership Board
 - DASS and DPA mandatory, plus 4 others from the partnership
- Awaiting guidance to clarify questions around
 - HR movement from CCG to ICS
 - Functions of governance groups
 - Finances

Progress Update : Partnership Development

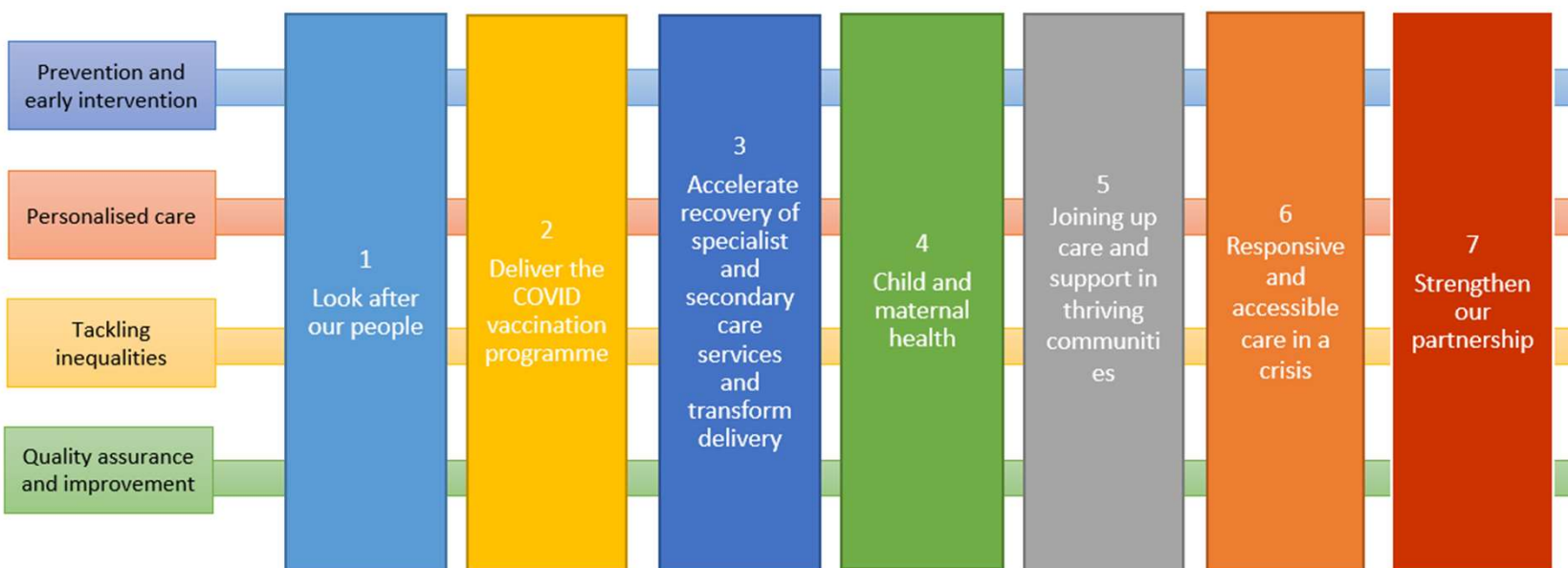
- Development Matrix – tool to help each place self assess themselves against a set of themes, identify gaps and plan how to improve in order to have strong local arrangements to support maximum delegation of resources.
- Barnsley CVS have now been invited to participate in Design Team
- Develop a Health and Care Plan for 2021/22 to identify key areas to focus delivery plans, informed by
- Develop proposals for cross-cutting themes starting with :
 - Approach to Quality
 - Approach to Engagement and Participation

Our areas of focus for 2021/22

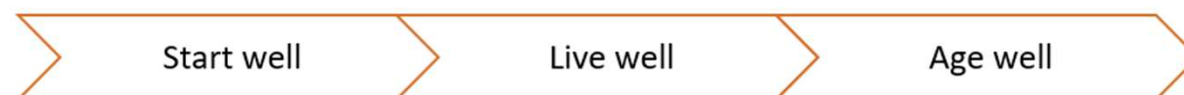
NHS national priorities 2021/22

- A. Support the health and wellbeing of staff
- B. Deliver the COVID Vaccination Programme
- C. Build on what we have learned to transform delivery, accelerate restoration and manage increasing demand
- D. Expand primary care capacity to improve access, improve outcomes and reduce inequalities
- E. Transform community and urgent and emergency care services to prevent inappropriate attendance at A&E
- F. Work collaboratively across systems to deliver these priorities

Four cross-cutting themes



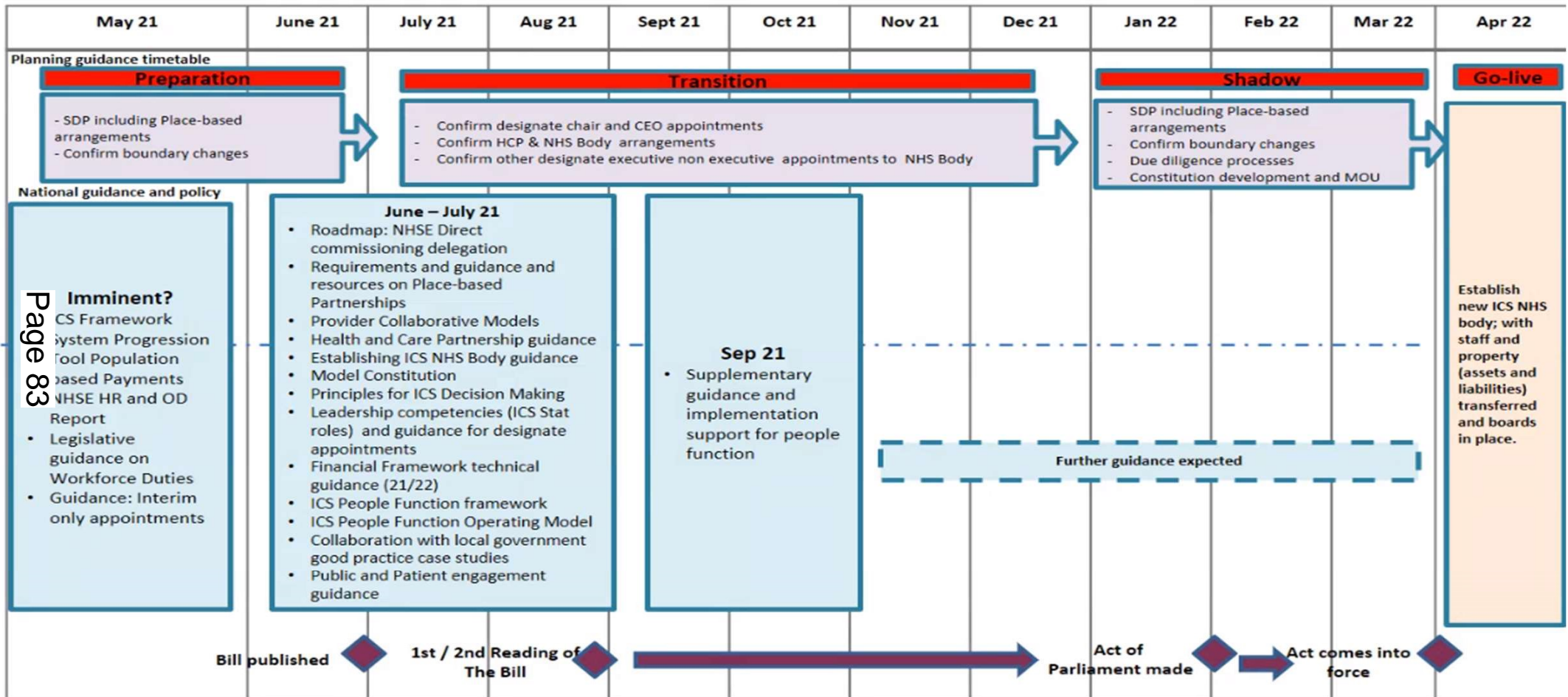
Commissioning plans to support along the life course



Barnsley Place Agreement

- Place Agreement is intended to allow maximum flexibility and not be restrictive
- The Place Agreement principles has been updated to mirror the principles in the Health and Care Compact that is circulating for approval
- Relationship between Integrated Care Partnership group & Health & Wellbeing Board Health and Well-Being Board – agreed that the ICPG will “have regard to” the Health & Wellbeing Board. Further discussions to be had regarding how this will work in practice.
- Concept of Provider Collaborative for Barnsley has been introduced, allowing for maximum flexibility in how interpreted.
- Inclusion of a rotating chair to support equality in way works
- The Health & Care Plan Priorities will be primary document and is referenced in the agreement.
- Terms of reference for ICPG and ICDG will be updated

Timetable for the new Health and Care system



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South Yorkshire and Bassetlaw Integrated Care System

Health and Care Compact
Health and Care Partnership
Terms of Reference

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Introduction

On February 11th 2021, the Department for Health and Social Care published its White Paper *Integration and Innovation: working together to improve health and social care for all*.

The proposals within the White Paper follow the journey of integrating care - a journey that South Yorkshire and Bassetlaw (SYB) has been on since 2016. They take account of NHS England and Improvement's recommendations to government following its engagement on Integrating Care – the Next Steps in November 2020.

The White Paper builds on the NHS Long-Term Plan with a strong emphasis on improving population health and tackling health inequalities through a whole population approach. The shared purpose of our Integrated Care System (ICS) is to deliver the quadruple aim of;

- Better health and wellbeing for the whole population
- Better quality care for all patients
- sustainable services for the taxpayer; and
- a reduction in health inequalities.

The White Paper also responds to the recommendation to strengthen governance, transparency and public accountability, to remove barriers and to give the opportunity to develop an even deeper relationship with Local Authority partners in ICSs. It includes the formal merger of NHS England and Improvement as a new statutory body, NHS England.

ICSs of the future are expressed as a NHS Statutory Body with an NHS Board and separately, a statutory Health and Care Partnership.

The Health and Care Partnership is an opportunity to address the wider health, public health and social care needs of the system, with the NHS ICS Board and Local Authorities having regard to that plan when making decisions.

The current indicative timeline for progression of the proposals through parliamentary process sees the earliest that the Bill will become an Act of Parliament is January 2022, with the provisions of the Act brought into effect in April 2022.

This document sets out an agreed way of working in South Yorkshire and Bassetlaw for the Health and Care Partnership during the transition year 2021-22 as partners get ready to set up a statutory organisation. Partners will continue to work within existing statutory frameworks during this time while developing future ways of working which will cover:

- Provider collaboratives
- Place-based partnerships
- How the nature of commissioning will change
- Integrated care system operating model

SYB partners formed a Steering Group to oversee the development work. The Group has been meeting regularly to co-produce the Compact and the roles and responsibilities, scope, accountability and reporting of the Health and Care Partnership for the transition year 2021/22.

The Compact captures the commitment of SYB health and care partners in focussing on the key purposes of an ICS and quadruple aim of better health and wellbeing for the whole population, better quality care for all patients, sustainable services for the taxpayers and reduction in health inequalities.

The new Health and Care Partnership for 2021/22 has a terms of reference and membership with a golden thread from the Health and Care Compact.

The Compact and Health and Care Partnership are interim arrangements for the year 2021/22 and will be refreshed as guidance and legislation is published.

The Steering Group has agreed to continue to meet during the transition year and continue to progress the development agenda as outlined in the timetable below (taken from the NHS 2021/22 priorities and operational planning guidance implementation guidance).

Route Map for ICS Development 2021/22

Route Map

By end Q1 Update System Development Plans and confirm proposed boundaries, constituent partner organisations and place-based arrangements.

By end Q2 Confirm designate appointments to ICS chair and chief executive positions (following the second reading of the Bill and in line with senior appointments guidance to be issued by NHSEI).

Confirm proposed governance arrangements for health and care partnership and NHS ICS body.

By end Q3 Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders, and non-executive roles.

By end Q4 Confirm designate appointments to any remaining senior ICS roles.

Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies.

Submit ICS NHS body Constitution for approval and agree “MOU” with NHS England and NHS Improvement.

1 April - Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.

Steering Group

Steering Group Member	Workstream	Designation
Richard Parker	Bassetlaw Place Partnership	Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Sarah Norman	Barnsley Place Partnership	Chief Executive, Barnsley Metropolitan Borough Council
Damian Alan	Doncaster Place Partnership	Chief Executive, Doncaster Metropolitan Borough Council
Sharon Kemp	Rotherham Place Partnership	Chief Executive, Rotherham Metropolitan Borough Council
Kirsten Major	Sheffield Place Partnership	Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust
Kathryn Singh	System Mental Health Alliance	Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Richard Jenkins	System Acute Federation	Chief Executive, Barnsley Hospital NHS Foundation Trust and Interim Chief Executive, The Rotherham NHS Foundation Trust
John Somers (Deputy Ruth Brown)	System Children's and Young People Collaborative	Chief Executive, Sheffield Children's NHS Foundation Trust
Jackie Pederson	Commissioning (Doncaster) and Primary Care System Collaborative	Accountable Officer, Doncaster Clinical Commissioning Group
Idris Griffiths	Commissioning (Bassetlaw)	Accountable Officer, Bassetlaw Clinical Commissioning Group
Chris Edwards	Commissioning (Rotherham)	Accountable Officer, Rotherham Clinical Commissioning Group
Nick Balac	Commissioning (Barnsley)	Clinical Chair, Barnsley Clinical Commissioning Group
Lesley Smith	Commissioning (Sheffield)	Accountable Officer, Sheffield Clinical Commissioning Group and SYB ICS Deputy System Lead
Catherine Burn	System – Voluntary Sector	Voluntary Sector Representative
Adrian England	System – Healthwatch	Healthwatch Representative
Andrew Cash	System	System Lead, SYB ICS
Will Cleary-Gray	System	Chief Operating Officer, SYB ICS
In attendance		
Mike Farrar	-	Independent Consultant
Robert McGough	-	Partner, Hill Dickinson
Helen Stevens-Jones	System	Director of Communications and Engagement, SYB ICS
Chris Walker	-	Attain
Sophia Malik	-	Attain

Design Group

Steering Group Member	Workstream	Designation
Damian Alan	Doncaster Place Partnership	Chief Executive, Doncaster Metropolitan Borough Council
Sharon Kemp	Rotherham Place Partnership	Chief Executive, Rotherham Metropolitan Borough Council
Alexis Chappell	Sheffield Place Partnership (Nominated by Sharon Kemp)	Director of Adult Social Services Sheffield City Council
Kirsten Major	Sheffield Place Partnership	Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust
Kathryn Singh	System Mental Health Alliance	Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Richard Jenkins	System Acute Federation	Chief Executive, Barnsley Hospital NHS Foundation Trust and Interim Chief Executive, The Rotherham NHS Foundation Trust
Jackie Pederson	Commissioning (Doncaster) and Primary Care System Collaborative	Accountable Officer, Doncaster Clinical Commissioning Group
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Catherine Burn	System – Voluntary Sector	Voluntary Sector Representative
Adrian England	System – Healthwatch	Healthwatch Representative
Andrew Cash	System	System Lead
Will Cleary-Gray	System	Chief Operating Officer, SYB ICS

In attendance

Robert McGough	-	Partner, Hill Dickinson
Helen Stevens-Jones	System	Director of Communications and Engagement, SYB ICS
Chris Walker	-	Attain
Sophia Malik	-	Attain

Health and Care Compact

The aim of partners in the South Yorkshire and Bassetlaw Integrated Care System is to bring about better health and wellbeing for the whole population, better quality care for all patients and sustainable services for the taxpayer.

The Compact enshrines the collaboration and principles of working together and is intended to be a golden thread during the transitional year 2021/22.

Health and Care Compact

Background and Purpose

The South Yorkshire and Bassetlaw Integrated Care System (ICS) has evolved from the establishment of a Sustainability and Transformation Partnerships in January 2016, Accountable Care Systems, April 2017, to become one of the first ICS systems in England. The ICS comprises of five places, Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

The ICS vision is for everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well, for longer.

The partners of the ICS acknowledge the gross state of inequalities in South Yorkshire and Bassetlaw (SYB) and that these have widened during the Covid-19 pandemic. The Marmot Review highlighted that the health gap has grown between wealthy and deprived areas and that place matters in terms of deprivation and life expectancy. This is also reflected in the wider socio-economic challenges for the development of the SYB region.

There is a compelling need for the partners of the ICS to come together to better address the inequality issue using a transformational collaborative approach with their combined resources.

The shared purpose of the ICS is to deliver the quadruple aim (better health, care, value and reduced inequalities) in order to;

- Improve population health outcomes and;
- Reduce health inequalities for the population of SYB.

This will be through the prevention of ill health and provision of safe and high quality needs led/ outcome-focussed public services that work well together, looking after staff and managing health and ill health.

Data, technology and innovation will be harnessed across the ICS and at place to achieve this and enable transformational change to make SYB the best place to be born, live and work ('the Shared Purpose').

The Integrated Care System

Partners of the ICS now (those set out as signatories to this Compact below) are wishing to develop the ICS in response to the changes to the system set out in the White Paper:

Integration and Innovation:
working together to improve
health and social care for all

(the **White Paper**) and the forthcoming legislative changes from a Health and Care Bill to better meet the Shared Purpose.

The current core ICS arrangements consist of Collaborative Partnership Board, Health Oversight Board, Health Executive Group and Integrated Assurance Committee, together with a clinical forum, citizens' forum and a number of Programme Boards working with existing statutory governance. Partners of the ICS are seeking to transition to an appropriate approach to the ICS NHS Body and the Health and Care Partnership through 2021/22 and the adoption of the new Bill and this Compact will be reviewed during the course of the year to ensure that it and its membership reflects the current position and constituency of the ICS.

The new arrangements will include the development of a statutory ICS NHS Body and an associated ICS Health and Care Partnership (the **Partnership**). The Partnership will bring together health, social care, public health (and potentially representatives from the wider public space where appropriate, such as social care providers or housing providers) and the voluntary and community sector. Amongst its roles, it will be responsible for developing a plan that addresses the wider health, public health, and social care needs of the system - the ICS NHS Body and Local Authorities will have regard to the plan when making decisions.

This Compact sets out the underlying values and principles amongst the partners on matters that will guide the development of the ICS. It is not intended to be a legally binding document but rather a shared commitment. It should be used as a guide in discussions and for holding each other to account when developing the ICS and the Partnership.

The partners intend to work together in a collaborative and integrated way across system, place and neighbourhoods in SYB in line with the Values and Principles set out below, for the Shared Purpose.

Values and Principles for the ICS Partnership

The partners recognise that achieving the Shared Purpose will depend on their ability to effectively co-ordinate themselves in order to deliver an integrated approach to the provision of services across the ICS. This may include (if partners choose) combining expertise, workforce and resources and also a review of how the Health and Wellbeing Boards in each of the five Places can play a key role in the development and structure of the Partnership.

The partners also wish to support each other in the development of successful place based systems within the ICS for Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield, which will each work as an effective part of the wider system and key building block. Members will also deploy appropriate resource to support the Partnership (each member retains ownership of its resources and is solely responsible for decisions about how those resources are used).

The members will embrace the following values:

- The **'quadruple aim'** of 'better health and wellbeing for the whole population, better quality care for all patients and sustainable services for the taxpayer alongside the reduction of health inequalities
- To play their part in social and economic development and environmental sustainability of the SYB region
- Committing to making decisions
- Always keeping citizens at the centre of everything the partners do
- Ensuring that the children's, young people and families agenda is a key element of this work
- Supporting each other and working collaboratively to take decisions at the most local level as close as possible to the communities that they affect whether that be system, place or neighbourhood (subsidiarity) and not to simply replicate what is at place in the ICS
- Developing collaborative leadership to deliver the Shared Purpose, and a culture and values to support transformation. All partners are respected and valued. They understand their own contribution and support the contributions of other partners to the Shared Purpose
- Strengthen the links between Place and ICS as well as other local representative structures such as Health and Wellbeing Boards and demonstrate inclusivity and shared ownership
- Making time and other resources available to develop the Partnership and deepen working relationships between partners at all levels
- Being transparent with each other and the people of SYB around decisions and appointments
- Using the best available data to inform priorities and decision-making
- Looking for simplicity and effectiveness in any Partnership structures and governance and follow the rule of form following function

- Acting with honesty and integrity and trusting that each other will do the same;
This includes each member being open about the interests of their organisation and any disagreement they have with a proposal or analysis. Partners will assume that each acts with good intentions; and
- Working to understand the perspective and impacts of their decisions on other parts of the health and social care system
- Decisions should be taken together at the right level to deliver the Shared Purpose and benefit the population of SYB. Decisions around resource at place should be made with the relevant partners at the place level and when decisions are taken together across the SYB system they should not adversely affect the outcomes or equity for populations within SYB ICS
- Communicating openly about major concerns, issues or opportunities relating to this Compact and adopting transparency as a core value, including through open book reporting and accounting, subject always to appropriate treatment of commercially sensitive information if applicable
- Having conversations about supporting the wider health and care system, not just furthering their own organisations' interests
- Undertaking more aligned decision-making across the partners and trying to commission and deliver services in an integrated way wherever reasonably possible
- Routinely using insights from data to inform decision making
- Positive engagement with other partners in other geographies in pursuit of the quadruple aim and effective planning and delivery including Clinical and Professional Networks
- Ensure that problems are resolved where possible rather than being moved around the system
- Acting promptly. Recognising the importance of integrated working and the Partnership and responding to requests for support from other partners

...together these are the 'Values'.

The ways in which the members will put the Values into practice include:

- Promoting and striving to adhere to the Nolan Principles of public life (selflessness, integrity, objectivity, accountability, openness, honesty and leadership) including:
- Specifically being accountable to each other for performance of respective roles and responsibilities for the Partnership and the ICS, in particular where there is an interface with other members; and

...together these are the 'Principles'.

Signatories to the Compact

Organisation	Officer	Signature
Barnsley Clinical Commissioning Group		
Barnsley Hospital NHS Foundation Trust		
Barnsley Metropolitan Borough Council		
Bassetlaw Clinical Commissioning Group		
Bassetlaw District Council		
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust		
Doncaster Clinical Commissioning Group		
Doncaster Metropolitan Borough Council		
Healthwatch (signed on behalf of Healthwatch partners in SYB)		
Nottinghamshire Healthcare NHS Foundation Trust		
Nottinghamshire County Council		

Signatories to the Compact

Organisation	Officer	Signature
Rotherham Clinical Commissioning Group		
Rotherham Metropolitan Borough Council		
The Rotherham NHS Foundation Trust		
Rotherham, Doncaster and South Humber NHS Foundation Trust		
Sheffield Children's NHS Foundation Trust		
Sheffield City Council		
Sheffield Clinical Commissioning Group		
Sheffield Health and Social Care NHS Foundation Trust		
Sheffield Teaching Hospitals NHS Foundation Trust		
South West Yorkshire Partnership NHS Foundation Trust		
Voluntary, Community and Social Enterprise (VCSE) (signed on behalf of the VCSE partners in SYB)		

Health and Care Partnership Terms of Reference

The Health and Care Partnership is intended to be a springboard for bringing together health, local authorities and partners, to address the health, social care, and public health needs at a system level, and to support closer integration and collaborative working between health and social care.

Health and Care Partnership

Introduction

Transitional Phase to April 2022:

The South Yorkshire and Bassetlaw ICS Health and Care Partnership (H&CP) will replace the Collaborative Partnership Board. It will have a transitional role until the adoption of the statutory ICS in April 2022 (the Transitional Phase) and will be reviewed during this phase in the light of emerging legislation and guidance.

New statutory role post - April 2022:

As set out in the White Paper, ICSs will be established to include an NHS body and a Health and Care Partnership (H&CP).

The SYB H&CP has been co-produced and will be established in the transition year with the new structure in mind. Further guidance is expected from the Department of Health and Social Care which will inform its role.

Its role for this later period is expected to include promoting SYB partnership arrangements, and developing a plan to address the health, social care and public health needs of the SYB system. It is intended that (from April 2022) the ICS NHS Body and each local authority in SYB will have regard to this plan.

The role for the ICS H&CP post April 2022 will be developed by the members with reference to appropriate legislation and guidance during the Transitional Phase and the H&CP will support this process.

Roles and responsibilities

The H&CP is intended to be a springboard for bringing together health, local authorities and partners, to address the health, social care, and public health needs at a system level, and to support closer integration and collaborative working between health and social care.

In the Transitional Phase the H&CP's role and responsibilities will be to:

- a) **support delivery of the Shared Purpose (as set out in the Compact agreed between the ICS members)** working in partnership across the SYB ICS membership in particular around population health and the need for transformational changes to address health inequalities
- b) **engage with the Health and Wellbeing Boards at place** and have regard to their plans for their place as well as the plans from the place based partnerships in SYB in developing an ICS Health and Care Plan to address the systems' health, public health, and social care needs. (See Health and Wellbeing Board Interface section below)
- c) to set the framework within which the transitional ICS Executive and Health Executive Group (HEG) will operate in the Transitional Phase and to prepare for the transition to the new statutory structure for the ICS
- d) to involve, inform and engage patients, the public, staff and their representatives in the work of the partners of the ICS
- e) be responsible for the agreement and oversee the delivery of the SYB ICS Five Year Plan (and an annual refresh of this plan) as well as a finance plan and such other plans for SYB as may be agreed
- f) receive regular update reports from the transitional ICS Executive and Health Executive Group (HEG) on the ongoing progress of the transition to the new statutory form for the ICS on 1 April 2022
- g) provide a mutual assurance function and holding each other to account as outlined in the Compact
- h) support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector
- i) promote collaboration and the Values and Principles set out in the Compact across SYB through its constituent parts (organisational, provider collaboratives, place and neighbourhood)
- j) provide leadership across the SYB health economy to ensure that the values and principles for the SYB health and care system as set out in the Compact are followed

These roles and responsibilities will be reviewed during the Transitional Phase and will be periodically updated to reflect any agreed or required changes following legislation and guidance.

Health and Wellbeing Board Interface

We recognise the importance of bringing together ICSs and Health and Wellbeing Boards (HWB) as complementary bodies at system and place level. ICS NHS Bodies and Health and Care Partnerships will have formal duties to have regard to HWB plans.

The Health and Wellbeing Board Chairs (HWBC) for each of the constituent five places in SYB will be asked to meet to assure and agree the process and common format for the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies as well as the timing for these to be presented to the H&CP in order to inform the H&CP planning process on the SYB plans for the forthcoming financial year.

In preparing the H&CP plan for SYB the H&CP will submit its draft plan to the HWBC at an agreed time in the planning process together with a summary of how the local HWB plans have been reflected in the SYB plan for review and comment.

The HWBC will have the option to either support the SYB plan or to make comments for consideration by the H&CP within an agreed timeframe.

The H&CP will also be required to inform the HWBC of how any of their documented concerns have been reflected in subsequent drafts or why they have not been included and provide the HWBC with a copy of the proposed final form of the H&CP plan when this is sent to the H&CP members for approval.

If the final form H&CP plan is not supported by the HWBC or they have specific concerns then they will have the option to attend and make representations at (or to table a document at the meeting reflecting their concerns) the H&CP Meeting where the H&CP plan is to be discussed or approved directly.

The intention of the members is to review this joint planning process over the Transitional Period and to consider prior to April 2022 whether the H&CP will require either the overview and review of the SYB plan by the HWB as set out above or alternatively the direct membership of the HWBC on the H&CP.

Membership

The H&CP will exercise its role in relation to the SYB ICS region.

Geographical scope

In the Transitional Phase it is acknowledged there will initially be a wider membership of the Health and Care Partnership (H&CP) building on places and recognising the current statutory framework including and up to April 2022. In the Transitional Phase the H&CP will facilitate the development of the H&CP to take on its statutory form and a refresh of the membership will take place following Department of Health and Social Care (DHSC) guidance expected in June/July. Membership will be reviewed in the light of this guidance and other local discussions in SYB, for example any other emerging provider collaboratives. At the same time, a small steering group will work to the Partnership in the transition year. In addition, the H&CP will engage Health and Wellbeing Boards to seek their views on how they wish to work with the H&CP in their respective statutory roles. We would seek to rotate the meeting in Local Authority premises where live streaming would be available and local people could attend. Meetings will be expertly facilitated, well-organised and with the opportunity for places to exchange ideas and all partners to agree on major system priority programmes. The H&CP will hold four meetings per year, with the possibility of two of the meetings having extended membership and

the format adapted to facilitate 1) input to the SYB strategic plan and priorities and 2) reviewing delivery against the plan and priorities.

The initial membership of the H&CP in the Transitional Phase will comprise of:

- a) Six nominations from each place, representing the views of commissioners and providers in each of our five places (30)

Nominations must include:

- Two nominations from the Local Authorities; Chief Executive and Director of Public Health
- Two nominations from CCGs, recognising the clinical leadership of these organisations; Clinical Chair and Accountable Officer
- GP Primary Care Collaborative representative for place (may take a few months to get in place)*
- One nomination from other Providers

- b) Provider collaboratives (6)

A Chair and Chief Executive from each provider collaborative:

- SYB Primary Care Programme Director and Community Pharmacy Representative*
- Mental Health Collaborative
- Acute Provider Collaborative

*NB primary care structures are still emerging.

- Health Education England for SYB
- c) Yorkshire Ambulance Service and East Midlands Ambulance Service (2)
A Chair or Chief Executive nomination
 - d) South Yorkshire Housing Association (1)
A Chair or Chief Executive nomination
 - e) Voluntary, Community, Faith and Social Enterprise Sector (1)
 - One nomination representing voluntary, community, faith and social enterprise sector for SYB
 - f) Clinical and professional representation (4)
 - One nomination representing adult social care for SYB
 - One nomination representing children, young people and families
 - One nomination representing Nursing and Midwifery for SYB
 - One nomination representing Allied Health Professionals for SYB
 - g) Health Education England
 - One nomination representing
 - h) Healthwatch (1)
 - One nomination representing Healthwatch for SYB
 - i) Strategic commissioning (2)
 - Clinical Chair Joint Committee of Clinical Commissioning Groups
NB Will also be a current CCG Clinical Chair
 - One nomination representing NHS England specialised commissioning
 - j) South Yorkshire Combined Authority (1)
 - One nomination representing Sheffield City Region Combined Authority
 - k) ICS system – seven nominations from SYB system to be determined by the ICS lead. (7)
- Nominations must include:
- ICS chair designate
 - ICS chief executive designate
 - ICS chief operating officer
 - ICS medical director
 - ICS digital lead (SRO)
 - ICS finance director

Lay member/Non Executive representatives of ICS programme priorities to include (for example) Equality, Diversity and Inclusion and public and patient involvement leads.

Meetings

The H&CP will operate in accordance with the SYB ICS Standing Orders.

The Chair may agree that members may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities provided every member is able to be heard by every other member. Participation in a meeting in this manner shall constitute presence in person at such meeting.

The Chair may determine that the H&CP needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair acting reasonably. Urgent meetings may be held virtually, using any of the means specified above.

Secretariat support for the H&CP will be provided by the SYB ICS Programme Office hosted by NHS Sheffield CCG.

Quorum

The H&CP is considered quorate if there are representatives from each Place and the ICS Chair or lead are present along with at least two other system leadership members.

ICS Assembly Forum

The H&CP may opt to form an additional Assembly Forum sub-group of the H&CP which will have wider membership of organisations involved in health and care across SYB in order to allow them to participate in, influence and inform the work of the H&CP. The H&CP may decide on the terms of reference as well as how it will report to and receive input from the Assembly Forum.

Conflicts of interest

Members will ensure that they comply with the SYB ICS conflicts of interest policy and with their own host organisational requirements. Members will be transparent about any interest their organisation has in matters being discussed by the H&CP.

Registers of interest will be maintained for the H&CP and members are required to declare any interests annually, as well as on an ad-hoc basis as any should arise or become relevant in the context of their role on the H&CP.

Decision-Making

For the Transitional Phase the decision making is based on the consensus of the H&CP group and each member agrees to work together to seek to find agreement in accordance with the Values and Principles set out in the Compact.

It is acknowledged that the members will in many instances be the representatives for a wider group of organisations and will need to obtain approval from their appointing group on decisions in the H&CP. To assist in this members will be expected to communicate with their appointing groups prior to meetings and decisions of the H&CP in order to ensure that they are able to facilitate representation of their group in any discussions and decision making.

In the event that the members are unable to reach a consensus decision on a matter then they may refer this to dispute resolution whereby the matter will be discussed in a specific meeting of the H&CP to try to reach resolution working under the Values and Principles of the Compact. [If consensus has not been reached following this meeting then the consent of not less than [90]% of the eligible representative members will be taken as the decision of the H&CP.]

From April 2022 together with the ICS NHS Body the H&CP will constitute the ICS. It is intended that from April 2022 that the H&CP will be able to take its own decisions regarding matters within its remit such as the setting of the H&CP Plan for the SYB ICS.

The ICS NHS Body may also then delegate parts of its role to the H&CP. This will be done in accordance with the ICS NHS Body governance rules and these Terms of Reference will be updated accordingly prior to April 2022.

Frequency

It is proposed that the H&CP meets between four and six times per year to coincide with key budgetary, planning and priority setting timetables and that two of these meetings are broadened out to include a wider membership and format which facilitates input to developing the wider system plan and priority setting and sharing of progress, innovation, learning and best practice.

Deputies

Members will nominate deputies to attend on their behalf when they are unable to do so. Deputies should only be asked to attend a meeting in exceptional circumstances.

Public meetings

The members intend that the formal meetings of the H&CP from the end of the Transitional Phase shall be open to members of the public and that notice of these meetings will be provided via the ICS website. Members of the public may be excluded from a meeting for special reasons.

Where providing a record of a public meeting the H&CP minutes shall be made available to the public.

Accountability and reporting

In the Transitional Phase the H&CP will report on its work and the delivery of the H&CP plan into the Health Executive Group and transitional ICS Executive and members will be expected to ensure that the work of the H&CP is reported back into its member organisations directly.

From April 2022 the H&CP will form part of the statutory NHS South Yorkshire and Bassetlaw Integrated Care System.

The H&CP will then report on its work and the delivery of the H&CP plan into the SYB ICS NHS Body and members will be expected to ensure that the work of the H&CP is reported into member organisations.

The H&CP will also publish its plan to address the systems' health, public health, and social care needs and make this available to the public by such routes as the H&CP shall determine.

Review

These Terms of Reference will be reviewed after the draft Health and Care Bill is issued and following guidance on the structures for the ICS and thereafter on an annual basis from April 2022.

Reviewer

Date of review



South Yorkshire and Bassetlaw Integrated Care System

Health and Care Compact

Health and Care Partnership

Terms of Reference

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South Yorkshire and Bassetlaw Integrated Care System



**SYB ICS Development
Development Matrix
v1-4 09/04/21**



The South Yorkshire and Bassetlaw journey to becoming one of the first integrated care systems in the country has been one built on the foundations of strong partnerships formed over the last 5 years in each of our 5 places, and across SYB, focusing together on delivering our ambitions for the population we serve.

The partnership has been co-created throughout this time, our vision has remained consistent: *For everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well, for longer.*

Integrated Care: Next steps to building strong and effective Integrated Care Systems and the White Paper, extended the requirements to develop Place models that build on the progress to date and support the journey across local systems. Importantly, the progress in the Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield Places has meant that the Places are already on this journey and have been for a number of years. The five Places are the cornerstone of the ICS and progressing jointly over the coming months, and throughout 21/22 is key to the success of the system and each of the Places.

As partners across SYB come together to deliver the transitional arrangements by April 21, for 21/22 and further build plans for September 2021 ahead of legislative change for 2022, we have co-produced the development matrix to support partners on this journey and identify key requirements to evolve local models. The principle of subsidiarity has been agreed as fundamental to the model across SYB, however, to explore local decision making and delegated authority from the ICS NHS Board, there are likely to be key enablers that need to be implemented in each of the Places.

As part of the work to develop the ICS Operating Model, there has been the development of illustrative views of a potential form and approach. The following slides provide an overview of this, understanding that this may evolve but importantly sets out some of the key areas in further developing Place Partnerships and Provider collaboratives.

SYB System Priorities – Quadruple Aim

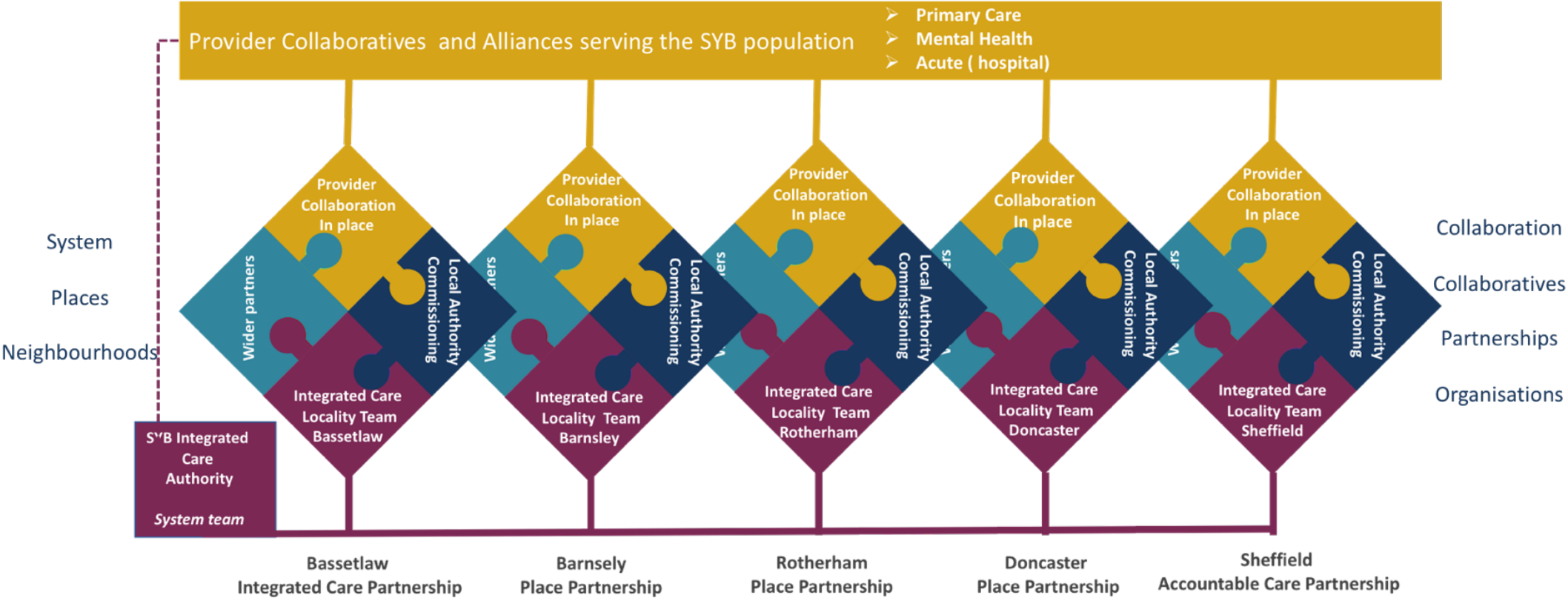
1. Better health and wellbeing for the whole population
2. Better quality care for all patients
3. Sustainable services for the taxpayer
4. Reduction of health inequalities

Place Developments

1. Joint Commissioning
2. Vertical Provider Collaborative
3. Place Partnership



A high level illustration of place partnerships and their key components in context of a future SYB NHS Integrated Care Authority



The ICS will be the new host employer for current CCG and ICS staff. The majority of staff will continue to work in place and continue to undertake similar roles as they do now and sometimes undertake functions wider than place where that is appropriate. Staff will take leadership and direction from place.

Providers of health care working in collaboration and collaboratives both in place and across the system to ensure the local place and total ICS population health and care needs are met.

NHS and Local Authorities working jointly and with other partners in place on population health, public involvement and coproduction supporting local integration, provider collaboration and service transformation



An illustration which helps us explore some of the key features of the emerging operating model

Providers of health and care are working together in Place:

- in collaboration,
- Collaboratives, and;
- As part of a wider strategic partnership

Local Authorities and the NHS are working Together in Place:

- Joint commissioning in place

How a wider strategic partnership in Place is bringing a wider set of partners together to:

- meet the needs of the place population



Delegation from the NHS Integrated Care Authority

- **Leadership, People capacity and skills to co-produce:**
 - Improving population health and reduce health inequalities
 - Development of primary care networks
 - Local integration, provider collaboration and services transformation
 - Coordinate local contribution to health, social and economic development
- **Financial resources, autonomy and decision-making capability including:**
 - Delegated budget to effectively discharge roles for the place population
- **Clear but flexible accountability framework including:**
 - Commissioning and risk management

SYB
Integrated
Care
Authority

And
system team

The Integrated Care NHS Authority will be the new host employer for current CCG and ICS staff. The majority of staff will continue to work in place and continue to undertake similar roles as they do now and they will take leadership and direction from place

South Yorkshire and Bassetlaw Integrated Care System



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Development Matrix

This is a live document and will be updated periodically as and when further detail becomes available.



The Development Matrix has been designed to support Places and Provider Collaboratives on their journey to achieve their ambition and place based priorities. It has been developed with the aim to support the development of plans through the transition year and below we have referenced key principles that have been central to the development of this.

Key Principles

1. To enable flexibility, where this is required, to support Place Models and Provider Collaborative Models to deliver their ambitions for the local Place population
 2. To be reflective of the principle of subsidiarity
 3. To reflect the journey to date of the 5 Places in developing Partnerships
- To enable focus on the quadruple aim; supporting better health and well being, improving outcomes for the local population, focussing on the wider determinants of health and reducing health inequalities
- To further build the approach to matrix, understanding that the journey for Place and Provider Collaborative development will go beyond April 22

The purpose of this document is to support development across Provider Collaborative and Place Partnerships, and therefore a process for testing and using the tool to self-assess has been discussed. Across the course of April and in to early May, Partners are encouraged to share their experiences of the tool and use this as a way to share good practice across the five places and identify areas they may require further clarity and support as we further develop on this journey together.

Some of the areas included are applicable to both Place development and Provider Collaborative (vertical and horizontal) development; in time it may be that we start to split these out further to demonstrate the differences but as an initial draft we were keen to include all applicable areas to start to test our approach.

Development Matrix - Approach



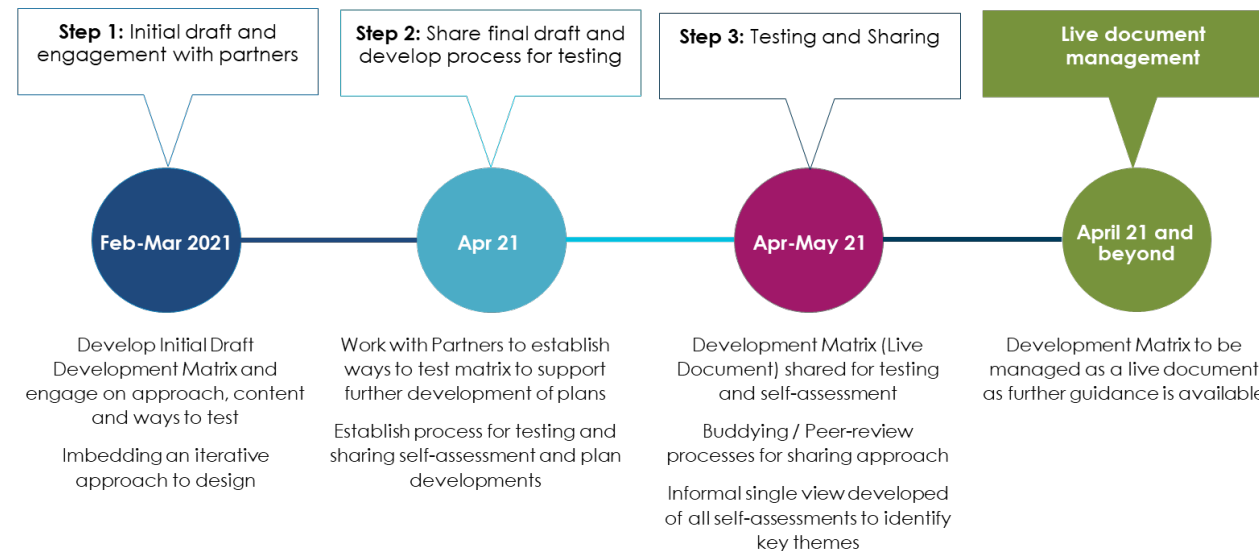
Central to the approach of the Development Matrix has been to engage with Partners to establish an approach which is helpful to the development of Place and Provider Collaborative Plans, by taking an iterative approach and ahead of the testing phase in April/May 21.

This has included the following steps outlined in our approach.

Approach:

1. To work together across partners to co-produce a matrix which supports the five Places and Provider Collaboratives in developing their plans for September 2021 and throughout 2021/22
2. To identify key enablers and support from across the system to build on the successes to date
3. To utilise the matrix as a live document and update and evolve the approach as further clarity is provided nationally to best support local developments

To develop a process for testing the matrix in each of the five Places from April 21 and beyond, including a sharing and learning approach





1. Purpose and Vision

2. Leadership

3. Governance

4. Co-ordinated decision making and service design

5. Financial framework

6. Workforce and culture

7. Values and Behaviours

8. Integration of Services

9. Reporting, Quality and outcomes (contracting)

10. Population health management

11. BI and Digital Infrastructure

12. Defined population that is within scope of the Place

13. Public and patient engagement

1. Purpose and Vision



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Purpose and Vision									
Thriving				The Place has a clear interface with the ICS to manage delegation/contracting and mechanisms for communication between ICS and Place are further developed.	All Partners have a shared vision and purpose that is agreed, documented and embedded throughout their organisations.	Alignment of the Place vision and purpose with the ICS vision and purpose, including as set out in any plans produced by the Place with the ICS (such as HWB and the ICS Health & Care Partnership). ICS Plans would reference Place developments	The strategy to achieve the shared vision and purpose is informed by PHM insights and the Place can demonstrate how it will use PHM techniques to help the place deliver improved outcomes	Partners are clear and can express the benefit the partnership work brings to the population at place and this is reflected in interactions and behaviours across the place and also between the place and the ICS.	Partners are developing relationships or working with wider partners (e.g. police, housing associations) to seek to address the wider determinants of health
Developing		All Partners have a shared vision and purpose that is agreed and documented though it may not yet have been embedded throughout the organisations themselves.	The strategy/plan is clearly aligned to the place-based Health and Wellbeing Board Strategy The strategy/ plan identifies key health inequalities and steps to tackle them.	The Place strategy/plan includes a road map for implementing population health management techniques across the Place.	There is an awareness at Place level of emerging plans of the ICS NHS Body and the ICS Health & Care Partnership	The Place has a clear interface with the ICS to manage delegation/contracting and mechanisms for communication between ICS and Place are being developed.			
Emerging	Partners have started coming together to develop a shared vision and purpose for their collaborative working. These working arrangements are informal currently and not binding.	Partners understand the need to embed tackling health inequalities and are exploring PHM approaches, strategy and objectives.	There is a clear strategy and/ or plan for the development of collaborative working and benefits of partnership working are recognised to achieve improved outcomes at Place and an ambition to share with other Partners across the ICS.						



2. Leadership



Leadership							
Thriving			The Place Partnership has developed structures and processes to enable both clinical and professional leaders to support the vision, strategy, plan and service design at Place	Partner leaders can demonstrate examples where they have taken action focused on collaboration across organisations to ensure greater benefit for the population and have not prioritised organisational interest or silo working.	Leadership team representation is agreed and reflected in governance. Partners have agreed to be represented by the single leadership team in wider ICS conversations with underpinning reporting and governance.	Leadership team is agreed and documented with roles defined and agreed across all organisations and reflected in governance structures with an associated track record for delivery.	Partner leaders are coming together to identify the common challenges facing them and are demonstrating that they are developing their responses to these together.
Developing		Leaders of Partners demonstrate their agreed values and behaviours in interactions with each other and the wider ICS.	Leaders of Partners are focused on collaboration across organisations and the value of collaborating for the population in line with the vision and shared purpose	Groups of clinical and professional leaders from Partners meet to discuss common issues of concern and are able in some instances to present a unified position for the Place/collaboration.	Leadership team at place/collaborative agreed by partner organisations.		
Emerging	Leaders work together to drive collaboration across the footprint though there is little formal structure around the place leadership.	Leadership groups at have begun to develop objectives for the Partnership / Collaborative.	Looking to increase engagement across key partners and sectors both at place and with the ICS and there is alignment forming with local Health and Wellbeing Boards.	Initial discussions are being held in relation to organisations representing each other on behalf of the Place or the collaborative in wider system discussions.	The Place has mechanisms to develop both clinical and professional leadership approaches.		



3. Governance



Governance							
Page 121	Thriving		CEOs/AOs have delegated decision making authority from boards in agreed areas to allow common decisions to be taken by the Place Partnership Committee and/ or other groups	<p>The Place / Collaborative operating model has clear governance with lines of accountability alongside agreed terms of reference for the Partnership and associated groups. This is co-owned by the members and has reporting lines to the ICS NHS Body and constituent organisations for decision-making abilities (where appropriate). It should also have the ability to employ staff. The approach may include some of the following elements:</p> <p>Place Partnership Committee (with authority to make decisions on behalf of Partners, including if there is not consensus);</p> <ul style="list-style-type: none"> • Joint Commissioning Committee; • Collaborative of local providers; • a Partner willing and able to act as host; • a Vertical Provider Collaborative or suitable delivery entity that has the ability to hold and deliver contracts for services. 		An agreed infrastructure to support Place e.g. co-ordinated input from primary care networks and multi-professional teams to support delivery of plans.	Transparent and robust governance to support working and decision making in the system, connects to the democratic process through a strong relationship with the Health and Wellbeing Board.
	Developing		<p>Governance structure agreed for Place Partnership which has agreed TOR and lines of accountability to ICS NHS Body and constituent organisations for decision-making abilities.</p> <ul style="list-style-type: none"> • Place Partnership Forum • Joint Commissioning Committee , • Vertical Provider Collaborative of local providers 	<p>Vertical Provider Collaborative is supported by formal governance arrangements e.g. a collaboration or alliance agreement with governance structures and representation to allow decision making</p>	Partners are working towards a “weight-bearing infrastructure” that will enable joint appointments/ authorisation of a single leadership team across place or the collaborative.		
	Emerging	Local loose arrangements for a partnership forum enabling involvement and representation of all Partners. Ad hoc meetings of Partner leaders to discuss common issues of concern.	Discussions are being held regarding the development of a model for aligned and/ or joint decision-making that will enable the delivery of the place strategy/ plan.	Some joint decision-making through existing structures e.g. commissioners through BCF and section 75 arrangements	Issues that span different Partners are beginning to be addressed by all Partners working together and there are clear governance processes in place to address any issues.		

3. Co-ordinated Decision Making and Service Design



Co-ordinated decision making and service design					
Thriving		There is a shared infrastructure in development to enable the delivery of strategy and plans at place and neighbourhood.	<p>Primary Care is embedded in the working of the Place Partnership and wider system with clear alignment of plans.</p> <p>PCN leaders are participating at place and have access to required information.</p>	<p>Partners have developed structures to enable greater levels of co-ordinated decision-making with a focus on health outcomes and the wider determinants of health at Place level which could include:</p> <ul style="list-style-type: none"> • Joint commissioning: between the ICS and the Local Authority management of significant section 75 agreement (including Better Care Fund) or alternative joint committee arrangements with the local authority and other local partners for place integration. • Providers : wider place contracts (ICP or outcomes based) developed across groups of Providers with suitable legal structures in place across providers to manage delivery of specific services e.g. alliance or lead provider arrangements and/or provider joint committee • Providers: Partners have formed a Vertical Provider Collaborative to manage wider service delivery across the place or the collaborative as appropriate • Place Partnership: services and functions that Partners wish to work together on more closely are described in the shared governance arrangements 	
Developing	Primary Care is embedded in the processes for Place, and PCN Leaders are engaged in the Place Partnership and working at neighbourhood level.	Partners have co-ordinated their delivery where appropriate to the Place footprint	<p>Partners are developing structures to enable greater levels of co-ordinated decision-making at Place which could include:</p> <ul style="list-style-type: none"> • Joint commissioning: between the ICS and the Local Authority management of significant section 75 agreement (including Better Care Fund) or alternative joint committee arrangements with the local authority and other local partners. • Providers : wider place contracts (ICP or outcomes based) in development across groups of Providers with suitable legal structures in place across providers to manage delivery of specific services e.g. alliance or lead provider arrangements and/or provider joint committee • Providers: Partners are working to develop a Vertical Provider Collaborative to manage wider service delivery across the place or the collaborative as appropriate • Place Partnership: services and functions that Partners wish to work together on more closely are described in the shared governance arrangements 		
Emerging	<p>Developing an approach to co-ordinate decision-making and service delivery across the Place footprint by exercising functions in a co-ordinated way, which could include:</p> <ul style="list-style-type: none"> • Joint commissioning between the ICS and the Local Authority: increasing the level of joint commissioning e.g. through increasing the scope of the Better Care Fund section 75 arrangements. • Providers: working towards developing integrated pathways and models of care. • Providers: assessing the appetite for the creation of new joint committees e.g. between providers • Place Partnership: identifying the functions that they will want to explore exercising together at Place. 	Primary Care is engaged in the work and processes of the Place Partnership.			

5. Financial Framework



Financial framework				
Thriving		Resources are targeted to system priorities through application of shared financial framework across the Place / Provider collaborative.	<p>Delivery against single financial plan with delegated authority/ contract from ICS NHS Board to manage budget and act within agreed financial framework</p> <p>Development of single budget to be managed by Place or Provider collaborative (e.g. via BCF or other contractual mechanisms)</p>	
Developing		<p>Documented financial plan across the Partnership / Collaborative as to how the financial arrangements will be managed across partners.</p> <p>Aligned/Pooled budgets and risk share agreements across place / collaborative</p> <p>Financial plans determined by individual Partners</p>		
Emerging	Small pooled or aligned budgets across specific pathways (with transparency of financial arrangements) that demonstrate integrated working.			

Development (Maturity) of Place Partnership / Provider Collaborative

NB: This section will be further developed as more information becomes available through national and regional work.

6. Workforce and Culture



Workforce and Culture								
Thriving				There is an OD culture of shared learning across the Place, sharing experience, best practice to support shared decision making alongside a clear programme to develop and support future system leaders.		There is a body that is able to employ staff where appropriate arrangements are in place e.g. one of the Partners acting as a host (it is unclear whether joint committees would be able to carry out this role)		Responsibilities for managing staff working are clearly allocated and where appropriate secondment arrangements are agreed. Joint appointments made where appropriate at all levels
Developing		Introducing a culture and mechanisms to support shared learning across Place, sharing experience and best practice.	Investment by Partners in the development of the relationships between Partners that underpin working at Place, at all levels of seniority. This includes investment of staff time and possibly also external resource to support organizational development	Staff feel they work for their local area not organisation	Plans to improve flexibility of movement between organisations. Joint appointments being explored to a leadership team and other posts	Workforce resource that can be utilised by Place (e.g. former CCG staff now at the ICS and or staff employed by Partners) have been identified and consideration given to the practicalities of line management/ secondments etc.	Partners have developed a skills mapping exercise and developing a plan to ensure that workforce needs are aligned to population health needs.	
Emerging	A documented shared ambition between the Partners to work towards representing each other as part of the Partnership / Collaborative.	Developing approach with ICS NHS Body and Partners to align CCG workforce and others to the Place / Collaborative.	Identifying areas where multi-professional working across organisations could be introduced or deepened	Developing an organisational development programme to deepen trust between Partner leaders	Partners are starting to build an understanding of the skills and capabilities required to deliver their aims and objectives jointly.			



7. Values and Behaviours



Values and Behaviours				
Thriving			Agreed values and behaviours are agreed and embedded across all staff working. Failure to adopt agreed values and behaviours is identified and addressed by Partners working together.	
Developing		Agreed values and behaviours are demonstrated by leaders and within their organisations and recognised by staff		
Emerging	Agreement across Partners on set of values and Behaviours			

8. Integration of Services



Integration of services								
Thriving						Working in integrated teams has become the norm as the experience from “early adopter” pathways is extended	Integrated / aligned teams work across primary, secondary, social care, public health and other areas connected to the wider determinants of health e.g. housing, education	There are compelling plans to integrate primary care, mental health, social care, public health and hospital services further, and collaborate vertically to develop care design.
Developing		A deeper understanding within Partners of the challenges other Partners face in relation to care pathways that are within the areas of focus for the Place	A deeper understanding of how the actions of one Partner or Partners impact on others, including through public health and prevention measures	“Proof of concept” regarding the ability to work in a more collaborative and joined up way to obtain better outcomes for local populations has been achieved, although in limited areas	Plans to extend better integrated working to new areas (widening integrated care)	Plans to deepen existing integrated working e.g. through the use of multi-professional teams, co-located teams, shared budgets etc. in areas identified by the Partners.		
Emerging	Initial plans for, or limited provision of, ways of collaborative working between Partners that smooth the transition of service users into, through, out of and between organisations.	Conversations beginning between Partners regarding the impact their actions have on one another in relation to particular care pathways						

9. Reporting, Quality and Outcomes (Contracting)



Reporting, Quality and Outcomes (Contracting)				
Thriving			Routine reporting of the performance of the Place as a whole and its elements in a range of different formats, in alignment with the priorities identified by Place (alongside the ICS NHS Body, ICS Health & Care Partnership and Health & Wellbeing Board).	Quality and outcomes-based contracts/ delegation agreements with ICS NHS Body held at Place or by Provider Collaborative.
Developing	Reporting processes that allow the Place to report as one on some aspects of work/services to place partners and the ICS.	Single agreed set of outcomes across the Partnership to tackle priorities.	Small contracts/ delegation agreements in place for some services on an outcomes-based commissioning basis with ICS NHS body held at place or by Provider Collaborative.	
Emerging	Sets of target outcomes where joint or integrated working is in place, but such arrangements are limited.	Standard 'organisation-level' reporting on regular timetable, including to ICS NHS Body with limited evidence of interest in other methods for delivery of analysis for wider influence.		

10. Population Health Management



Population Health Management										
Thriving						Single view of population health and associated enabling dashboards	Health and Care outcomes feed into decisions about the allocation of resources e.g. where payment is linked to health outcomes	Commissioning/ service design, care interventions and outcomes at Place driven by population health and health inequalities considerations.	Insight derived from shared analysis is a key part of decision making by senior managers across Place.	Development of a common population health management support function that can be drawn on by Partners across the Place
Developing		Mechanism for decisions and outcomes to be driven by population health techniques and need to reduce health inequalities and focus on the wider determinants of health		Developing capacity to have a joint approach to data infrastructure, sharing and governance to enable: <ul style="list-style-type: none"> the forecasting of the population risk profile for the Place footprint; appropriate prioritisation of resources; further investment in prevention.; the tracking of health outcomes and health inequalities; and a “single version of the truth” to inform discussions about the above care interventions e.g. in groups experiencing high levels of health inequalities 			There is a clear understanding across Place / Provider Collaborative of the population health needs and this is driving the delivery of strategy / plans and approach			
	Emerging	Focus on population health through local JSNA and the data that is available locally	Ad hoc generation, sharing and analysis of population health data where required.	Identification of key health inequalities that will be the focus of work by the Place	Partners are developing a shared understanding of their local population health needs.					

11. BI and Digital Infrastructure



BI and Digital Infrastructure								
Thriving				Data from across primary, secondary and social care is routinely linked, analysed and insights shared across Partners.	Linking with other data from other sources such as education and the police is being explored.	New ways of delivering analysis, to support decision-making, are starting to emerge, in particular using real time data and feeding straight to clinicians.	Joint approach to data infrastructure, sharing and governance Plans for the use of real-time linked data to inform service user care	Single digital approach with IT systems integrated across Partners
Developing			Data from across primary, secondary and social care is starting to be linked and there is proof of concept and imbedded within this is a view of the wider determinants of health.	Digital schemes being explored for joint implementation across organisations. Partners are beginning to align their decisions about IT infrastructure				
Emerging	Partners' IT and data infrastructures are not currently connected but a clear plan is in development to improve connectivity.	There is an approach developed to start to link Service user level data across different organisations						

12. Defined population that is within the scope of the Place



Defined population that is within the scope of the Place/ Provider Collaborative					
Thriving				Shared understanding of both the Place population and high risk/target groups that are clearly defined and used as a basis for action and review, with specific cohorts and priorities clearly identified. Preventative measures used for target groups or specific cohorts.	
Developing		Shared understanding of both the Place population and sub-groups.	Preventative measures starting to be considered for target groups or specific cohorts.		
Emerging	Population groups not clearly defined in terms of the whole Place, with a focus on historic organisational boundaries.				

13. Patient and Public Engagement



Patient and Public Engagement					
Thriving			The Partnership / Provider Collaborative has a shared engagement and involvement plan which is being enacted and enables, and delivers, co-production.	Demonstrate effective service user and public engagement and involvement. And a clear understanding by service users and public of the Partnership and its work	Shared communications and engagement support service that can be utilised
Page 131		Coordinated and streamlined approach to public and service user engagement and involvement.	Engagement built in to emerging governance structures Engagement carried out regarding the new ways of working and used to inform development	There is a clear approach to engage and involve the patients and public in developing strategy and plans.	
Emerging	Awareness of public and service user engagement and involvement legal obligations and requirements.	Evidence of working together to discharge requirements.			

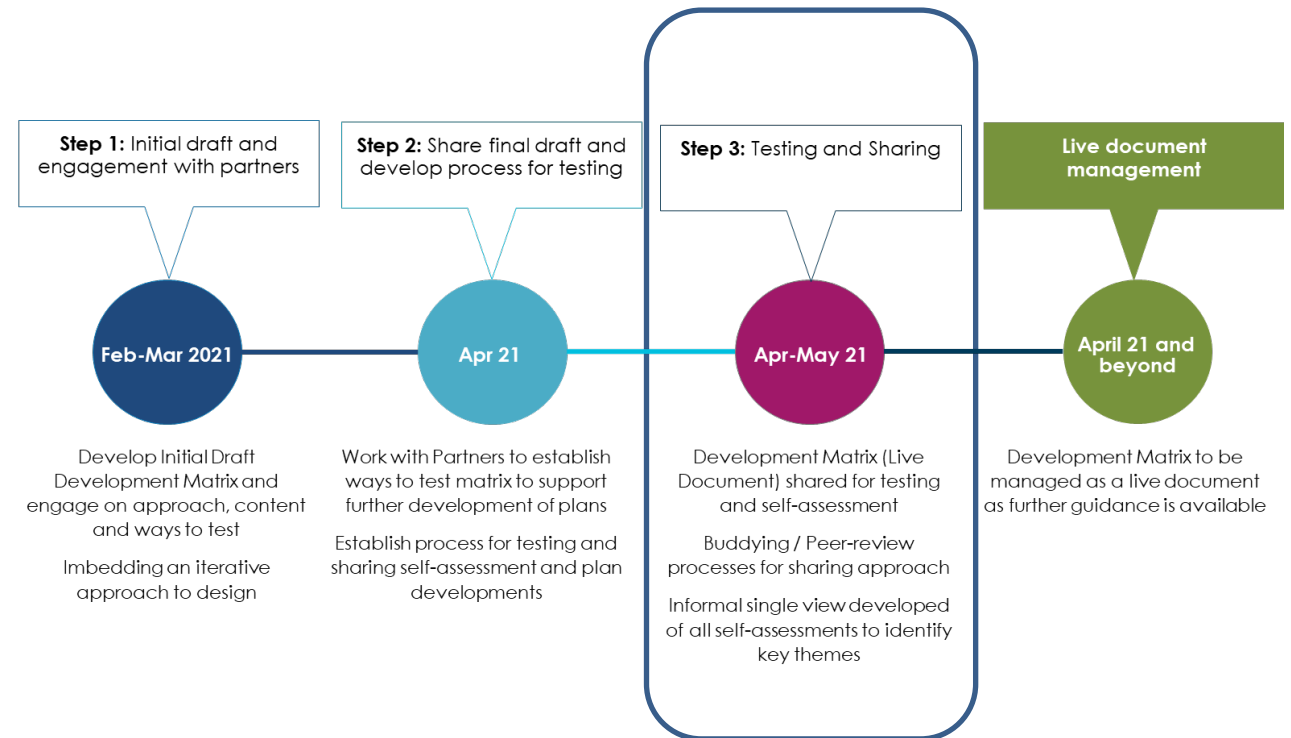


Next Steps (April 21)



To support the testing and sharing phase for the Development Matrix, the following key next steps will be implemented throughout April and early May:

- To share this final draft (live document) Development Matrix for testing with Partners for the April and in to early May
- To support us to enhance the use of the tool, we will develop a peer review process across Partners to enable sharing and learning between Places and Provider Collaboratives
- The development of a single view of the self-assessments with support from Attain and Hill Dickinson colleagues to establish key themes and develop key areas that may be helpful to support
- To identify key enablers and requests for support and further clarity from partners
- As a separate piece of work, to develop an outline of a potential processes around assessment and assurance processes in the development of a 'weight bearing Place Partnership' separate to this development tool

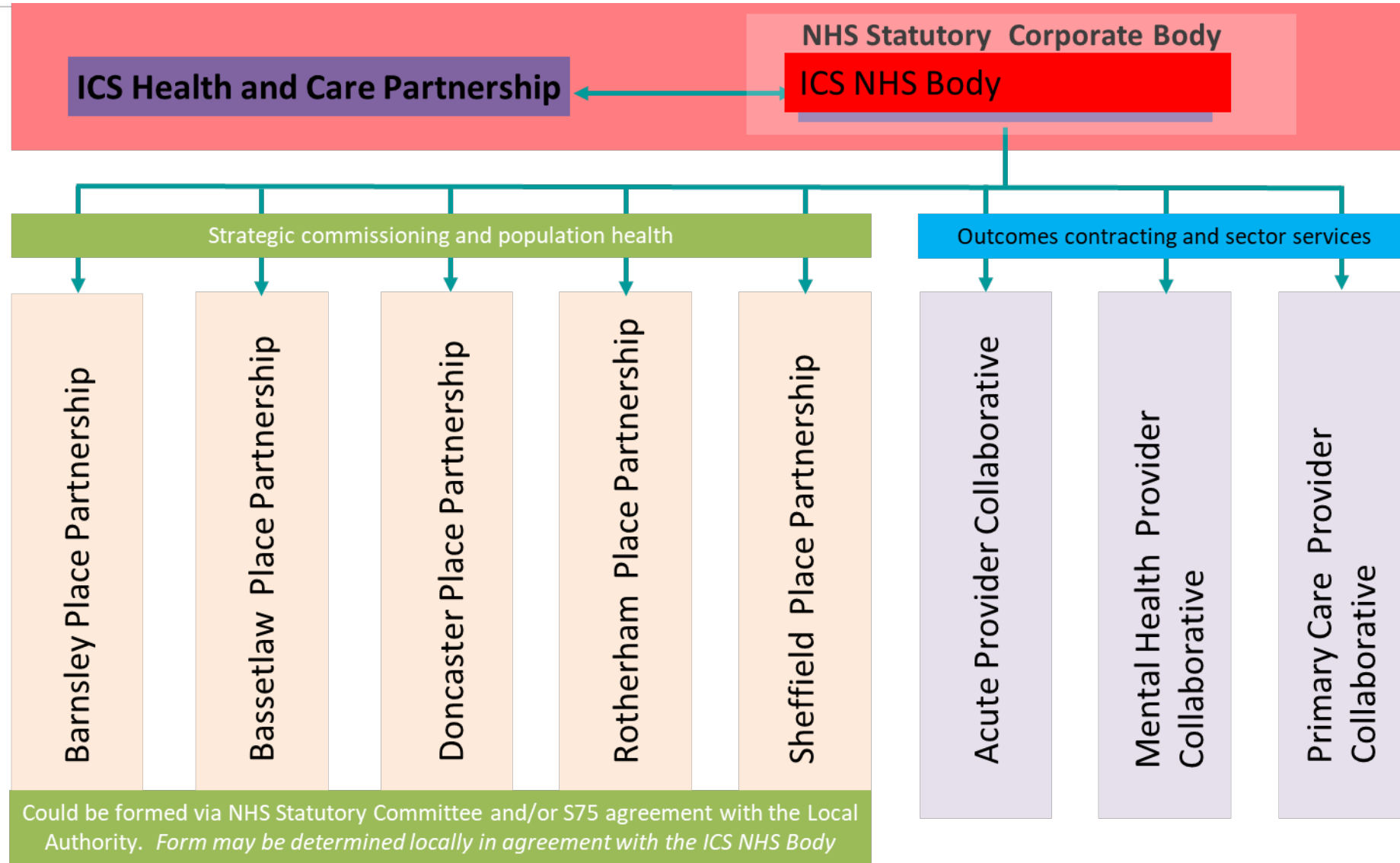


South Yorkshire and Bassetlaw Integrated Care System



Appendix 1- Background

ICS flow diagram - Illustrative example



Statutory ICSs: ICS NHS Body and an ICS Health and Care Partnership (together referred to as the ICS)

Provider Collaboratives
Guidance on the main models for Provider Collaboratives is awaited

ICS and Place Relationship – illustrative examples

Places have a number of key building blocks:

- Joint working with local authorities
- A provider partnership or collaborative
- Arrangements to support whole place working and integration

Assessment would be dependent on local position and development at place to manage delivery and accountability. Elements indicating the position of the place could include:

Place Partnership (Scenario 1) Emerging

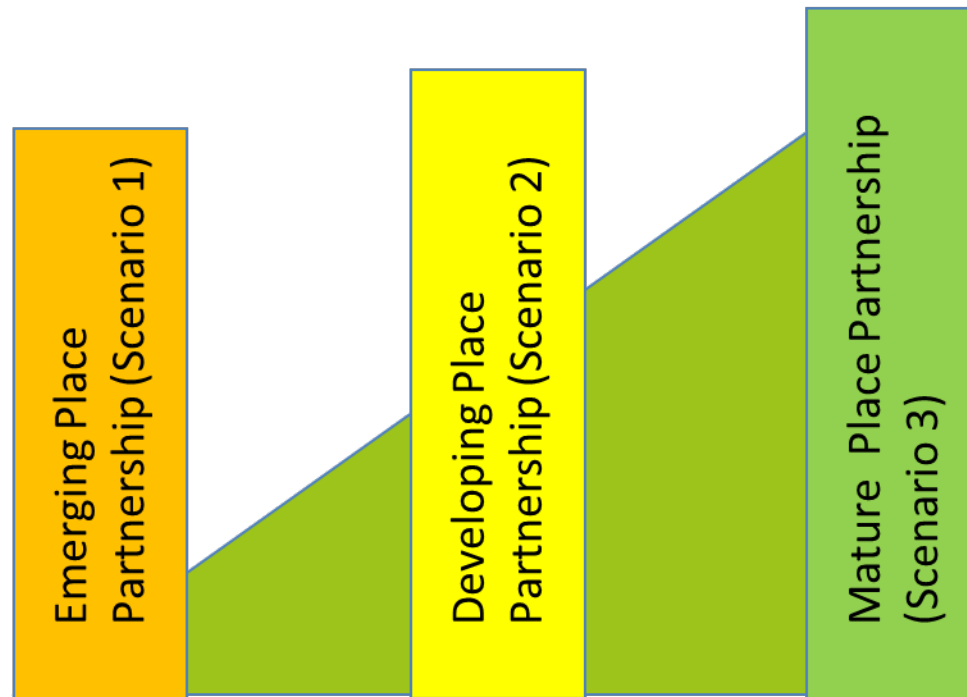
- Informal arrangements in Place

Place Partnership (Scenario 2) Developing

- More formal Provider Collaborative (vertical)
- Health and Social Care pooled budget with formal agreement

Place Partnership (Scenario 3) Mature

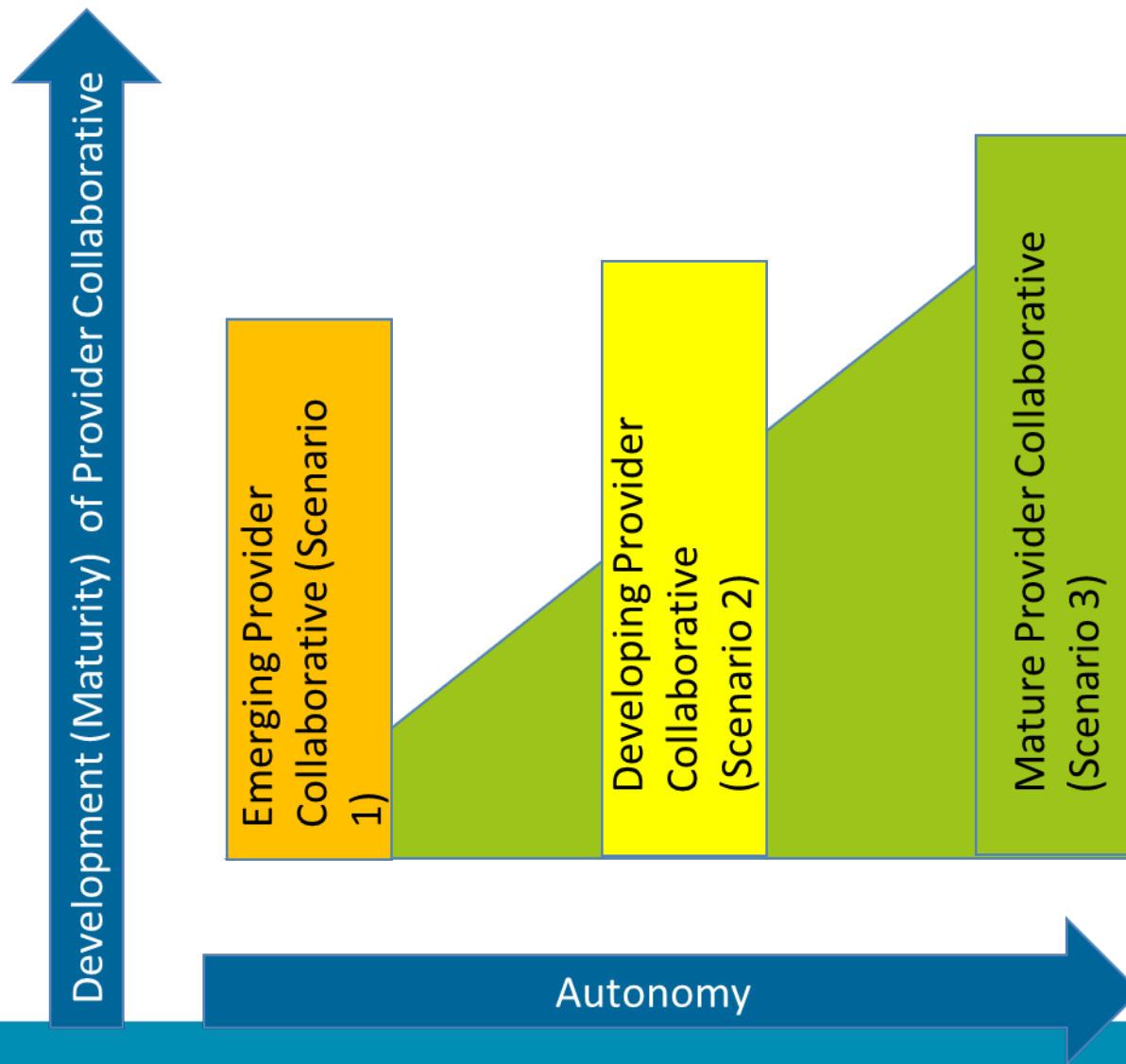
- Single voice or entity for place
- High level of delegation and autonomy to act



Autonomy

ICS and Provider Collaborative Relationship - illustrative examples

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Assessment would be dependent on local position and development of the collaborative to manage delivery and accountability. Elements indicating the position of the collaborative could include:

Emerging Provider Collaborative (Scenario 1)

- Provider Leadership Board
- Less formal arrangements

Developing Provider Collaborative (Scenario 2)

- Alliance agreement across organisations
- Lead Provider agreed

Mature Provider Collaborative (Scenario 3)

- Single Leadership across all organisations within collaborative
- Single organisation full merger

South Yorkshire and Bassetlaw Integrated Care System



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REPORT TO THE HEALTH AND WELLBEING BOARD

Date 10th June 2021

Health and Wellbeing Board and Sustainability

Report Sponsor:	Julia Burrows
Report Author:	David Malsom/Hannah Cornish/Jen MacPhail
Date of Report:	10/06/2021

1. Purpose of Report

1.1 To inform the H&WB board of our activity around sustainability, introduce the decision-making wheel and secure support for future engagement and consultation activity.

2. Delivering the Health & Wellbeing Strategy

A large part of our strategy to reaching net-zero is around the importance of a “just transition” to zero carbon – meaning that residents’ lives will be made better, not worse, by any climate action we take. Associated with climate action are a whole host of co-benefits related to health and wellbeing, and we are keen to ensure that we are making the most of available opportunities from both sustainability and HWB perspectives.

BMBC Sustainability and Climate Change will be delivering a route-mapping piece of work this year, which will involve an extensive stakeholder engagement piece. This piece of work will consult with residents on a range of technical route-maps setting out how the borough will get to zero carbon by 2045 and coproduce an action plan based on the results – we think it would be valuable for the HWB board to support with this piece of work to ensure the consultant has access to all the necessary stakeholders, ensuring that the views of all key groups, especially those hard to reach groups, who are often particularly vulnerable to the impacts of climate change, have the opportunity to contribute.

3. Recommendations

3.1 Health and Wellbeing Board members are asked to:

- Note the contents of the report
- Remain supportive of the Zero45 programme, Barnsley’s ambition to be a net-zero borough by 2045, and associated projects, being mindful of the health and wellbeing co-benefits of these

- Support the appointed consultant and BMBC with the delivery of the consultation and engagement element of the route-mapping work
- That Sustainability and Climate Change return to a future Health and Wellbeing Board to report back on the results of the consultation

4. Background

In September 2019, BMBC declared a Climate Emergency and set a target for the Council to be zero carbon in its operations by 2040 and for the borough to be zero carbon by 2045. This was a response to growing concern about an imminent climate crisis, as set out in the Intergovernmental Panel on Climate Change (IPCC) report that said the global rise in temperature needed to be contained to 1.5c above pre-industrial levels, and government setting a target of zero carbon by 2050.

A further report to Cabinet in 2020 recommended that these targets be redefined as 'net zero' targets, aligning the Council with government ambitions, meaning that carbon will be reduced as far as possible with any remaining carbon being offset.

The report also set out the approach to developing measures to deliver the Council's net zero carbon initiatives through the [Sustainable Energy Action Plan](#). The SEAP looks at reducing carbon emissions in the context of five main delivery themes, four carbon community aims and the UN sustainable development goals and prioritises a just transition to net-zero.

While reaching net-zero is clearly an important part of the SEAP, it is about much more than just carbon. The World Health Organisation recognises that climate change has a negative impact on the wider social and environmental determinants of health and estimated that climate change is expected to cause approximately 250 000 additional deaths per year globally between 2030 and 2050.¹ Evidence from the Institute of Health Equity² suggests that in the UK the direct (air pollution, extreme weather events, flooding and emerging infections) and indirect (increased food and fuel prices, threatened livelihoods and global security) impacts of climate change will widen existing health inequalities. However, there are significant co-benefits attached to actions taken to mitigate and adapt to climate change including improved air quality and diets, increased levels of physical activity, improved building standards and better work-life balance.

¹ <https://www.who.int/en/news-room/fact-sheets/detail/climate-change-and-health>

² <https://www.instituteofhealthequity.org/resources-reports/sustainable-health-equity-achieving-a-net-zero-uk/main-report.pdf>

Ensuring that there is a just transition which prioritises healthy equity will not only reduce carbon emissions it will address inequalities and improve health and wellbeing. This makes it vital that the Health and Wellbeing board support Barnsley's ambition of working together to ensure there is a just transition to net-zero, where all of our residents benefit from the actions that we take.

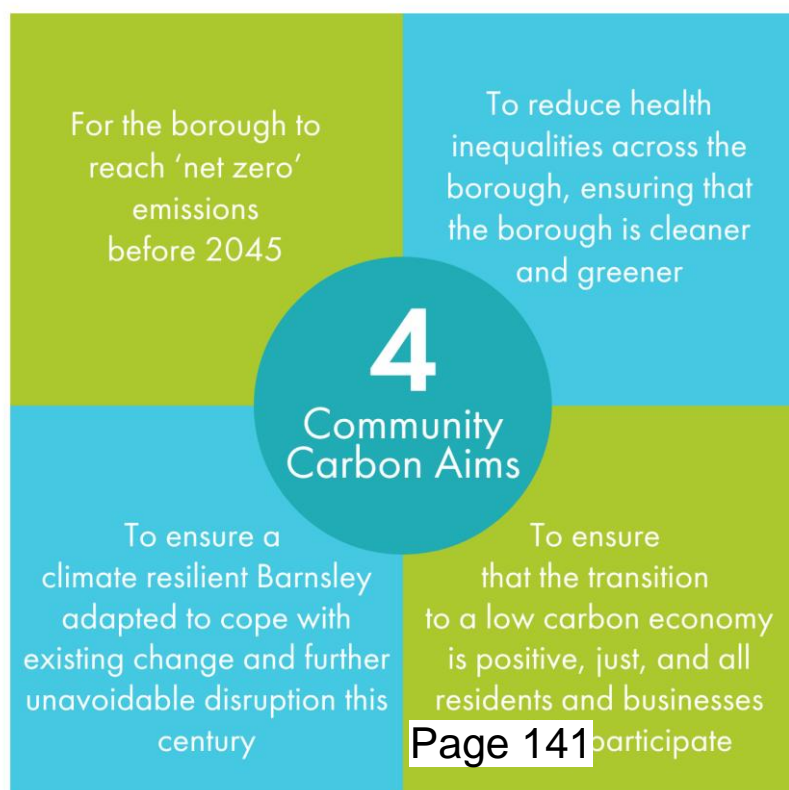
5. Sustainable Energy Action Plan (SEAP)

The purpose of the SEAP 2020-2025 is to set out how the Council will deliver on the commitment made by Cabinet over the next five years.

The SEAP proposes that zero carbon becomes a 'foundation for change' for the Council and makes links to the United Nations' (UN) 17 global goals for sustainable development, pictured below:



These UN Goals will inform the delivery of four Zero Carbon Community Aims which aim to deliver a healthier and greener borough:



The Community Aims will be delivered by focusing on projects based on the five themes of energy efficiency; renewable energy; sustainable transport; resource efficiency; and decentralised heating.

Integral to the SEAP is ensuring the net-zero transition contributes to Barnsley's aims to reduce health inequalities and improve health and wellbeing as set out in the latest [health and wellbeing strategy](#). For example, retrofitting homes will increase energy efficiency and reduce carbon, but will also reduce fuel bills, leaving households with more disposable income and allow them to keep their homes warmer, reducing cold-related morbidity and addressing the causes of excess winter death. Similarly, improved access to active travel will reduce carbon emissions and improve air quality through fewer car journeys and those who participate will also benefit from increased health and wellbeing due to extra physical activity.

The full SEAP is attached as an appendix.

6. Governance and Delivery

Carbon reduction is explicit in everything the Council does, so the overriding aim will be to use all existing boards, including the HWB board within the context of carbon related health issues, wherever possible to bring focus to achieving the goals and to build on the proposed governance arrangements for Barnsley 2030.

There will be two main boards overseeing the delivery of our zero-carbon ambitions – the Carbon Management Group that will focus on BMBC emissions and the Positive Climate Partnership which looks at the borough, with membership from a range of community, voluntary, statutory and business groups. The Partnership will be supported by, but independent of, the Council.

Both of these Boards will report into the Barnsley 2030 Place Board and the membership of both is currently being finalised.



7. Decision Making Wheel

BMBC has developed a decision-making tool to help project owners assess the impact of their work across a range of socioeconomic and environmental factors as well as offering decision-makers a snapshot of the work.

The tool is borne out of the [UN Sustainable Development Goals](#) pictured earlier along with [Doughnut Economic theory](#) and the Barnsley 2030 ambitious goals and is based on a similar tool used by Cornwall Council with positive effect. It aims to encourage project owners to develop their work in ways that are beneficial across the whole system, rather than just in their area.



8. Route map Consultation Piece

BMBC are in the process of appointing a consultant to deliver a range of technical route maps to net-zero. They will also run a large consultation and engagement exercise to speak to residents about which of the options they would prefer, leading to an action plan of how we will reach net-zero by 2045 and a springboard document of quick wins and immediate actions.

This piece of work will create a plan to reach net-zero by 2045 that is coproduced and bought into by the borough as a whole, rather than trying to deliver everything as the council.

The consultant will do a stakeholder and demographic mapping exercise for the borough and lead on the design and delivery of a range of listening events with different audiences such as schools, hard-to-reach communities, business and commerce and transport groups as well as hosting an ongoing engagement platform open to all residents.

To make the consultation exercise as complete and valuable as possible, we would welcome support from members of the HWB board to engage with the consultant in the stakeholder mapping exercises and in publicising listening events and other communications.

9. Background Papers

[SEAP](#)

[Cabinet report](#)

Officer:

Date:

Appendix A: Achievements so far

- The Council already generates 22% of its total energy consumption via renewables, which is ahead of the target. This has been done via the use of biomass boilers and solar PV
- 75mWh of electricity is produced from wind power to provide energy across the borough
- Over the last four years, 33,000 streetlamp bulbs have been replaced with LED units and reduced carbon emissions permanently by 7,100 tonnes – our annual emissions from streetlighting are half of what they were in 2012.
- [Energise Barnsley](#) is the largest authority and community energy rooftop solar PV and battery storage project in the UK. As a result, Energise Barnsley have recently been awarded funding to develop a solar PV scheme to five of the largest schools in the borough
- The [Local Plan](#) has ambitious targets around increasing biodiversity and it identifies how housing with reduced carbon emissions can be delivered at scale by developers
- Sixteen low carbon homes are in the process of being built in the borough, developing a Barnsley low carbon standard
- Berneslai Homes currently support 700 homes with solar PV, nine biomass boilers and eight ground source heating schemes
- Less than 3% of the borough's waste is sent to landfill. Black bin waste is reused to generate electricity across the region and even the waste from this process is reused in road construction materials, however recycling rates remain low.
- The Council is beginning the process of electrifying its fleet, purchasing new EVs and installing EV charging points. The fleet replacement strategy prioritises EVs when replacing vehicles. We have just begun installations of 40 EV charging points in Barnsley
- Leading on the deployment of £1.8m programme of EV charging infrastructure across the Sheffield City Region
- Over 20 miles of active travel routes have been introduced to improve walking and cycling accessibility across the borough

- Over the last three years, over 50,000 tonnes of excavated road materials have been used which has stopped it going to landfill and saved new virgin material from being excavated
- The Council will be investing nearly £400,000 in tree planting to offset and increase natural flood defences
- Pilot community urban planting via the Tiny Forest delivered in Goldthorpe
- Natural Capital Assessment of Sheffield City Region underway to establish the value of our ecosystem services
- The old coal boilers at the Metrodome have been replaced with a combined heat and power unit, saving approximately 1,500 tonnes of carbon a year
- Delivery of whole house retrofit in fuel poor homes across the borough through Local Authority Delivery Fund 1&2 – this programme aims to lower energy bills by improving the energy efficiency of domestic properties.
- Development of a sustainable decision-making wheel to assess the impact of projects and programmes has been accepted by BMBC B Leadership Team
- £4.5m of funding granted through the Public Sector Decarbonisation Scheme to deliver energy efficiency works at Westgate, Gateway, the Town Hall, the Crematorium and BPL leisure centres
- £1.35m of funding through the Public Sector Decarbonisation Scheme to improve energy efficiency of schools
- Programme in development to deploy solar PV to Barnsley schools and Berneslai Homes properties
- As of the start of the 2021-22 financial year, BMBC procures 100% renewable electricity
- Development of a Carbon Literacy programme for internal staff, with plans to adapt this for wider audiences. We have also set up a Sustainability Forum internally where staff can keep up to date on sustainability issues.
- Development of governance structures to oversee Zero40/Zero 45 – the Carbon Management Group internally for BMBC and the Positive Climate Partnership for the borough's emissions

Barnsley Zero Carbon Sustainable Energy Action Plan (SEAP)

2020-2025



This Sustainable Energy Action Plan is divided into the following sections:

- 1. Introduction**
- 2. Current position in the borough**
- 3. Where we want to be in the borough: Zero 45**
- 4. Current position in the council**
- 5. Where we want to be in the council: Zero 40**
- 6. Engagement and governance**
- 7. How will we do it: the key principles**

- 7.1 Aims, themes and goals**
- 7.2 Four community carbon aims**
- 7.3 Five emerging delivery themes**
- 7.4 Seventeen UN sustainable development goals**
- 7.5 Ambitions in numbers**

Appendices

- Appendix 1: Definitions
- Appendix 2: The borough's emissions in detail
- Appendix 3: Governance structure

1. Why do we need a Sustainable Energy Action Plan (SEAP)?

Since the United Nations Intergovernmental Panel on Climate Change (IPCC) reported in October 2018, a Climate Emergency movement has emerged. The report warned of the rapid and far reaching consequences of the earth's warming of over 1.5°C. It concluded that limiting global warming to 1.5°C and so limiting the most extreme impacts of climate change would require rapid, far-reaching and unprecedented changes in all aspects of society.

In response, Barnsley Council set out in its climate emergency declaration in September 2019 an ambitious and realistic vision for the borough to become net **Zero Carbon** by 2045 (Zero45) and as an organisation to lead by example to become net zero carbon by 2040 (Zero40).

This is the first draft of a series of five-year Sustainable Energy Action Plans (SEAPs) that aim to deliver a Zero Carbon programme across the borough and within our own organisation. Each plan will successively take us towards our targets.

The purpose of this SEAP 2020-2025 is to set out how we'll deliver on the commitment made by Cabinet in September 2019. It will help us to plan wider positive engagement around climate change, as well as providing the governance structure and carbon reduction targets.

This SEAP recommends an ambitious first borough-wide ambition for **2025** to reduce its emissions by **65%** (2017 baseline) and that as part of this, we have an ambition to reduce our own emissions by **60%** (2019 baseline). This will provide us with the best opportunity to be zero-carbon by 2035.

Achieving net zero carbon is possible over time and our approach will be predicated on a hierarchy of reducing energy demand; engaging in positive behavioural change; using developed technology; using renewable energy; and offsetting emissions via programmes such as tree planting and nature-based carbon capture. This methodology is in line with the UK government's approach and their national target of being net zero by 2050.

This SEAP is based on the IPCC recommendations and indicates where we need to be, the direction of travel to get there, and some early steps so we can move quickly.

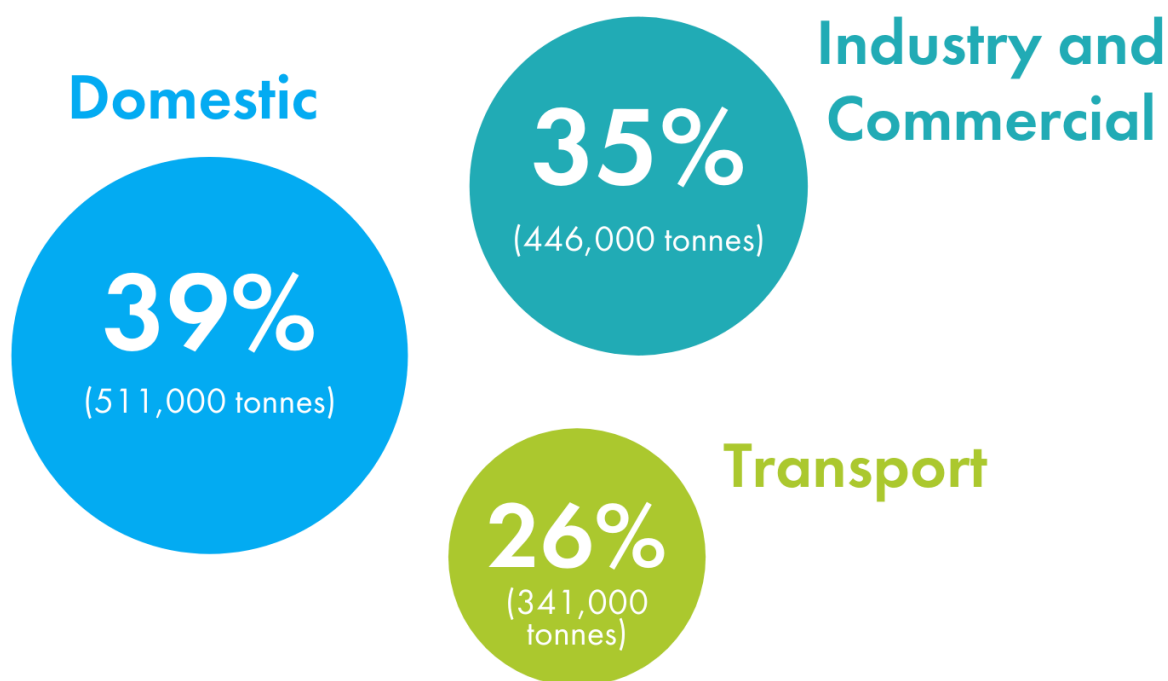
2. Current position in the borough

Most of the borough's emissions are from three broad areas:

- residential housing
- commercial/industrial activities
- transport

In 2017, the Barnsley emitted **1,310,880 tonnes** of carbon in what is termed scope 1 and scope 2 emissions combined. Scope 1 relates to the direct burning of fossil fuels, and scope 2 refers to the indirect burning of fossil fuels such as through the use of traditionally-generated electricity.

Emissions arise from the borough's commercial, residential, institutional and industrial buildings; from agriculture activities generating food; from transportation via rail, road; and through the use and treatment of water and wastes.



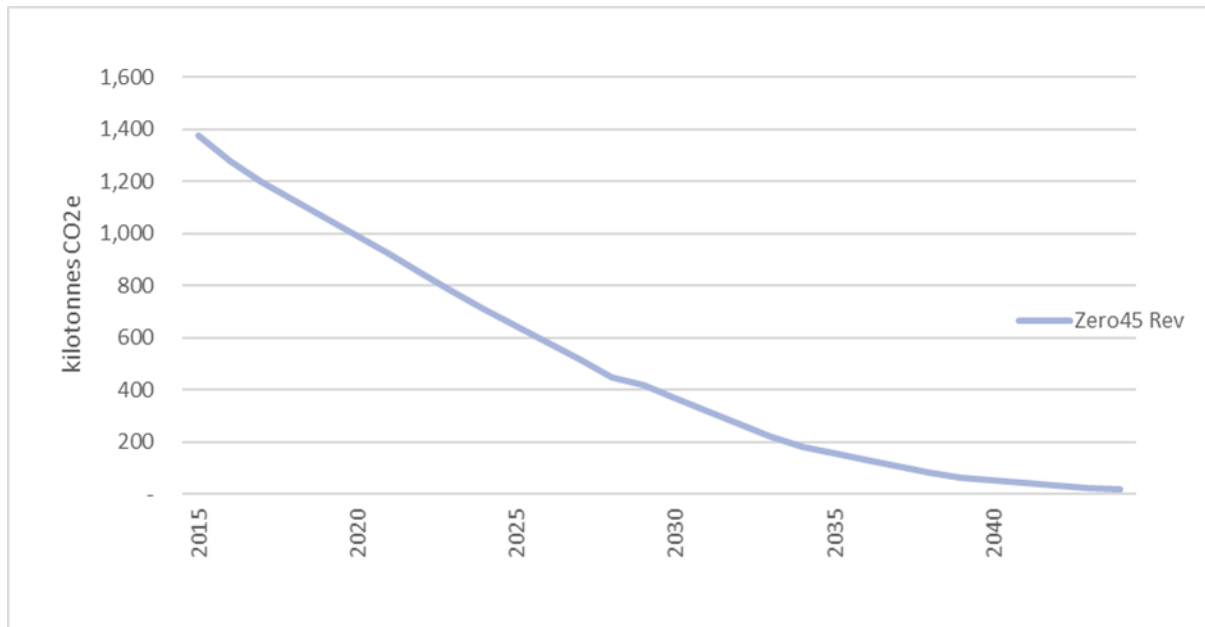
3. Where we want to be in the borough: Zero 45

Barnsley's local carbon reduction goals are based on the borough meeting its 'fair share' of the UN's global carbon target and allocation of carbon budgets.

In order to meet the borough's carbon budget, it's proposed that most carbon savings are made in the first years up until 2030. This means reducing the borough's emissions from a 2017 base line as follows:



Our ambition is that by **2025 the borough reduces its direct and indirect emissions (scope 1 and 2) by **65% of its 2017 emissions.****



This means that in Barnsley we:

- reduce greenhouse gas emissions by three-and-a-half times more each year than we have achieved so far
- reduce our demand for energy, while supporting our economy to recover from the wider impacts if the Coronavirus (COVID-19) pandemic
- develop programmes which support the switch to clean zero carbon energy sources by around 2045
- shift to fossil fuel free local travel by around 2030
- make our homes more energy efficient.

Our aims are to:

- positively engage, cutting carbon and improving people's lives
- create a fairer society
- create more and better jobs
- improve the local economy
- improve air quality
- provide more active modes of travel
- reduce our consumption and dependency on energy
- improve the quality of the homes we live in
- provide improved green spaces and ensure greater health equality.

As a leading anchor institution, we'll seek to use our powers and create policies to facilitate, encourage and support the reduction of emissions across the borough.

However, the areas where the need to reduce emissions is greatest are also the areas where we have limited influence. It will be necessary for government to play a significant part in addressing these issues either through legislation, grants or other financial incentives.

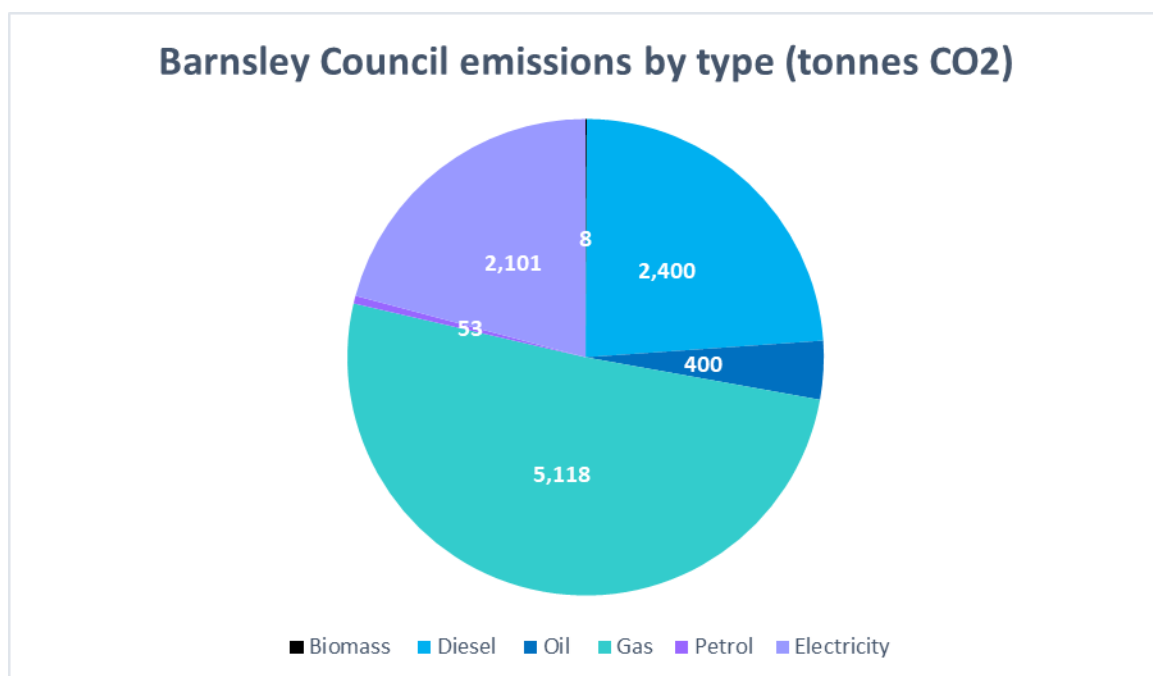
Barnsley will seek to secure local contributions from those with an interest in our borough to help meet this local goal. Local contributions are commitments towards carbon reduction that different organisations and businesses in Barnsley will pledge to achieve, for example, Zero40 is our local contribution. Some organisations already have climate-related action plans, others are committed to develop them. Many more need to be encouraged and supported to do so.

These local contributions vary and together will need to add up to the scale of ambition set out in this SEAP. Over time we will get a sense of whether this strategy is working by the number and quality of local contributions coming forward.

4. Current position in the council

During 2019, the we emitted 10,083 tonnes of carbon during our normal operations.

Most of the emissions are associated with our fleet of diesel vehicles, heating our buildings and the purchase of electricity and other fuels.



These form the principal areas of our own action plan and we'll focus on reduction activities such as improving the energy efficiency of our buildings and purchasing electric vehicles.

We also work with our partners to develop their local contributions toward the borough's targets.

For example:

- In partnership with Barnsley Premier Leisure, we're replacing the coal fired boilers at the Metrodome Leisure Complex which is helping reduce carbon emissions by more than 50% at the centre.
- We're working with Berneslai Homes to develop programmes to improve the energy efficiency of our homes and replace older polluting vehicles with new electric vehicles.
- We're working with Energise Barnsley to deliver solar PV programmes to council owned buildings, schools and domestic properties which will generate renewable electricity using the sun's energy.

5. Where we want to be in the council: Zero 40

We recognise the need to reduce our own emissions quickly, and the majority of our reduction to happen in the next ten years.

Our target is that by 2025, the council will have reduced its emissions by 60 per cent based on 2019 levels.

We'll aim to achieve our carbon emission targets by using a combination of existing schemes and development of new programmes.

We're committed to being a leader in sustainability by reducing our environmental impact, protecting our natural environment, empowering our staff and operating responsibly, enhancing social value and collaborating with our partners to work with our local communities.

We'll do this by embedding sustainability into our workplace practice and across our supply chain, applying our vision of 'doing no harm' and working collaboratively with our partners.

6. Engagement and governance

It's important that our residents and stakeholders are consulted as widely as possible.

We'll build on the recent Barnsley 2030 engagement which is the basis of the strategic direction for the borough over the next ten years.

We'll work closely with key stakeholders across the borough such as the area councils, councillors, youth services such as Barnsley's Youth Council, schools and colleges, community leaders and groups, voluntary sectors and our businesses.

We'll use best practice to develop our engagement proposals. We'll reflect feedback and ideas in our plans.

The emerging governance arrangements for Barnsley 2030 will set out the strategic direction for the borough, and it is anticipated that they will oversee the annual reporting process for zero carbon with both Zero40 and Zero45 programmes reporting into it.

A Positive Climate Partnership will report to the emerging Barnsley 2030 board for Zero45. It will champion and co-ordinate local action on climate change. We'll support the them, but it will be an independent partnership.

The Positive Climate Partnership will:

- monitor delivery of carbon reduction targets for Zero45
- provide a forum with an independent voice to co-ordinate and champion local action
- help to grow the wider network of interest
- gather and present data to inform action with a set of indicators to show if we are making progress
- produce annual reports on local progress.

Our existing Carbon Management Group will report on Zero40 to the emerging Barnsley 2030 board. The group will monitor our own delivery of carbon reduction targets and embed a carbon reduction culture across our organisation.

Where possible, existing boards in our governance structure will have a standing item in respect of environmental impact in their terms of reference.

As part of Sheffield City Region, Barnsley Council is also a member of the NZ:SCR partnership which will oversee the City Region's reduction to net zero and provide a link between the City Region's authorities and government's Department of Business Energy and Industrial Strategy.

We'll be responsible for monitoring and reporting progress in achieving the Zero40 and Zero45 targets set out in this SEAP. For this to be meaningful it will be necessary to develop a measuring and accreditation methodology which reports annually to the governance structures set out. We'll develop this methodology during the first six months of this SEAP with the intention of reporting on the success of the first year of the programme at the end of 2020-2021.

7. How will we do it: the key principles

Our response to the climate emergency will be successful if we acknowledge the scale of the change required.

This will require:

- **Positive engagement and co-creation** with the residents and businesses of Barnsley
- **Developing a clear view of climate risk** to identify vulnerabilities in the face of extreme weather events.
- **Promotion of adaptation** to put in place policies, practices and infrastructure, including natural 'green and blue' infrastructure, to help limit negative impacts from climate change.
- **Creation of lifelong learning and training opportunities** for residents and business allowing them to adapt and improve the local supply chain.
- **Ensuring that a just transition takes place** with all residents able to benefit fully from the new opportunities and the costs of the transition will not fall disproportionately on those least able to pay.
- **Develop wider climate understanding** to raise awareness about the climate emergency and about the opportunities and benefits.
- **Adequate resourcing** to secure increased investment (capital and human resources) to match the scale of the challenge.
- **Create stronger partnerships and networks** to ensure climate action is given the priority it needs and is developed in a collaborative and co-ordinated way.
- **Understand our residents' ambitions** via regular and ongoing engagement and consultation.
- **A recognition that health and economy outcomes are linked to the climate agenda.**

7.1 Aims, themes and goals

This SEAP identifies four Zero Carbon Community Aims. These will be delivered via five themes and it will align with the 17 United Nations' Development Goals. This is set out below in the following section.

7.2 Four Community Carbon Aims

The SEAP's Delivery Plan has the aim of delivering four Zero Carbon community aims set out below:



These are aims which if achieved will help to deliver a greener, more inclusive and healthier borough.

7.3 Five Emerging Delivery Themes

We'll look to achieve our four Zero Carbon Community Aims by focusing on delivering projects focused on the five following themes:



Energy efficiency:

Reducing the demand for energy, including retrofitting both domestic and non-domestic properties for better efficiency.



Renewable energy:

Generating or resourcing our energy from zero carbon and renewable sources, including biodiesel, solar PV and microhydro.



Sustainable transport:

A transition to fossil-fuel-free local travel, including supporting active travel and increasing electric and hybrid vehicles.



Resource efficiency:

Use resources, materials, land and food in a sustainable way, minimising waste and developing new uses for waste products.



Decentralised heating:

Using alternative sources of heating, like heat networks, rather than natural gas as our primary source of heat.

It's likely that these themes will develop and change over time following consultation.

Themes for actions

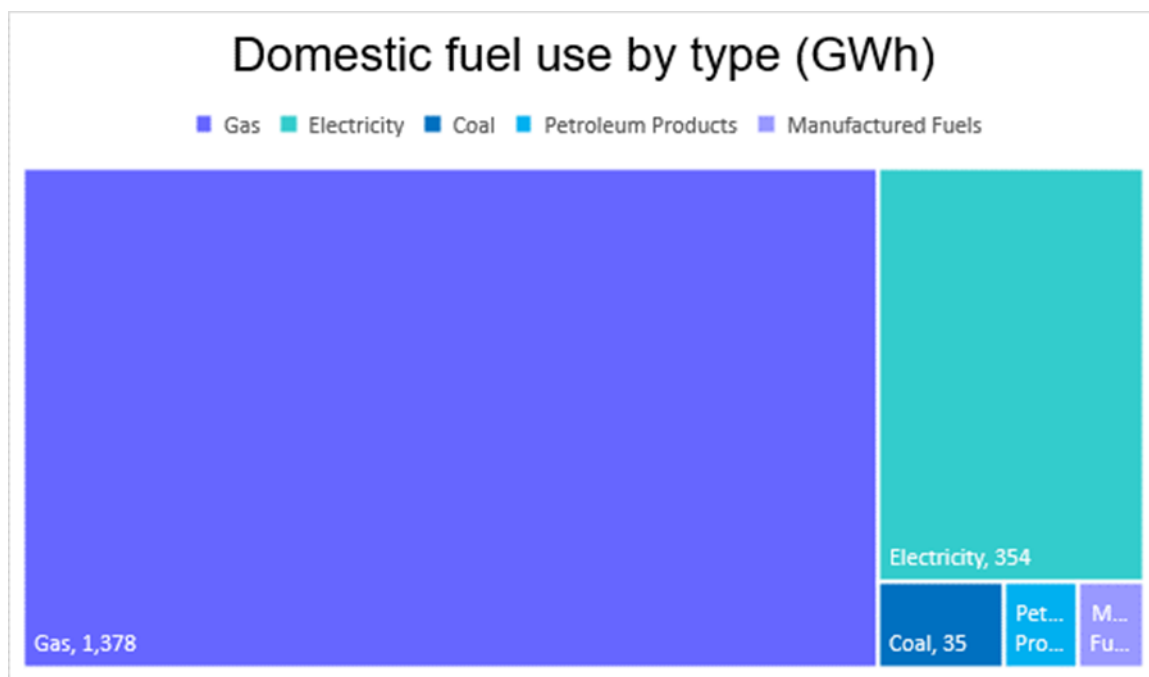
The SEAP will seek to achieve carbon reduction through addressing the five themes set out in section 5. Each thematic area will be reviewed to identify projects and programmes which can be delivered locally.

Improving Energy Efficiency

Over 40% of the UK's energy consumption is from the way our buildings are lit, heated and used. Energy use in existing residential and commercial buildings in Barnsley is a major contributor to carbon emissions and therefore represents the biggest opportunity for reduction.

This includes a range of retrofit measures for both domestic and non-domestic properties including boiler efficiencies, insulation, controls and energy management systems. Awareness and behaviour change will be an important component of this, as will working with partners and communities and those with the highest consuming buildings.

We'll look to use our levers of influence, especially regarding planning policy and the development of our own buildings.



The most difficult issue for the borough is how heat is provided and how we can move away from natural gas as visible above, gas is the most used fuel in domestic settings in Barnsley.

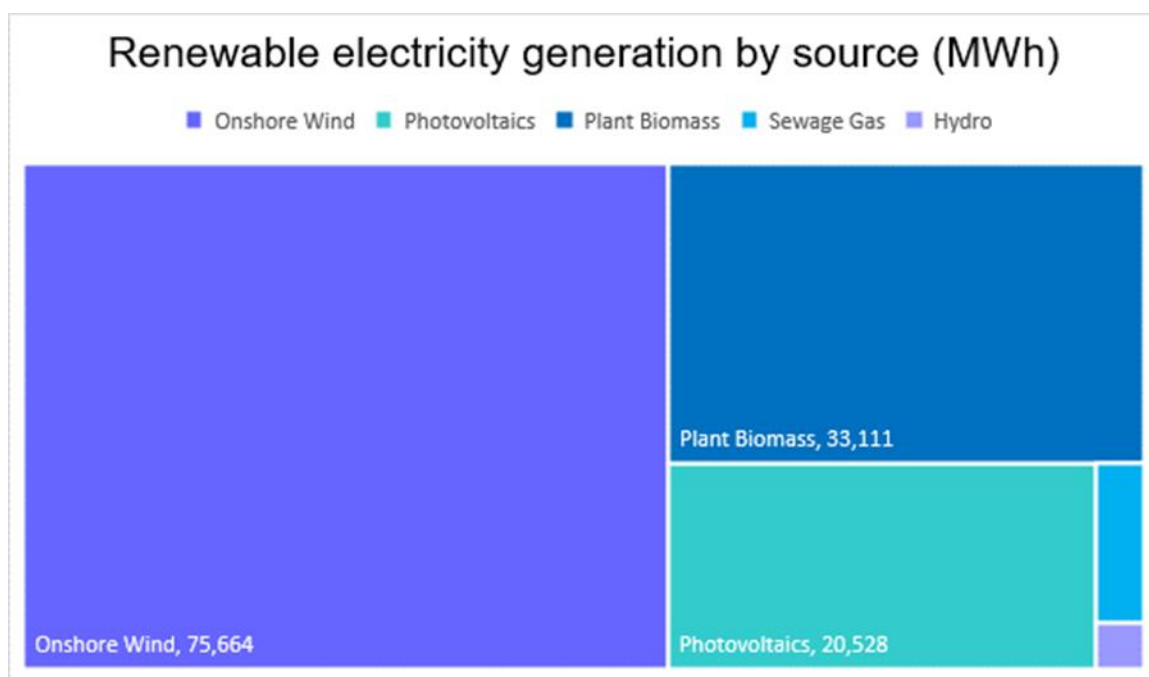
Renewable Energy

We want to increase the proportion of renewable energy that is generated within the borough and to increase the proportion of this energy that is owned within the borough - retaining a greater proportion of our energy spend will have a significant impact including on fuel poverty.

We want to expand the use of renewable technologies for both electricity and heat across the borough and integrate these into buildings, assets and infrastructure. A

key objective of the SEAP is to develop a supportive regime for installing renewable technologies. Currently there is a lack of awareness of the potential opportunities across Barnsley and no strategic policy framework to assist with installations. This awareness needs to be developed further. The main aim of any review would be the identification of investable renewable projects to power Barnsley's homes, public and commercial buildings.

We want to provide guidance for community groups and householders; and assessing opportunities for a number of specific renewables projects such as biodiesel, solar PV and micro hydro.



Sustainable Transport

Transport emissions in Barnsley still accounted for 26% of all emissions in 2017. This SEAP programme aims to support the work of our Active Travel Plan and Sustainable Travel Strategy by developing initiatives specifically aimed at reducing carbon emissions from transport such as encouraging residents to cycle more.

How often do Barnsley Residents cycle	%
At least once per month	10.9
At least once per week	8.1
At least three times per week	2.8

At least five times per week

0.7

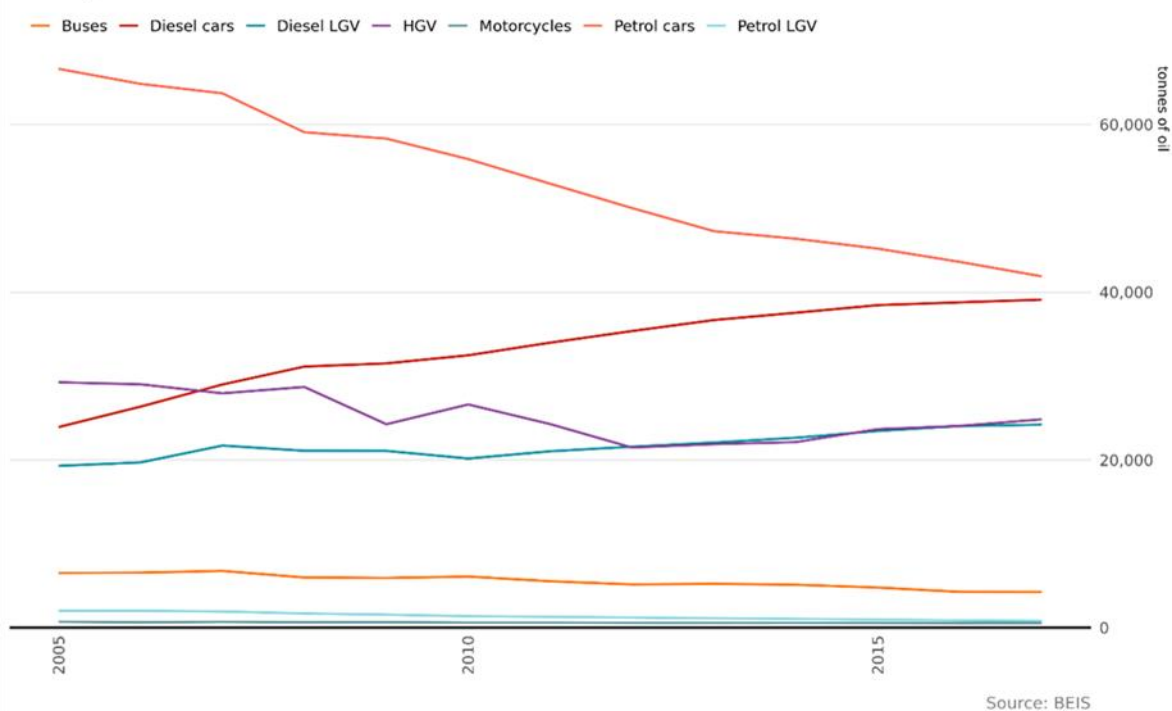
Source: Department of Transport

The SEAP will also work with partners on a major programme to substantially increase the number of electric and hybrid vehicles in the borough including cars, buses and vans, and ensure that there is infrastructure in place to support this. An important element of this work will be to ensure that the electricity generation for the vehicles is decarbonised. It will seek to understand the opportunities for alternative fuels such as hydrogen.

Barnsley's Transport Strategy aims to reduce the need to travel, encourage active travel and decarbonising travel. This includes a range of measures in the Active Travel Action Plan. Other initiatives include working with large employers to set travel targets, promoting green fleet health checks, creation of a Town Car Club; supporting and engaging with local bus service providers on decarbonising public transport.

Fuel use by vehicle type

Barnsley, 2005-2017



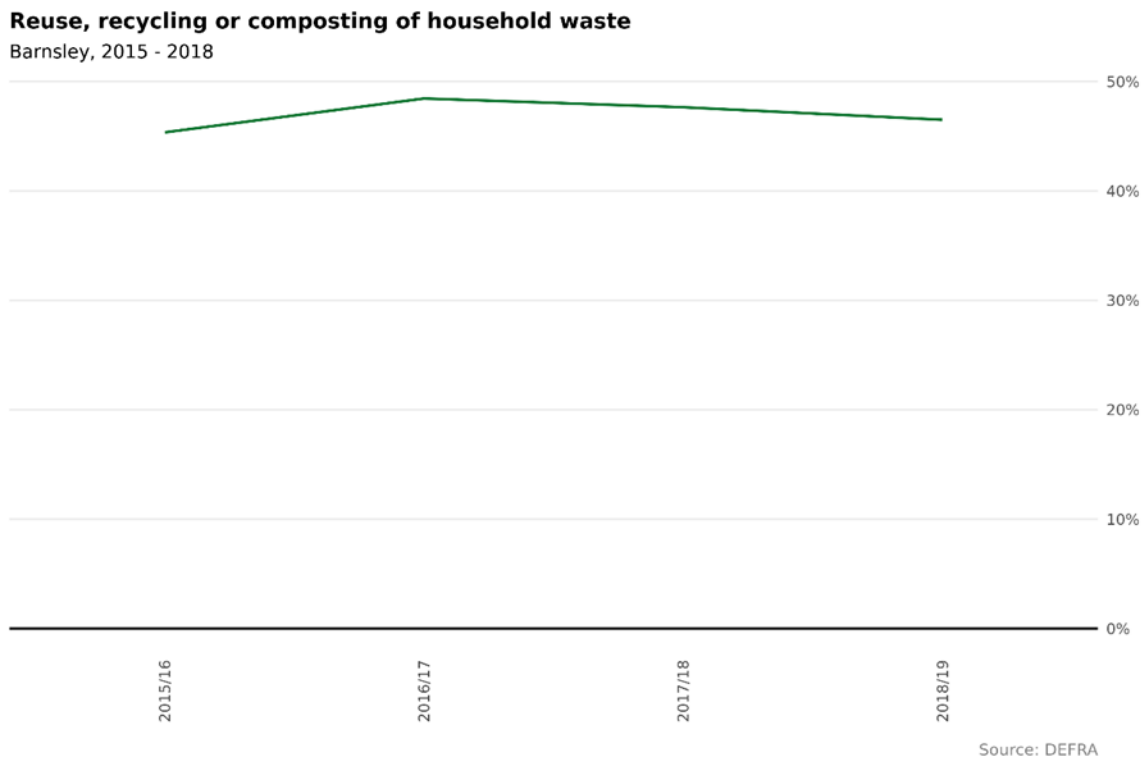
Resource Efficiency

Natural capital is nature's ability to renew and provide resources. These resources include water, land, minerals and timber and are not finite. Human activities are

consuming these inefficiently, producing more waste leading to increasing carbon emissions.

This means that there is a need to find new sustainable methods of production to address wasteful consumption and develop new uses for products previously considered ‘waste’.

This programme will encourage resource efficiency across Barnsley with businesses and consumers. Actions will include working in partnership with Sheffield City Region to deliver a programme to support SMEs and evaluate opportunities for capturing waste heat and power, working with colleagues delivering the town’s food agenda, joining the Circular Economy 100 programme, promoting the Resource Efficient UK advisory and support service, engaging with organisations involved in reuse and repair activities in Barnsley.



Decentralised Heating

Heat networks form an important part of our plan to reduce carbon and cut heating bills for customers (domestic and commercial). They are one of the most cost-effective ways of reducing carbon emissions from heating, and their efficiency and carbon-saving potential increases as they grow and connect to each other. They provide a unique opportunity to exploit larger scale – and often lower cost – renewable and recovered heat sources that otherwise cannot be used. It’s estimated by the Committee on Climate Change that around

18 per cent of UK heat will need to come from heat networks by 2050 if the UK is to meet its carbon targets cost effectively.

Our activities will focus on the opportunities to create new heat networks across Barnsley providing locally generated heat for residential and commercial properties. Actions will include publishing a Barnsley District Heating Strategy and heat maps, evaluating the potential from its own estate, providing guidance for developers, working with partners to assess opportunities from new developments.

7.4 Seventeen UN Sustainable Development Goals

It's our aspiration that this SEAP becomes closely aligned with the United Nation's Sustainable Development Goals (2015-2030). These global goals aim to end all forms of poverty, reduce inequalities and fight climate change while ensuring that no one is left behind.

These goals are represented below:

www.un.org/sustainabledevelopment/sustainable-development-goals/



7.5 Ambitions in numbers

The table below details the principle carbon objectives of this SEAP.

Our Ambitions	date to be achieved by	how are we going to	What's our starting point	What's our target for
---------------	------------------------	---------------------	---------------------------	-----------------------

		measure it		2025
Zero45				
65% reduction in scope 1 & 2 carbon emissions	December 2025	Annual validation by third party	1,310,810 tCO2E	458, 708 tCO2E
Zero40				
60% reduction in scope 1 and 2 carbon emissions	December 2025	Annual validation by third party	10,083 tCO2E	4,033 tCO2E

Appendix 1 DEFINITIONS

Net Zero: This is described as achieving a position in which the activities of an organisation or an economy (in the case of this SEAP the council and the wider borough) result in no net impact on the climate from greenhouse gas emissions. This is achieved by reducing greenhouse gas emissions and by balancing the impact of any remaining greenhouse gas emissions with an appropriate amount of carbon removal.

Greenhouse gas emissions: Carbon dioxide (CO₂) makes up the vast majority of greenhouse gas emissions, but other gases such as Methane (CH₄) and nitrous oxide (N₂O) and Ozone (O₃) are also defined as greenhouse gases as they can all contribute to the warming of the atmosphere. Greenhouse gases are typically expressed as 'carbon dioxide equivalent', or CO₂e, and this measure incorporates all greenhouse gases as defined by the Kyoto Protocol.

Net Zero Targets: This SEAP refers to two net zero targets Zero 40 for the council and Zero 45 for the wider borough. Other bodies have set net zero carbon targets which do not in all cases correspond to the council's; the government, for example, has set a net zero target for the country of 2050, the Sheffield City Region has set a target for its geography of 2038. It is not clear, at this point, whether these different targets will at some point in the future be rationalised however the council believes that the targets it has set namely Zero 40 for its own activities and Zero 45 for the wider borough are realistic and achievable. It should also be noted that the council's Energy Strategy 2015-2025 which informed the Climate Emergency Declaration speaks of a zero carbon target by 2040, at this moment absolute zero is not achievable and we are therefore focusing on a net zero target with offsetting where necessary.

Carbon Budget: this is the total amount of carbon that can be emitted, allocated to a country, region, or organisation in order to constrain the rise in global temperature to no more than 1.5°C. More information is given under Science Based Targets and Monitoring below.

Scope: in order to establish which carbon emissions are to be counted when looking at the emissions of a business or a geography (borough, region, country) a number of definitions of what is in and what is out of scope have been developed. Scope 1 emissions are those generated by activities within the organisation or geography principally from the burning of fossil fuels for heating, Scope 2 are emissions generated outside the organisation principally electricity, and Scope 3 emissions are those generated by outsourcing activities to another organisation. 'Scopes' help us to understand which activities cause greenhouse

gas emissions and how emissions are allocated within a wider organisation or geographical location.

Appendix 2

The borough's emissions	Direct emissions (Scope 1)	Indirect emissions (Scope 2)	Total Tonnes of Carbon emitted
Residential buildings	262,241	125,315	387,556
Commercial buildings	62,188	21,361	83,549
Institutional buildings	101,212	107,946	209,158
Industrial buildings	95,214	62,574	157,788

Barnsley's 2017 greenhouse gas emissions by source (metric tonnes CO₂e)

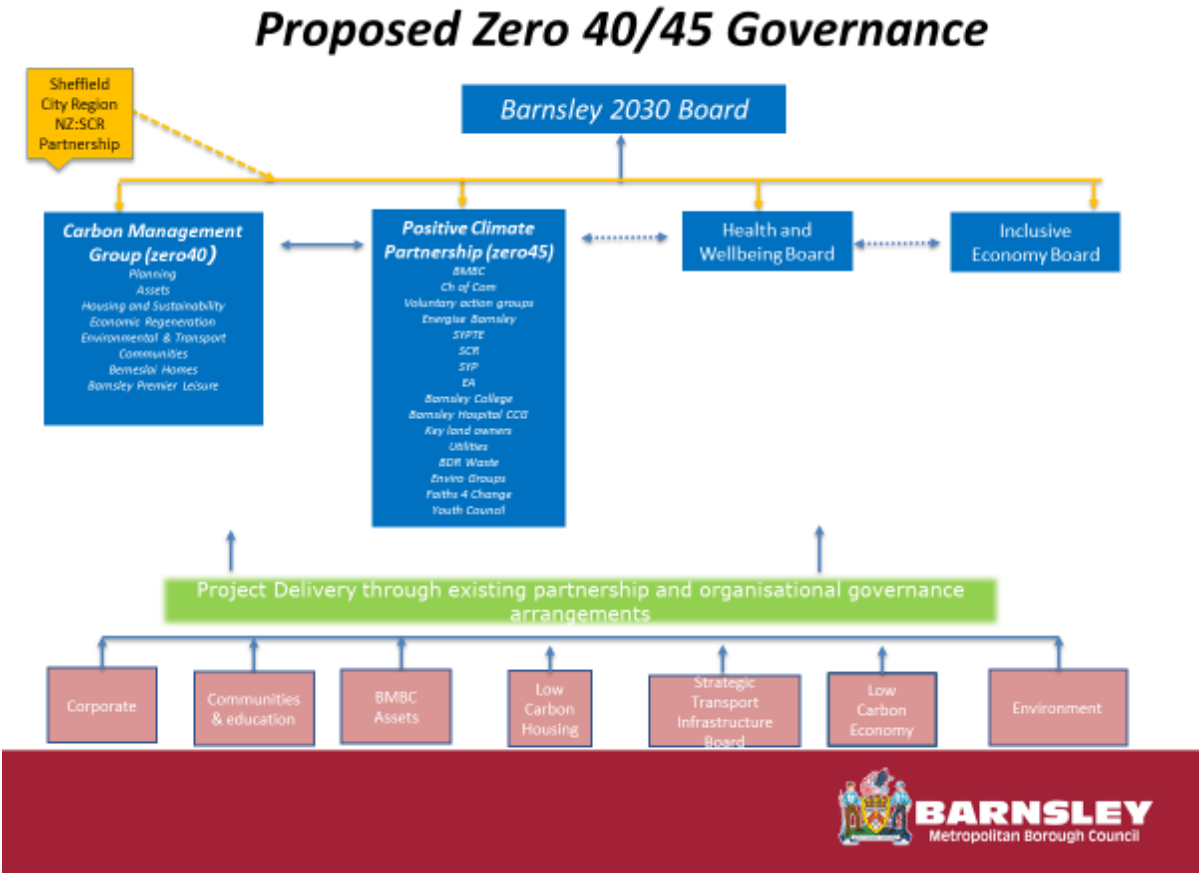
Agriculture	4,291	2	4,293
Rail	4,601		4601
Road	400,087		400,087
Waterways	12		12
Solid waste disposal	48,641		48,641
Wastewater	15,195		15,195
Total	993,682	317,198	1,310,880

Fig 1 Tyndale Centre Scatter analysis University of Manchester: 2020

Barnsley Council emissions by type	Direct emissions (Scope 1)	Indirect emissions (Scope 2)	Total Tonnes of Carbon emitted
Biomass	8		8
Diesel	2,400		2,400
Oil	400		400
Gas	2,057	3,061	5,118
Petrol	53		53
Electricity		2,101	2,101
Total	4, 921	5,162	10,083

Fig 2 Barnsley Councils emissions by fuel

Appendix 3: Governance structure



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Zero Carbon Update



BARNSLEY
Metropolitan Borough Council

Zero40 & Zero45

- Barnsley Council to be net-zero carbon in its operations by 2040
- The Borough to be net-zero by 2045
- SEAP and Barnsley 2030 aim to reduce carbon emissions by 80% by 2030
- BMBC produces 2% of the Borough's emissions but influences 40%



Our Sustainable Energy Action Plan

Borough reduction pathway

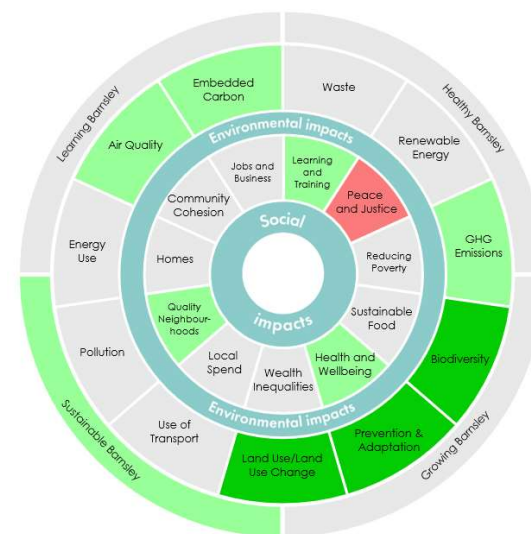


Our target is that by **2025**, the council will have reduced its emissions by **60 per cent** based on 2019 levels.

Our ambition is that by **2025** the borough reduces its direct and indirect emissions (scope 1 and 2) by **65% of its 2017 emissions.**



Impact on health and wellbeing



Co-benefits of climate actions

- Berneslai Homes rooftop PV schemes
 - Reduced fuel bills for residents
 - Generation of income for communities
- Increasing uptake of EVs
 - Improved air quality
- Local Authority Delivery scheme – whole house retrofit
 - Reducing fuel bills allowing residents to keep their homes warmer



Climate and Health

- Things that are bad for the climate are often also bad for health
- Much climate action has positive HWB co-benefits
- Reducing health inequalities integral part of our SEAP



Slide 6

ME1

Covid is linked to cold homes-report from Harvard Uni

Malsom , David (GROUP LEADER HOUSING & ENERGY), 19/05/21

Governance Structures

Barnsley 2030 Place Board

Positive
Climate
Partnership

Carbon
Management
Group

HWB Board

Other groups
and boards

Existing workstreams and reporting structures



Coproducing an action plan

- Consultant appointed for zero carbon route map
- Consultation activity due to take place in the Autumn
- HWB board support with stakeholder mapping, engagement design and promotion would be welcome



Asks for HWB board

- Remain supportive of the Zero45 programme and associated projects
- Support the appointed consultant and BMBC with the delivery of the consultation and engagement element of the route-mapping work
- Sustainability and Climate Change return to a future Health and Wellbeing Board to report back on the results of the consultation



Update on EWDs and cold weather plan

- BMBC corporate indicator
- Collaborative Cold Weather planning group- 19 May
- Agreed membership & ToR
- Place plan based on national cold weather checklist
- Identify key actions and resources
- Links with NHS emergency winter planning
- Report to HWBB, Housing Board & SCP



Next steps

- Further analysis of data – age, falls, dementia
- Produce draft cold weather plan 20/21 - thematic prevention work linked to underlying causes of EWD, alongside the practical sector based plan
- Next meeting 1st July
- Identify gaps and agree priorities



Children and Young People's Trust Executive Group Meeting 18th March 2021, from 2pm-5pm Via Microsoft Teams

Present

Core Members:

Mel John-Ross (Chair)	BMBC, Director of Children's Services
Bob Dyson	Barnsley Safeguarding Children Partnership
Margaret Gostelow	Barnsley Governors Association
Phil Hollingsworth	BMBC Service Director, Stronger Safer and Healthier Communities
Gerry Foster-Wilson	Executive Headteacher representing Primary Schools
Cllr Trevor Cave	Cabinet Member
Alicia Marcroft	BMBC, Head of Public Health
Helen Wood	BMBC Organisation & Workforce Development Business Partner
Jess Leech	Barnsley College
Jamie Wike	Barnsley CCG, Chief Operation Officer
Sarah Poolman	South Yorkshire Police, Chief Superintendent
Nina Sleight	BMBC, Service Director for Education, Early Start and Prevention.
Nick Bowen	Executive Principal, Horizon Community College representing BACCUS and Secondary Schools
Adrian England	Healthwatch Chair, on behalf of Sue Womack
Sarah Wilson	Executive Principal, Springwell
Debbie Mercer	BMBC, Service Director Child Social Care & Safeguarding
Emma Baines	BMBC, Youth Voice and Participation Op Manager

In Attendance:

Dawn Fitzpatrick	BMBC, Partnerships and Project Officer
Lindsay Andrews	BMBC, Public Health Senior Practitioner
Patrick Otway	Barnsley CCG, Head of Commissioning (Mental Health, Children's and Specialised Services)
Tracey Taylor	BHNFT, Deputy Associate Director of Nursing
Malachi Rangelcroft	BMBC, Head of Business Improvement & Intelligence
Faith Ridgewick	BMBC, 2030 Lead Officer
Di Drury	BMBC, Head of Safeguarding & Quality Assurance
Kimberley Smith	BMBC, Youth Voice and Participation Coordinator
Young People	Barnsley SEND Youth Forum/SEND Youth Council

		Action
1.	<p><u>Apologies</u></p> <p>The following apologies were received:</p> <p>Sarah Sinclair BMBC Head of Commissioning, Governance and Partnerships</p> <p>Dave Ramsay South West Yorkshire Partnership Foundation Trust, Deputy Director of Operations</p> <p>Cathryn Eggington Headteacher, Wellgate Primary School</p> <p>Cllr Margaret Bruff Cabinet Member: Children's Services</p>	

		Action
2.	<p><u>Feedback from the front line</u></p> <p>Colleagues took the opportunity to share real examples of good practice or challenges on the front line which included:</p> <p>A letter from a parent was shared with permission to members. The letter provided an overview of the family's experience of at-home learning since the start of the new term and set out the challenges for them as parents and family and the pride they have with regards to their children's self-discipline and resilience. The family were extremely appreciative of Horizon School and the efforts of the teaching staff and management team for the plan and pathway throughout the ever-changing guidelines and restrictions. It was highlighted that these are very supportive resourceful parents and yet still struggled, so what must it be like for parents and families who don't have the resources or capabilities to support their children in this way.</p> <p>Mel expressed how helpful it would be to get permission to share this great work across all our schools.</p> <p>The letter was very balanced and offered suggestion for improvements, highlighting that it's the small things such as fortnightly calls which meant so much to that family and highlighting to add in exercise/fun activities which made us think and look at including this. This highlights good parent / school liaison good practice 'you said/ we did'.</p> <p>Members offered thanks to Horizon and all schools throughout the whole period.</p> <p>It was noted that attendance at schools is really good despite challenges.</p>	
3.	<p><u>Identification of confidential reports and declarations of any conflicts of interest</u></p> <p>It was noted that item 5, 6, 7, 8, 10, 11, 13 should be treated as confidential.</p> <p>There were no conflicts of interest declared.</p>	
4.	<p><u>Minutes of the Trust Executive Group meeting held on 17 December 2020.</u></p> <p>The minutes of the previous meeting were agreed as an accurate record.</p>	
4.1	<p><u>Action log / matters arising</u></p> <p>Updates recorded as per the action log.</p>	
Keeping Children & Young People Safe		
5.	<p><u>Barnsley Safeguarding Children's Partnership Meeting held on 29th January 2021 - Highlights - CONFIDENTIAL (Bob Dyson)</u></p> <p><i>This item was confidential and is therefore not included in these minutes.</i></p>	

		Action
General		
6.	<u>Barnsley 2030 Plan Discussion - Ambitious Goals</u> - CONFIDENTIAL (Faith Ridgewick/Malachi Rangecroft) <i>This item was confidential and is therefore not included in these minutes.</i>	
Improving education, achievement & employability		
7.	<u>SEND Improvement Programme Update</u> – CONFIDENTIAL (Nina Sleight) <i>This item was confidential and is therefore not included in these minutes.</i>	
8.	<u>Provisional Educational Outcomes</u> - CONFIDENTIAL (Nina Sleight) <i>This item was confidential and is therefore not included in these minutes.</i>	
Encouraging positive relationships and strengthening emotional health		
9.	<u>HWB - Mental Health Partnership Presentation</u> (Adrian England) Adrian presented an update with regards the HWB Mental Health Partnership. The outline of the topics discussed in January was highlighted which included: <ul style="list-style-type: none"> • Terms of Reference • Priorities • Deep dive re suicide • Learning difficulties / mental health and different issues • Links with the ICS • SWYPT link 'Choose Well' guide which is very good Adrian updated members on the mapping out the next steps which include: <ul style="list-style-type: none"> • Developing outcome indicators and agreeing future priorities • Various links to be improved. • Carers forum • Various task & finish groups to take place • Self harm and Suicide • Eating Disorders • Employment. The White paper consultation is going through, still time to reply by 21st of April 2021. Action: Circulate link to consultation. Adrian to forward to Dawn for circulation. Members discussed the governance arrangements, membership including having the right members at the right level and contributions to help lead the strategy from young people, highlighting the need to get this right to ensure the mental health of children, young people and families is right and they are getting the best help and support. The synergy between plans need to all align and push in one direction. It	Adrian England

		Action
	<p>was suggested that there could be quick wins.</p> <p>Suicide and contagion plan will be going to the next Safeguarding meeting, recognising causation is different between adults and children. Prevention is the key. It was noted that Lauren Nixon is working with suicide prevention lead / self harm as well.</p> <p>Action: Trust to receive regular updates from MH partnership. If there are any issues, please don't hesitate to escalate/raise them.</p> <p>Adrian was thanked for his update.</p>	Adrian England/ Work Programme
10.	<p><u>CAMHS Service Specification & Procurement Exercise, CAMHS & Mindspace update</u> - CONFIDENTIAL (Patrick Otway)</p> <p><i>This item was confidential and is therefore not included in these minutes.</i></p>	
Standard Agenda items		
11.	<p><u>Continuous Service Improvement Plan (CSIP)</u> - CONFIDENTIAL (Debbie Mercer)</p> <p><i>This item was confidential and is therefore not included in these minutes.</i></p>	
12.	<p><u>Anti-Bullying Charter - Update on Progress</u> (Di Drury & Emma Baines/Kimberley Smith & YP)</p> <p>Emma provided an introduction and background with regards to the SEND Youth Forum and Youth Council and work they have undertaken with regards to the SEND provision across the borough. They have previously attended joint TEG/BSCP annual meetings to express these concerns and to take the work forward which includes the co-production of an anti-bullying Commitment which all schools in the Barnsley Alliance and members of the Partnership will be asked to sign up to.</p> <p>Di continued by explaining the short report which outlines the present and next steps with regards to the Commitment. The following points were highlighted:</p> <ul style="list-style-type: none"> • The Commitment has been co-produced and clearly sets out their wishes for all forms of bullying and victimisation to end and for this issue to be addressed. • It asks that school leaders, the local authority and safeguarding partners take it seriously. • It sets out the requirement for all schools to ensure that they have an anti-bullying policy in place. • It asks schools to put in place a member of staff a designated person / Anti Bullying Champion for pupils to go to, with the name of the person clearly advertised to pupils along with the Commitment statement within the school. <p>Next Steps</p> <ul style="list-style-type: none"> • Publicity and to share with schools' once signatures have been obtained on the document. Emma & Di to work with Comms team with 	

		Action
	<p>regards to graphics so it can be share publicly on the website.</p> <ul style="list-style-type: none"> • Co-produced Strategy and action plan will be agreed, including training and further work with staff. • The revised strategy (shorter, more succinct and clearer) and Action Plan will be presented to the BSCP in May 2021 for ratification and shared with the TEG, schools and partner agencies. We want the Strategy to be highly aspirational. • Working wider with Public Health and Communities with regards to the mental health and wellbeing of young people, trying to tackle the bullying culture. • The stakeholder group, including young people will meet at regular intervals to oversee the implementation of the Action Plan and review progress. <p>The young people provided explanations and suggestions including having student questionnaires. They informed members of the work they have been doing in the spring to show others how bullying can impact on other people and how it can affect confidence. They felt that case studies need to be shared around schools in assemblies to get the message out more and highlight that bullying does matter and not to ignore it and not to be dismissed or to tell them to ignore the bullying. They noted that bullying has increased since going back to schools after lockdown. They would like schools to support young people designing bullying policies. TEG agreed that they are really keen to support that suggestion.</p> <p>Members were asked to note the contents of the report and agree the recommended next steps.</p> <p>Members expressed that the case studies really bring to life the real experiences and permission had been provided to share them. It was noted that the Safeguarding leads have seen the case studies and video.</p> <p>Mel, Bob and Nick noted their agreement of the partnership to sign it. It was suggested to put the Barnsley logo on it and to work with them to get it on the webpages. This was agreed. Action: To add Barnsley Logo.</p> <p>Discussion took place with regards to check and challenge in schools and other places, to see what difference it has made, TEG members are keen to support this work and invited them to come back to TEG with the outcomes. Nick stated he really welcomed this work and would encourage schools to take it forward. It was highlighted that in a large school it may need to be more than one designated person per year group, but the principle is that there is a named person. Each school could use their own pupils for coproduction with staff.</p> <p>Engagement with primary schools was queried. It was noted that TYS only works with 11 upwards. The principles could be taken forward in the Primary schools, which would be helpful as it needs to be started from the age of 3 and ensure early intervention in the system. Offer was provided for any primary schools to get involved and get the wheels in motion. Nina explained that it has been taken to Primary Executives meeting and every cluster lead was enthusiastic and really moved and found it powerful. They will embrace this opportunity to take it forward. This needs to be</p>	<p>SEND Youth Council</p>

		Action
	<p>emphasised to everyone not just schools, members agreed.</p> <p>Other comments included:</p> <ul style="list-style-type: none"> • The work you are doing as champions is great • You have given some really good examples schools can sign up to. • Using young people in the borough to do check and challenge is what we welcome • Fantastic piece of work • Congratulate the young people for what they have produced and what they continue to do. • Strategy should be coproduced • Look forward to welcoming you back again. • We welcome you coming back to TEG, so we don't lose sight of this re check and challenge and difference this has made. <p>Full agreement to the Principles and recommendations was given by members across the partnership.</p> <p>Action: Add to TEG work programme – Anti Bullying Charter Commitment check and challenge update.</p> <p>Members thanked the young people and informed them that their work is contributing to training and raising awareness. A huge thank you was offered to the young people for all their hard work.</p>	TEG work programme/ SEND Youth Council
13.	<p><u>Make your Mark Presentation (MYM)</u> CONFIDENTIAL (Emma Baines / Kimberley Smith & Young People)</p> <p><i>This item was confidential and is therefore not included in these minutes.</i></p>	
14.	<p><u>TEG Work Programme Update</u></p> <p>The items on the work programme for the next meeting were highlighted. Any additional items rising from today's meeting will be added and updated. If anyone has any further items, please contact Dawn.</p>	TEG Work Programme/ TEG members
15	<p><u>Any Other Urgent Business</u></p> <p>No other business was discussed.</p>	
	Date and time of next meeting: Thursday 15th July 2021	
<p>Proposed agenda items for next meeting on Thursday 15th July 2021</p> <ul style="list-style-type: none"> • Barnsley Safeguarding Children's Partnership (BSCP) minutes • Continuous Service Improvement Framework & Plan • TEG Work Programme review • SEND Improvement Programme • Looked After Children Sufficiency Strategy/ Foster Carer Placements / Foster Carer • Recruitment • Carers Strategy • SEND Coproduction Update • Young People's Careers and employability 		

	Action
<ul style="list-style-type: none"> • Public Health Update • Alcohol Alliance Update • Integrated Care System (ICS) & Joint Commissioning & Integration Update • Access to therapeutic support and waiting times / CAMHS Review and Improvement • SEND Co-production/ Parent Participation Update • Domestic Violence • Children's Rights 	

2021 Meetings - held quarterly.

Date of meeting	Time	Venue	<i>Deadline dates for reports</i>
<i>Thursday 15 July 2021</i>	14.00 – 17.00	<i>Microsoft Teams</i>	<i>Tuesday 6th July 2021</i>
<i>Thursday 14 October 2021</i>	14.00 – 17.00	<i>TBA – Microsoft Teams</i>	<i>Tuesday 5th October 2021</i>
<i>Thursday 2 December 2021</i>	14.00 – 17.00	<i>TBA – Microsoft Teams</i>	<i>Tuesday 23rd November 2021</i>

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Minutes of the Safer Barnsley Partnership Board

Monday 8th March 2021, 10:15am to 12:15pm, via Microsoft Teams

ATTENDANCE		
Organisation	Name	Position
BMBC (Chair)	Wendy Lowder	Executive Director, Adults & Communities Directorate
BMBC	Phil Hollingsworth	Service Director, Safer Stronger Healthier Communities
SYP	Cherie Buttle	Superintendent, South Yorkshire Police
BMBC Cabinet Spokesperson	Cllr Jenny Platts	Cabinet Spokesperson for Communities
BMBC Adult's Care	Jacqui Atkinson	Service Manager, Adults Social Care & Wellbeing, Communities Directorate
BMBC Children's Care	Deborah Mercer	Service Director, Children's Social Care & Safeguarding, People Directorate
BMBC Early Start	Nina Sleight	Service Director, Education, Early Start & Prevention, People Directorate
Police & Crime Panel	Cllr Anita Cherryholme	Police & Crime Panel representative
BMBC Public Health	Carrie Abbott	Public Health Service Director
Fire & Rescue Service	Steve Fletcher	Barnsley District Commander, South Yorkshire Fire & Rescue Service
Fire & Rescue Authority	Cllr Robert Frost	CSP Representative, South Yorkshire Fire & Rescue Authority
Criminal Justice Board	Linda Mayhew	Business Manager, South Yorkshire Criminal Justice Board
Neighbourhood Watch / Safer Communities Forum	John Hallows	Neighbourhood Watch/Safer Communities Forum Representative
Berneslai Homes	Tony Griffiths	Housing Management Group Manager
Mental Health Service (SWYT)	Jill Jinks	Business Unit Manager for Specialist Mental Health
BMBC Strategy & Governance	Shiv Bhurtun	Strategic Governance Partnership & Transformation Manager
In attendance		
BMBC Minute Taker	Tracey Binks	Business Support Officer
BMBC COVID Response	Haydn Frost	Response Coordinator, Safer Neighbourhood Service, Communities Directorate
BMBC Highways	Matt Bell	Head of Highways & Engineering
NHS Barnsley	Patrick Otway	Head of Commissioning, Barnsley CCG

BMBC Minute Taker (observer)	Helen Ibbotson	Business Support Officer
Apologies		
SYP (Co-Chair)	Sarah Poolman	Barnsley District Commander, South Yorkshire Police
BMBC Adult's Care	Julie Chapman	Service Director, Adults Social Care & Wellbeing, Communities Directorate
Community Rehabilitation	Andrew Sinclair	Deputy Director, South Yorkshire Community Rehabilitation Company
National Probation Service	Nick Hamilton- Rudd	Head of Probation, Sheffield & Barnsley
Barneslai Homes	Dave Fullen	Director of Customer & Estate Services, Barneslai Homes

ACTIONS			
Item	Action	Responsible	Deadline
4.1	Performance Report: Review the challenges in securing SYP intel mentioned in the Q3 Performance Report and coordinate a specific summary of impediments preventing this, via Sub Group updates in the Q4 report.	Cherie Buttle	28/04/2021
4.2	Performance Report: Expedite a report on what we expect the VRU to achieve over 2021/22 and send to Cllr Platts before the next VRU Elected members meeting (and circulate to Board members).	Phil Hollingsworth	ASAP (& circulate with Board minutes)
4.3	Performance Report: Liaise with the new VRU Coordinator to ensure that future VRU updates in the Performance Report include detail on actions delivered, clearly identified against the six themed areas of the VRU action plan.	Phil Hollingsworth	28/04/2021
5.1	SBP Annual Plan: Consider a review of the SBP website.	Shiv Bhurtun	07/06/2021
6.1	Safer Roads: Feedback on how hit and run information is collated/scrutinised and whether organised events resulting in ASB have increased. Cherie to report back via Sub Group updates in Q4 Performance Report.	Cherie Buttle (& Matt Bell)	28/04/2021
8.1	Arrange for a drill-down report on substance misuse to come to a future meeting (via the PVP Sub Group) due to the number of developments taking place (e.g. new strategy, national pilots, etc.).	Jayne Hellowell	tbc
9.1	SBP ToR: Identify a named deputy who can attend SBP Board meetings in their absence and email saferb-strongerc@barnsley.gov.uk with their name, job title and contact details.	All members	26/04/2021
10.1	Forward Plan: Discuss development of risk assessment documentation for the SBP Board with Shiv Bhurtun/Rob Winter.	Phil Hollingsworth/ Cherie Buttle	07/06/2021

MINUTES

1	Apologies & Introductions
	The Chair welcomed everyone to the meeting and apologies were received as above.
2	Lived Experience Case Study: Mobilising the COVID response and utilising intel
	<p>Haydn Frost gave a presentation, introducing the resources being utilised and joint-working taking place in the COVID response team.</p> <p>Haydn demonstrated situations that the COVID Marshals have been assisting with and introduced a case study of a family which had tested positive for COVID, but were still carrying on with normal activities within the community and at work. Key points were:</p> <ul style="list-style-type: none"> • Quick response from SNS/SYP colleagues. • Intelligence not received until after isolation period already ended. • Household refuted claims and were evasive regarding their place of work. • Not possible to obtain public health data, as place of work was outside Barnsley. • Action taken was; <ul style="list-style-type: none"> ○ to ensure the household were aware of any support they could access; ○ to confirm their understanding and carry out repeat visits; ○ to issue a warning to the household, and; ○ to check local facilities frequented by the household were COVID-secure. <p><u>Q&A</u></p> <p>The Chair commented that this was a good example of the power of partnerships and how important timely intel can be.</p> <p>Cllr Platts advised that, when someone tests positive, they generally receive messages ensuring they are staying at home. Haydn responded that the team try to establish what drives people to still leave the house and the broader impact on the community.</p> <p>Phil Hollingsworth highlighted that the effectiveness of the COVID Marshals has been noticed and funding is being monitored in relation to recovery arrangements.</p> <p>John Hallows asked for contact details that the public can use to report concerns. Haydn provided the following:</p> <ul style="list-style-type: none"> ○ COVID Marshal's mailbox = COVIDmarshals@barnsley.gov.uk ○ Out of hours phone number = 07786525148
3	Minutes & Actions from previous meeting (30.11.2020)
	<p>The minutes of the previous meeting were agreed as accurate and actions completed, with the following updates;</p> <p><u>4.1 Domestic abuse face-to-face referral appointments should be increased</u></p> <p>It has been confirmed that IDAS have been offering a range of support options, so there are no concerns. Action discharged.</p>

	<p><u>4.4 & 4.5 VRU update in Performance Report: describe actions delivered in more detail and clearly identified against the six themed areas of the VRU action plan</u></p> <p>This ask will be reiterated for next quarter (see item 4 on today's agenda for actions).</p> <p><u>4.6 Explore victim to perpetrator pathways in more detail</u></p> <p>The Vulnerable Adults Panel has been reviewed to identify any missed opportunities and will continue to be monitored. Action discharged.</p> <p><u>8.1 Discuss relationship between Youth Justice good practice and other parts of the system</u></p> <p>A meeting took place to discuss how stronger links could be made between the VRU, SBP and Children's Services. Gaps, such as not having a children's representative on the VRU, were identified and key links are being made. Action discharged.</p>
4	<p>Performance Update Q3 2020/21 (including VRU & COVID impact)</p> <p>Phil Hollingsworth presented the performance report and highlighted the following:</p> <p><u>Crime</u></p> <ul style="list-style-type: none"> • The impact of COVID continues to be monitored. • Improved attendance seen at the Crime Sub Group this quarter. • VRU "Mentors in Violence" programme being re-profiled to outreach work. <p><u>In addition to the Performance Report, the following was announced:</u></p> <ul style="list-style-type: none"> • The VRU Officer will change shortly. • Granular data is now available by locality, enabling the development of a locality-specific pack. • A new Cross-border Safer Streets Home Office bid is being considered. <p><u>PVP</u></p> <ul style="list-style-type: none"> • Looking to establish consistent benchmarks for domestic violence data. • A gap period in the Perpetrator Programme is anticipated, following failed procurement. • Recruiting a dedicated officer to take implementation of the new Domestic Abuse Bill statutory duties forward from April 2021. • Exploring new drug treatment funding with partners, as and when details emerge. <p><u>ASB</u></p> <ul style="list-style-type: none"> • The Victim and Witness Support Officer would be a good case study to hear about as a future 'Lived Experience' agenda item. • Looking to mitigate the reduction in Police Community Support Officers with planned recruitment of Neighbourhood Wardens and reconfiguration of the Safer Neighbourhood Services teams. <p><u>CTR</u></p> <ul style="list-style-type: none"> • Sub Group has seen a significant shift, with new leadership. • The group's plan will come to the next meeting to give an understanding of focus. <p><u>Q&A</u></p>

	<p>The Chair noted the challenges in securing intelligence mentioned in the report and Cherie Buttle offered to investigate this.</p> <p>ACTION 4.1: Cherie Buttle to review the challenges in securing SYP intel mentioned in the Q3 Performance Report and coordinate a specific summary of impediments preventing this, via Sub Group updates in the Q4 report.</p> <p>There was a discussion around the progress against the VRU action plan and it was agreed that an update would be useful before the next meeting.</p> <p>ACTION 4.2: Phil Hollingsworth to expedite a report on what we expect the VRU to achieve over 2021/22 and send to Cllr Platts before the next VRU Elected members meeting (and circulate to Board members)</p> <p>ACTION 4.3: Phil Hollingsworth to liaise with the new VRU Coordinator to ensure that future VRU updates in the Performance Report include detail on actions delivered, clearly identified against the six themed areas of the VRU action plan</p> <p>John Hallows reported a broken link in terms of not having a dedicated SYP SPOK officer and is meeting with the CTR Priority Lead to discuss.</p> <p>Tony Griffiths asked if it was known what impact the new domestic abuse bill would have on demand for accommodation. Phil Hollingsworth responded that the implications will be explored in a partnership context and picked up through the PVP.</p> <p>The Chair asked if there was more that could be done to encourage homeless people to get in touch with services earlier. Phil Hollingsworth highlighted to partners the preventative duty in the Homelessness Act to refer people in early. Also, as part of the recovery plan, 14 accommodation units will be available in Barnsley from May 2021 with in house support aligned.</p> <p>Linda Mayhew added that Yorkshire & Humber is one of five areas selected to receive additional funds aimed at trying to improve the infrastructure of offender accommodation. An event will take place later this month to look at the journey (from police custody, through to prison leavers).</p>
5	2021/22 Safer Barnsley Partnership Annual Plan
	<p>Shiv Bhurtun introduced the refreshed Annual Plan and advised that the priorities for 2021/22 remain the same as this year.</p> <p>The plan was ratified by the group.</p> <p>ACTION 5.1: Shiv Bhurtun to consider a review of the SBP website</p>
6	Safer Roads Partnership Update & Annual Plan
	<p>Matt Bell gave a presentation on progress in Barnsley, since the South Yorkshire Safer Roads Partnership (SRP) was invited to the SBP Board last year. The presentation will be circulated and key points were:</p>

	<ul style="list-style-type: none"> • The results of the 2019 SRP Road Casualty Report were explained. • New hotspot data is proving useful (including older driver data). • The SRP 2022-2023 strategy has been shaped by stakeholder workshops and interventions planned to achieve its vision of Zero Deaths. • Planned local initiatives were outlined and areas are currently being identified for pilots. <p><u>Q&A</u></p> <p>Nina Sleight offered to promote the pilots within secondary schools and Carrie Abbott advised that Public Health are working to input into this agenda.</p> <p>Cllr Platts raised an issue of speed limit lights outside schools and Matt encouraged anyone to contact him with specific issues such as this.</p> <p>Phil Hollingsworth asked the following:</p> <ul style="list-style-type: none"> • Is any work taking place on comparing geographical intelligence on insurance figures on hit and run figures? <ul style="list-style-type: none"> ○ Response: We are challenged on how hotspots are identified and are looking to take this forward. • Whether the data on hit and runs includes cases that are subsequently detected? <ul style="list-style-type: none"> ○ Response: Matt will ask SYP colleagues how this information is collated and scrutinised. • Is there any movement on organised events that result in ASB? <ul style="list-style-type: none"> ○ Response: They are happening in known locations, but don't seem to be getting more frequent. Matt will check latest stats with colleagues at SYP. <p>The Chair invited Cherie Buttle to comment, who offered to feedback on this.</p> <p>ACTION 6.1: Cherie Buttle (& Matt Bell) to feedback on how hit and run information is collated/scrutinised and whether organised events resulting in ASB have increased. Cherie to report back via Sub Group updates in Q4 Performance Report.</p>
7	OPCC Community Safety Award
	<p>Phil Hollingsworth presented a report explaining progress on the projects identified from re-profiling of the 2020/21 budget, as agreed at the last Board. Some of these interventions have had set-backs due to COVID restrictions, but have progressed as follows:</p> <ul style="list-style-type: none"> • The Public Health training and support for those facing deteriorating mental health and bereavement has been commissioned. • Initial setup is underway for the Yorkshire Mentors programme to work with school children at risk of being drawn into extremism. • Crime prevention and confidence building in Thurnscoe and Goldthorpe is being implemented, pending outcome of longer-term investment. <p>Recommendations for the 2021/22 grant include further allocations to;</p> <ul style="list-style-type: none"> ○ the mentoring programme, and;

	<ul style="list-style-type: none"> the Neighbourhood Justice Coordinator and Serious & Organised Crime Coordinator posts which commence this month (11 months behind schedule). <p><u>Q&A</u></p> <p>Members agreed with the proposals outlined in the report.</p>
8	Youth Justice Service-related NHS waiting times
	<p>Patrick Otway presented a report and data, following a request at the February 2020 Board to look at NHS service waiting times for individuals on Youth Justice Service pathways.</p> <p>Progress since last year:</p> <ul style="list-style-type: none"> There has been increased investment into NHS services and waiting times are now down to approximately 2 weeks (sustained for the last 6 months). Sensory assessment waiting lists are now cleared, as it was found that group sessions were effective. This approach is being continued. Several CAHMS initiatives have been funded and the waiting list has reduced. The new practitioners based within the Youth Offending Team are in place to offer immediate support. <p>Next steps:</p> <ul style="list-style-type: none"> Review of speech and language services will take place once the vaccination process is complete. Lots of proposals are planned to ensure funding remains in place for the CAHMS initiatives, to prevent further backlog. <p>Patrick offered to bring an update around the CAHMS proposals to a future meeting.</p> <p><u>Q&A</u></p> <p>The Chair highlighted the huge amount of progress and partnership effort and Nina Sleight added that it's important to understand the opportunities and challenges of COVID going forward.</p> <p>The Chair referred to the number of developments taking place with regards to substance misuse (e.g. new strategy, national pilots, etc.) and proposed that it would be helpful for the Board to be sighted on them.</p> <p>ACTION 8.1: Jayne Hellowell to arrange for a drill-down report on substance misuse to come to a future meeting (via the PVP Sub Group)</p>
9	Safer Barnsley Partnership Board Terms of Reference annual review
	<p>Shiv Bhurtun presented the revised document for information and asked members to identify a named deputy who can attend Board meetings in their absence. This person will be added to the membership list, as required by the Terms of Reference, and should be able to contribute/make decisions on behalf of their organisation.</p>

	ACTION 9.1: All to identify a named deputy who can attend SBP Board meetings in their absence and email saferb-strongerc@barnsley.gov.uk with their name, job title and contact details
10	Forward Plan
	<p>The Chair asked members to contribute items for the SBP Forward Plan and the following will be added:</p> <ul style="list-style-type: none"> ○ Victim & witness support case study for the Lived Experience item (ASB). ○ Update on changes to Probation Services (Linda Mayhew). ○ Risk assessment documentation for the SBP Board. <p>ACTION 10.1: Phil Hollingsworth/Cherie Buttle to discuss development of risk assessment documentation for the SBP Board with Shiv Bhurtun/Rob Winter</p>
11	Any other business
	None.
	<p>Future meetings: Monday 7th June 2021, 10am to 12pm, Microsoft Teams Monday 13th September 2021, 14:15 to 16:15, Microsoft Teams</p>

Item 11

Mental Health Partnership Agenda

2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

Present:		
Name	Role	Organisation
Adrian England (Chair)	Independent Chair	N/A
Alicia Marcroft	Head of Public Health	BMBC
Ben Brannan	Senior Public Health Officer	BMBC
Clive Collings	Inspector	SYP
Dave Fullen	Director of Customer and Estate Services	Berneslai Homes
Diane Lee	Head of Public Health	BMBC
Ellie Pate	Communications and Marketing Manager	BMBC
Elizabeth Hopkinson	Service and Development Manager	Barnsley and Rotherham MIND
Jackie Murphy	Nursing Quality	BHNFT
Janie Wike	OCM Manager	Social Prescribing Service
Jeremy Budd	Director of Strategic Commissioning and Partnerships	BCCG
Julie Chapman	Service Director- ASC	BMBC
Karen Hockley	Thematic Lead for Mental Health	SYP
Laura Fairbank	Public Health Officer	BMBC
Lauren Nixon	Transformation Lead	BMBC
Lesley Pollard	Service Director	Chilypep
Mark Smith	Vice Chair	Healthwatch Barnsley
Dr Omair Naiz	Consultant Psychologist	SWYFT
David Ramsay	Deputy Director	SWYPFT

Mental Health Partnership Agenda2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

Patrick Otway	Head of Commissioning- Mental Health and Maternity	BCCG
Phil Ainsworth	Senior Public Health Practitioner	BMBC
Phil Hollingsworth	Service Director- Stronger Communities	BMBC

Apologies:

Name	Role	Organisation
Andrew Osborne	Interim Service Director of Commissioning	BMBC
Andrea Parkin	Chief Nurse	Barnsley Healthcare Federation
Cllr Jim Andrews	Cabinet Member	BMBC
Cllr Pauline McCarthy	Cabinet Member	BMBC
Deborah Whitton	Director	Barnsley Samaritans
Dr Michelle Horridge	Public Health Registrar	BMBC
Dr Suresh Chari	Consultant Psychiatrist	SWYFT
Dr Nadia Imran	ST4 Higher Trainee; Inpatient Service	
Emma Robinson	Business Improvement Advisor	BMBC
Joanne Carver	Mental Health Coordinator	SYP
PS Keith Scruton	Police Sergeant	SYP
Salma Yasmeen	Director of Start Change	SWYFT
Tom Smith	Head of Employment Skills	BMBC
Andy Berriman	Chief Inspector	SYP
Cherie Buttle	Superintendent	SYP

Mental Health Partnership Agenda

2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

Item No.	Item	Timings	Lead
	Welcome and introductions (5 mins)	2:00 – 2:05 p.m.	Chair
	For Action		
	Minutes and Actions from the Previous Meeting (5 mins) The minutes of the previous meeting were agreed as a true and accurate record. Phil Ainsworth, Alicia Marcroft and Lauren Nixon have met regarding developing key messages to support a multi-agency approach to identifying opportunities for interventions and support to children and young people in relation to mental health and suicide. This will be covered as part of today's agenda. Partners to work together collaboratively to share knowledge and information of specific cases across the borough to help identify opportunities for support and intervention in relation to self-harm in school pupils – ongoing: Phil Ainsworth to provide an update as part of his agenda item covering this area. Phil Ainsworth and Omair Niaz to meet to consider the clusters of risk factors/methods of suicide for inclusion in a service specification that will set out how to deal with these areas – ongoing Learning disabilities and mental health report – ongoing, will be reported into this meeting once completed Ben Brannan thanked everyone for their contributions to the Mental Health Consultation – the response has now been submitted will be shared with the Mental Health Partnership members. ACTION: Ben Brannan to share the response to the Mental Health Consultation with members of the Mental Health Partnership. Workforce Mental Health has been added to the Forward Plan as a priority area and will be looked at in due course. Phil Ainsworth is presenting about the 'Zero Suicide' ambition at today's meeting – deep dive work is ongoing and will be brought back to this forum later (Michelle Horridge). Information sharing – Michelle doing a DPIA and progress is being made.	2:05 – 2:10 p.m.	Ben Brannan

Mental Health Partnership Agenda

2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

	<p>Mental Health Strategy Plan (10 mins)</p> <p>Patrick Otway provided a progress update regarding the borough's Mental Health Strategy which is currently being refreshed. A 'Task and Finish' group has been established and will meet monthly to work through the various theme areas for inclusion. The new strategy will also cover dementia. Ben Brannan shared a timeline with the group showing the key dates for delivery. It has been agreed that the strategy will be completed by the end of September 2021 due to changes in Commissioning.</p> <p>Patrick Otway will provide progress updates at future Mental Health Partnership Delivery Group meetings and Mental Health Partnership meetings that will enable the wider membership to contribute, steer and influence.</p> <p>A draft version of the strategy will be available by the end of August. It is anticipated that the Mental Health Partnership group will sign this off by the end of September before it is presented to the Health and Wellbeing Board. The strategy will take a 'life journey' approach, incorporating several 'golden threads' and visualisation. Consultation will take place with everyone who has fed into the strategy to show that their input has been taken on board.</p> <p>Patrick explained that the overarching Mental Health Strategy will reflect all of the challenges; however, there will be a focus on 2-3 priority areas as it was felt that this would provide the best opportunity to make a positive difference and effect change – these priorities will be captured in an action plan which will be used to measure progress.</p> <p>The Chair thanked Patrick and the members of the Mental Health Strategy group for the progress that has already been made in such a short space of time and supported the 'priority area' approach.</p>	2:10 – 2:20 p.m.	Patrick Otway
	<p>Update from the Chair of the Mental Health Partnership Delivery Group (10 mins)</p> <p>Diane spoke about the origins of the Mental Health Partnership Delivery Group, (evolved from the Mental Health and Resilience Cell set up at the start of the</p>	2:20 – 2:30 p.m.	Diane Lee

Mental Health Partnership Agenda

2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

	<p>pandemic), how it's developed and how it drives the work of the Mental Health Partnership.</p> <p>Mental Health Partnership Delivery Group updates will be reported into the Mental Health Partnership through a slide pack which will set out any key themes and issues. The pack will be circulated in advance of meetings, with the expectation that group members read the information and request additional information on an exception basis depending on which areas they want to learn more about.</p> <p>The aim will be to bring two subjects into the bi-monthly Mental Health Partnership meetings which are set out on the Forward Plan. Performance data will also be reported into the Mental Health Partnership.</p> <p>ACTION: Emma Labedzki to ensure that 'Children and Young People' updates are included in future slide packs.</p> <p>A discussion took place regarding the Mental Health Partnership Delivery Group and whether the membership could drive forwards the operational strands and various workstreams identified. Diane Lee responded that she felt the group membership is correct and that the theme leads will help to deliver the aims and priorities of the Mental Health Partnership through the Task and Finish groups, which enable partnership working through a collaborative approach.</p> <p>Phil Hollingsworth mentioned the work that is ongoing in Communities around recovery planning and homelessness which should be reflected in the theme updates. It was agreed that 'Complex Needs' should be added to the list and made explicit where people have more than one need.</p> <p>ACTION: Phil Hollingsworth and Diane Lee to meet separately to agree the best way to capture the 'Complex Needs' theme.</p>		
	<p>Zero Suicide Ambition Launch (20 mins)</p> <p>Diane Lee introduced the item which stems from the Council's pledge to introduce a 'Zero Suicide' ambition throughout the borough, which was agreed at the Integrated Care Delivery Group.</p>	2:35 – 2:55 p.m.	Diane Lee/Phil Ainsworth

Mental Health Partnership Agenda

2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

Phil Ainsworth delivered a presentation (copy attached) setting out the approach taken, the comms. messages and the next steps in launching the 'Zero Suicide' ambition with a focus on the following:

- Leadership – ensuring everyone signed up to the same approach
- Collaboration of services all committed to preventing people from taking their own lives – it's a borough wide ambition, committed to delivering the message that suicide is preventable if we work collectively to achieve this
- Partnership working
- Pathways to care
- Communications and stigma
- Primary prevention
- Secondary prevention
- Tertiary prevention
- Data used to inform future decisions and future commissioning intentions

A discussion took place about the 'Zero Ambition' tag and whether this was helpful branding, with respect to its relationship with the idea of targeted approaches and timelines for delivery. Phil Ainsworth explained that the 'Zero Suicide' Ambition had been agreed by senior leaders as it was really challenging to quantify any other way due to fluctuating suicide rates. Real life stories and experiences are captured through the Suicide Learning Panels which helps to achieve a balance with the research and evidence-based learning.

Mark Smith commented that the work appears adult-orientated and asked what work is taking place to ensure the needs of children, young people and their families are being captured; Phil Ainsworth acknowledged this and said that conversations were ongoing with colleagues Lauren Nixon, Alicia Marcroft and Mel John-Ross to ensure that a Children's and Young People's section will be included in the self-assessment.

Mental Health Partnership Agenda

2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

	<p>A discussion took place regarding recent comments from SYB ICS suggesting a 10% reduction and what implications this would have for the 'Zero Suicide' Ambition and the Suicide Prevention Strategy. It was agreed that this would need to be reviewed and any issues relayed back to NHS England.</p> <p>Karen Hockley referred to data across Barnsley and South Yorkshire re. suspected suicides for Children and Young People. As a member of the ICS Steering Group for Children and Young People, Karen gave reassurances that the data issues are being raised at the appropriate forums.</p> <p>Ben Brannan shared the 'Zero Suicide' Ambition comms. video, which will be available on social media sites from Wednesday 19th May – Phil Ainsworth encouraged partners to share this with their networks.</p> <p>The video was well received, with lots of positive comments and thanks given to everyone involved in pulling this together. Adrian England asked if all of the contact telephone numbers could be emphasised so that people know where to go. ACTION: Ellie Pate and Phil Ainsworth to update the contact details in the footage and share the link with partners when finalised, who can then share with their networks. Adrian England suggested sending the link to the central Comms. Engagement team at ICBG to ensure that everyone receives the video. ACTION: Ellie Pate to share the video with the central Comms. Engagement team at ICDG.</p>		
	<p>Schools - Suicide and Self-Harm Update – Verbal (10 mins)</p> <p>Phil Ainsworth provided an update regarding some of the issues around self-harm that have been occurring in the borough's schools over the last few months. According to the Public Health Outcomes' framework Barnsley has some of the highest rates of self-harm in the country for girls between the ages of 11-24. In February 2020 a young person died from suspected suicide, which led to the development of a school contagion plan to try and prevent copycat behaviours. There were several admissions into hospitals from schools around that time, arising as a result of that young person's death. The school was supportive; however, there is a feeling that schools need additional support to help them to break</p>	2:55 – 3:05 p.m.	Phil Ainsworth

Mental Health Partnership Agenda

2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

	<p>down and understand some of the issues around self-harm.</p> <p>Phil Ainsworth suggested running a workshop session with schools to better understand the complexities involved in self-harm and what it means for children and young people. An organisation called 'Harmless', who work to address and overcome issues related to self-harm and suicide, have offered to work with BMBC and partners to deliver a workshop. Phil Ainsworth asked partners for their support in running the workshop to bring together workstreams and ensure a co-ordinated approach. Early conversations have already taken place with Mel John-Ross, Executive Director, Children's Services, about the workshop session. The overall aim will be to develop a Self-Harm strategy, one aspect of which will be about delivering services with a tangible health outcome, e.g. activities such as song, dance and theatre, that are known to improve children's and young people's mental health.</p>		
	For Discussion		
	<p>Children and Young People Emotional Health and Wellbeing (30 mins)</p> <p>Alicia Marcroft provided the background to this piece of work which emerged from a multi-agency partnership visit to Kirklees Council two years ago to look at their integrated offer for children and young people's emotional health and wellbeing. This focused on early intervention through to intensive treatment and sparked some good ideas for a similar arrangement within Barnsley. A workshop was held involving the CCG governing body and Cabinet members with the aim of getting senior strategic buy-in and a commitment to that long-term vision, recognising that this was a significant change which would take time to plan and implement. Patrick Otway and Alicia Marcroft identified some funding for a temporary post to co-ordinate this piece of work, as it was felt that this would help to facilitate working across the partnership. This has led to a commitment from the CCG and BMBC Public Health to permanently fund the Children and Young People's Emotional Wellbeing Lead post.</p> <p>Lauren Nixon delivered a presentation which gave an overview of the work that's already taken place, what the current picture is and what the next steps are. Lauren has</p>	3:05 – 3:35 p.m.	Lauren Nixon/Alicia Marcroft

Mental Health Partnership Agenda

2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

<p>undertaken a detailed scoping exercise to identify the strengths and recommendations of the programme and to set out the vision. This will be developed further in an action plan over the course of the next 12 months. These aspirations are supported by the Health and Wellbeing group and have also been developed in consultation with services and partners across the borough who support children, making it a true cross service improvement plan. The 6 broad priority areas are as follows:</p> <ul style="list-style-type: none">• Early intervention and prevention• Workforce development• The Role of Schools and the Schools' Workforce• Working Together – A Better Journey through Services• Improved Support for Vulnerable Young People• Engagement and Co-production <p>Work is ongoing to look at the following workstreams:</p> <ul style="list-style-type: none">• Eating Disorder Pathway Working Group• Self-Harm• Engagement Strategy Task and Finish Group• Trailblazer Wave 5-10 Expression of Interest• Training Mapping Exercise• Children Young People and Families Bereavement Service mobilisation <p>Lauren shared a draft version of the improvement plan which contains the priority headings and the actions which sit under these to give the group an idea of the format.</p> <p>Adrian England thanked Lauren for her presentation which was well received and offered support from the group to take the improvement plan forward and encourage partnership working. It was also agreed that progress report updates will be reported into future</p>		
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Mental Health Partnership Agenda

2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

<p>Mental Health Partnership meetings on a regular basis. ACTION: Emma Labedzki to schedule Children and Young People's Emotional Health and Wellbeing as a regular item on the Forward Plan.</p> <p>A discussion took place regarding taking advantage of opportunities to undertake some joint work with Adults due to similarities with some of the outputs. Alicia Marcroft stated that this work is also reported into the Children's Trust Executive group and will be fed into the ICS via this route.</p> <p>Linking into this work, Lesley Pollard provided an update about the Children and Young People's Emotional Wellbeing Hub which is currently being refurbished and is partly open, with a view to being fully open by September. In terms of the landscape, this will be a key part of the Early Intervention and Prevention offer and will bring together the VCS and other partners, (Compass are basing themselves there, and the YMCA occupy the downstairs floor). The aim is to offer space to other VCS organisations to run groups and activities and hope for it to be somewhere for the VCS network to be 'based', working with them and statutory partners to bring together a whole range of services and support for young people within the building.</p>		
<p>Integrated Care System Update – Verbal (10 mins)</p> <p>Jeremy Budd spoke about the White paper that is out now concerning the future of the ICS and the move to become an Integrated Care Authority from April 2022. Barnsley is one of the authorities and it's important to ensure that Barnsley's voice remains strong – currently going through a transition process – it is anticipated that legislation will be presented to the House of Commons in July.</p> <p>Jeremy shared slides relating to the Health and Care Compact, setting out the values and behaviours that Integrated Authorities should work towards to reduce health inequalities. It is anticipated that this will be signed off by the end of May 2021 and that the Health and Care Partnership will come into fruition within the next few months.</p> <p>Diane Lee welcomed the inclusion of health inequalities in the Compact - mental health and health inequalities are significant and a workstream has been established to</p>	3:35 – 3:45 p.m.	Jeremy Budd

Mental Health Partnership Agenda

2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

	explore smoking prevalence, alcohol use, physical activity, and other factors that are known to contribute to CPD and cancer. Some of this work will be picked up through the Mental Health Partnership Delivery Group as well.		
	<p>Neighbourhood/Place issues/Partnership updates (10 mins)</p> <p>Police Inspector Clive Collings provided an update about some of the challenges and issues that South Yorkshire Police have faced over the last two years, with the caveat that the last twelve months have been extremely challenging due to the additional pressures arising from the pandemic. One of the main challenges has been dealing with Section 136 detentions which currently stand at a rate of 19-20 per month. There was a significant decrease in numbers during the Covid 19 pandemic, e.g. the figure dropped as low as 9 per month; however, there was a spike at the end of lockdown with the highest monthly figure recorded at 30 Section 136 admissions per month. There are four primary issues relating to Section 136 detentions:</p> <ol style="list-style-type: none">1. Triage and waiting to get through to Kendray and the advice given in terms of support to aid the immediate decisions that police officers must make to determine whether to detain a potential patient2. Lack of out provision after 2:00 a.m. – significant proportion of these incidents occur during the night and are often alcohol related which affects the times when people can be assessed – this has a knock-on effect as the police sometimes have to remain with people for prolonged periods of time3. Waiting times to convene and complete assessments4. Redirection to other mental health suites due to Kendray being unavailable and closed – this is a long-standing issue linked to the provision of mental health beds being relatively low <p>Police Inspector Clive Collings reported that in March 2019 about 43% of people remained with the police for a period of four hours before being assessed and admitted to Kendray (specific to the overnight work between the</p>	3:45 – 3:55p.m.	Inspector Clive Collings

Mental Health Partnership Agenda

2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

	<p>hours of midnight and 9:00 a.m.) This number has now risen to 60% which is a significant increase. The number of people re-presenting (previously known to Mental Health Services) has also increased from 42% from March 2019 to 46/47% in 2021. Police Inspector Clive Collings also provided a case study concerning a violent individual who was detained by 4 police officers – it was not possible for this person to be assessed at Kendray so they were taken to Swallow Nest and then redirected to Rotherham District Hospital before being sent back to Swallow Nest again over a period of eight hours before assessment could take place.</p> <p>Mark Smith expressed disappointment with the waiting and assessment times and suggested that these be explored further and brought back to a future Mental Health Partnership meeting; Diane Lee agreed that this would be helpful. ACTION: Emma Labedzki to add Section 136 waiting and assessment times to Forward Plans as appropriate.</p> <p>Adrian England acknowledged the challenges involved in dealing with this area and thanked Police Inspector Clive Collings and his colleagues for their continuous work in this area.</p>		
Any Other Business and Forward Planning			
	<p>Forward Planning and Future Agenda Items:</p> <p><u>Healthwatch Update</u></p> <p>Mark Smith provided an update regarding the activities of Healthwatch.</p> <ul style="list-style-type: none"> • Deep Dive on Worsening Trends, including: <ul style="list-style-type: none"> ○ Recorded prevalence of depression in 18+ ○ Suicide ○ Emergency admissions for self-harm ○ Premature mortality of people with a Serious Mental Illness ○ Quality of Life in older people ○ Gap in employment rate between those with a mental health problem and the overall rate ○ Perinatal mental health ○ Eating disorders 		<p>Chair /Ben Brannan</p>

Mental Health Partnership Agenda

2:00 p.m. Monday 17th May 2021

Venue: Microsoft Teams

Independent Chair: Adrian England

	<ul style="list-style-type: none">• Update on Learning Disability and Mental Health work. <p>Date and time of next meeting</p> <p>Monday 26th July 2:00 – 4:00 p.m. via Microsoft Teams</p>		
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A day in the life of

Tuesday 3rd November 2020



Daniel, age 4, Elsecar Park

Director of Public Health Annual Report 2020

“

Tuesday 3rd November -
a day which should
have been normal.
It's a school day,
a workday, an
afterschool club day.
Although the activities
of my day haven't
changed, how I go
about them has.

Female, 44

”

Item 13

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1. Foreword by Julia Burrows, Director of Public Health, Barnsley Council

2. 2020: the impact on our health and wellbeing

3. What you told us about...

- Having good mental health and keeping our spirits high
- The importance of a good job and work life balance
- Our connections with others
- Helping each other and community spirit
- Our self-care

4. My final thoughts and our call to action



This is an interactive document.
Click on the top nav and contents
to navigate around the document.



Foreword

2020 has had an enormous impact on us all; how we live, how we work, how we travel, and most of all, how we feel. We're all experiencing and coping with the effects of COVID-19 differently, which may be having a toll on our physical and mental health. The pandemic will continue to affect us in many ways, and we've all had to find a new 'normal' in our everyday lives which has presented significant challenges.

In 2017, we captured a snapshot in time to illustrate the health and wellbeing of Barnsley's residents. Through the completion of a short diary, you told us about your physical and mental health and what might have made it better or worse. The response we received was overwhelming and informed how our approach to promoting good health might need to change, from the decisions we make to the services we provide.

To help me, my team and our wider partners to fully understand the challenges that the residents of Barnsley are currently facing, I once again asked you to complete a short diary on Tuesday 3rd November 2020.

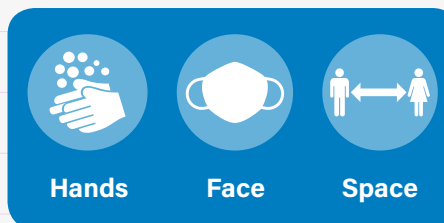
I asked you to write about your day and the impact the pandemic has had on it; to tell me about which parts of your day have changed as a result of COVID-19 and what has stayed the same; to make a note of what you and your family are doing to deal with challenges you face; to describe what matters to you most now; and finally, to tell me about the acts of kindness you have seen and experienced.

Once again, your response was fantastic, and I received over 320 diaries. What you have chosen to share with me will be used by me and my colleagues in our COVID-19 recovery plans and this, my 2020 Director of Public Health Annual Report, will inform what our focus should include.

It is difficult to predict what the full, long-term impact of COVID-19 will be. Some people will cope well and get back on their feet quickly, but others might not. However, during the past several months, what we have seen is countless amazing examples of people and communities pulling together. It's something that Barnsley is known for, and my goodness have people shown that!

This community spirit will be a driving force behind moving Barnsley forward from COVID-19.

After such a long time, it's easy for us to become complacent, and I know many of us are desperate to get back to our daily routines. The key thing you can do to help protect your community is to follow the government's guidance:



“

Barnsley people are renowned for their kindness anyway but in these unprecedented times they have been magnificent. Their generosity holds no bounds.

Female, 63

”

“

By the way I hope we can all grow as a community because #Barnsley is brill.

Female, 49

”

“

But in the midst of all this negativity and sadness there are stories that make me sob with pride at our town.

Female, 39

”

“

Thank you for asking how we are and for considering how we can all work together and do our best to keep each other safe.

Female, 62

”



Please remember to wash your hands regularly, use a face covering when in a public space and keep your distance from those not in your household. Following these simple steps could make a significant difference in reducing the transmission of COVID-19 and help protect you and your family, friends and colleagues from the virus.

I know it hasn't been easy to change how we live, but the hard work that people in Barnsley have done in recent months to protect themselves and their community has made a huge difference.

Thank you

Julia Burrows

Director of Public Health

Barnsley Council

“

Not every day do I feel like I'm getting it right, not every night do I sleep well, but I'm hopeful for a new future that brings some of the old as some of the new balance.

Female, 38

”



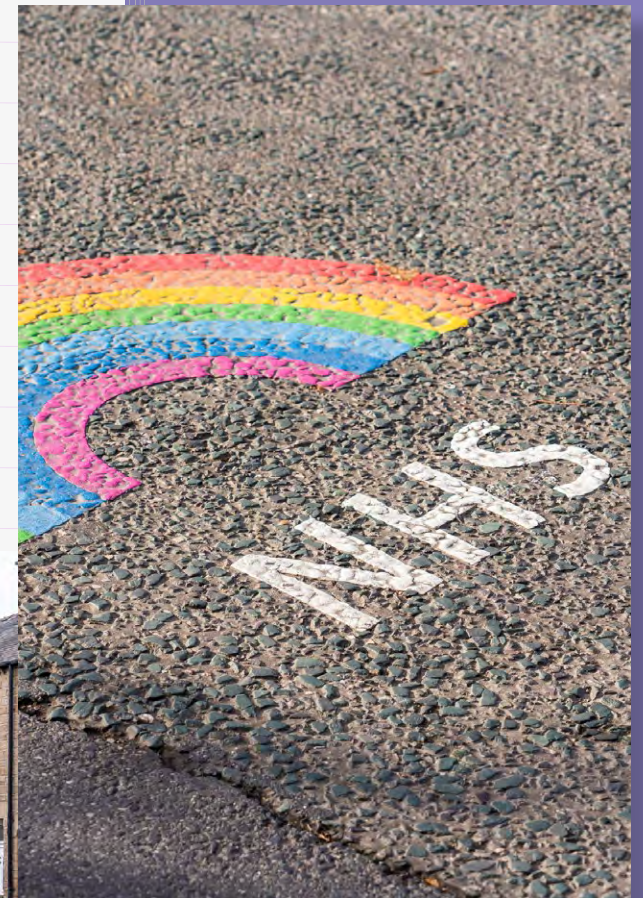
2020: What has the impact been on our Health and Wellbeing?

On 31 December 2019, China contacted the WHO reporting that “cases of pneumonia of unknown aetiology” had been detected in Wuhan. On 29 January 2020, the first two cases of COVID-19 were detected in the UK. On 30 January, WHO declared a global health emergency. On 23 March, the UK’s first lockdown came into effect.

Since then, COVID-19 has shone a harsh light on health, social, economic and political systems across the world, and on the inequalities that have been allowed to fester in our societies.

Within nine weeks of the WHO announcement, and around three weeks after the implementation of the UK’s first lockdown, this country was at its first peak in infections. By the end of April, around 90,000 people in the UK had been hospitalised and 30,000 people had died from COVID-19.

By the time of writing this, there have been over 130,000 deaths in the UK, three distinct peaks in infection, three national lockdowns and a huge impact on people, health and care services, society and the economy. With every peak in cases, the population of Barnsley has been hit very hard.





Throughout the course of the pandemic, disease surveillance and wider health intelligence has played a crucial role. Disease surveillance has helped monitor progress and strengthen the response and control of the disease, and wider health intelligence has helped strengthen resilience.

In Barnsley, organisations from across the health and care system had previously established a health intelligence group to monitor health outcomes and help improve the identification of people most in need of health and care services. As the pandemic broke out in the UK, this group became the COVID-19 Health Intelligence Cell for Barnsley, shifting its focus and way of working to provide COVID-19 surveillance and health intelligence for response and resilience.

Through the first two months of the pandemic, the Cell produced daily reports on disease, the impact of social distancing and the capacity in the hospital. This was before widespread community testing was established in the UK and instead depended on a range of proxy measures to monitor the disease and the response.

As the country emerged from the first lockdown, this frequency of reporting was reduced to twice weekly but the Cell quickly realised that the health, social and economic impact of the pandemic warranted a broader scope of surveillance and health intelligence.

The work and reporting by the group shifted from a focus only on COVID-19 infections, hospitalisations and deaths, to a more holistic scope, including: capacity across all health and social care services; the monitoring of other diseases as health and care access was reduced through pandemic contingency; community intelligence on how to support people at home; and monitoring the social, economic and emotional impact of the pandemic.

This exercise in strengthening health intelligence to improve the shorter-term response to the pandemic in Barnsley has created learning opportunities that will help us improve the way we recover and the way we work for the long-term. Three of the most powerful lessons include:

1.

Open information sharing across the health and social care system and with the social, education and economic sectors creates a much more balanced measure of health and well-being, capacity and impact, and supports a culture of collaboration for more effective and efficient services and health improvement;

2.

Seeking experience by listening to the voices of people, communities and groups rather than only reporting data and service activity. This has generated a more meaningful narrative to the health intelligence and a deeper understanding of health and wellbeing in Barnsley;

3.

Interpreting wellbeing in a more holistic sense than only physical illness and identifying vulnerabilities to health in the physical, mental, social and economic aspects that determine our lives has helped Barnsley to prioritise people most at risk of suffering.

There are many challenges ahead. While COVID-19 rages on and the progress of the vaccination programme depends on so much effort from people and services already exhausted by the pandemic, we all need to stay vigilant and keep infections down. At the same time, we need to think ahead and consider how the harsh and critical light that the infection has shone on our health, social and economic systems is heeded and helps us to build back fairer.

The Cell is working hard to ensure that collaboration and information sharing for health is sustained. We are embedding the approach to supporting people most vulnerable first. However, none of this is easy nor is it inevitable. As the pandemic does come under control, our focus will shift from a single disease and an acute response, to a much broader scope and longer timeline.

How do we replicate this approach to health and intelligence across all ideas of wellbeing and all services, when the context is broadened back from only COVID-19?

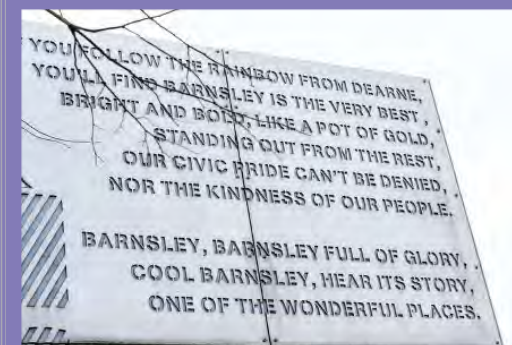
How do we increase our engagement with all people in Barnsley and understanding of experience across all aspects of health when we are enduring the economic fallout out of a pandemic?

How do we maintain a capacity for this most collaborative way of working and understanding health when all of us and our organisations are trying to recover?

How do we collectively understand our information and data strengths and weaknesses across the system, and fill the gaps so that we can make a lasting difference to the health of the people of Barnsley.

The answer to these questions is in and of themselves. It is through this approach of collaboration and a wider understanding of the synergies between health, education, economy and society that we have maintained resilience through a pandemic. It is through these things that we will build back fairer.

A key to learning from the pandemic and doing things better from what we have learned is improving how we engage with people and communities. The Office for National Statistics (ONS) Opinions and Lifestyle Survey covering the period 11th to 15th November 2020, aimed to understand the impact of the COVID-19 pandemic on people, households and communities across Great Britain. This is a new part of the survey and the results are based on 6,029 people aged 16 and over. The full survey details can be found here [ONS Opinions and Lifestyle Survey](#). We have considered the results which cover a similar time period as *A Day in the life* of to understand any differences and similarities to how Barnsley residents were feeling on 3rd November compared to the rest of the country.





Our wellbeing

- 70% of adults in England reported that they were very or somewhat worried about the effect of COVID-19 on their life right now.
- 62% of adults reported lack of freedom and independence as their main concern.
- Nearly half of adults reported that their well-being was being affected (for example, boredom, loneliness, anxiety and stress) by the pandemic.

Support and understanding of local lockdown measures

- Around 65% of adults reported finding it very easy or easy to understand the current lockdown measures where they live.
- However, around 12% found it very difficult or difficult to follow measures. Common reasons for this include impact on wellbeing, life events being missed and strain on relationship with family and friends.

Physical contact

- 18% of adults reported that they were in direct physical contact with at least one other person indoors.
- 7% of adults reported that they were in direct physical contact with at least 1 other person, excluding those in their household or support bubble, when socialising outdoors.

Impact on work

- 52% of working adults reported that COVID-19 was affecting their work.
- 40% reported working from home in the past 7 days.

In 2020, Barnsley Council introduced an 'Emotional Health and Wellbeing Survey' to capture how Children and Young People (CYP) in Barnsley are coping with the impact of Covid-19 and the changing restrictions. The survey is distributed to all schools and key partners who work with children and young people every 4-6 weeks so that we can track how feelings and emotions are changing over the course of the pandemic. To date, we have received around 1500 responses, providing useful insight into the emotional wellbeing of children and young people throughout this period of significant change in their lives.

Here are some key points we need to think about:

Children and Young People are reporting a negative impact of the pandemic on their mental health. On average, across three waves of the CYP Emotional Health and Wellbeing Survey, between July and November 2020:

51%
reported
feeling sad,
negative
or low

71%
reported
feelings of
boredom and/
or frustration

47%
reported feeling
confused or
uncertain

27%
reported
feeling lonely
or isolated

Children and Young People in the CYP Emotional Health and Wellbeing Survey also told us of the positives of the pandemic and living under lockdown, including: being able to spend more time with family, having time to learn new skills, having more free time and having a more "relaxed" pace of life.

On average, across three waves of the survey during the course of the pandemic, 55% have increased their creativity level and 52% have increased the amount of time they 'connect' with others.

Self-care has been negatively impacted on amongst children and young people taking part in the survey. For example, during the course of the pandemic (July-November 2020) we have seen a decrease in the number of CYP who report sticking to a daily routine, an increase in the amounts of time spent gaming and/or watching TV and a decrease in the amount of time spent outside.

Some quotes from the Children and Young People's Emotional Health and Wellbeing Survey:

“

I felt scared at first, mostly because of doing schoolwork at home and not seeing my friends, but the longer it has lasted, I've gotten more sad because I have barely had social interaction outside of home.

”

“

I see my dad more because he's furloughed or on part time hours. I've missed extended family though, the summer BBQs, the meals out, the day trips. My baby brother doesn't know anyone else because he's not seen them.

”

66

I'm starting to become really restless at home, not really getting on too well with my family. Had quite a few arguments, felt like just leaving the house for the rest of the day. I have one friend who I keep going to when I need her.

COVID-19 - IMPACT ON CHILDREN AND YOUNG PEOPLE

Consultation with Children and Young People during Covid-19 pandemic July to November 2020

Thoughts and Feelings

83% have been feeling safe/secure



47% have been feeling confused or uncertain

33% have been feeling less positive about the future

51% report feeling sad, negative or low

35% report feeling scared or panicked



71% have been feeling bored or frustrated

27% have been feeling lonely or isolated



Lifestyle Changes

33% spending more time outside

52% have increased the amount of time they connect with others (e.g. via video calls)



zzz



73%



33%

28% have increased their exercise/physical activity



55% have increased their creativity level



50%



67%

Having good mental health and positivity

You told me about how your mental health is suffering. People are anxious, stressed, and worried about the future for themselves and their children.

There are a range of emotional reactions during a pandemic as people respond to the emerging threat and adapt to new social and working environments. Some people may have a strong sense of collective identity and display remarkable acts of altruism. However, many people experience fear, anxiety, uncertainty, confusion, stress, frustration and boredom. These can result in changes in things like eating patterns, sleeping or concentrating. In addition, "social distancing" strategies, although vital for the COVID-19 response, clash with the deep-seated human instinct to connect with others, especially during emotional times. Social connection helps people regulate affect, cope with stress, and remain resilient during difficult times.

While many people have acted in solidarity in response to COVID-19, and there will be some positive benefits from this community spirit and response, the epidemic will likely have many psychological impacts on the population which may have a detrimental effect on the short, medium and long-term mental health of some of our residents. In turn, this may reduce people's resilience and their ability to cope. Longer term impacts in terms of trauma, grief and distress may exacerbate the mental ill-health in the community long after recovery.

A normal reaction to an unusual situation.

The COVID-19 pandemic means that life is changing for all of us for a while. It may cause residents to feel anxious, stressed, worried, sad, bored, lonely or frustrated. But it's important to remember it is OK to feel this way and that everyone reacts differently.



“

This mental instability is unusual for me as I have never suffered like this or had such worries and anxieties prior to the pandemic.

Female, 31

”

“

Pure exhaustion from worry. Will today be the day I have caught it.

Female, 48

”

“

Anxiety is not something I normally suffer from but these are not normal times.

Female, 63

”

“

I will do whatever it takes to see us through the other side of this pandemic.

Female, 54

”

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There are some simple things people can do to help take care of their mental health and wellbeing during times of uncertainty and the 5 ways to wellbeing is a really good way to do this. Doing so will help you to look after yourself, your community and those you care about.

Looking after our own mental health: Five Ways to Wellbeing

We all have mental health just like we have physical health and it's important that we take steps to look after it. The following steps, known as the 'five ways to wellbeing', are easy and can be incorporated into our daily lives almost straight away, even through COVID-19 restrictions.

1. Connect with others

Feeling close to and valued by other people is a fundamental human need and can help you build a sense of belonging and self-worth. Whilst COVID-19 has made it difficult to physically connect with family and friends, there is lots we can still do to stay connected. By using technology like Zoom or FaceTime, or simply picking up the telephone, we can stay socially connected. If you don't feel like you've got anyone to talk to, you could try volunteering or find a local community group with similar interests to yourself. You'd be surprised just how rewarding this can be!

2. Be physically active

Being active is not just great for your physical health, evidence shows it can also improve your mental wellbeing. You don't have to spend hours in a gym to be active; find activities you enjoy and make them a part of your everyday life. Barnsley is blessed with some fabulous countryside and green spaces, you could go for a walk, dance or do some gardening. Maybe try the 'Couch to 5k.' More information on free activities is available on the NHS website [here](#).

3. Learn new skills

Learning new skills can boost your self-esteem and help build a sense of purpose. Learning doesn't need to be formal, time-consuming or expensive. You could read a book, try cooking something new, do a puzzle or try out new hobbies. You could work on a DIY project, by following free online tutorials. There are also some great adult learning facilities in Barnsley, if you want to learn something more formal (like a language) – just search online!

4. Give to others

Giving and acts of kindness can increase mental wellbeing, helping to create positive feelings and a sense of reward.

Giving can range from a small act of kindness, like saying thank you or offering to help someone, to larger acts like volunteering in your community. If you'd be interested in volunteering in your community, contact Barnsley CVS to find out about opportunities that would suit you. You can [click here](#) to visit their website or give them a call on: 01226 812183.

5. Take notice (mindfulness)

Being aware of the present moment can directly enhance your wellbeing. Paying attention to your thoughts and feelings and the world around you can positively change the way we see ourselves and our lives – some people call this mindfulness.

More information on mindfulness, including practical ways to be more mindful can be found on the NHS website [here](#).

But we shouldn't feel like we need to 'put a brave face on it' and it is very important to talk to your GP if you are struggling.



“

I feel very low and isolated. I feel like I'm being watched and judged if I leave the house, my mental health is definitely in decline.

Female, 57

”

“

I am usually in reasonable good spirits but there is some stress caused by the unknowns associated with the impact of Covid 19.

Male, 78

”

“

Some days I don't speak to anyone apart from the children and they are feeling the strain or missing normality so our household is not a happy harmonious one due to the anxiety and frustration we are all experiencing.

Female, 44

”

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“

Mentally always struggle a bit this time of year, but really feeling a bit defeated this year. Defeated and bored.

Male, 40

”

Our **#AlrightPal?** campaign is all about starting the conversation around mental health and wellbeing.

Talking about mental health doesn't have to be scary; it's simply our emotional, psychological and social wellbeing. It's important to understand and manage our mental health as it affects how we think, feel and act.

Sometimes people feel as though they don't want to burden anyone with their problems, so they don't discuss it and bottle things up. Asking somebody a simple question to check they're alright can make a huge difference. You don't need to know all the answers. Just listen.

If you're worried about someone who might be experiencing mental health issues there's lots you can do to help. Read our tips here [Alright Pal](#) for how to start a conversation. You can also find lots of advice and information about partner services that can help.

I do not underestimate the daily challenges that residents face and the impact this has on health and wellbeing. If you have been feeling depressed for more than a few weeks and your level of anxiety is affecting your daily life then it might be time to seek further help, support or information.

If your mental health issue is urgent, you must make an appointment to see your GP.

The NHS is open, and we urge you to continue to access all the NHS services that you need, regardless of any lockdown restriction. It is safer for you to use the NHS than to try to manage alone. You can also quickly and easily access a range of NHS services from home, including ordering repeat prescriptions or having an online appointment with your healthcare professional. To find out more visit: www.nhs.uk/health-at-home or download the NHS App.

If you've had thoughts of self-harming, or you are feeling suicidal, contact someone you can trust immediately, such as your GP, or a friend or relative. The Samaritans helpline is available 24 hours a day, 365 days a year, for people who want to talk in confidence. Call 116 123 (free).



Keeping our spirits high

For some, life has slowed down which has brought a better quality of life and we are learning new things.

You told me about making the most of what we can do and not dwelling on what we can't.

Positivity and positive thinking do not mean that you keep your head in the sand and ignore life's challenges. It just means that you approach such challenges in a more positive and productive way. You think the best is going to happen, not the worst.

There are many things we can all do to help us to maintain a positive outlook and find better coping skills during times of stress. There's no doubt from what you told me that this was easier in summer when the days were long and we had lots of daylight. You also said that it's harder to keep motivated and get out and about, especially when it's dark and the weather is miserable.

I understand how difficult it is to keep positive when everyone is living in such difficult times. However, I hope that some of the examples here which residents have shared with me will inspire you to find ways of boosting your mental wellbeing and stop anxiety and stress from becoming overwhelming.

Having something to focus on, no matter how small, can help you to feel positive.

“

The lack of other pressures has allowed us to focus on being outdoors more which is good. We have cooked from scratch more and used the extra time to experiment with more plant based and vegan food, also very good.

Female, 57

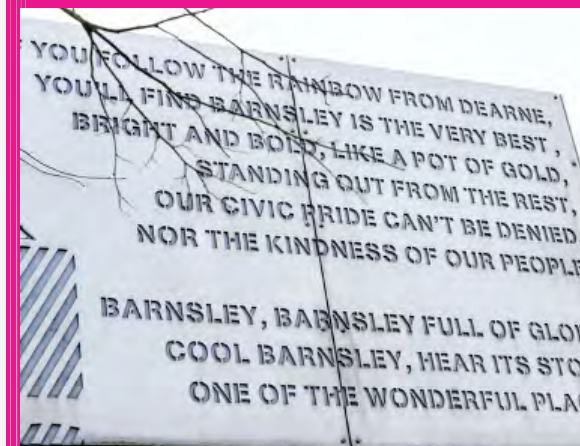
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“

My morning commute has recently been replaced with a 45 minute walk. As I go I reflect on the day ahead and plan out what I need to achieve. It's a beautiful morning, crisp with blue skies and the first signs of frost on fallen leaves.

Male, 50

”





“

Holidays abroad and pub lunches appear to be on hold, but it's not the end of the world and I'm sure they'll come back sooner rather than later.

Female, 52

”

“

The main positive about this period is that it has given me time to re-evaluate my life. It gave me space. I started going for long walks in the morning before work with just me and the dog.

Female, 56

”

“

It is important to me that we stay upbeat and try not to become too disheartened.

Female, 40

”

“

I love reading, and before this, I felt that I had lost the time to do it - turns out I just never prioritised it and MADE the time to do it.

Female, 22

”

“

I put the radio on to sing along. I love music, it really does lift my spirits and escape from the world.

Female, 22

”

“

I am making lists of small jobs so I achieve something every day.

Male, 65

”



I enjoy cooking and have welcomed the opportunity to spend time trying out new recipes and doing online cookery courses.

Female, 69



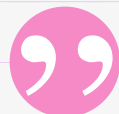
I planned lots of fancy days out before. Now we have entire weekends where we don't spend a penny, we go on 'adventure' walks and play in our garden or the house. Simple things that before I wouldn't have thought could've filled an entire weekend.

Female, 36



Before I started work today, I went on a walk around my village. I do this most days and find that it does really help with my mental health.

Male, 53



Getting out in nature helps me to restore and reconnect and realise that what we are going through is only temporary and it will pass.

Female, 56



As a result of the outbreak I try and make sure I fill each day and also that each day is different so that there is some perception of a different routine on a day to day basis.

Male, 67



The jewel in our life is our Friday morning choir, live Zoom session where we have a great 2hrs sing and chat... just fabulous! It's really uplifting!!

Male 70



“

I find it hard to separate work from home life as it all happens in the same space.

Female, 44

”

“

My working day has got longer, more frantic and more pressured.

Female, 58

”

“

Sometimes I miss the boundary that travelling to and from work gave me and the time to reflect on my way home.

Female, 59

”

The importance of a good job and work life balance

Having a good, safe and secure job can improve your mental health and a positive work life balance is something we all need to aim for.

Work life balance does not mean spending equal amounts of time between work and our personal lives. There is no perfect, one-size fits all balance that we should be striving for. The best work-life balance is different for each of us because none of our priorities and lives are the same.

However, there are two key everyday concepts that are relevant to each of us: daily achievement and enjoyment. Most of us want to do well and achieve but we must also try and enjoy life.

Some residents wrote about how the changes to the way they carry out their job has resulted in a much better work life balance. But others feel enormous pressure and are exhausted.

Technology has enabled more of us to work from home effectively during the pandemic. However, some residents described being unable to separate work and home life.

This has resulted in working more hours because there is no longer the same distinction between shutting a laptop down at the end of the day and physically leaving the office or workplace to travel home.



The benefits of having a good work life balance are clear.

We are generally more productive and take less time off. Residents with a good work life balance are also more likely to be happier, healthier and motivated.

Working towards and achieving a good work life balance can have huge benefits for our physical and mental health but I know that some people have no or little choice and this is something we will continue to address:

- We all need and want to work hard to keep Barnsley's economy growing and sometimes large amounts of downtime just isn't possible. But it's all about finding that balance. By recognising your own individual triggers and understanding when you're overdoing it, you'll be able to recognise the early warning signs before you start burning out.

Tip - Don't ignore the signs. Feeling tired? Sleep. Getting ill? Take a day off. There's nothing wrong with giving yourself a break.

- Having a healthy work-life balance isn't just essential to your well-being, it also boosts your productivity. From finally getting around to redecorating because you switched off your work phone for the weekend, to completing a work task you've been stuck on for weeks after being able to go back to it with a fresh mindset, creating a good balance between your work life and your personal life will allow you to be more productive in both areas.

Tip - Keep your life balanced with work, recreation, and rest in order to stay fully functional.

- Always dreading work? Find yourself setting your alarm on snooze every morning? Don't know what a weekend is? You probably need to give yourself a break. A dislike of your job (or just about anything) is one of the most common signs of a non-existent work-life balance.

Tip - Sometimes all it takes is allowing regular breaks to put things into perspective.

- You'll have more 'you time.' It's easy to make excuses not to do something when you rarely get free time. You shouldn't have to sacrifice that much of yourself to do a good job. After all, work isn't the only place you can learn and develop. From learning a new language, taking up a hobby, or even just reading a book and making the most of your time could add some much-needed variation and enjoyment into your life.

Tip - Don't sacrifice your free time just to put the extra hours in every single day – especially if it means giving up on your own personal development. There's a time and a place for everything.

- Those who overwork have one thing in common – and this is that everything in their lives except work probably isn't going as well as it could.

Tip - achieving a good work-life balance often comes down to your own ability to prioritise according to what's most important to you. Working extra hard can be important but your relationships and social life should not be sacrificed as a result.

“

Couldn't sleep last night for worrying – second night in a row – I am feeling really stressed and I feel like I should be off sick – but I have too much work and too many deadlines and I just have to carry on.

Female, 60

”

Our connections with others

Being cut off from social interaction is not only a problem for the elderly but also younger people and the impact it has on our bodies is thought to be equivalent to smoking over a dozen cigarettes a day (Public Health England, 2015).

Social isolation is a significant consequence of COVID-19. A general population survey (Ipsos MORI, 2020) revealed widespread concerns about the effects of social isolation and distancing, including increased anxiety and depression.

Self-isolation, national and local restrictions have meant that we have not been able to be with those we would normally spend time with outside of our home and far too many residents are feeling lonely and isolated as a result of the pandemic.

Although crucial in controlling and reducing COVID-19 transmission, it sadly came as no surprise that residents told us about how they are missing their family, friends and colleagues. Some residents go for days without speaking to anyone and those who live alone have sometimes struggled.

It is important to remember these changes will not be forever and advice and support is available through a number of local organisations.

Crucially, your diary entries were a stark reminder that for some, the loneliness and social isolation experienced is their normal.

A priority for us all is to continue to tackle what clearly remains a significant public health challenge.

There is arguably a large overlap between social isolation and loneliness and both of these can have a detrimental effect on health and wellbeing under normal circumstances. This risk is greater for some than others, and as is often the case, it's those who are already vulnerable.

In Barnsley, 6 Area Councils commission a range of services that support communities with social isolation and loneliness – many of these were set up pre-COVID but have become all the more important since the pandemic started.

Area Teams work closely in partnership with several organisations that support local residents. Services like My Best Life (Social Prescribing in Barnsley), who offer support to all adults who are socially isolated, and the new Social Prescribing service for younger people called Link Works which is delivered by the Barnsley GP Federation are a couple of examples.



In addition, Area Teams have also supported over 300 people as part of the COVID-19 Emergency Contact Centre which was set up as part of the first lockdown. This included matching 271 Community Responders across the 6 Area Teams to offer support to local people for befriending and shopping during the pandemic. All the people that were supported required more than one intervention and some have needed support throughout lockdown – others have been referred into the commissioned services and continue to be supported.

“

I get up wondering if I will speak to anyone today. I try to stay focussed but it isn't easy when you live alone.

Female, 73

”

“

The house is quiet and so I put on the TV for a bit of background noise. I might see the postman to say hello to, but other than that I can go days without speaking to another adult! It's very lonely.

Female, 47

”

“

Today is much the same as every other day. The pandemic has had little or no effect on me. I spend most of my days in the house. I'm used to staying in with no company and no one to talk to. It's normal for me. Welcome to my world.

Female, 72

”

“

It's sometimes hard to see my smile behind a mask (I smile a lot) but my eyes are often smiling and if I see someone who looks sad or worried I will always stop and ask if they are okay.

Female, 45

”



New parents are struggling, and others feel the impact of caring responsibilities, both young and old.



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“

As a family we don't do anything anymore together out of the house, we used to go to play groups, playgrounds, events. Now we try to keep busy at home but it's not the same. Kids get frustrated we get frustrated I find myself crying by the end of the day.

Female, 25

”

“

Maternity leave is a time when women need to be careful with isolation, so maternity leave in a pandemic is extra worry.

Female, 39

”

“

Preparing to go to the last 'face to face' baby group - baby sensory later this morning. Such a lifeline for me when on maternity leave. Even though it's different - we have to wear masks and stay apart there is something comforting in these sessions and little glimpses of normal life.

Female, 39

”

“

What do new mums do when they need a rest? Family and friends are usually on hand to look after the baby. Oh, but not during lockdown they aren't. All I needed was a break...I needed social contact, I needed a hand.

That hand was not there.

Female, 20+

”

Many new parents have been cut off from their support networks of family and friends and are no longer able to build peer support through contact with other parents in the community, or in group settings. New mums in particular are feeling isolated as a result of restrictions.

Our 0-19 Public Health Nursing Service is working hard to make sure we are still here for families and we are continuing to provide our service through a combination of face to face and virtual methods. Our Facebook site has gone from strength to strength since the lockdown began. We have established a small team to source appropriate links and resources from trusted organisations and websites to provide key health promotion and evidenced based messages and signposting to resources for support. Alongside this, the service is proactively extending the reach and offer to meet needs in the current climate, and offers the Facebook instant messenger facility Monday-Friday 9am-4pm for non-urgent questions, making it easier for parents to access support and advice.

Our service can offer video calling which can enable practitioners to see a child if a parent wants us to visualise something but not able to have a face to face contact.

Provision of parent and breast-feeding groups has been impacted but we have looked at innovative ways to continue these and now have closed Facebook groups which deliver antenatal infant feeding education and support programmes. We are looking at expanding on these to include other subjects like potty training and managing behaviour etc.

If you are a parent or carer who is struggling, please contact the service either through our single point of access telephone line 01226 774411 Monday to Thursday 8.45am to 16.45pm, Friday 8.45am to 16.15pm or email us at 0-19HealthTeam@barnsley.gov.uk or visit us on Facebook@BarnlseyPHNS or @BarnsleyInfantFeedingTeam

There is also a raft of information for parents around things to do, information, advice and support at [Barnsley Family Services Directory](#) and under the emotional wellbeing and health section, there are details on what we offer.





We feel guilty about what we cannot do and the experiences our children are missing out on. We miss our families and our friends and the physical affection that comes with it.

We must never underestimate the value of human contact; from hugging our loved ones to chatting with colleagues over a cup of tea. Many grandparents told me about the impact they felt as a result of not seeing their grandchildren.



Thank goodness technology allows us to keep in touch, share photos, exchange supportive messages - but it's not the same as being there to hold their hands.

Female, 69



It's hard to escape the constant feeling of guilt... feeling guilty that I'm not spending time with the children and expecting them not to come into the kitchen, getting frustrated that they're interrupting calls (it's really not their fault!), but also feeling guilty that I'm not able to concentrate on work fully.

Female, 40



The pandemic has had a massive impact on me and my family. I currently feel that I'm not doing either of my work/life roles well and I constantly feel stressed and worried about missing something or dropping one of the balls I'm juggling

Female, 42



Missing giving our family a hug, we speak most days on the phone but you miss contact, but it has to be done to keep us safe.

Female, 70



People miss their colleagues and the impact of professional isolation is clear.



I miss the spontaneous conversations you can have with colleagues when you work alongside them.

Female, 58



The monotony of a constant stream of Teams meetings is getting really quite tough now. These are the biggest impacts of the pandemic - zero variety and lack of interaction.

Female, 49



“

Community is there if you go out and embrace it. Someone will be there to talk to you if you ring them. Let someone know you need support and it's there. Be positive and reach out.

Female, 45

”

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“

Barnsley people are tough and care deeply about their community.

Female, 45

”

Helping each other and community spirit

Volunteering, helping others and acts of kindness.

Residents told me about how living through the pandemic has given them insight and a deeper understanding about other people's lives and situations that they might otherwise have taken for granted or not even thought about. The lockdown periods have afforded people more time to reflect and be more mindful about what others are experiencing every day and not just because of COVID-19.

Volunteering is defined as an unpaid activity where an individual gives their time to help a not-for-profit organisation or people they are not related to.

Ultimately, the main benefits of volunteering is the impact your time has on the community. Unpaid volunteers are sometimes the one's that hold a community together. Volunteering allows people to connect to their community and make it a better place. However, volunteering is a two-way street, and it can benefit you and your family as much as the organisation or cause you choose to help. Dedicating your time as a volunteer helps you make new friends, expand your network, and boost your social skills.

Barnsley Council is celebrating the amazing response from residents of the borough who have volunteered during the COVID-19 pandemic. So far, a total of 1,251 people have come forward to volunteer to work in partnership with Barnsley Community & Voluntary Sector to help to support their community through the COVID-19 pandemic via a Community Responder scheme.

The response has been fantastic, and it's one example of how residents' Barnsley spirit has been shining bright in light of the very difficult challenges that the borough has faced.

In addition to the Community Responders, a programme of work was developed in April 2020 to engage volunteers to make face masks for the general population. This work witnessed the involvement of 102 volunteer sewers who made face masks, nearly 15000 masks made and given to people and raised just over £3500 for Barnsley hospital charity.

The support and dedication of residents and communities is essential to keeping Barnsley moving, now and in the future. The council recognises and appreciates the effort from volunteers, key workers, colleagues, partners and residents for doing their bit to build stronger and more resilient communities in a different way to meet the 'new normal'.



Residents told us about witnessing acts of kindness every day.

“

I have a network of older friends... who I keep in touch with in case they need some help, particularly isolation.

Where possible I help them.

Male, 79

”

“

Barnsley is blessed to have such caring people working in the community.

Female, 54

”

“

There are positives from the pandemic though... from being at home more, I've formed really good relationships with my neighbours, meaning we now watch out for each other and do neighbourly things like taking in parcels and putting the bins out for each other.

Male, 26

”

“

I'm amazed at how my little village does come together in times such as this.

Male, 41

”

“

You have neighbours who have been so kind, especially during the lockdown when you were unable to leave the house except to attend funerals. The people you thought of as acquaintances went out of their way to make sure your letters were posted; the Fish and Chip suppers which arrived at tea time on Friday, courtesy of the local pub, which an unknown person had ordered for you.

Female, 86

”

“

I really enjoy spending time with the volunteers... when the weather is good and we finish a job like we did this morning you feel like you've achieved something regardless of COVID-19.

Female, 60

”

““

There are positives from the pandemic though... from being at home more, I've formed really good relationships with my neighbours, meaning we now watch out for each other and do neighbourly things like taking in parcels and putting the bins out for each other.

Male, 26

””

““

Barnsley is full of such wonderful community organisations and people prepared to try and help the vulnerable who inspire me all the time.

Female, 49

””

“

I do find having nothing on the calendar to look forward to difficult though.

Female, 73

”

Our self-care

We all need something to look forward to in life. In fact, a healthy sense of anticipation can often help energise our lives and help us get through tough times.

While living in the present is a very beneficial thing – sometimes the present can feel a bit annoying, frustrating, tedious, or intolerable.

Residents told me about how they are struggling without anything to look forward to. Some described their days as monotonous which appears to be having an impact on sleeping patterns.

“

The monotonous and repetitive nature of the day captured in just 10 words: *Go to work, go home, have tea, go to bed.*

Male, 52

”

“

I think the monotony of lockdown and relative lack of physical activity is affecting my sleeping pattern and I am unsure how to fix it.

Gender not stated, 25

”

“

I have been sleeping a lot but am rarely feeling rested. I think the monotony of lockdown and relative lack of physical activity is affecting my sleeping pattern and I am unsure how to fix it.

Gender not stated, 25

”

“

I'm sleeping more and more, sometimes 10-11 hours. I think this is boredom, I simply want the day to end and move onto the next one.

Male, 23

”

Sleep is crucial to our health and wellbeing. An occasional night without sleep makes you feel tired and miserable the following day, but prolonged nights with poor sleep can lead to more serious issues and undoubtedly make us feel down and our mood low.

At a time when many people are worried or anxious about COVID-19, and with the number of people across the country struggling to sleep on the rise, Public Health England (PHE) has launched new guidance on its 'Every Mind Matters' website to help people improve their sleep.

It comes as new data from PHE shows that more than four in ten (41 per cent) of us are experiencing more sleep problems than usual, with over half of 16-29-year olds (52 per cent) the most likely to be affected.

In addition, those already experiencing mental health problems more than usual are also more likely to be impacted. Among those experiencing low mood more than usual, 77% report more sleep problems during the outbreak, as do 67% of those experiencing stress more than usual and 66% of those with anxiety.

Sleep plays a critical role when it comes to maintaining positive mental wellbeing: long-term sleep loss can lead to issues such as anxiety and depression.

In answer to this, Every Mind Matters advice has been updated with a range of things we can all do to look after our mental wellbeing and help others, to prevent any concerns from becoming more serious.

Alongside the new sleep support and advice, Every Mind Matters encourages people to complete a personal 'Mind Plan', a quick and free interactive tool offering tailored mental wellbeing advice. For more information visit [Every Mind Matters](#)

Furthermore, Barnsley Council has developed sleep toolkits for residents, families and employers which can be found here: [Barnsley Sleep Toolkit](#)

The toolkit provides practical information and guidance on creating a sleep-friendly environment and understanding the importance of sleep and recovery. The toolkit also gives valuable advice and sleep hygiene tips to help people to make healthier choices at work and at home.



We want to eat healthier, reduce our drinking and exercise more.

Ultimately, we eat foods and drink liquids to sustain life and to meet our body's need for growth, repair and function. However, food and the experience of eating means so much more and can play a major role in life. We eat to socialise, celebrate, and commiserate. We eat when we're happy, when we're sad, angry, bored, anxious, or stressed. And sometimes, we simply eat because food is there or because it's 12 noon and we've eaten at that time every day for as long as we can remember.

Many of us will have turned to food at some point for comfort, to help us cope with stressful experiences, and to satisfy cravings or desires. With all the uncertainty and disruptions caused to our lives by the pandemic, it is a completely normal response to have found ourselves eating more than we usually would.



Probably binge-eat sugary things, I have put 16lbs on since lockdown.

Female, 45



I find myself eating more takeaways than before, or a generally unhealthy diet - by having ready meals or easy to cook food.

Male, 26



My main challenge has been weight gain.

Male, 37



Lockdowns and tiered restrictions have meant being stuck at home with the fridge and food cupboards always just metres away. It has also meant we've had fewer opportunities for exercise or social activities. Naturally, these somewhat involuntary changes in our behaviour can lead to an increase in our calorie intake and a decrease in how much we move. These two things combined create the perfect storm for weight gain.



Snacking is a comfort I guess.

Female, 48



I'm overweight and although I have tried to exercise more recently, having two children self isolating has put paid to that.

Female, 40



Regardless of whether you've gained weight or not this year, if you've found yourself to be snacking more on healthier, high fat, high sugar, or high salt foods, then think about how you can make healthier changes to your diet and eating habits. It's more important now than ever to be fit, healthy and to give our body the nutrients it needs.



Had a good healthy lunch - finally trying to stop binge eating and cutting out sugary goods which has increased dramatically during the COVID-19 period.

Female, 58



I exercise every day, have made better food choices, feel more mentally resilient and cut back on carbs and alcohol.

Female, 56



You can browse the following links to find more information about how to eat well and stay healthy.

- NHS Eat Well
- Change for Life
- Pregnancy and eating well
- Weaning
- Barnsley's healthy lunchbox toolkit

Barnsley's specialist [weight management service](#) can support residents in Barnsley to achieve a healthier weight. The aim of the service is to reduce health risks, improve co-morbidity and encourage a healthy and active lifestyle with an overall improvement in health and wellbeing.



When Lockdown started I was Clinically Obese and realised this made me more vulnerable to the virus. So in August I signed up for the Second Nature NHS course. This is week 15 and I have lost 10kg. **Female, 56**



Our relationship with alcohol has changed

Some residents wrote about how their alcohol consumption has increased during the pandemic which is a trend nationally.



I know my alcohol consumption has increased during this time as I find it does help me to relax of an evening, I also know that it's not very beneficial in the long term.

Female, 63



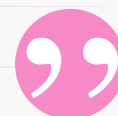
Never used to mid-week drink but it's happening at least a couple of nights per week these days (not such a good new normal here).

Female, 57



Lockdown and 18 weeks of furlough haven't done a great deal for my mental health - my drinking has got a bit out of control and I've piled the pounds on.

Male, 51



Often people do want to make changes to their alcohol use and recognise the impact it is having but perceived shame and stigma make that step more difficult. Barnsley's DrinkCoach provides information, advice and, where appropriate, treatment in a digital format. This allows people to access help discretely and at a day and time that suits each individual.

DrinkCoach consists of three elements: a screening tool to identify what level someone's drinking is at; an online coaching service and an App designed to help people track and change their drinking patterns.

- Our [free app](#) is an easy way to keep an eye on your drinking and has loads of brilliant features.
- Take the [Alcohol Test](#) to work out how risky your drinking is, access personalised advice online and find out where you can get support if you need it. No strings attached.
- The test is a digital version of the Alcohol Use Disorders Identification Test (AUDIT) developed by the World Health Organisation. It is the best alcohol screening tool available. You cannot be identified by the answers you provide, and we do not collect or store personally identifiable information.



How the app works with our DrinkCoach sessions

If you're working with a DrinkCoach via our [online coaching](#) sessions, you'll be tasked with keeping a drink diary to help track your progress. The App is a convenient way to do that. Just download it to your smartphone and you're ready to record. No pens and paper needed.

Feeling pressure to drink

You have probably been in situations where someone offers you an alcoholic drink and you feel like you have to drink it. Or perhaps you offer people a drink and make sure that they join in the fun. Peer pressure to drink alcohol is common in our everyday lives; from parties, your local pub, to nowadays COVID-19 pandemic friendly social distancing beers on Zoom with your mates.

A common perception is that peer pressure exists mainly in young people. However, peer pressure can affect people of all ages. Social surroundings often influence peer pressure to drink. Drinking is seen as 'a sociable thing' – as normal and helping you to fit in.

The next time that you're at a party, in the pub or having social distancing beers on Zoom, will you recognise when you are pressured to drink? Will you cave into the peer pressure, or have a strategy to deal with it? And what can you do to make sure that people don't feel like they have to drink alcohol if they don't want to?



I have stopped drinking alcohol altogether as this became a habit that was creeping upwards during the first lockdown. Stopping drinking has been a massive positive and lockdown has helped as there haven't been many social occasions.

Female, 49



#IT'SOKNOTTODRINK





Physical activity is extremely important to us and the impact of gym closures has been significant

Being physically active during the COVID-19 pandemic is very important for your physical and mental health. It can enhance your mood, wellbeing and energy levels by helping to reduce stress, anxiety and depression.

There's a risk of becoming less active as we spend more time at home. It's important to stay active, sit less and move more for your physical and mental health and wellbeing.

When we think about being active and moving, it is all too easy to start thinking it has to be something big like going to a gym or running a marathon. But it doesn't have to be those things. Whilst those things are great for some people, being active and moving more means different things to different people such as walking, gardening, cycling and dancing. We all need to find the right activity that works for us whether it is the gym or walking to work. The important thing is that being active and moving more feels right for you, is something you enjoy and fits into your daily life.

Being active can be whatever you want it to be and it doesn't have to be hours of sweating for it to have huge benefits to you. It can be feeling more energetic, sleeping better, being more confident, having an improved mood and generally feeling happy. Longer term, the benefits of being active can help to strengthen your heart, lungs and bones, and can also reduce the risk of developing several diseases such as type2 diabetes, cancer and cardiovascular disease.

Being active and moving more as part of our everyday lives is so important to our physical health and mental wellbeing. Making some little changes can have huge benefits that we experience straight away. As long as it gets your heart beating a bit faster and makes you breathe a bit harder then it all counts. A good way to thinking about how much exercise you need to do is that some is good, but more is better.

Our tips to being more active include:

- Think about how you can be more active in your normal day. Such as take the stairs instead of the lift or walk when you would have usually used a car or bus.
- Set yourself a goal to work towards.
- Focus on how you feel after you have been active.
- Be kind, don't put too much pressure on yourself.

You told me about how exercising with others keeps you motivated.

“

My new normal means trying to stay as fit and healthy as possible.

Female, 60

”

“

I have walked miles around the neighbourhood in the summer, using lots of footpaths that I would never have known about. I have made use of the library online service which has been really good.

Female, 47

”

“

I cleared some important emails and got ready to go to Barnsley Active Hub to collect an electric bike applied for some weeks ago

Male, 71

”

“

I had never done yoga before lockdown and it is honestly one of my biggest takeaways.

Female, 36

”

“

Enjoying countryside and wildlife. The pandemic has opened my world to walks in the park.

Female, 38

”

“

Fortunately I have the company of a cocker spaniel dog whose daily walks got me out in the beautiful countryside around where I live

Female, 69

”

“

At lunchtime I go for a walk which I didn't always make time for when I was in the office, so that makes a nice change.

Female, 25

”





I benefit greatly, as does the planet, by not having to spend time driving to and from work.

Female, 50



For more information on active travel, why not follow us on Twitter @BarnsleyMoving #WhatsYourMove or on Facebook searching Active in Barnsley.

Click here for more information about the Active Travel Hub:

Barnsley Active Travel Hub

Many residents have changed the way they travel during 2020 and have swapped to things like walking and cycling for work and leisure. There are significant benefits of this to individuals, our borough and the planet.

An easy way to describe **active travel** is when you make a journey using your body such as walking, cycling or running. It's really important to our health and wellbeing as it stops us from spending too much time sat down and helps us to move more as part of our everyday life. Active travel is different to us depending on where we live and the lives we lead but there are things that we can all do.

Try walking to your local shops instead of driving, use the stairs instead of lifts, can you walk or cycle on the school run or commit to a regular walk with a friend. In many ways it's about making little changes that have a big impact on us and our communities. By taking up active travel you may benefit by:

- Finding new places to explore and shortcuts in your local area that you didn't know existed.
- Meet new people where you live and help to feel more connected to your community.
- Improving your health, just 30 minutes of walking a day can increase your heart and lung fitness, while reducing the risk of chronic and cardio-vascular disease.
- Helping to lose weight, strengthen your muscles and improve your balance.
- Saving money by reducing the number of car journeys you make.
- Saving you time being active as part of your normal day.
- Helping to contribute to better air quality.
- Helping you to feel better through the sense of achievement, improve your mood and benefit from being outdoors.

In Barnsley we have lots of ways that we are trying to encourage more people to take up active travel:

- We are developing new walking and cycling routes.
- We are working with businesses and schools to help promote and put things in place that will encourage active travel as a viable choice.
- Support is given to schools through the BikeAbility programme helping children to develop skills to be able to cycle safely.
- The Active Travel Hub based in Barnsley town centre can help with free bike checks and advice on active travel routes. The hub offers a free bike hire scheme, including e-bikes, so you could try cycling to work.
- We also have some exciting projects that help people to think about how they make their journeys including the School Streets Project, Beat the Street, WalkWell and our What's Your Move campaign which aims to raise the profile of being active in Barnsley.

Julia's final words

I want to thank everyone who took the time to send in their diary to help give us this unique insight into what life was feeling like for people who live and work in Barnsley on a day in November 2020 during the COVID-19 pandemic. COVID-19 has thrown a grenade into the lives of every single person in Barnsley and I imagine living through the pandemic will have changed all of us for ever.

I'm sure we've all experienced a mixture of the feelings described in this report – sadness, boredom, guilt, isolation, fear but also love, care, hope and connection. For some it has made already difficult lives harder, for others it has brought a new perspective on life and deepened relationships within families and communities. There is no doubt it has had significant effects on our mental health – and for me this is the most enduring theme coming through the diaries. We know this snapshot can't represent how everyone is feeling – and those feelings often change from day to day anyway, but the insights are invaluable and will inform planning and discussion across the council and its partners as we think about the future.

In addition to everything we have covered in the report, one of the things that particularly struck me after reading all the diaries was the importance of relationships – the everyday business of living together and supporting each other through the crisis has strengthened many relationships, but of course we have seen the tragedy when those relationships are torn apart or when people don't have any close relationships in their lives and the loneliness that may bring.

I write this as we are wondering more and more what the future holds. Many of us entered 2021 thinking we were in the final lap over winter before life could get back more to normal. I doubt any of us could describe normal any more, but I am sure we all long for the end of the physical disconnection with family, friends and our social activities.

We are having to accept that we will be living with COVID-19 for much longer than we ever imagined. It will be part of our lives – but I hope it will become something we are increasingly able to manage and to live well with, as we move on from the all-encompassing feeling it gives us now. As we think about our roadmap out of COVID-19 we know there is not one single solution but we'll need to combine a variety of measures to keep it under control – of which vaccination will be a very important one. I know many are balancing hardship and hope, but we do have an opportunity to 'build back fairer,' and that is something we will all be striving for over the next year. And picking up on the theme of Barnsley's legendary community spirit shown in the diaries, there is a strong sense of hope we will continue to look after each other, support each other by continuing to do what we need to do to keep the virus at bay and keep being kind to each other.

I want to finish by saying thank you to the team who have done the excellent work on pulling together this report and more generally – to everyone who works in public health. They have been working flat out for over a year now to serve the people of Barnsley in this unprecedented time. I am so grateful to every single one of them.

Julia Burrows, Director of Public Health

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None of it quite makes sense and I can easily become resentful.

Female, 54

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It's a loss of independence he finds frustrating.

Resident talking about her 90 year old father

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I rely on Zoom, email, distant methods of communication, and broadband has become the single most important factor in my day.

Female, 44

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Thank you for reading our report

For more information please contact public health on **01226 773477**
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