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|-------------------------|---|
| <b>MEETING:</b>         | Cabinet   |
| <b>DATE:</b>            | Wednesday 22 March 2023   |
| <b>TIME:</b>            | 10.00 am  |
| <b>VENUE:</b>           | Council Chamber, Barnsley Town Hall   |
| <b>PUBLIC WEB LINK:</b> | <a href="https://barnsley.public-i.tv/core/portal/webcasts">https://barnsley.public-i.tv/core/portal/webcasts</a> |

## AGENDA

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

### Minutes

3. Minutes of the previous meeting held on 8 March 2023 (Cab.22.3.2023/3)  
(Pages 5 - 8)

### Items for Noting

4. Decisions of Cabinet Spokespersons (Cab.22.3.2023/4) (Pages 9 - 10)

### Petitions

5. Petitions received under Standing Order 44 (Cab.22.3.2023/5)

### Items for Decision/Recommendation to Council

#### Overview and Scrutiny Reports

6. Scrutiny Task and Finish Group Report on Sexual and Reproductive Health in Barnsley (Cab.22.3.2023/6) (Pages 11 - 26)
7. Overview and Scrutiny Committee Task and Finish Group Report on Customer Experience of BMBC (Cab.22.3.2023/7) (Pages 27 - 38)
8. Overview and Scrutiny Committee Task and Finish Group Report on an Inclusive Economy in Barnsley (Cab.22.3.2023/8) (Pages 39 - 48)

#### Core Services Spokesperson

9. Statement of Gambling Policy Review Consultation 2022/23 (Cab.22.3.2023/9)  
(Pages 49 - 122)  
RECOMMENDATION TO FULL COUNCIL ON 30 MARCH 2023
10. Implementation of the 2023/24 Pay Policy Statement (Cab.22.3.2023/10)  
(Pages 123 - 140)  
RECOMMENDATION TO FULL COUNCIL ON 30 MARCH 2023
11. Gender Pay Gap Report 2022 (Cab.22.3.2023/11) (Pages 141 - 154)
12. Equality and Diversity Annual Report 2021/22 (Cab.22.3.2023/12)  
(Pages 155 - 182)

### **Regeneration and Culture Spokesperson**

13. A Cultural Strategy for Barnsley (Cab.22.3.2023/13) *(Pages 183 - 196)*
14. Housing Revenue Account (HRA) Decent Homes Capital Investment Report 2023/24 (Cab.22.3.2023/14) *(Pages 197 - 214)*
15. UK Shared Prosperity Funding (Cab.22.3.2023/15) *(Pages 215 - 230)*

### **Place Health and Adult Social Care Spokesperson**

16. South Yorkshire Integrated Care Partnership Strategy (Cab.22.3.2023/16) *(Pages 231 - 332)*
17. Exclusion of Public and Press  
It is likely that the public and press will be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

### **Regeneration and Culture Spokesperson**

18. Levelling Up Fund 2 Update and Acceptance of Grant (Cab.22.3.2023/18) *(Pages 333 - 348)*  
Reason restricted:  
Paragraph (3) Information relating to the financial or business affairs of any particular person (including the authority holding that information)

### **Environment and Highways Spokesperson**

19. Proposed Increase to Rates and Fees Associated with Section 38 and Section 278 Agreements (Cab.22.3.2023/19) *(Pages 349 - 358)*  
Reason restricted:  
Paragraph (3) Information relating to the financial or business affairs of any particular person (including the authority holding that information)

### **Core Services Spokesperson**

20. Transformation Programme - Microsoft Digital Enabler (Cab.22.3.2023/20) *(Pages 359 - 368)*  
Reason restricted:  
Paragraph (3) Information relating to the financial or business affairs of any particular person (including the authority holding that information)

To: Chair and Members of Cabinet:-

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

Cabinet Support Members:

Councillors Bowser, Cain, Cherryholme, Eastwood, Newing, Osborne and Peace

Chair of Overview and Scrutiny Committee

Chair of Audit Committee

Sarah Norman, Chief Executive

Carly Speechley, Executive Director Children's Services

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

Matt O'Neill, Executive Director Growth and Sustainability

Julia Burrows, Executive Director Public Health and Communities

Neil Copley, Director of Financial Services (Section 151 Officer)

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

Michael Potter, Service Director Business Improvement, HR and Communications

Katie Rogers, Head of Communications and Marketing

Anna Marshall, Scrutiny Officer

Corporate Communications and Marketing

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

Tuesday 14 March 2023

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|                 |                                     |
|-----------------|-------------------------------------|
| <b>MEETING:</b> | Cabinet                             |
| <b>DATE:</b>    | Wednesday 8 March 2023              |
| <b>TIME:</b>    | 10.00 am                            |
| <b>VENUE:</b>   | Council Chamber, Barnsley Town Hall |

## MINUTES

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

**Members in Attendance:** Councillors Bowser, Cain, Cherryholme, Eastwood and Osborne

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

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

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

The Leader reported that no decisions from the previous meeting held on 22 February 2023 had been called in.

### 200. Minutes of the previous meeting held on 22 February 2023 (Cab.8.3.2023/3)

The minutes of the meeting held on 22 February 2023 were taken as read and signed by the Chair as a correct record.

### 201. Decisions of Cabinet Spokespersons (Cab.8.3.2023/4)

The Record of Decisions taken by Cabinet Spokespersons under delegated powers during the week ending 17 February 2023 were noted.

### 202. Petitions received under Standing Order 44 (Cab.8.3.2023/5)

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

### 203. School Term and Holiday Dates (2024/25) (Cab.8.3.2023/6)

**RESOLVED** that Cabinet approves the draft proposed term times and holiday dates for 2024-2025.

### 204. Quarter 3 (2022/23) Corporate Performance Report (Cab.8.3.2023/7)

**RESOLVED** that Cabinet:-

1. Notes the contents of the Corporate Performance Report, reviewing, challenging and scrutinising its content in relation to the delivery of the Corporate Plan priorities and outcomes; and
2. Agrees that the Performance Report is shared with the Overview and Scrutiny Committee to inform and support their ongoing work programme.

**205. Corporate Finance Performance Quarter 3 2022/23 (Cab.8.3.2023/8)**

**RESOLVED** that Cabinet:-

1. Notes that the 22/23 financial position for the Council as at Quarter 3 is for a projected operational overspend of £12.1M; to be funded from reserves previously earmarked for this purpose as a one-off measure in this financial year only; and
2. Specifically notes the significant pressures which continue to be experienced within Children's Social Care; and
3. Authorises the S151 Officer to realign recurrent under and over-spending budgets across the Council as appropriate; and
4. Notes the current 22/23 forecast of a balanced position on the Housing Revenue Account; and
5. Approves the write-off of debt which is uneconomical to collect totalling £0.519M; and
6. Notes the forecast position and ongoing review of the Council's Capital Programme; and
7. Notes the key messages from the Council's Q3 Treasury Management update.

**206. Implementation of changes to Elections Act 2022 and its impact on the 2023 Elections (Cab.8.3.2023/9)**

**RESOLVED** that Cabinet notes the actions that were being taken to implement changes legislated in the Elections Act 2022.

**207. NHS Health Checks (Cab.8.3.2023/10)**

**RESOLVED** that Cabinet approves the procurement plans for the Barnsley NHS Health Check Service.

**208. Establishment of Barnsley Place and ICB Place Committee (Cab.8.3.2023/11)**

**RESOLVED** that Cabinet notes the new governance arrangements for Integrated Care in Barnsley.

**209. Exclusion of Public and Press**

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

| <u>Item Number</u> | <u>Type of Information Likely to be Disclosed</u> |
|--------------------|---|
|--------------------|---|

|     |             |
|-----|-------------|
| 210 | Paragraph 2 |
| 211 | Paragraph 3 |
| 212 | Paragraph 3 |

**210. Joint Council and NHS Project - New Learning Disability and Autism Supported Living Service (Cab.8.3.2023/13)**

**RESOLVED** that Cabinet:-

1. Agrees to incur costs 'at risk' for feasibility works, tender pack preparation, legal support, professional services, and independent valuation of the site (funding covered by South Yorkshire ICB); and
2. Approves the undertaking of robust public consultation on the proposed development and provision of new play equipment; and
3. Approves the procurement and appointment of a Registered Housing Provider to prepare and submit a full business case to Learning Disability Capital Funding (NHS) Programme, progress design development, secure statutory permissions (in partnership with ICB), build out the site and maintain in perpetuity; and
4. Delegates authority to submit the full business case to the council's Section 151 Officer in consultation with the Executive Director of Growth and Sustainability and Executive Director of Place Health and Adult Services; and
5. Approves the contribution of the land value as match funding from BMBC; and
6. Acknowledges that agreement will be sought from the ICB for a financial contribution of £70,000 as match funding to support development of the proposals; and
7. Agrees that the Group Leader Estates be authorised to negotiate and finalise Heads of Terms for the proposed build lease and subsequent disposal; and
8. Agrees that the Executive Director Core Services be authorised to complete the necessary documentation for the proposed build lease and subsequent disposal; and
9. Agrees that the Executive Director Core Services be authorised to deal with the issuing of notices relating to the disposal of Public Open Space (POS) and consider any objections that may be received.

**211. Investment in Strategic Asset (Cab.8.3.2023/14)**

Councillors Franklin, Frost and Houghton declared non-pecuniary interests in this item due to an association with the strategic asset to be discussed.

Councillor Osborne declared a non-pecuniary interest as his daughter had an interest in use of the strategic asset.

Councillors Franklin, Frost and Houghton all departed the Council Chamber for the duration of this item.

Councillor Howard was elected by remaining Cabinet Members as Chair for this item only.

**RECOMMENDATION TO FULL COUNCIL ON 23 MARCH 2023**

**RESOLVED** that Cabinet:-

1. Considers and approves the background and options set out in the report; and
2. Approves the Officer recommendations and delegations as set out in the report.

**212. Town Centre Reinvention (Cab.8.3.2023/15)**

**RECOMMENDATION TO FULL COUNCIL ON 23 MARCH 2023**

**RESOLVED** that Cabinet:-

1. Notes the ongoing work to reinvigorate parts of the town centre around the Glass Works to enable the Council to meet its objective of achieving an inclusive thriving urban centre; and
2. Approves the Officer Recommendations as laid out in Section 2.10 of the report; and
3. Approves the delegations as set out in Section 2.11 of the report.

.....  
Chair



**BARNSELY METROPOLITAN BOROUGH COUNCIL**

**CABINET SPOKESPERSONS' DECISIONS**

**Schedule of Decisions taken for week ending 10 March 2023**

| <b><u>Cabinet Spokesperson</u></b> | <b><u>Item</u></b>   | <b><u>Decisions</u></b>   |
|------------------------------------|--|---|
| 1. Leader                          | Transfer of 'Strategic Transport' and 'Sustainability and Climate Change' to Cabinet Spokesperson Environment and Highways | <ol style="list-style-type: none"><li>1. That the responsibility for Strategic Transport transfers from Cabinet Spokesperson Regeneration and Culture to the Cabinet Spokesperson Environment and Highways.</li><li>2. That the responsibility for Sustainability and Climate Change transfers from Cabinet Spokesperson Regeneration and Culture to the Cabinet Spokesperson Environment and Highways.</li></ol> |

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**BARNSELY METROPOLITAN BOROUGH COUNCIL**

**REPORT OF: EXECUTIVE DIRECTOR CORE SERVICES**

**TITLE: SCRUTINY TASK AND FINISH GROUP (TFG) REPORT ON SEXUAL & REPRODUCTIVE HEALTH IN BARNSELY**

|                                 |                                   |
|---------------------------------|-----------------------------------|
| <b>REPORT TO:</b>               | <b>CABINET</b>                    |
| <b>Date of Meeting</b>          | <b>22<sup>nd</sup> March 2023</b> |
| <b>Cabinet Member Portfolio</b> | <b>N/A</b>                        |
| <b>Key Decision</b>             | <b>No</b>                         |
| <b>Public or Private</b>        | <b>Public</b>                     |

**Purpose of report**

To report to Cabinet the findings of the Overview & Scrutiny Committee (OSC) from the investigations undertaken on its behalf by the Sexual & Reproductive Health Task & Finish Group (TFG).

**Council Plan priority**

- Healthy Barnsley

**Recommendations**

- 1. Consider refreshing the health impact needs assessment to support effective decision making on the realignment of resources and identification of priorities to address the current and future sexual and reproductive health needs of the community and to reduce inequalities across the borough, particularly for groups who are disproportionately affected**
- 2. Through Barnsley Alliance, Education Services and other partners, increase access to information and support for young people so that they have the practical knowledge and advice required to make healthy lifestyle choices, including, but not limited to :-**
  - **Raising the profile of C Cards and making them more easily accessible to young people**
  - **Promoting the offer of the Spectrum Sexual Health Clinic ‘drop-in’ sessions for young people**

- Ensuring that young people have the appropriate information so that they know where to go in Barnsley in a sexual/reproductive health 'emergency'
  - Developing focussed work to further support those with SEND and Children in Care
  - Raising aspirations, self-worth and confidence in young people who may be considered vulnerable and at risk of becoming teenage parents
3. **Develop promotional messages using social media platforms frequently accessed by the target audience and work towards removing the stigma of the traditional sexual health clinic**
  4. **Work in partnership with CAMHS to offer C Cards and signposting to Spectrum for young people**
  5. **Work in partnership with primary care to look at where the demand for training lies and how this can be addressed locally, and to ensure that the LARC offer is equitable across all Wards of the borough, thus benefitting residents**
  6. **Work closely with Area Councils and elected members via an All-Member Information Brief so that members can support residents effectively**
  7. **Where appropriate, move towards collaborative commissioning for sexual and reproductive health services as part of Integrated Care to remove fragmentation, maximise opportunities and strengthen partnerships**
  8. **Investigate the potential of working with Family Centres to offer support for sexual health, reproductive health and peer support groups for young people who are, or about to become, teenage parents**
  9. **Further develop support for young parents and their children. Consider the most appropriate model to deliver a targeted approach so that young people can give their child the best start in life and develop positive relationships**

## **1. INTRODUCTION & BACKGROUND**

- 1.1 According to the World Health Organisation (WHO), sexual health is “fundamental to the overall health and wellbeing of individuals, couples, and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”

- 1.2 WHO defines reproductive health as being “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.”
- 1.3 Sexual health is a Public Health priority and a mandated function. However, in the past it has been a hidden priority, taking a back seat to more prominent and visible areas of work including tobacco, food and alcohol.
- 1.4 Sexual health needs vary according to factors such as age, gender, sexual orientation and ethnicity. However, there are certain core needs common to everyone and evidence suggests that sexual health outcomes can be improved by providing accurate, high-quality information and education enabling people to make informed responsible decisions, as well as access to high-quality, confidential services, treatment and interventions.
- 1.5 Consequences of poor sexual health include:-
  - Unplanned pregnancies and abortions
  - Psychological consequences, including from sexual coercion and abuse
  - Poor educational, social and economic opportunities for teenage mothers, young fathers and their children
  - HIV transmission
  - Cervical and other genital cancers
  - Hepatitis, chronic liver disease and liver cancer
  - Pelvic-inflammatory disease, which can cause ectopic pregnancies and infertility
  - Complex infection impact/sequelae, often irreversible, eg. Neurosyphilis
  - Poorer maternity outcomes for mother and baby
- 1.6 Members identified Sexual & Reproductive Health as an area to explore during 2022/23 and added it to the work programme as a Task and Finish Group. Given the wide-ranging nature and complexity of the topic, the group agreed to direct the focus of the group towards Long Acting Reversible Contraception (LARC) and Teenage Conceptions. LARC was selected for an area of focus following a referral from Barnsley Local Medical Committee to the Overview & Scrutiny Committee, expressing concerns over the equality of access across the borough. Teenage Conceptions was selected because, although teenage conception rates are falling in Barnsley, more needs to be done to reduce them further.
- 1.7 Over the course of the investigation, the group met with BMBC officers from Public Health; the Cabinet Support Member for Public Health & Communities; clinical staff from Spectrum Integrated Sexual Health Services; and a local GP who is also Medical Secretary of the Barnsley Local Medical Committee. The group would like to give thanks to all witnesses who provided information to support their investigation.
- 1.8 The members of the TFG who undertook this investigation are as follows:-  
Cllrs John Clarke (TFG Lead Member), Brenda Eastwood, Jeff Ennis, Will Fielding, Jo Newing, Kevin Osborne, John Wilson.

1.9 To enhance the expertise and diversity amongst the group, Danni Veters from Healthwatch Barnsley was co-opted for the duration of the investigation and the group would like to give particular thanks to Danni for her invaluable contribution.

1.10 As a result of the investigations, the group have highlighted a number of recommendations in support of further improvement, the rationale for which is outlined in section 7.

## 2. SCOPE OF THE INVESTIGATION

2.1 Initially, the group met to consider the scope of the investigation and agreed to focus on the following outcomes:-

- Gain a basic understanding of the sexual and reproductive health offer in Barnsley, those who are most likely to be affected by poor sexual health, and the implications
- Fully understand the benefits of Long-Acting Reversible Contraception (LARC) as opposed to user dependent methods, and what is being done to increase take-up across the borough
- Be assured that Long-Acting Reversible Contraception (LARC) commissioning arrangements are fair, equitable and easily accessible by all sections of the community and that existing arrangements do not present any barriers to take-up
- Fully understand the data relating to teenage conception rates, including how Barnsley compares to similar authorities; the direction of travel over the last decade; and the socio-economic background of those affected
- Fully understand the impact of being a teenage parent; the support available, including access to planned and emergency contraception, particularly for the most vulnerable; and the work being done to reduce teenage conception rates, including work done in schools via the national curriculum



2.2 The TFG undertook a number of 'check and challenge' sessions with officers and partners regarding the work being carried out, and the current and future plans and challenges associated with the subject. This involved asking questions of them regarding their work and the services available locally.

2.3 To support their investigations the group also attended the Barnsley Sexual Health Conference in September 2022 and the Integrated Sexual Health Service open evening in October 2022 where members were given a tour of the facilities and asked questions about access to appointments; safeguarding for staff and service users; access to contraception for young people; and communication methods used to raise the profile of the service.

### 3. FINDINGS FROM THE INVESTIGATION

#### Overview of the Sexual & Reproductive Health Offer in Barnsley

- 3.1 A Sexual and Reproductive Health Plan for Barnsley was introduced in 2022, the first one of its kind, outlining the short, medium and long-term ambitions to improve the sexual and reproductive health of Barnsley residents. This will be supported by the newly formed Sexual & Reproductive Health Alliance and will link with other Barnsley Public Health priorities, including reducing health inequalities across the borough and enabling people to get the right support at the right time, in the right place; those of the Health and Wellbeing Board; and Barnsley 2030. They also align with the Government’s ‘A Framework for Sexual Health Improvement in England’.
- 3.2 Poor sexual health outcomes are not distributed evenly and those from marginalised communities continue to be disproportionately affected by poor sexual health. Local services see an over-representation from black communities, gay and bisexual men, trans people, and people impacted by deprivation and poverty.
- 3.3 New and emerging problems in relation to sexual and reproductive health include:-
- the increase of Syphilis, including complex infection
  - the increase of Gonorrhoea
  - emerging new infections (such as Monkeypox)
  - some infections becoming resistant to antibiotics
  - access to sex has become easier due to the rise of social media and dating apps, which can lead to increased risky behaviours
- 3.4 In accordance with the Faculty of Sexual & Reproductive Healthcare Quality Standards, there are three tiers of intervention for sexual and reproductive healthcare:-

| Level 1 (every General Practice)  | Level 2 – Primary Care Teams with a Specialist Interest   | Level 3 – Specialist Services (Integrated Sexual Health Services)  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Sexual history and risk assessment</li> <li>• STI testing for women</li> <li>• Assessment &amp; referral of men with STI symptoms</li> <li>• HIV testing &amp; counselling</li> <li>• Hepatitis B immunisation</li> <li>• Provision of oral and injectable hormonal contraception</li> <li>• Cervical cytology screening &amp; referral</li> <li>• Pregnancy testing and referral</li> </ul> | <ul style="list-style-type: none"> <li>• Testing &amp; treating STIs</li> <li>• Partner notification</li> <li>• IUD and implant insertion</li> <li>• Management of psycho-sexual problems</li> <li>• Vasectomy surgery</li> </ul> | <ul style="list-style-type: none"> <li>• Outreach for STI prevention/contraception</li> <li>• Specialised STI management/partner notification</li> <li>• Specialist HIV treatment &amp; care</li> <li>• Highly specialised contraception</li> <li>• Termination of pregnancy services</li> <li>• Local co-ordination and back up for sexual assault</li> <li>• Psychosexual/sexual dysfunction services</li> </ul> |

- 3.5 The Integrated Sexual Health Service (ISHS) in Barnsley (Level 3 service) is commissioned by Public Health and currently delivered by Spectrum, a not-for-profit Social Enterprise, borne out of the Health & Social Care Act, and is based at Gateway Plaza in the town centre. They offer contraception to prevent pregnancy (including LARCs) and Sexually Transmitted Infections (STIs); testing and treatment for those with infections; support to prevent unintended pregnancy; and support to prevent the spread of STIs. HIV testing is offered alongside STI testing to everyone who attends the service. Those at most risk of contracting HIV are also offered Pre-exposure Prophylaxis (PrEP) if HIV negative. They also offer outreach work for

vulnerable groups; a peripatetic nurse for the fitting of Long-Acting Reversible Contraception (LARC); and training. The fitting of LARC is offered by some GP surgeries across the borough, which also falls within the Public Health commissioning contract.

- 3.6 All staff at the Integrated Sexual Health Service have standard clinical training, and additional clinical specialist training. Patient records are kept confidential by the service (they are not shared with other healthcare providers); treatment is free on site; and anonymity is offered. As well as LARC fitting, contraception services are also available to those who have medical/medication related issues that make contraception choices more complex. They have additional facilities to provide on-site diagnosis for STIs and treatment follow-ups for patients to ensure swift management of needs 'under one roof'. They also work closely with the hospital, pharmacies and primary care. Patients may be referred from fellow healthcare professionals if they are unable to manage the patients care but the majority of appointments are self-referrals. As with GPs, the service will see young people who present without parental consent, based upon Gillick competency and Fraser guidelines, which helps those who work with children to balance the need to listen to their wishes with the responsibility of keeping them safe.
- 3.7 From April to October 2022, there were 10,879 appointments booked at Spectrum, 707 (6.5%) of which did not attend (DNA). Feedback from service users has shown that out of 196 people asked, 194 felt listened to and that their questions were answered and 190 would use the service again. However, only 163 people said they received an appointment when they wanted it and this is the main focus of negative feedback. The service acknowledges that gaining an initial triage appointment is challenging due to capacity, however subsequent treatment is relatively quick. In response to the information gathered from the feedback, the service are looking at appointment times and increasing capacity and they have already adjusted times to meet demand eg. after school hours, Saturdays, and before and after traditional working hours.
- 3.8 During the Covid pandemic, access to clinical services was greatly reduced and those who were most vulnerable/at risk were seen. There was added pressure with staffing levels being reduced due to staff sickness/isolation. The ISHS remained open but with limited appointments and online telephone triage. Telemedicine was introduced and patients received medications via post.

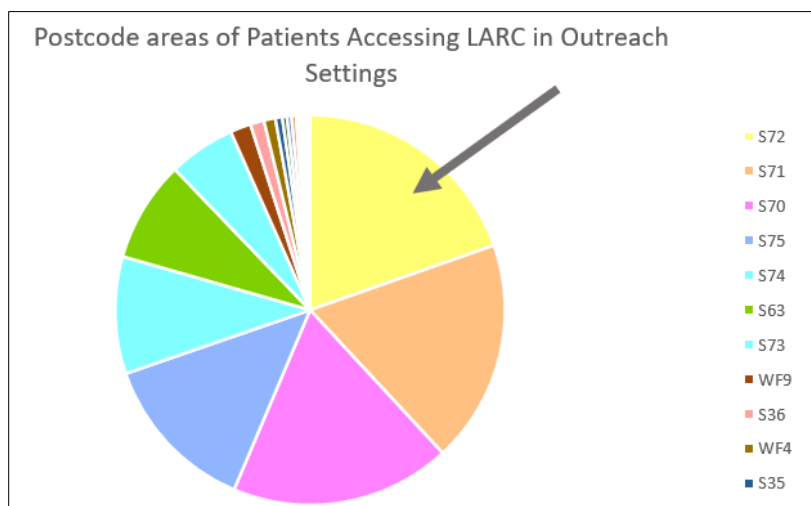
#### Long-Acting Reversible Contraception

- 3.9 Long-Acting Reversible Contraception (LARC) are effective low-cost methods of contraception that last from three to ten years, such as implants and the coil. They are more effective in preventing pregnancies as they are not user reliant, which particularly benefits those with chaotic lives, and fertility returns quickly after they are removed. However, they are not effective against STIs.
- 3.10 Unplanned pregnancy can cause financial, housing and relationship pressures, negative health impacts and have impacts upon existing children. Reducing the burden of unplanned pregnancy requires a sustained public health response which should be based around effective marketing; easy access to high quality information;



and easy access to the full range of contraception.

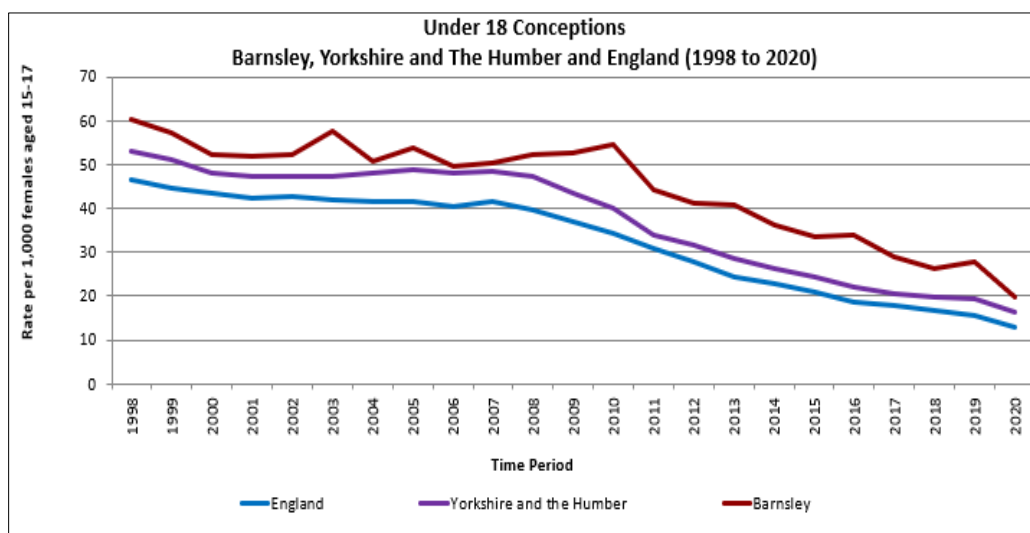
- 3.11 Public Health Data shows that Barnsley remains below national and regional levels of LARC fitting and more needs to be done to increase take up. The new model for service delivery was introduced in 2020. Unfortunately, following the introduction of this model, there have been challenges linked to infrastructure, systems, recruitment, training and partnership working.
- 3.12 Spectrum, at this point increased access to clinics within the ISHS to enable women to have LARCs fitted while the model was being discussed. Spectrum has seen an increase of 60% in LARC fittings for under 19s since 2019 through their service.
- 3.13 Following feedback, the initial delivery model was reviewed and enhanced to address some of the challenges. Unfortunately, some barriers still remain to increasing provision and uptake of services, which could result in some geographical inequalities.
- 3.14 Existing commissioning arrangements mean that LARC fitting for contraceptive purposes is currently contracted to be delivered by:-
- 12 GP surgeries across the borough, in Kendray, Wombwell (2), Thurnscoe, Worsbrough, Mapplewell, Hoyland (2), Penistone (2), New Lodge, and the town centre. This equates to just over a third of all GP surgeries in Barnsley.
  - A Peripatetic Nurse from Spectrum that offers weekly clinics in Grimethorpe, Goldthorpe and Brampton Medical Centres, as well as support for GP practices for those who require it, to try to improve reach and reduce inequalities. This approach is targeted as resources and clinical space within the community is limited.
  - Spectrum Integrated Sexual Health Service (Gateway Plaza).
- 3.15 Upon seeing the geographical spread, members were concerned that there was no provision in the North-East area of the borough (S72 postcode) and were reassured to hear that a weekly outreach clinic has now commenced in the LIFT building in that area. The chart below demonstrates the proportion of patients seen by the Peripatetic Nurse, broken down by postcode.



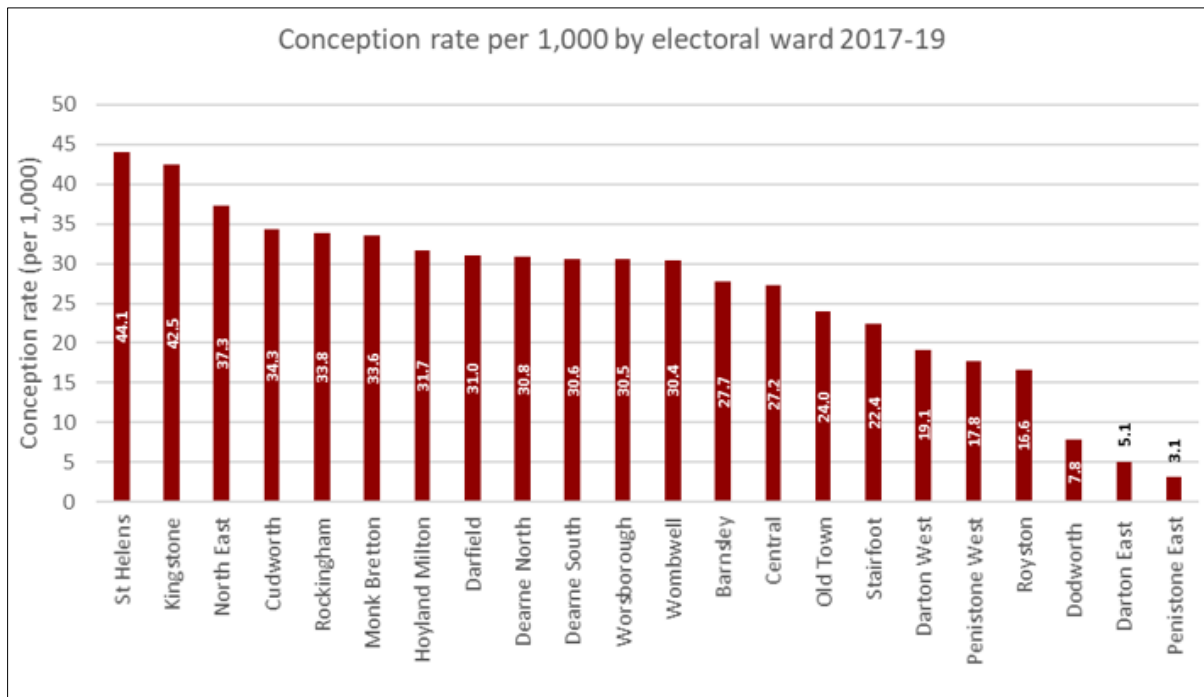
- 3.16 Additional pressures facing service provision are likely to be felt around funding in the near future, and there needs to be a very close commissioner/provider relationship moving forward, looking at innovative ways of working and using data to focus on unmet need to address inequalities.

### Teenage Conceptions

- 3.17 Over the last 2 years there has been significant progress in reducing teenage conception rates. Nationally, the under 18 conception rate has fallen by 64% and the under 16 rate by over 65% to the lowest level since 1969 but more recent data shows a widening gap for Yorkshire and the Humber and the rest of the country. Inequalities in rates persist between and within local authorities and between individual young people. Outcomes for both young parents and their children are still disproportionately poor, contributing to inter-generational inequalities.
- 3.18 The chart below demonstrates the progress made, showing the under 18 conception rates in Barnsley compared to Yorkshire & the Humber and England for 1998 to 2020. However, the most recent figures (provisional data for Q3 2021-22) for Barnsley shows that the rate of Under 18 Conceptions is 23 compared to 16.4 for Yorkshire and the Humber (regional) and 12.7 for England (national).



- 3.19 For Under 16 Conceptions during 2018-2020, Barnsley had the second highest rate when compared to statistical neighbours, with Under 18 Conception rates being the 7<sup>th</sup> highest (compared to 15 other local authorities).
- 3.20 Conception rates by ward for 2017-19 are shown in the chart below and demonstrates the need for a targeted approach at ward level. Members questioned the data and found that many wider determinants can have an impact, including areas of high deprivation which has a negative impact, and the development of private housing, which has a positive impact upon an area. It should be noted that teenage pregnancy is not just a consequence of deprivation but also a cause of deprivation.



- 3.21 Although lots of work has been done locally to drive figures down, the service has ambitions to reduce them further, including using areas of good practice from high performing, regional, local authorities; mapping exercises to identify support services and both negative and positive influences within each area to understand the characteristics that are unique to each of the localities; and the Healthier Futures project that aims to improve the overall health and wellbeing of children and young people in the borough.
- 3.22 More needs to be done to develop sex-positive attitudes and normalise conversations. Outreach youth work, family centres, schools and parents can all contribute to having open and honest conversations with young people about contraception, raising aspirations and building confidence so that they can make appropriate life choices that do not lead to ‘children bringing up children’.
- 3.23 Responses from the Young Person’s survey, conducted in autumn 2022 and delivered through the Youth Council in secondary schools, including those with SEND, show that:-
- Young people overall don’t think there is enough information and education in schools around sexual health and wellbeing, including same sex
  - A lot of the young people were unsure on where to get advice or support from and felt that posters were not the best way to advertise services as they often get torn down or people don’t read them
  - There is a desire for education to start younger but also that there should be more for older teenagers as well, as many didn’t get anything after year 9 (age 13-14)
  - Throughout the consultation it was mentioned that a good way to access information and help would primarily be through a trusted adult and additionally specific sexual health clinic/area within school or college
  - Stigma, shame and embarrassment could prevent young people from accessing

support when they need it

- They are unsure where to go in a sexual emergency
- Confidentiality and fear of parents being informed was sighted as a barrier when it comes to accessing services and many young people are not aware that they are able to access them without parental consent

3.24 In 2022, there were 356 registrations to the multi-agency C Card Scheme that provides free condoms to those under the age of 21. In the same year, 3,626 condoms were issued by non-clinical/outreach services. Members felt that the C Card should be available through more outlets and were keen for this to be explored.

3.25 The Integrated Sexual Health Service has strong links with wellbeing and safeguarding leads in schools who have referred vulnerable pupils to the service and they offer a walk-in facility for under 19s once a week which will be extended should capacity demand it. However, all schools need to develop a 'trusted adult' role and improve confidentiality.

3.26 As part of Relationship & Sex Education (RSE) within schools, young people are taught about choices and access to contraception, including emergency contraception. Although Spectrum has a good Relationship and Sex Education (RSE) offer for schools in Barnsley, it is only delivered in the schools that invite them in, which leads to a lack of consistency in the quality of information provided to young people across the borough and the frequency with which messages are delivered.

3.27 Evidence shows that adverse outcomes for teenage parents and their baby include:-

- Teenage mothers having higher rates of poor mental health for up to three years after the birth
- Teenage mothers are three times more likely to experience postnatal depression
- Two in three teenage mothers experience relationship breakdown in pregnancy or the 3 years after the birth
- Almost 60% of children involved in serious case reviews (now safeguarding practice reviews) were born to mothers under the age of 21
- Teenage mothers are twice as likely to smoke before and during pregnancy and three times more likely to smoke throughout pregnancy
- Teenage mothers are a third less likely to start breastfeeding and half as likely to be breastfeeding at the milestone of 6-8 weeks
- Children born to teenage mothers have a 63% higher risk of living in poverty
- Children born to teenage mothers are over-represented in the figures for Sudden Infant Death syndrome (SIDs)

3.28 Poor outcomes are not inevitable when teenage mothers and young fathers receive multi-agency support that is sustained, early, co-ordinated and trusted. Targeted early intervention is important in turning around poor outcomes for teenage parents and their babies, helping to improve attachment between parent and baby; encourage positive parenting; and it also helps to develop appropriate relationships with the wider family network. The 0-19 Public Health Nursing Service has developed the Intensive Home Support Programme (IHSP), an enhanced offer of additional support to teenage parents that will go some way to reverse poor

outcomes and improve maternal and child health outcomes, but this could be enhanced to further improve child development and school readiness at the age of five.

## **4.0 IMPLICATIONS OF THE DECISION**

### **4.1 Financial and Risk**

There are no specific financial implications or risks associated with the report, although in responding to the recommendations in the report, the financial and risk implications of these would need to be fully assessed by the appropriate services responding. Consultations have taken place with representatives of the Director of Finance (S151 Officer).

### **4.2 Legal**

There are no specific legal implications, although in responding to the recommendations in the report, the legal implications of these would need to be fully assessed by the appropriate services responding. Consultations have taken place with the Service Director for Law & Governance.

### **4.3 Equality**

The TFG is keen to ensure that all Council services and activities impact equally on all its communities. Throughout the TFG's involvement in this work it has become apparent that there is some inequality of access to LARC across the borough; that some sections of the community are disproportionately affected by poor sexual and reproductive health; and that additional barriers exist for some people, such as those with SEND and the LGBTQ+ community. It is hoped that the recommendations and the work of all those involved will go some way to reducing inequalities in these areas.

### **4.4 Sustainability**

As this report does not require a decision, the sustainability decision-making wheel has not been included.

### **4.5 Employee**

There are no specific employee implications, although in responding to the recommendations in the report, the employee implications of these would need to be fully assessed by the appropriate services responding.

### **4.6 Communications**

It is evident that there is work to be done to break down the public's misconceptions around the offer of the Integrated Sexual Health Service and remove the stigma of the traditional sexual health clinic as well as promoting the services via the most appropriate means to ensure maximum reach for the target audience. Recommendations included in the report are in support of increasing awareness to

help people access treatment and support, ensuring that they know what services are available to them to improve outcomes and lead healthier lives. Work needs to be done with partners to break down barriers, ensure that services are fit for purpose and delivered for the benefit of residents.

## 5. CONSULTATION

Consultations have taken place with: the Sexual & Reproductive Health TFG members; OSC members; the council's Cabinet members; council officers from Public Health; Barnsley Local Medical Committee; Spectrum Integrated Sexual Health Service; and the council's Senior Management Team.

## 6. ALTERNATIVE OPTIONS CONSIDERED

6.1 No alternative options have been considered in the writing of this report

## 7. REASONS FOR RECOMMENDATIONS

7.1 The TFG were reassured by the amount of work being done to support people with their sexual and reproductive health and the ambitions for the future and found many areas of good practice. It is hoped that the new Sexual Health Plan and Sexual Health Alliance will be able to drive the agenda forward ensuring that it receives as much attention as tobacco, alcohol and food have in the past. Similarly, members will be keen to see how the introduction of the IHSP and the Healthier Futures project will contribute to improving health outcomes for young people.

7.2 The investigation undertaken by the TFG, as well as the recommendations made, are in support of improving health outcomes for the people of Barnsley and reducing inequalities. Whilst recognising that there is lots of evidence of good practice, the TFG have made the recommendations in order to support the continual improvement of services with a view to achieving local priorities, the priorities within the Government's Framework for Sexual Health Improvement and reducing teenage conception rates.

7.3 **Recommendation 1 - Consider refreshing the health impact needs assessment to support effective decision making on the realignment of resources and identification of priorities to address the current and future sexual and reproductive health needs of the community and to reduce inequalities across the borough, particularly for groups who are disproportionately affected.** It is clear from the investigation that some groups are disproportionately affected by poor sexual and reproductive health outcomes. Additionally, some residents, such as those with SEND or those from the LGBTQ+ community may face additional barriers to accessing services. The needs assessment, along with analysis and mapping of ward information, will help services to identify existing and future need in order to contribute to the reduction of health inequalities as outlined in A Framework for Sexual Health Improvement.

7.4 **Recommendation 2 - Through Barnsley Alliance, Education Services and other partners, increase access to information and support for young people so that they have the practical knowledge and advice required to make healthy**

**lifestyle choices.** From speaking to young people themselves, it seems that the key to an improved offer is more information, particularly local knowledge of where to go for routine and emergency support; confidentiality; and trust. Sexual and reproductive health outcomes can be improved by providing accurate, high-quality information and education, enabling people to make informed responsible decisions. Access to high-quality, confidential services, treatment and interventions, particularly for those who are most vulnerable or facing additional barriers to accessing services, can also lead to improved outcomes.

- 7.5 **Recommendation 3 - Develop promotional messages using social media platforms frequently accessed by the target audience and work towards removing the stigma of the traditional sexual health clinic.** Spectrum are aware that young people don't necessarily use the same social media platforms as other age groups and members would encourage the service to look at delivering messages via these avenues to effectively market the service. Whilst this recommendation supports the use of social media to promote services, consideration also needs to be given to those who are digitally excluded. In addition, work needs to be done so that residents do not see the Integrated Sexual Health Service as somewhere that just treats people with STIs and that the wider offer is recognised and welcomed.
- 7.6 **Recommendation 4 - Work in partnership with CAMHS to offer C Cards and signposting to Spectrum for young people.** It is vital to provide easy access to high quality information, and easy access to the full range of contraception, particularly for vulnerable people. By building on existing links with CAMHS, and potentially the wider children and young people's mental health service, more young people may be reached to prevent unwanted pregnancy and STI's.
- 7.7 **Recommendation 5 - Work in partnership with primary care to look at where the demand for training lies and how this can be addressed locally and to ensure that the LARC offer is equitable across all Wards of the borough, thus benefitting residents.** Although there is a difference of opinion as to what a good sexual health offer looks like locally, all concerned agree that there must be equitable access and provision and one of the Government framework priorities is to 'develop strong partnerships' in order to improve reproductive and sexual health. Services need to work together in a more joined up way and the primary focus for the delivery of services must be the benefit of residents ensuring that provision is available when and where it is needed.
- 7.8 **Recommendation 6 - Work closely with Area Councils and elected members via an All-Member Information Brief so that members can support residents effectively.** Elected members are valuable conduits for providing information on, and to, the communities they serve. By working with members, the service could potentially increase access and provision; enhance education and knowledge; and develop strong partnerships, thereby improving reproductive and sexual health in Barnsley.
- 7.9 **Recommendation 7 – Where appropriate, move towards collaborative commissioning for sexual and reproductive health services as part of Integrated Care to remove fragmentation, maximise opportunities and**

**strengthen partnerships.** Given the existing strengths of integrated care locally and regionally, Members feel that there may be opportunities to reduce fragmentation and to develop a more effective, wider Sexual and Reproductive Health System to reduce health inequalities across the borough and to maximise resources.

- 7.10 **Recommendation 8 - Investigate the potential of working with Family Centres to offer support for sexual health, reproductive health and peer support groups for young people who are, or about to become, teenage parents.** Family Centres are key hubs within communities and may be able to enhance the existing offer to further reduce inequalities and improve outcomes for residents.
- 7.11 **Recommendation 9 – Further develop support for young parents and their children. Consider the most appropriate model to deliver a targeted approach so that young people can give their child the best start in life and develop positive relationships.** Offering a targeted approach to supporting young parents and their children could ensure that children start school with a greater level of development and reduce the potential need for support services later in life. This would lead to better outcomes for residents and be more cost effective for the public purse.

## 8. GLOSSARY

|       |  |
|-------|--|
| BMBC  | Barnsley Metropolitan Borough Council    |
| CAMHS | Child & Adolescent Mental Health Service |
| DNA   | Did Not Attend                           |
| IHSP  | Intensive Home Support Programme         |
| LARC  | Long-Acting Reversible Contraception     |
| OSC   | Overview & Scrutiny Committee            |
| RSE   | Relationship & Sex Education             |
| SIDs  | Sudden Infant Death Syndrome             |
| STI   | Sexually Transmitted Infections          |
| TFG   | Task & Finish Group                      |
| WHO   | World Health Organisation                |

## 9. BACKGROUND PAPERS

Department of Health 'A Framework for Sexual Health Improvement in England', March 2013:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW\\_ACCESSIBLE.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf)

Faculty of Sexual & Reproductive Healthcare 'A Quality Standard for Contraceptive Services, April 2014:

<https://www.fsrh.org/documents/fsrhqualitystandardcontraceptiveservices/>

NSPCC article on Gillick Competency and Fraser Guidelines:

<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser->



[guidelines](#)

C Card Barnsley

<https://www.c-card.org.uk/barnsley/c-card.html>

Public Health England 'A Framework for Supporting Teenage Mothers and Young Fathers' 2019:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/796582/PHE\\_Young\\_Parents\\_Support\\_Framework\\_April2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796582/PHE_Young_Parents_Support_Framework_April2019.pdf)

## 10. REPORT SIGN OFF

|  |   |
|--|---|
| <b>Financial consultation &amp; sign off</b> | Senior Financial Services officer consulted and date<br><br><i>Avanda Mitchell</i><br><i>09.03.23</i> |
| <b>Legal consultation &amp; sign off</b>     | Legal Services officer consulted and date<br><br><i>Sukdave Ghuman</i><br><i>13.02.23</i>             |

**Report Author:** Jane Murphy

**Post:** Scrutiny Officer

**Date:** 6 March 2023

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**BARNSELY METROPOLITAN BOROUGH COUNCIL**

**REPORT OF: EXECUTIVE DIRECTOR CORE SERVICES**

**TITLE: OVERVIEW AND SCRUTINY COMMITTEE (OSC) TASK AND FINISH GROUP (TFG) REPORT ON CUSTOMER EXPERIENCE OF BMBC**

|                                 |                                   |
|---------------------------------|-----------------------------------|
| <b>REPORT TO:</b>               | <b>CABINET</b>                    |
| <b>Date of Meeting</b>          | <b>22<sup>nd</sup> March 2023</b> |
| <b>Cabinet Member Portfolio</b> | <b>NA</b>                         |
| <b>Key Decision</b>             | <b>No</b>                         |
| <b>Public or Private</b>        | <b>Public</b>                     |

**Purpose of report**

To report to Cabinet the findings of the Overview & Scrutiny Committee (OSC) from the investigations undertaken on its behalf by the Customer Experience Task & Finish Group (TFG).

**Council Plan priority**

Enabling Barnsley

**Recommendations**

That Cabinet:-

- 1. Review the membership of the Customer Experience & Digital Board to better reflect front-line service contact.**
- 2. Develop corporate timescales for responses to all customer contact.**
- 3. Improve guidance provided on calls to give customers better information regarding service request resolutions.**
- 4. Develop systems which provide automated updates to customers regarding their service request and its completion.**
- 5. Undertake geographical analysis of compliment and complaint data.**
- 6. Enhance performance information provided to services on their compliments and complaints.**

7. **Make providing customer feedback more accessible on the Council's website.**
8. **Members and officers to be ambassadors of local library services.**
9. **Area Teams officers to receive library staff training.**
10. **Remind employees of customers with additional needs and increase the use of 'Easy Read' documents.**

## 1. INTRODUCTION

- 1.1 As part of its work programme the OSC agreed to undertake a TFG investigation into 'what it's like to be a customer of Barnsley Metropolitan Borough Council (BMBC)'. This included focusing on BMBC's Customer Experience Strategy 2021-2024, its subsequent action plans and key performance indicators (KPIs) to determine whether the Council offers a high quality, customer driven service to all sections of the community, including those who are 'hard to reach'.
- 1.2 The Customer Experience Strategy outlines the way the Council will seek to support its customers in accessing the many services that it offers. There is an increasing emphasis on transacting digitally, driven by both resource availability as well as customer expectations. Success is defined as communities knowing how to contact the Council and access services, through which they will have an excellent experience, thus limiting avoidable contact and enabling the Council to concentrate scarce resources where they are needed most.
- 1.3 The TFG sought to better understand the various aspects to this work; to hear the views from a number of different key representatives; and consider what recommendations could be made for improvements. As a result of the investigation, the group have highlighted a number of recommendations in support of further improvement, the rationale for which is outlined in section 6 of this report.
- 1.4 The members of the TFG who undertook this investigation are as follows:  
Cllrs Peter Fielding (TFG Lead Member), Sue Bellamy, Dickie Denton, Jeff Ennis, Jake Lodge, Pauline McCarthy and Kath Mitchell.

## 2. SCOPE OF THE INVESTIGATION & SUBSEQUENT FINDINGS

### What the Task & Finish Group Looked At

- 2.1 Initially the TFG met to consider the scope of the investigation. This included sharing their own experiences and those of constituents in contacting the Council. The group discussed the importance of an overview of the Customer Experience Strategy and key areas of work. This included speaking to those who provide front line customer service, both formally and informally, as well as hearing from those with additional needs and their experiences of contacting the Council. The group were also keen to understand what data is available in terms of customer feedback, what is said and how this is used.
- 2.2 The group agreed to hold a series of meetings on the topics raised as well as

arrange a site visit to meet those who provide front-line service delivery, as well as to meet with local equality forum members to hear their perspective on this work. The TFG undertook a number of 'check and challenge' sessions with officers and key stakeholders regarding the work being carried out, future plans and key challenges. This involved asking questions of them regarding their work, their involvement, and the impact of this on the borough and its residents. This included:

- Meeting with the Council's Service Director for Customer Information & Digital Services, Head of Service for Continual Service Improvement and Customer Experience Manager, regarding an overview of the Customer Experience Strategy and the operation of the Council's Central Contact Centre;
- Meeting with the Council's Service Director for Business Improvement, Human Resources (HR) & Communications, Head of Business Improvement, and Customer Resolution Manager, to hear about how the Council records, responds to and learns from customer compliments and complaints;
- Undertaking a site visit to Barnsley Central Library @ the Lightbox to meet the Council's Head of Libraries, Strategic Development Manager, Strategic Operational Delivery Manager, and Operations Manager, to understand the customer support provided in libraries;
- Meeting with the Council's Head of Service for Stronger Communities as well as a number of Area Managers and Community Development Officers from the Council's Area Teams, to learn of their experiences as front-line officers who frequently pick up ad-hoc enquiries from customers;
- Attending a meeting of the My Barnsley Too (disability forum), to hear about their experiences as customers of Barnsley Council who have additional needs, and how they find accessing services;
- Finally, a meeting to discuss the TFG's findings and consider the associated Strengths, Weaknesses, Opportunities and Threats to highlight in this report.

### **What the Task and Finish Group Found**

- 2.3 Council officers provided an overview of the Council's Customer Experience Strategy. The TFG welcomed the change in language to 'Digital by Choice' rather than 'Digital by Default', recognising that not all customers are digitally enabled. However, for those that are, web content can assist people, including those with additional needs, in accessing information. The officers explained the governance of monitoring the strategy through the 'Customer Experience and Digital Board', which has representation from officers across the Council. The board monitors the performance of the Council's Contact Centre which provides telephony, web chat, and email contact for customers to access Council Services (such as adult social care, highways, waste, registrars) as well as the Council's Arms-Length Management Organisation (ALMO) Berneslai Homes who look after the Council's Housing Stock (taking their calls for repairs, rent queries etc.).
- 2.4 TFG members considered the performance of the contact centre against the Service Level Agreements (SLAs) in place as well as the associated improvement plan which puts the customer at the heart of service delivery as shown in the diagram below:



- 2.5 The group acknowledged and welcomed the Contact Centre improvement work done to consider benchmarking and best practice from both the public and private sectors. The group recognised the challenges the Contact Centre faced, along with other Council departments in terms of recruitment and retention of staff, and the impact this had on performance. Although the TFG didn't meet directly with staff from the Council's Finance Service, they are aware they have a separate call centre working to different SLAs which handles calls relating to financial queries such as benefits and taxation, but which results in a lack of consistency in customer experience. The discussion led to highlighting the absence of any corporate standards with regards to answering emails and telephone calls, which again creates disparity in customer experience.
- 2.6 One of the areas the TFG were keen to explore was the ability of systems to provide customers with an automated update regarding their service request. The group acknowledge that this relies on system development as well as officers in services to input updates. However, the group advised that the lack of availability of this was a frustration felt by them and their constituents and resulted in a number of repeat calls, with customers chasing updates on service requests. The service advised that this provision was being trialled with reporting fly-tipping; however, there was further work to be done to make this effective. Similarly, the group queried information provided to customers on calls regarding the service they could expect if they reported something. Officers advised that guidance was agreed with services, such as timescales for a resolution; however, further work was being undertaken in this area.
- 2.7 The group welcomed the developments the Council had made in terms of utilising digital technologies, such as the 'pin on a map' function to report problems. However, having used this service, Members advised that the map function was not always accurate, and shared concerns that this might put customers off using this function in future. The TFG acknowledge the challenges officers face in keeping up with the latest developments in technology and making this available within Council operations, given the constraints on public sector resources.
- 2.8 The following meeting of the TFG provided opportunity to hear about customer feedback, including from complaints and compliments, and how this is used to

improve services. The group welcomed the work being done to resolve complaints at the earliest opportunity and avoid repeats. Work is being done with services to look at trends as well as undertake proactive work to avoid complaints, for example to communicate with residents in advance when the Council is aware there will be an unavoidable disruption to a service. The group acknowledged the increased resource which had been put into this service area, recognising the important focus on customer service.

- 2.9 Officers highlighted the work being undertaken as a result of feedback from the Local Government Ombudsman with regards to the Council's handling of complaints. This includes ensuring complaints are investigated thoroughly and that root causes are identified and remedied. The TFG welcomed the improvements in timescales in response to complaints. Also, acknowledging the increasing complexity of a number of complaints and reduced resources in services for delivery.
- 2.10 The TFG considered the various ways the data was analysed including the lower number of compliments compared with complaints. The group discussed the importance of learning from compliments as well as complaints and highlighted the challenges they had experienced in reporting these on the Council's website. The group also acknowledged the challenges of feedback given via social media and that the Council didn't have the resources to capture all of this; however, where possible, links were provided to customers should they wish to formalise their feedback.
- 2.11 The next meeting of the group provided opportunity to undertake a site visit to Barnsley Central Library @ the Lightbox. During this, the group were given an overview of service provision in Barnsley libraries. This included the group being able to view facilities available to support customer access to services, including digital support, telephone access to the contact centre, as well as appointments for those who had exhausted other contact routes, who had more complex queries. It was noted that only 6 library locations are able to offer appointments due to a lack of space. However, the group were pleased to hear that work was being done to introduce booths so that this could be offered in all libraries.
- 2.12 The group welcomed knowledge of the training provided to libraries staff to help resolve customer queries, including on financial matters. By having this training it was noted that this would aid in the consistency of messages to customers. Officers advised that they hold liaison meetings with colleagues in Finance regarding the queries they have received in libraries. This sharing of feedback is then used to redefine services and help make improvements.
- 2.13 The group considered the variety of services available at local libraries and the likely lack of knowledge about them in local communities. The group discussed a number of ways in which libraries could be better utilised in local communities, particularly given their accessibility for customers with additional needs.
- 2.14 Given the TFG members' relationships with employees in the Council's Area Teams who lead on community development activities, the group were acutely aware of the number of ad-hoc queries dealt with by these officers. The group arranged to hear from a range of officers involved with area teams to understand their perspective on customer services at the Council. The officers highlighted that as they are well

known and have a presence both physically and online in communities, they have developed trusted relationships, which results in people being more likely to come to them for support with finding information. For some areas, this is linked to the physical location of the officers who are based in buildings which historically were public facing and so some constituents still think they're open for this purpose, or alternatively have approached officers out on lunch breaks or at events in the community. The TFG appreciated that the officers recognise the importance of 'making every contact count' and will support residents whenever they can, particularly as this can avoid crisis and change an individual's negative opinion of the Council. One officer gave an example of in responding to an un-related ad-hoc query, this had led to a constituent becoming engaged in local volunteering activities. However, the group acknowledged that a lot of face to face requests for support or guidance are not reported.

- 2.15 The officers highlighted the complexity of navigating Council services, due to it being a large multi-faceted organisation. The officers gave a number of examples of both residents and officers from partner agencies struggling to locate information on the Council's website. Similarly, a number of repeat queries being made as a result of updates not being provided to customers following requests for a service. The group discussed the range of ability in terms of digital skills in communities and the need to recognise that just because an individual uses social media online, does not necessarily mean they have the ability and confidence to complete an online transaction such as completing an e-form. The officers did highlight that, where possible, they act as digital champions and will support individuals to use their smart phone to access services and for example save the location on the individual's phone so they can self-serve in future.
- 2.16 In undertaking their work, the Area Teams are particularly aware of the importance of local communications and localised activities. The officers highlighted how communities prefer to have specific arrangements for their local area and are more likely to attend such events rather than 'borough-wide' availability. Examples were given of sessions put on to support local residents, such as by Digital Champions, which are better advertised as dates in a local area only, rather than all sessions being made available across the borough. Similarly, constituents are likely to be interested in events at their local library but would be unlikely to follow a social media page which covers all libraries.
- 2.17 The penultimate meeting of the group was attending a 'My Barnsley Too' (disability forum) meeting. This gave the TFG opportunity to hear about the experiences of customers of Barnsley Council who have additional needs, and how they find accessing services. The majority of the group advised that they do not have smart phones and rely on word of mouth/leaflets/support workers to access services. For those that are online, they advised that they find it challenging when it takes lots of 'clicks' to get to particular locations on websites. Also, the officers highlighted that QR codes are often a preferred method of accessing information for forum members as it takes them straight to the information they need.
- 2.18 The TFG welcomed knowledge that officers supporting the forum produced bulletins with key information, which was shared with forum members, both to those online, as well as face to face for those attending forum meetings, which helped to keep them informed of local events and important updates.



2.19 Examples of both positive and negative experiences were given of accessing Council services by forum members, which highlighted the importance of officers being mindful of all Council customer needs. Positive feedback was received from a number of forum members who were happy that they could contact the Council by telephone and were confident that their request for service would be put through to the correct department and resolved. TFG members were keen to support those with additional needs to access services and encouraged forum members to utilise their local councillors. Forum members highlighted how during the pandemic, a lot of information had been provided in an 'easy read' version which they found particularly helpful. This was not only useful to them but could be utilised to give information for those where English is an additional language.

2.20 Officers and 'My Barnsley Too' members were keen that the forum was utilised as two-way communication for the development and improvement of Council services. Recent experience had shown that as forum members had been engaged in the development of the 'More Money In Your Pocket' website to provide assistance for residents as a result of the cost of living crisis, the information had been made easily accessible from the start and avoided a lengthy process to correct it at the end. Thus highlighting the need for the Council to be mindful of and engaged with all its communities, particularly those with additional needs when accessing services.



2.21 The final meeting of the group provided opportunity to reflect on the strengths, weaknesses, opportunities and threats highlighted throughout the investigation. As a result, a number of key recommendations were identified by the group and are reflected in section 6 of this report.

2.22 The TFG would like to take this opportunity to thank all those who provided information, attended meetings, and assisted with the TFG's investigation; it is much appreciated. Particular thanks are given to My Barnsley Too forum members for allowing the group to attend one of their meetings and gather invaluable insights into their experiences as customers of BMBC.

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

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

There are no specific financial implications or risks associated with the report, although in responding to the recommendations in the report, the financial and risk implications of these would need to be fully assessed by the appropriate services responding. Consultations have taken place with representatives of the Director of Finance (S151 Officer).

#### **3.2 Legal**

There are no specific legal implications, although in responding to the recommendations in the report, the legal implications of these would need to be fully assessed by the appropriate services responding. Consultations have taken place with the Service Director for Law & Governance.

#### **3.3 Equality**

The TFG is keen to ensure that all Council operations and activities are considerate of the needs of all its communities. The TFG acknowledge the importance of people with additional needs being supported to both access Council services as well as give feedback on their experiences. As highlighted in section 6 of this report, the group have made a number of recommendations in support of this.

#### **3.4 Sustainability**

As this report does not require a decision, the sustainability decision-making wheel has not been included.

#### **3.5 Employee**

There are no specific employee implications, although in responding to the recommendations in the report, the employee implications of these would need to be fully assessed by the appropriate services responding.

#### **3.6 Communications**

As highlighted in the findings and recommendations of the investigation, effective communication is critical to ensuring a positive customer experience. The TFG frequently found that avoidable contact is being received due to customers not being updated on the progress of their service request; therefore, a number of the recommendations in this report reflect this. The TFG are also keen to better promote services and would in particular welcome expansion of communications activities in relation to services available in local libraries.

### **4. CONSULTATION**

4.1 Consultations have taken place with: Customer Experience TFG members, OSC members, the Council's Cabinet members, Council officers from the Core Services, and Public Health & Communities Directorates, Equality Forum Officers and Members, and the Council's Senior Management Team.

## 5. ALTERNATIVE OPTIONS CONSIDERED

5.1 No alternative options have been considered in the writing of this report.

## 6. REASONS FOR RECOMMENDATIONS

6.1 Overview and Scrutiny is a statutory function in local government to enable Councillors to provide 'critical friend' challenge of local services and make recommendations to drive improvements.

6.2 The recommendations in this report are made as a result of the OSC's Customer Experience TFG undertaking a detailed investigation into how the Council interacts with its customers and how effective this is. The TFG were reassured by the amount of work being done in this area and have made the following recommendations in order to support the continual improvement of services.

### 6.3 **Recommendation 1: Review the membership of the Customer Experience & Digital Board to better reflect front-line service contact**

As highlighted in the findings of the TFG, there are a number of front-line officers frequently dealing with face to face queries from the public, which are not necessarily being recorded in Council activity. The group recommend that this is addressed so that intelligence can be shared regarding queries and identify if there are any trends. The TFG considered ways this could possibly be done, either through having individual representatives on the board and/or developing panels to gather feedback from relevant individuals which is then fed back to the Board. Elected Member involvement in this feedback would also be helpful as Councillors are often contacted when things go wrong and are regular 'customers' themselves.

### 6.4 **Recommendation 2: Develop corporate timescales for responses to all customer contact**

During the investigation the TFG came across numerous examples where an absence of corporate standards for responses resulted in a lack of consistency in the 'Customer Experience'. This is not just in call centre functions, but in Council-wide customer contact. The TFG acknowledged the discrepancies specifically in Council call centre SLAs which they feel should be resolved, and consideration should be given to the combination of the call-centre functions. Work will also need to be undertaken to develop approaches to monitor and report on compliance.

### 6.5 **Recommendation 3: Improve guidance provided on calls to give customers better information regarding service request resolutions**

On a number of occasions it was noted that a lack of information provided to customers resulted in avoidable repeat contacts. Therefore, the TFG would welcome guidance used in the contact centre to be reviewed to provide more information on what customers should expect in terms of a resolution to their request and timescales, and this should be available for a larger number of queries. As systems develop, the group would welcome targets being set to minimise repeat contacts.

### 6.6 **Recommendation 4: Develop systems which provide automated updates to customers regarding their service request and its completion**

Linked with the previous recommendation, the TFG are keen to prevent avoidable contact to the Council which is occurring both to the Contact Centre as well as to

front line officers receiving ad-hoc queries. The group appreciate the challenges in developing this; however, would welcome greater automation in systems providing email/text message updates to customers on their service request and notification of its completion. This should be followed by an invitation to complete a satisfaction survey, with the aim of collecting data where neither a formal compliment or complaint has been made.

**6.7 Recommendation 5: Undertake geographical analysis of compliment and complaint data**

During discussions the group were keen to understand where compliments and complaints are being received from across the borough and whether there are any trends which could potentially need to be addressed. This might also highlight areas of excellent performance in particular areas which services could learn from.

**6.8 Recommendation 6: Enhance performance information provided to services on their compliments and complaints**

The TFG were keen that services were aware of and addressing any trends in customer feedback. The group were advised that information was provided to services categorised as issues with e.g. a process and procedure, or workforce or communication. Also, the feedback was broken down by teams. However, the group felt there was an absence of granular detail such as a pattern of e.g. missed bins or a particular planning process. Additionally, as part of enhancing the information, the TFG felt it would be helpful to play back calls which have been handled by the Contact Centre to bring some of the feedback to life, so services have a richer understanding of customer feedback to act upon.

**6.9 Recommendation 7: Make providing customer feedback more accessible on the Council's website**

The group experienced difficulty in locating where to provide customer feedback on the website and felt it was more geared to those providing a complaint rather than encouraging compliments. Throughout the investigation it was evident that a number of customer compliments are being missed which are given to officers and Councillors which it would be helpful to capture, and individuals should be encouraged to facilitate this.

**6.10 Recommendation 8: Members and officers to be ambassadors of local library services**

In undertaking the investigation, the TFG were made aware of a number of services and activities in libraries. This included support to access council services as well as activities for such as Story and Rhyme sessions and Lego clubs. The TFG are keen that libraries are better utilised, such as to involve residents in consultations. Also that libraries and relevant activities are better promoted, for example through providing information to Ward Alliances to put information on their social media pages.

**6.11 Recommendation 9: Area Teams officers to receive library staff training**

The TFG acknowledged that area teams officers who work out in Barnsley communities are frequently responding to ad-hoc queries from customers. In order to improve their knowledge as well as improve consistency of information provided to customers, they would welcome receipt of library staff training.

**6.12 Recommendation 10: Remind employees of customers with additional needs**

## and increase the use of 'Easy Read' documents

In hearing from the My Barnsley Too (disability forum) members, the group were reminded of the challenges some constituents face in accessing Council services. Given some of the experiences shared by forum members, the group would like to remind all employees to be mindful of supporting customers with additional needs. In particular, where possible it would be helpful to increase the use of 'Easy Read' versions of documents which would also help those where English is an additional language. Additionally, as technology develops in Council call centres, it would be helpful if case management systems could alert call handlers when customers may have previously disclosed that they have a disability and may need additional support in order to resolve and assist them with their query.

## 7. GLOSSARY

|      |                                       |
|------|---------------------------------------|
| ALMO | Arms-Length Management Organisation   |
| BMBC | Barnsley Metropolitan Borough Council |
| HR   | Human Resources                       |
| OSC  | Overview and Scrutiny Committee       |
| SLA  | Service Level Agreement               |
| TFG  | Task and Finish Group                 |

## 8. LIST OF APPENDICES

There are no appendices for this report.

## 9. BACKGROUND PAPERS

Barnsley Council Customer Experience Strategy 2021-2024

<https://www.barnsley.gov.uk/media/19929/customer-experience-strategy-2021-2024-final.pdf>

If you would like to inspect background papers for this report, please email [governance@barnsley.gov.uk](mailto:governance@barnsley.gov.uk) so that appropriate arrangements can be made.

## 10. REPORT SIGN OFF

|  |  |
|--|--|
| <b>Financial consultation &amp; sign off</b> | Senior Financial Services officer consulted and date<br><br><i>Avanda Mitchell</i><br>09.03.23 |
| <b>Legal consultation &amp; sign off</b>     | Legal Services officer consulted and date<br><br><i>Sukdave Ghuman</i><br>13.02.23             |

**Report Author:** Anna Marshall

**Post:** Scrutiny Officer

**Date:** 9<sup>th</sup> March 2023

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## BARNSELY METROPOLITAN BOROUGH COUNCIL

**REPORT OF:** EXECUTIVE DIRECTOR CORE SERVICES

**TITLE:** OVERVIEW AND SCRUTINY COMMITTEE (OSC) TASK AND FINISH GROUP (TFG) REPORT ON AN INCLUSIVE ECONOMY IN BARNSELY

|                                 |                                   |
|---------------------------------|-----------------------------------|
| <b>REPORT TO:</b>               | <b>CABINET</b>                    |
| <b>Date of Meeting</b>          | <b>22<sup>nd</sup> March 2023</b> |
| <b>Cabinet Member Portfolio</b> | <b>NA</b>                         |
| <b>Key Decision</b>             | <b>No</b>                         |
| <b>Public or Private</b>        | <b>Public</b>                     |

### **Purpose of report**

To report to Cabinet the findings of the Overview & Scrutiny Committee (OSC) from the investigations undertaken on its behalf by the Inclusive Economy Task & Finish Group (TFG).

### **Council Plan priority**

Growing Barnsley  
Healthy Barnsley

### **Recommendations**

That Cabinet:-

- 1. Review the membership of the Inclusive Economy Board (IEB).**
- 2. Consult the OSC in the development of the Barnsley Inclusive Economy Strategy.**
- 3. Ensure urban development incorporates the needs of all Barnsley villages.**
- 4. Work to ensure a diverse offer in the Town Centre.**
- 5. Ensure access to good quality careers advice for all.**
- 6. Work to improve the public perception of jobs in logistics and manufacturing.**
- 7. Expand communications activity in relation to all this work, including developing a communications plan.**

## 1. INTRODUCTION

1.1 As part of its work programme the OSC agreed to undertake a TFG investigation into what is being done to ensure an inclusive economy and good economic growth in Barnsley. This follows on from the OSC's previous work on poverty, acknowledging that Barnsley needs to have a sustainable inclusive economy which benefits all communities in order to reduce poverty in the borough. The OSC is also mindful that young people in Barnsley identified 'Jobs, Money, Homes and Opportunities' as their number one concern in the 2022 'Make Your Mark Campaign'.

1.2 It goes without saying that the Coronavirus pandemic hit the economy hard. This has been particularly felt in Barnsley, with legacy issues of already lower than average levels of economic activity, health inequalities and some particularly deprived communities. In response to the National Government's Roadmap out of national lockdown in February 2021, the Council and its partners worked together to develop Barnsley's Economic Renewal Action Plan. This is a short-term plan focusing on the immediate issues and opportunities to aid Barnsley's economic recovery. The plan is 'owned' by the Barnsley Inclusive Economy Board (IEB), working through its sub-groups to co-ordinate its delivery, focusing on:

**People:** Supported to work and adapt to the new economy;

**Employers and Businesses:** Supported to adapt, consolidate and thrive;

**Places:** Supported through place-based investment to create jobs, offer vibrant local economies and transform our communities.

1.3 The TFG sought to better understand the various aspects to this work including the IEB itself; to hear the views from a number of different key representatives; and consider what recommendations could be made for improvements. As a result of the investigation, the group have highlighted a number of recommendations in support of further improvement, the rationale for which is outlined in section 6 of this report.

1.4 The members of the TFG who undertook this investigation are as follows: Cllrs Paul Hand-Davis (TFG Lead Member), Roy Bowser, Jeff Ennis, Steve Green, Joe Hayward, Ashley Peace and Chris Wray.

## 2. SCOPE OF THE INVESTIGATION & SUBSEQUENT FINDINGS

### What the Task & Finish Group Looked At

2.1 Initially the TFG met to consider the scope of the investigation. This included hearing from the Council's Service Director for Regeneration and Culture (SDRC), who has an active role on the IEB. The group discussed the work of the IEB, its history and development as well as its priorities. The group considered how we get more and better jobs into Barnsley, including the growth of local businesses and key sectors within the area. The discussion touched on the development of key urban centres as well as sector academies at Barnsley College and work with local businesses to develop skills needed in the local area.

2.2 The group agreed to hold a series of meetings on the topics raised as well as arrange a site visit to a local business to hear their perspective on this work. The TFG undertook a number of 'check and challenge' sessions with officers and partners



regarding the work being carried out, future plans and key challenges. This involved asking questions of them regarding their work, their involvement and the impact of this on the borough and its residents. This included:

- Meeting with the Chair of Barnsley IEB who is also a former Chair of the Barnsley Rotherham Chamber of Commerce and Director/Owner of Visualised it Video Production, alongside the Council's SDRC, to understand the work of the IEB in more detail;
- Meeting with the Council's Head of Service for Regeneration and Culture, and the Group Leader for Urban Regeneration to learn more about initiatives to develop thriving urban centres in Barnsley;
- Meeting with the Council's Head of Service for Employability and Skills alongside the Chair of the IEB's 'Work and Opportunity Sub-Group' who is also a Careers Advisor at Horizon Community College in Barnsley to look at the work around getting more and better jobs in Barnsley;
- Meeting with the Council's SDRC to consider the findings of a former peer review of the IEB, specific actions from this as well as looking at the features of inclusive growth
- Undertaking a site visit to Ardagh Glass in Barnsley to understand more about their business, the challenges they face, employee initiatives as well as their work regarding Corporate Social Responsibility;
- Finally, a meeting with the Council's SDRC to discuss the TFG's findings and consider the associated Strengths, Weaknesses, Opportunities and Threats.

### **What the Task and Finish Group Found**

- 2.3 The Chair of the IEB outlined the background to its development from the Barnsley Enterprise Partnership to its current format via engagement with key stakeholders. The IEB was formed to look at what is needed to make the economy better, what could be done to improve growth and not leave anyone behind. Local businesses were keen to support the Council to do this and work was needed to see how this could best be done. The IEB Chair works hard to ensure the right people are around the table discussing the right issues with a diverse perspective and are respectfully challenging of each other. By bringing local stakeholders together, this has helped to improve the understanding of the challenges they face, such as the governance and funding restrictions in the public sector. The TFG acknowledged that the IEB has appropriately been through a number of changes to ensure it is fit for purpose and are keen that this process of evolving continues.
- 2.4 Data on Barnsley's economic need was discussed and how this influences the board's work. The TFG challenged the involvement of young people and their voice on the board as well as those in local communities who struggle to get in work and then progress. It was acknowledged that there is disconnect between the job market and job seekers, for example where young people struggle to leave school with the right skills and know what opportunities are available. Similarly, there is a need to dispel myths around certain jobs and their salaries. The TFG are keen that the residents' voice is heard on the board and that the lived experience is understood and reflected in decision making.
- 2.5 The TFG welcomed knowledge of the IEB's work with stakeholder groups and their focus on 'wicked challenges', such as connecting individuals to job vacancies. Also,

that this work has resulted in the development of a logistics academy at Barnsley College to help with developing skills for the jobs available locally. The group acknowledged the future plans for the IEB including development of an Inclusive Economy Strategy.

- 2.6 The TFG's following meeting focused on the importance of having thriving 'Urban Centres' in order to have an inclusive economy. This includes the Town Centre as well as outlying 'Principal Towns'. The TFG acknowledged and welcomed the large amount of work and investment that has been made to improve the Town Centre as well as Principal Towns. This not only includes retail development, business growth and expansion, but also looking at options for empty properties, as well as having a thriving cultural offer to encourage people into these urban spaces. Investment has been made in improving shop fronts and urban spaces, utilising and employing local people to do the work. The TFG were also encouraged to hear of the creation of 'social value' such work brings, for example, bringing local businesses and communities together as well as improving relationships between the Council and local businesses.
- 2.7 As part of the local developments, the TFG welcomed knowledge of the positive work being done to build on Barnsley's good reputation for its disabled access across the Town Centre, with a mobility scheme in place on Eldon Street. Additionally, the TFG were keen on the work underway to provide support to young entrepreneurs. This included Barnsley hosting the 'Young Markets Regional Final' with a view to building aspiration in young people to run businesses.
- 2.8 In relation to the night-time economy, TFG members were advised of one of the key barriers to this development is having effective provision for getting people home safely at night. Currently, it is evident that there are shortages in the numbers of taxis available, as well as safe and comfortable spaces for people to wait for them. The TFG welcomed the work underway to look at how Barnsley retains the drivers it has, making sure there are appropriate safety measures in cars, that drivers have places for comfort breaks, as well as making sure they feel appreciated and valued, so stay working in Barnsley. The group were encouraged by the amount of data and intelligence available, particularly in relation to the town centre, which is currently being pulled together to give a holistic view to help identify what further work needs to be done, such as food hygiene ratings, numbers of licensed premises, footfall, anti-social behaviour (ASB) and numbers of void properties. The group also acknowledged a number of additional key challenges including attracting private sector investment as well as ensuring effective digital connectivity.
- 2.9 The group's next meeting shone a spotlight on the More and Better Jobs Strategy to support residents to get ready for, get into and progress at work. It is noted that it is led by the Council but is a borough strategy for all partners to take up. The TFG welcomed that the strategy has been reviewed and is much more succinct, focuses on transformative actions, and adds value to existing activities.
- 2.10 The group were given an overview of the wealth of data available in terms of employment and the jobs market. The data shows that unemployment in Barnsley is low (3.3%) compared with regional (4%) and national (3.7%) figures (June 2022). However, figures for Barnsley show that youth unemployment is higher than elsewhere, and that labour inactivity rates have soared. The group noted that labour inactivity is mainly driven by people who are long-term sick, of which, for the majority, this is due to poor mental health.

2.11 In terms of skills in Barnsley, it is evident that young people are finishing secondary school with better qualifications. However, the higher the level of qualification, the greater the gap in the percentage of adults with that level of qualification in Barnsley compared with nationally, as shown in the table below:

| <b>Qualification Level</b>  | <b>Barnsley No</b> | <b>Barnsley %</b> | <b>Yorkshire &amp; H %</b> | <b>Great Britain %</b> |
|-----------------------------|--------------------|-------------------|----------------------------|------------------------|
| <b>NVQ4 And Above</b>       | <b>47,800</b>      | <b>31.2</b>       | <b>38.0</b>                | <b>43.6</b>            |
| <b>NVQ3 And Above</b>       | <b>79,200</b>      | <b>51.6</b>       | <b>58.2</b>                | <b>61.5</b>            |
| <b>NVQ2 And Above</b>       | <b>112,800</b>     | <b>73.4</b>       | <b>76.3</b>                | <b>78.1</b>            |
| <b>NVQ1 And Above</b>       | <b>131,200</b>     | <b>85.5</b>       | <b>86.4</b>                | <b>87.5</b>            |
| <b>Other Qualifications</b> | <b>8,000</b>       | <b>5.2</b>        | <b>5.7</b>                 | <b>5.9</b>             |
| <b>No Qualifications</b>    | <b>14,300</b>      | <b>9.3</b>        | <b>7.8</b>                 | <b>6.6</b>             |

2.12 The TFG note that a key challenge is to grow the skills in the adult population and support them with career development, as well as developing digital skills. Individuals need to recognise the skills they have and the transferability of them, as well as being open to learning new ones. The TFG also discussed the lack of consistent, good quality careers advice available for all ages. There are a number of new big businesses in Barnsley; however, there is a disconnect between job-seekers knowing what they do, as well as a lack of awareness about what their 'employment offer' is.

2.13 It was highlighted that work also needs to be done to manage the expectations of young people in terms of their salary when they leave education, and that they will likely need to start on a lower salary, gain critical skills such as good communication and teamworking, and then progress. Similarly, businesses need to understand that they are developing young people as the 'raw material' and it will take time to do this. Unfortunately, investing in this is often the first thing to go when businesses need to cut costs. However, employers need to recognise the importance of investing in employees and by doing this they are more likely to retain them, in-turn saving on recruitment and further training costs. The TFG acknowledge the good work done by the Council in terms of winning an award regarding the Kick Start employment scheme. Also, that officers in adult social care are looking for placements for those with learning disabilities.

2.14 The TFG were also made aware of another key barrier to employment in Barnsley for all ages is transport. The TFG welcomed that work is underway with the Office for National Statistics (ONS) to map connectivity to employment sites. However, feel that this is an issue that should have a greater voice and influence on the work of the IEB.

2.15 The following meeting of the TFG focused on the findings and actions put in place as a

result of an external Inclusive Economy Peer Review undertaken in 2019 and the development of the IEB. The key messages from the review recommended: development of an Inclusive Economy Strategy and consistent narrative; ensuring there is a shared vision for inclusive growth; influence regional strategy; assess the fragility of the Barnsley business base; develop sector specific skills pathways; incorporate the carbon agenda; develop social value with key stakeholders; consider transport challenges; develop citizen engagement; and focus on place-based growth.

- 2.16 The TFG questioned and challenged the SDRC on the progress made. The discussion highlighted the importance of 'anchor' institutions in Barnsley and as the local largest employers, how they can influence the development of an inclusive economy. Similarly, it was positive to hear of Barnsley College developing several academies and sector alliances. The TFG welcomed plans for an IEB sub-group to focus on poverty and noted the lived experience and voices of residents being critical in this, as well as the voice of officers from across Council services who provide front-line service delivery.
- 2.17 The group were pleased to hear of the encouragement for local businesses to expand and that they are taking on more staff. Also, that Enterprising Barnsley provides a 'bootcamp' offer to support those wanting to start their own business, which includes opportunity for them to network with others. However, more communication activity is required to better promote this offer.
- 2.18 The TFG welcomed the plans to ensure high speed broadband, digital capability and developing digital skills in Barnsley, acknowledging that Barnsley's economy will not survive without them. Similarly, that all this work is being mindful of social value, climate change and zero carbon agendas.
- 2.19 The penultimate meeting of the TFG involved a site visit to Ardagh Glass in Barnsley. Ardagh Group is a global supplier of sustainable, infinitely recyclable, metal and glass packaging for brand owners around the world. The TFG were given a tour of the Barnsley site which produces glass bottles. The group were impressed by their advances in manufacturing, focus on developing and utilising green energy sources for production, as well as their investment in their employees. Members met a number of employees who had worked for the business for several decades and had progressed from being apprentices at Barnsley College into senior management roles.
- 2.20 Ardagh employees gave an overview of the company's work in relation to their corporate social responsibility which had involved going into local schools and charities. They also provided the group with information on the sector academy they have developed at Barnsley college in order to train apprentice engineers. During the visit, Ardagh employees and the TFG discussed the importance of job opportunities in Barnsley. Ardagh highlighted how they give apprentices 'shop floor' experience and opportunity to gain important skills in a working environment such as communication, teamwork, and ensuring they turn up on time ready to work. The TFG note the value of developing these skills and their transferability to any job, the importance of which must not be overlooked in any type of work that an individual undertakes.



- 2.21 The final meeting of the group provided opportunity to reflect on the strengths, weaknesses, opportunities and threats highlighted throughout the investigation. As a result, a number of key recommendations were identified by the group and are reflected in section 6 of this report.
- 2.22 The TFG would like to take this opportunity to thank all those who provided information, attended meetings and assisted with the TFG's investigation; it is much appreciated. Particular thanks are given to Ardagh Glass for facilitating a very insightful visit to their Barnsley premises.

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

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

There are no specific financial implications or risks associated with the report, although in responding to the recommendations in the report, the financial and risk implications of these would need to be fully assessed by the appropriate services responding. Consultations have taken place with representatives of the Director of Finance (S151 Officer).

#### **3.2 Legal**

There are no specific legal implications, although in responding to the recommendations in the report, the legal implications of these would need to be fully assessed by the appropriate services responding. Consultations have taken place with the Service Director for Law & Governance.

#### **3.3 Equality**

The TFG is keen to ensure that all Council operations and activities are considerate of the needs of all its communities. The TFG acknowledge the importance of opportunities for people with disabilities to access employment to ensure that we have a truly inclusive economy, and it is important that work undertaken is cognisant of this. As highlighted in the report, the group welcomed knowledge of the positive work being done to build on Barnsley's good reputation for its disabled access across the Town Centre. Similarly, the work being done by the Council's Adult Social Care Department

to provide employment placements for those with Learning Disabilities.

### **3.4 Sustainability**

As this report does not require a decision, the sustainability decision-making wheel has not been included.

### **3.5 Employee**

There are no specific employee implications, although in responding to the recommendations in the report, the employee implications of these would need to be fully assessed by the appropriate services responding.

### **3.6 Communications**

As highlighted in the findings and recommendations of the investigation, the TFG are keen to expand communications activities in relation to the work to enable Barnsley to develop and grow an inclusive economy. In order to have an inclusive economy, the TFG acknowledge it is imperative that all communities have access to employment and skill development support services, and the availability of these needs to be communicated effectively.

## **4. CONSULTATION**

4.1 Consultations have taken place with: Inclusive Economy TFG members, OSC members, the Council's Cabinet members, Council officers from the Growth & Sustainability Directorate, Chair of the IEB, Chair of the IEB's More & Better Jobs Strategy Group, Ardagh Glass and the Council's Senior Management Team.

## **5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 No alternative options have been considered in the writing of this report.

## **6. REASONS FOR RECOMMENDATIONS**

6.1 Overview and Scrutiny is a statutory function in local government to enable Councillors to provide 'critical friend' challenge of local services and make recommendations to drive improvements.

6.2 The recommendations in this report are made as a result of the OSC's Inclusive Economy TFG undertaking a detailed investigation into work surrounding enabling Barnsley having an Inclusive Economy. The TFG were reassured by the amount of work being done in this area and have made the following recommendations in order to support the continual improvement of services.

### **6.3 Recommendation 1: Review the membership of the IEB**

As highlighted in the findings of the group, there are a number of 'voices' which need to be heard and strengthened on the IEB. This includes the 'lived experience' of residents, young people, the voluntary sector and transport sector. The TFG considered several ways this might be done possibly through having individual representatives on the board, and/or strengthening links with existing bodies such as Barnsley Alliance, and/or developing panels to gather feedback from relevant

individuals which is then fed back to the IEB.

**6.4 Recommendation 2: Consult the OSC in the development of the Barnsley Inclusive Economy Strategy**

The TFG are aware the IEB is in the early stages of developing an Inclusive Economy Strategy for Barnsley and plan to have this in place by the end of 2023. The group are keen to be involved in the development of this given its importance and impact on all Barnsley communities.

**6.5 Recommendation 3: Ensure urban development incorporates the needs of all Barnsley villages**

TFG members welcome the investment made in the Town Centre and to Principal Towns. The group were advised that plans are in place for investment in local villages, but this work had not yet commenced. As local members, they are aware of the importance of local, but more isolated businesses, but that still require investment.

**6.6 Recommendation 4: Work to ensure a diverse offer in the Town Centre**

The TFG recognise the work undertaken to develop Barnsley Town Centre and the challenges in getting new businesses in Barnsley. Given the number of existing and planned void properties, the group are keen to ensure that those being attracted cater for all ages and not just young people. This is in terms of the retail, hospitality, health and wellbeing, learning, and cultural offer.

**6.7 Recommendation 5: Ensure access to good quality careers advice for all**

As noted in the report, members feel there is a gap in the provision of good quality careers advice, not only in schools, but accessible to all those in the working age population. This is needed to support both those wanting to get in work, as well as those who may be looking for alternative or advancing career opportunities.

**6.8 Recommendation 6: Work to improve the public perception of jobs in logistics and manufacturing**

In Barnsley, a number of anchor institutions are large businesses involving manufacturing and logistics. They are critical to the local economy and a number of them are keen to undertake work to be 'good neighbours' in the Barnsley community. On visiting Ardagh Glass, it is evident that there are a number of excellent career opportunities on offer and chance to progress throughout the company. They are keen to be involved in and contribute to local communities, and value their employees.

**6.9 Recommendation 7: Expand communications activity in relation to all this work, including developing a communications plan**

Throughout the investigation, the TFG were made aware of a host of initiatives in place and being planned to develop and grow an inclusive economy in Barnsley, a number of which they weren't previously aware of. The members felt the IEB and its work should be promoted and celebrated. Similarly, the work of Enterprising Barnsley and support provided to local business and new start-ups requires further promotion. It is also noted that a number of the recommendations above would need a wealth of communications activity to ensure opportunities reach all Barnsley communities.

**7. GLOSSARY**

|      |                                       |
|------|---------------------------------------|
| BMBC | Barnsley Metropolitan Borough Council |
| IEB  | Inclusive Economy Board               |

ONS Office for National Statistics  
OSC Overview and Scrutiny Committee  
SDRC Service Director for Regeneration and Culture  
TFG Task and Finish Group

## 8. LIST OF APPENDICES

There are no appendices for this report.

## 9. BACKGROUND PAPERS

Barnsley Economic Renewal Action Plan:

<https://www.barnsley.gov.uk/media/19481/barnsley-economic-renewal-plan.pdf>

Barnsley More and Better Jobs 2021-24 – An Employment & Skills Strategy for Barnsley:

[https://barnsleymbc.moderngov.co.uk/documents/s85028/BARNSELEY\\_V4.pdf](https://barnsleymbc.moderngov.co.uk/documents/s85028/BARNSELEY_V4.pdf)

Barnsley Inclusive Economy Peer Review:

<https://barnsleymbc.moderngov.co.uk/documents/s64480/Inclusive%20Economy%20Review%20Action%20Plan.pdf>

If you would like to inspect background papers for this report, please email [governance@barnsley.gov.uk](mailto:governance@barnsley.gov.uk) so that appropriate arrangements can be made.

## 10. REPORT SIGN OFF

|  |  |
|--|--|
| <b>Financial consultation &amp; sign off</b> | Senior Financial Services officer consulted and date<br><br><i>Avanda Mitchell</i><br>09.03.23 |
| <b>Legal consultation &amp; sign off</b>     | Legal Services officer consulted and date<br><br><i>Sukdave Ghuman</i><br>13.02.23             |

**Report Author:** Anna Marshall/Jane Murphy

**Post:** Scrutiny Officers

**Date:** 9<sup>th</sup> March 2023



**BARNSELY METROPOLITAN BOROUGH COUNCIL**

**REPORT OF: THE EXECUTIVE DIRECTOR CORE SERVICES**

**TITLE: Statement of Gambling Policy Review consultation 2022/23**

|                                 |                        |
|---------------------------------|------------------------|
| <b>REPORT TO:</b>               | <b>CABINET</b>         |
| <b>Date of Meeting</b>          | <b>22nd March 2023</b> |
| <b>Cabinet Member Portfolio</b> | <b>Core Services</b>   |
| <b>Key Decision</b>             | <b>Yes</b>             |
| <b>Public or Private</b>        | <b>Public</b>          |

**Purpose of report**

As a licensing authority we must determine and publish a Statement of Gambling Policy at least once every three years, in line with statutory guidelines. The Council's current Gambling Policy came into effect in December 2019, therefore was due for review by December 2022.

In readiness for the review Officers produced our new Statement of Gambling Policy and carried out a statutory consultation from the 28<sup>th</sup> of October 2022 until the 6<sup>th</sup> of January 2023 to seek the views and opinions of all interested parties. The consultation period is now concluded, and the responses received have been considered by the Licensing Service, SMT and the GLRB.

**Council Plan priority**

Healthy Barnsley

**Recommendations**

That Cabinet recommends to the Full Council that: -

The Statement of Gambling Policy appended to the report (Appendix 1) be published in accordance with the statutory requirements and adopted by the Council.

## **1. INTRODUCTION**

- 1.1 The Gambling Act 2005 requires the Council to have a “Statement of Gambling Policy” that sets out the policies that the Council will generally apply to promote the Licensing Objectives when making decisions on applications made under the Act.
- 1.2 The Gambling Act 2005 has three licensing objectives that a licensing authority must incorporate into any strategy. These are:
  - preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime
  - ensuring that gambling is conducted in a fair and open way
  - protecting children and other vulnerable people from being harmed or exploited by gambling.
- 1.3 The attached draft Statement of Gambling Policy complies with the statutory guidance, whilst reflecting local circumstances and responses received to the public consultation conducted prior to the final policy being determined.

## **2. PROPOSAL**

- 2.1 We have a statutory duty to review and publish our Statement of Gambling Policy at least once every three years with the focus being to promote the licensing objectives.
- 2.2 The policy sets out the requirements and standards that licence holders are expected to meet when applying for a licence to operate premises within the borough.
- 2.3 Changes have been made to our existing policy to detail our Local Area Profile and ensure applicants and licence holders appreciate the expectations of the council when applying standards in relation to premises that require permissions under the Gambling Act 2005.
- 2.4 The proposed key changes to current policies and procedures are: -
  - to set out the Local Area Profile and stress the weight of consideration it should be given when making an application under the Gambling Act 2005
  - Link the Local Area Profile to local risk assessments by applicants and licensees
  - Differentiate the mandatory, default and locally imposed conditions
  - Identify better the enforcement and compliance role of the LA
  - Additional information in relation to the registration of small lotteries
  - Advice and suggestions in relation to Public Health concerns with problem gambling

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

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

There are no direct financial implications arising from the approval of this policy.

#### **3.2 Legal**

The policy has been drafted to reflect current legislative requirements and statutory guidance. Adoption of the policy will meet the Council's obligations under the statutory guidance which must be taken into consideration when making decisions in respect of matters relating to the Gambling Act 2005.

Failure to properly consider the policy could result in the Council not complying with the legislation or statutory guidance. Having a clear policy helps to ensure that licensing decisions pertaining to gambling are fair, consistent and comply with the legislation.

#### **3.3 Equality**

Full Equality Impact Assessment completed.  
Key points addressed around outcome of consultation and consideration of local area profiles in decision criteria.

#### **3.4 Sustainability**

Decision-making wheel not completed as it was deemed unnecessary for this statutory policy review.

#### **3.5 Employee**

There are no specific employee implications in approving this policy.

#### **3.6 Communications**

The draft policy has been subject to a 10-week public consultation period and all stakeholders received notification of the consultation.

Once adopted the Policy will be published on the Councils website and will therefore be available to all interested parties.

### **4. CONSULTATION**

In determining this policy statement, the Council has consulted with the following: -

- The Police
- Responsible Authorities
- Elected members

- The Local Safeguarding Board
- Persons involved in Gambling within the borough i.e., licence holders (or their representatives)
- Representatives of local businesses and residents' organisations
- Person likely to be affected by Gambling within the borough (or their representatives/support groups/charitable organisations)
- Local Chamber of Commerce / BID
- Local Pubwatch Groups
- The public
- Public Health
- Minority Groups

The policy consultation ran for 10 weeks commencing on the 28<sup>th</sup> of October 2022 until the 6<sup>th</sup> of January 2023

A report on the results of the consultations can be found at Appendix 2. Three responses were received in total. The views of all consultees were duly considered and given proper weight including being:

- Considered by SMT on the 14<sup>th</sup> of February 2023
- The General Licensing Regulatory Board on the 15<sup>th</sup> of February 2023 for consideration and referral to Cabinet and Council for approval.

As the responses received were all administrative, the wording of the proposed new Policy has been amended to reflect the suggestions from the consultation.

There is no reason from the consultation process and responses received not to recommend the adoption of the new Policy.

## **5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 The purpose of the Gambling Policy is to:

- Prevent gambling from being a source of crime and disorder, being associated with crime or disorder or being used to support crime.
- Ensure that gambling is conducted in a fair and open way.
- Protecting children and other vulnerable persons from being harmed or exploited by gambling.
- Ensure local area issues are taken into account by licensed operators through risk assessments.
- Support the wider Barnsley 2030 strategy.

5.2 Whilst the Council could decide not to adopt a policy that complies with the statutory requirements, it would be failing to implement measures considered to provide the public with the best level of protection and would leave itself open to potential legal challenge.

**6. REASONS FOR RECOMMENDATIONS**

6.1 Failure to have cohesive policy standards could result in legal challenges to the council's decisions

**7. GLOSSARY**

None

**8. LIST OF APPENDICES**

Appendix 1: The proposed new policy "Statement of Gambling Policy"

Appendix 2: Report on the Consultation Responses

**9. BACKGROUND PAPERS**

None

**10. REPORT SIGN OFF**

|  |   |
|--|---|
| <b>Financial consultation &amp; sign off</b> | Senior Financial Services officer consulted and date<br><br>Vanessa Hunter<br>13.02.2023    |
| <b>Legal consultation &amp; sign off</b>     | Legal Services officer consulted and date<br><br>Sajeda Khalifa (TEAM LEADER)<br>28.02.2023 |

**Report Author: Debbie Bailey**  
**Post: Senior Licensing Officer**  
**Date: 22.03.23**

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**BARNSLEY**  
Metropolitan Borough Council

# Gambling Act 2005 Statement of Licensing Policy 2022 – 2025

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# Statement of Licensing Policy

## Section 1 - General

### 1.01 Glossary of Terms

Withing this Statement of Policy, the following words and terms are defined as stated:

#### **Licensing objectives**

- As defined in section 1.16 below

#### **The Council**

- Barnsley Metropolitan Borough Council. The area of South Yorkshire administered by Barnsley Metropolitan Borough Council (map appended at Appendix A)

#### **Licences**

- As specified in section 3 below.

#### **Applications**

- Applications for licences and permits as defined in section 3 below

#### **Notifications**

- Means notification of temporary and occasional use notices

#### **The Act**

- The Gambling Act 2005

#### **Regulations**

- Regulations made under the Gambling Act 2005

#### **Premises**

- Any place, including a vehicle, vessel or moveable structure

#### **Code of Practice**

- Means any relevant code of practice under section 24 of the Gambling Act 2005

#### **Mandatory Condition**

- Means a specified condition provided by regulations to be attached to a licence

#### **Default Condition**

- Means a specified condition provided by regulations to be attached to a licence, unless excluded by Barnsley Metropolitan Borough Council

#### **Local Authority Condition**

- A condition imposed by the Council itself

**Interested party**

- For the purposes of this Act, a person is an interested party in relation to a premises if, in the opinion of the Licensing Authority which issues the licence or to which the application is made, the person:
  - a) Lives sufficiently closed to the premises to be likely to be affected by the authorised activities;
  - b) Has business interests that might be affected by the authorised activities;
  - c) Represents persons who satisfy a) or b) above.

**Responsible authority**

- For the purposes of this act, those listed in section 1.09 of this Policy are responsible authorities in relation to premises.

**The Commission**

- The Gambling Commission

**The Policy**

- Refers to this Statement of Principles (policy) as required under section 349(1) of the Gambling Act 2005

**The Licensing Authority**

- Barnsley Metropolitan Borough Council, which carries out its functions as the Licensing Authority under the Gambling Act 2005 within the borough boundary

**Gambling-related harm**

- Gambling-related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society

**Problem gamblers**

- Those who gamble to a degree that compromises, disrupts or damages family, personal or recreational pursuits

**Child**

- Person under the age of 16 years

**Young Person**

- Person under the age of 18 years

## 1.02 The Borough of Barnsley

Future Council ambitions, together with the Barnsley 2030 strategy, sets out the Council's long-term vision for Barnsley and how the Council will work with the people of Barnsley together to achieve it.

The Barnsley 2030 strategy is about celebrating and championing the borough. The Council has identified 2030 as it feels this will give the Council enough time to make defined progress in achieving its stated ambitions.

The Council's strategic partnership defines an achievable vision of a future in which Barnsley is an innovative and vibrant 21<sup>st</sup> century market town, at the centre of a modern, dynamic economy and a "great place to live". Priorities within the Council's plan to transform the borough include bringing about a step-change in its approach to provision of regeneration in the borough, ensuring that it achieves a new and sustainable economic future in the community.

The urban core of Barnsley is home to approximately 82,000 people. The Glass Works is the name given to the new town centre redevelopment project and is the focus for the borough's main retail, restaurants, cafes and leisure facilities. It includes a modern, landscaped public square where routes into the town centre converge. The square, looking into the indoor market, can hold market stalls and public events.

Barnsley has been long-famous for its market and more recently has become noted for its club scene and nightlife. To the west of the urban core is the lightly populated and attractive hilly country centred on the market town of Penistone. To the south and east there are a number of dispersed towns and villages, separated by open land of the former coalfield, which are home to some 95,000 people.

The Council is the Licensing Authority under the Gambling Act 2005 and is responsible for granting premises licences, permits and other permissions under the Act within the Metropolitan Borough of Barnsley.

The Council's main functions under the Act are to:

- Licence premises for gambling activities, including the issue of provisional statements;
- Regulate and grant permits for gambling and gaming machines in clubs, including commercial clubs;
- Regulate gaming and gaming machines in alcohol-licensed premises;
- Grant permits to family entertainment centres for the use of certain lower-stake gaming machines;
- Grant permits for prize gaming;
- Receive and endorse notices given for the temporary use notices;
- Receive occasional use notices for betting at tracks;
- Register small societies' lotteries;
- Maintain public registers, and
- Provide information to the Gambling Commission on issued licences.

NB. The Council will not become involved in the licensing of remote gambling at all. This will, instead, be the responsibility of the Gambling Commission.

## 1.03 The Gambling Commission

Under the Act, the Gambling Commission jointly regulates the gambling industry with licensing authorities. In short, the Commission sets the overall direction at a national level, whereas licensing authorities lead locally, but with the appropriate support from the Commission.

The Commission is solely responsible for regulating remote gambling and also issues personal and operating licences for premises.

The “National Lottery” is also regulated by the Gambling Commission. Spread betting is regulated by the Financial Conduct Authority.

The Gambling Commission regulated gambling in the public interest. It does so by: keeping crime out of gambling; by ensuring that gambling is conducted fairly and openly, and by protecting children and vulnerable persons.

The Commission provides independent advice to the Government about the manner in which gambling is carried out, the effects of gambling, and the regulation of gambling generally. It also produces guidance under section 25 of the Act, detailing how local authorities should exercise their licensing functions.

In addition, the Commission’s role is to issue Codes of Practice under section 24 of the Act about the manner in which facilities for gambling are provided, and how those provisions might be advertised.

The Council periodically completes reports for the Gambling Commission.

#### 1.04 General Principles

In accordance with section 153 of the Act, in exercising its licensing functions under the 2005 act, the Council must aim to permit the use of premises for gambling insofar as it considers it to be:

- In accordance with any relevant codes of practice issued by the Gambling Commission;
- In accordance with any relevant guidance issued by the Gambling Commission;
- Reasonably consistent with the licensing objectives;
- In accordance with this Policy.
- 

#### 1.05 Statement of Principles

The Act requires the Council to prepare and publish a “Statement of Licensing Policy” that sets out the policies that the Council will generally apply to promote the licensing objectives when making decisions on applications made under the Act.

The Policy lasts for a maximum of three years but can be reviewed and revised by the Council at any time.

The Policy will not override the right of any person to make an application, make representations about an application, or apply for a review of a licence, as each will be considered on its own merits and in accordance with the statutory requirements of the Act.

The Council will not seek to use the Act to resolve matters that would be more appropriately resolved under other legislation. Licensing is not the primary mechanism for the general control of nuisance and the antisocial behaviour of people once they are away from licensed premises.

The Council will ensure that in dealing with applications under the Act that it follows the required procedures and only takes into account issues that are relevant. Specifically, it will not have regard to “demand” when considering applications for gambling premises, nor will it consider the suitability of applicants for premises licences (which is a matter for the Gambling Commission).

Applications to provide gambling facilities will not be rejected on moral grounds. If an application is rejected, full and details reasons will be given for doing so.

The Policy will be made available on the Council’s website.

The Policy will come into effect on \*.

### 1.06 Consultation

The Council is committed to consulting as widely as possible with regards to this Policy.

Under section 349(3) of the Act, the Council must in any case consult with:

- The Chief Officer of Police for the Licensing Authority’s area;
- One or more persons who appear to the Licensing Authority to represent the interests of persons carrying on gambling businesses in the Licensing Authority’s area;
- One or more persons who appear to the Licensing Authority to represent the interests of persons who are likely to be affected by the exercise of the Licensing Authority’s functions under the Gambling Act 2005.

A list of all those consulted is attached as Appendix G

### 1.07 Scope of Licensing Policy

The purpose of the Licensing Policy is to:

- Provide applicants with a clear, consistent basis for submitting applications and notices;
- Provide a clear, consistent basis for determining licence applications in Barnsley;
- Ensure the relevant views of those affected by licensed premises are taken into consideration;
- Ensure local area issues are taken into account by licensed operators through risk assessments;
- Protect children and other vulnerable person from being harmed or exploited by gambling;
- Support the wider Barnsley 2030 strategy.

### 1.08 The Licensing Objectives



The Council will carry out its functions under the Act with the aim of permitting the use of premises for gambling insofar as it is reasonably consistent with the three licensing objectives set out in the Act.

The licensing objectives are:

- a) Preventing gambling from being a source of crime and disorder, being associated with crime or disorder or being used to support crime;
- b) Ensuring that gambling is carried out in a fair and open way;
- c) Protecting children and other vulnerable persons from being harmed or exploited by gambling.

### 1.09 Responsible Authorities

Responsible authorities are public bodies that must be notified of applications, they are entitled to make representations to the Council in relation to applications for, and in relation to, premises licences. Section 157 of the Act identifies the bodies that are to be treated as responsible authorities. They are:

- A Licensing Authority in England and Wales in whose area the premises are wholly or partly situated;
- The Gambling Commission;
- The chief officer of police for a police area in which the premises are wholly or partly situated;
- The fire and rescue authority for an area in which the premises are wholly or partly situated;
- The local planning authority;
- Any authority which has functions in relation to pollution to the environment or harm to human health;
- HM Revenue and Customs;
- A body, designated in writing by the Licensing Authority as competent to advise about the protection of children from harm (see below).

Contact details for the above relevant to Barnsley can be found in Appendix G.

NB. The Council is required by regulations to state the principles it will apply in exercising its powers under section 157(h) of the Act, and in accordance with guidance issued by the Gambling Commission, to designate, in writing, a body which is competent to advise the authority about the protection of children from harm. These principles are:

- The need for the body to be responsible for an area covering the whole of the licensing authority's area;
- The need for the body to be answerable to democratically-elected persons, rather than any particular vested-interest group.

The Council has designated the **Local Safeguarding Childrens Board** for this purpose.

The list of responsible authorities also includes navigation authorities that have statutory functions in relation to the waters where the vessel is usually moored or berthed or any water where it is proposed to be navigated at a time when it is used for licensable activities. This would include:

- Environment Agency;
- British Waterways Board;
- The relevant Secretary of State (note: in practice, the Secretary of State responsible for transport who acts through the Maritime and Coastguard Agency).

### 1.10 Interested Parties

The Council is required to determine whether a person is an interest party in relation to a premises licence, or in relation to an application for, or in respect of, a premises licence.

Section 158 of the Act defines an interested party as a person whom, in the Council's opinion:

- a) Lives sufficiently close to the premises to be likely to be affected by the authorised activities;
- b) Has business interests that might be affected by the authorised activities; or,
- c) Represents persons who satisfy paragraph a) or b)

When deciding whether a person is an interested party for the purposes of the Act, each case will be considered on its own individual merits.

In considering whether a person lives sufficiently close to a premises (to be considered to be an interest party), the following matters will be taken into account:

- The size of the premises;
- The nature of the premises;
- The distance of the premises from the usual residence or workplace of the person making the representation;
- The potential impact of the premises (numbers of customers, routes likely to be taken by those visiting the premises);
- The circumstances of the person and nature of their interests, which may be relevant to the distance from the premises.

When deciding whether a person or organisation "has business interests" the Council will adopt the widest possible interpretation and include residents' and tenants' associations, trade associations, trades unions, partnerships, charities, faith groups and medical practices, as appropriate.

Trade associations, trades unions, residents' and tenants' associations, and professional advisors such as solicitors, barristers and consultants, will be regarded as capable of representing interested parties in cases where the interested party has asked for representation. Representative bodies will only be regarded as interested parties in their own right if they have a member who is an interested party.

An interested party is allowed to be represented by anyone of their choosing as long as there is some evidence that the person/body in question (for example, an advocate or relative) genuinely 'represents' the interested party. If persons representing interest parties are Councillors or Members of Parliament, then the Council will not ask for specific evidence as long as they represent the relevant area.

If individuals wish to approach Councillors to ask them to represent their views, then those Councillors will not be able to sit on a Board or sub-committee, which is charged with determining an application.

## 1.11 Premises Licences

Nothing in this Policy will:

- Undermine the rights of any person to apply under the Act for a variety of permissions and have their application considered on its individual merits;
- Override the right of any person to make representations on any application or seek a review of a licence or permit where they are permitted to do so under the Act.

The Council has a statutory duty to aim to permit gambling.

All applicants for premises licences will be required to set out how they will promote the licensing objectives, and what measures they intend to employ to ensure compliance with them.

When determining an application to grant a premises licence or review a premises licence, consideration will be given to the location of the proposed premises, for example its proximity to schools, vulnerable adult centres or residential areas where there may be a high concentration of families with children (see section 1.13). Each case will be decided on its own individual merits.

## 1.12 Definition of “premises”

A premises licence can authorise the provision of facilities at the following:

- Casino premises
- Bingo premises
- Betting premises (including betting tracks)
- Adult gaming centres
- Family entertainment centres

Premises can be ‘any place’ but the Act generally prevents more than one premises licence applying to any one place. A single building could be subject to more than one premises licence provided they are for different parts of the building and those parts can be reasonably regarded as being separate premises.

This will allow large multiple-unit premises such as tracks, shopping centres or service stations to obtain discrete premises licences with appropriate safeguards in place. The Council will pay particular attention if there are issues about sub-divisions of a single building or plot and whether mandatory conditions relating to access between premises are going to be observed. The Council does not consider that areas of a building that are artificially or temporarily separated – for example, by ropes or moveable partition – can properly be regarded as ‘different’ premises. Whether different parts of a building can properly be regarded as being separate premises will always depend on the individual circumstances of the case.

A particular requirement could be for entrances and exits from parts of a building covered by one or more licences to be separate and identifiable, so that the separation of the premises is not compromised and people are not allowed to ‘drift’ accidentally into a gambling area. It should normally be possible to access any premises providing gambling facilities without going through

another licensed premises or, perhaps, a premises with a permit authorising gambling facilities. The Council will expect customers to be able to participate in the gambling activity authorised by the premises licence.

Other than an application for a track betting premises licence, the Council is not able to issue a premises licence unless the applicant holds a relevant operating licence from the Gambling Commission.

When considering applications for premises licences, the Council will not take into account any expected 'demand' for gambling facilities, or the likelihood of planning permission or building regulation approval being granted, as well as any 'moral' objections to gambling generally. Equally, the grant of a premises licence will not prejudice or prevent any action that may be appropriate under the law relating to planning or building regulations.

In accordance with the Act and guidance issued by the Gambling Commission, a premises licence can only be granted and, therefore, have effect if the Council is satisfied that the premises is ready to be used for gambling. In cases where the construction of a premises is not yet complete, or if the premises requires alteration, or in cases where the applicant for a licence does not yet have a right to occupy them, an application for a provisional statement should be made as having a right to occupy the premises is a pre-condition to making a premises licence application.

The Council will apply a two-stage consideration process if there is outstanding construction or alteration works ongoing at the premises, i.e.

- Should the premises be permitted to be used for gambling?
- Can appropriate conditions be imposed in order to address the fact that the premises is not yet in a state to allow gambling facilities to be provided?

The Council will maintain a public register of premises licence applications which may be viewed by contacting the Licensing Section via [licensing@barnsley.gov.uk](mailto:licensing@barnsley.gov.uk).

### 1.13 Location of premises

It is the Council's policy, upon receipt of any relevant representations, to consider specific location issues, including the possible impact that a gambling premise may have on:

- Organisations for children and young people, i.e., educational establishments
- Residential areas where there may be a high concentration of families with children
- Organisations for vulnerable adults i.e., centres dealing with substance use or organisations for those who are unemployed, i.e. job centres or food banks
- Organisations providing instant access to money i.e., payday loans
- An area of particularly high deprivation
- Any area where evidence suggests that a gambling premise would be harmful to the health and wellbeing of residents
- The size of the premises and the nature of the activities taking place
- Any levels of organised crime in the area

Such information may be used to inform the decision the Council makes about whether to grant the licence, to grant the licence with special conditions, or to refuse the application.

Currently there are no identified areas of the borough in which a concentration of licensed premises exist that are leading to problems concerning the licensing objectives. Should any specific policy be decided upon with regards to areas where gambling premises should not be located, this Policy will be updated, and each application will be considered on its own individual merits.

#### 1.14 Local Area Profile

The Council's Local Area Profile is an assessment of the local environment and identifies the key characteristics of the borough. It is the Council's intention that the Local Area Profile will provide operators, the various departments of the Council, and the public with a better understanding and awareness of the gambling-related risks in the borough. In this context, risk includes actual and potential risk, taking into account any future or emerging risks.

The Local Area Profile takes account of a wide number and range of factors and information. It enables the Council to better serve its local communities by providing clarity for operators as to the relevant factors likely to be of consideration in the decision-making process. It also enables the Council to make evidence-based decisions from a clear and published set of factors and risks.

It is expected that the Local Area Profile will lead to improved premises licence applications and that operators will be able to incorporate controls and measures within their applications to mitigate risk. Through this proactive approach to risk, the Council is aiming to reduce the need for compliance and enforcement action.

The Council's Local Area Profile can be accessed via the Council's website:

<https://www.barnsley.gov.uk/media/17269/our-borough-profile-20190724.pdf>

[accessed 13th October 2022]

#### 1.15 Local Risk Assessments

It is a requirement of the Gambling Commission's Licence Conditions and Codes of Practice that applicants and licensees are required to assess any local risks to the licensing objectives posed by the provision of gambling facilities at their premises and have policies, procedures and other control measures in place to mitigate those risks.

Licensees must review and update their local risk assessments in line with the Council's Local Area Profile (see section 1.14):

- When applying for a variation of a premises licence;
- When there are significant changes at a licensee's premises that may affect their mitigation of local risks;
- To take account of significant changes in local circumstances, including those identified in this policy;
- In all cases, undertake a local risk assessment when applying for a new premises licence.

As a minimum, the Council expects applicants to consider the following in their local risk assessments:

- Whether the premises is in an area of deprivation;
- Whether the premises is in an area subject to high levels of crime and/or disorder;
- The ethnic profile of residents in the area;
- The demographics of the area in relation to vulnerable groups;
- The location of services for children such as schools, playgrounds, toy shops, leisure centres and other areas where children will gather.

The Council will in particular consider the following factors when deciding if an application is appropriate in a particular location:

- The possible impact that a gambling premises may have on any premises that provide services to children, young people and vulnerable persons, such as a place of education, play, recreation, treatment or vulnerable adult centres in the area (and any mitigating factors put in place by the applicant to reduce risks);
- The possible impact that a gambling premises may have on residential areas where there may be a high concentration of families with children (and any mitigation factors put in place by the applicant to reduce risks);
- The size of the premises and the nature of the activities taking place;
- The appropriate level of staff and suitable supervision procedures;
- Levels of crime in the area and any impact of the granting of the licence;
- Whether the applicant has offered any conditions to mitigate any risks and promote the licensing objectives;
- Details of how the premises will operate to restrict access to children, young people and vulnerable persons;
- Details of any partnership working arrangements the operator has in place with Police, social care or similar agencies.

The Policy does not preclude an application being made but each application will be decided on its own individual merits, with the onus being upon the applicant to show how the concerns identified above can be overcome.

## 1.16 Licensing Objectives

The Council's role will be to ensure that the granting of a premises licence is reasonably consistent with the licensing objectives. With regard to the licensing objectives, the Council will have regard to the Act and guidance issued by the Gambling Commission.

Applicants are encouraged to discuss any necessary crime prevention procedures with South Yorkshire Police before making a formal application.

### *1.161 Licensing Objective 1*

*Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime*

The Council is aware that the Gambling Commission takes a leading role in preventing gambling from being a source of crime. The Gambling Commission does however envisage that licensing authorities should pay attention to the proposed location of gambling premises in terms of this licensing objective. Where an area has known high levels of organised crime the Council, in conjunction with

the Police, and via its Local Area Profile, will consider carefully whether gambling premises are suitable to be located there and whether conditions may be suitable, such as the provision of door supervisors. The Council is aware of the distinction between disorder and nuisance and will consider factors such as whether police assistance is required and how threatening the behaviour was to those who could see it, so as to make that distinction. Issues of nuisance cannot be addressed via the Act's provisions.

Specific considerations for the Council to consider when determining whether the grant of a premises licence would be appropriate include:

- The location of the premises;
- Whether the premises has a history of crime and disorder, or has been associated with crime and/or disorder and whether there are any potential future risks of this occurring (including violence, public nuisance, public order or other crimes and policing problems);
- Whether the premises has been designed, laid out and fitted to minimise conflict and opportunities for crime and disorder (e.g., physical security features, position of cash tills, CCTV);
- What management measures are proposed to promote this licensing objective?
- Have local supporting strategies, schemes and plans been assessed and included in the risk assessments to promote this licensing objective?

#### *1.162 Licensing Objective 2*

##### *Ensuring that gambling is conducted in a fair and open way*

The Council recognises that the Gambling Commission does not generally expect licensing authorities to become concerned with ensuring that gambling is conducted in a fair and open way as this will be addressed via operating and personal licences. There is, however, more of a role with regard to betting tracks.

When determining an application, the following issues and other relevant factors should be considered in the applicant's local risk assessment:

- Whether sufficient management measures are proposed, e.g. is the management and operation of the premises open and transparent?
- Evidence of compliance with the Gambling Commissions Codes of Practice, co-operation with enforcement agencies and relevant protocols and procedures are in place;
- The design, layout, fitting and lighting of the premises.

#### *1.163 Licensing Objective 3*

##### *Protecting children and other vulnerable persons from being harmed or exploited by gambling*

The Council, in having regard to the Commission's guidance recognises that this objective is largely about restricting access to gambling facilities, particularly in the case of premises which have an age restriction on entry to those premises.

The Commission's Codes of Practice set out the good practice examples in terms of access to gambling facilities alongside proper supervision of those areas within the premises where gambling takes place.

## 1.17 What is meant by the term ‘vulnerable persons’

The Commission’s guidance specifies the following who might be included in the description ‘vulnerable person’:

- Those who gamble more than they want to;
- Those who gamble beyond their means;
- Those who may not be able to make informed or balanced decisions about gambling due to mental impairment, alcohol or drugs.

## Section 2 - Types of Premises Licence

### 2.01 Adult Gaming Centres

The Council will specifically have regard to the need to protect children and vulnerable persons from harm or being exploited by gambling and will expect an applicant to satisfy the authority that there will be sufficient measures to ensure, for example, that young people under 18 do not have access to the premises.

The Council will expect applicants to offer their own measures to meet the licensing objectives, however appropriate measures or potential licence conditions may cover among other things, issues including:

- Proof of age schemes
- Staff training
- Record-keeping
- CCTV
- Supervision of entrances/machine areas
- Physical separation of areas
- Location of entry
- Notices / signage - and the consideration of providing these in a variety of languages
- Specific opening hours
- Self-barring schemes
- Provision of information leaflets / helpline numbers for gambling-related organisations such as the NHS resource for addiction support at <https://www.nhs.uk/live-well/addiction-support/gambling-addiction/>
- Local area profiling

### 2.02 Family Entertainment Centres

The Council will specifically have regard to the need to protect children and vulnerable persons from harm or being exploited by gaming and will expect applicants to satisfy the authority, for example,



that there will be sufficient measures to ensure that young people under 18 do not have access to adult-only gaming machine areas.

Applicants will be expected to address the following:

- Promotion of the licensing objectives and the Council's requirements under the Policy and also the Council's Local Area Profile;
- Measures and procedures in place for any staff supervision requirements;
- The suitability of the location through the applicant's local area risk assessment (including proximity to residential areas, shopping centres, places of education, play or recreation, specialist services for children/vulnerable adults and/or community buildings, etc.).

The Council will expect applicants to offer their own measures to meet the licensing objectives and appropriate measures/licence conditions may cover issues such as:

- CCTV
- Supervision of entrances / machine areas
- Physical separation of areas
- Location of entry
- Notices / signage- and the consideration of providing these in a variety of languages
- Specific opening hours
- Self-barring schemes
- Provision of information leaflets / helpline numbers for gambling-related organisations such as the NHS resource for addiction support at <https://www.nhs.uk/live-well/addiction-support/gambling-addiction/>
- Measures / training for staff on how to deal with suspected truant schoolchildren on the premises
- The suitability of the location for the premises through the applicant's local area risk assessment

The Council will have a particular regard to guidance issued by the Gambling Commission, and their Licensing Conditions and Codes of Practice to be mindful of any conditions or codes which might apply to operating licences covering the way in which areas containing category C machines should be delineated.

### 2.03 Casinos

There are currently no casinos within the Metropolitan Borough of Barnsley.

The Act prevents the Council from accepting any applications for new casino premises licences.

The Council was not named as an authority that could issue small or large casino premises licences under the Act.

### 2.04 Bingo Premises

Bingo is not given a statutory definition in the Act, although there are two main types:

- Cash bingo, where the stakes paid make up the cash prizes that are won
- Prize bingo, where various forms of prizes are won, not directly related to the stakes paid

The Council acknowledges the Gambling Commission’s guidance to local authorities in connection with bingo premises. In particular, paragraph 18.7 of the guidance states:

- “Children and young people are allowed into bingo premises; however they are not permitted to participate in games of bingo and if category B or C machines are made available for use these must be separated from areas where children and young people are allowed. Social Responsibility (SR) code 3.2.5(3) states that ‘licensees must ensure that their policies and procedures take account of the structure and layout of their gambling premises’ in order to prevent underage gambling.”

When determining an application for a bingo licence, the Council will require an applicant to demonstrate:

- The promotion of the licensing objectives;
- Local area profiling via the risk assessment in respect of the location and situation of the premises;
- The suitability and layout of the premises.

## 2.05 Betting Premises

There are different types of premises, licensed under a single class of licence for betting. These are off-course betting, on-course betting for tracks, betting machines and different categories of gaming machines (B2, B3, B4, C and D).

### 2.051 Betting Machines

Section 181 contains an express power for licensing authorities to restrict the number of betting machines, their nature and the circumstances in which they are made available by attaching a licence condition to a betting premises licence. When considering whether to impose a condition to restrict the number of betting machines in particular premises, the Council, amongst other things, will take into account the size of the premises, the number of counter positions available for person-to-person transactions, and the ability of staff to monitor the use of the machines by children and young persons (as it is an offence for those under 18 to bet) or by vulnerable persons. Where it can be accommodated, we will also encourage the separate siting of betting machines.

### 2.052 Credit

Section 177 does not prevent the licensee from permitting the installation of cash dispensers (ATMs) on the premises. Such machines may accept credit cards (and debit cards) and the arrangement is subject to a requirement that the licensee has no other commercial connection in relation to gambling (aside from the agreement to site the machines) with the service-provider and does not profit from the arrangement, nor make any payment in connection with the machines. The Council will also take note of any restrictions and requirements on the operating licences for betting premises as regards credit.

It will normally be a requirement that any ATM should be sited away from the betting machines and in such a position that a customer has to cease betting, albeit temporarily, in order to use the ATM.

### 2.053 Betting Shops

Off-course betting is betting that takes place other than at a track, e.g., a betting shop. When determining an application, the Council will particularly take into account the following:

- The licensing objectives and relevant issues as listed in the Policy;
- Local area profiling via the applicant's risk assessment;
- The location of the premises;
- Procedures in place to prevent access to young people under the age of 18;
- Suitability and layout of the premises;
- Size of the premises in relation to the number of betting machines;
- Ability of staff to monitor use / abuse of machines;
- Self-exclusion systems;
- Staff training in relation to responding to vulnerable or underage persons.

### 2.06 Betting Tracks

A track is defined in the Act as a "horse racecourse, greyhound track or other premises of which a race or other sporting event takes place or is intended to take place".

The Council is aware that tracks may be subject to individual or multiple premises licences, as long as each licence relates to a different specified area of the track. In accordance with the Gambling Commission's guidance, the Council will consider the impact upon the third licensing objective (the protection of children and vulnerable persons from being harmed or exploited by gambling – see section 1.163 above) and the need to ensure that entrances to each type of premises are distinct and that proper supervision is in place in order to ensure that children are excluded from gambling areas where they are not permitted to enter.

The Council will expect premises licence applicants to demonstrate suitable measures to ensure that children do not have access to adult-only gaming facilities. It is noted that children and young persons will be permitted to enter track areas where facilities for betting are provided on days when dog racing and/or horseracing takes place, but that they are still prevented from entering areas where gaming machines (other than category C and D machines) are provided.

The Council will expect applicants to offer their own measures to meet the licensing objectives, however appropriate measures or licence conditions may cover issues such as:

- Proof of age schemes
- CCTV
- Supervision of entrances / machine areas
- Physical separation of areas
- Location of entry
- Notices / signage- and the consideration of providing these in a variety of languages
- Specific opening hours
- Self-barring schemes
- Provision of information leaflets / helpline numbers for gambling-related organisations such as the NHS resource for addiction support at <https://www.nhs.uk/live-well/addiction-support/gambling-addiction/>
- Customer charter to promote responsible behaviour and the supervision of children

### *2.061 Betting Machines used on Tracks*

The Council will take into account the size of the premises and the ability of staff to monitor the use of the machines by children and young persons (as it is an offence for those under 18 to bet) or by vulnerable persons, when considering the number, nature or circumstances of any betting machines an operator wants to make available for gambling purposes. It also supports the Gambling Commission's suggestion that licensing authorities will want to consider restricting the number and location of such machines in respect of applications for track betting premises licences.

### *2.062 Condition on rules being displayed*

The Gambling Commission's guidance advises that licensing authorities should consider attaching a condition to track premises licences requiring the track operator to ensure that the rules are prominently displayed in or near the betting areas, or that other measures are taken to ensure that they are made available to the public.

### *2.063 Applications and Plans*

All applications must be made in accordance with the appropriate regulations for premises licences and in accordance with the Gambling Commission's suggested guidance. Plans should make clear what is being sought for authorisation under the track betting premises licence and what, if any, other areas are to be subject to a separate application for a different type of premises licence.

The Council accepts the Gambling Commission's view that it would be preferable for all self-contained premises operated by off-course betting operators on a track to be the subject of separate premises licences, to ensure that there is clarity between the respective responsibilities of the track operator and the off-course betting operator running a self-contained unit on the premises.

## 2.07 Provisional Statements

Section 204 of the Act provides for a person to make an application to the licensing authority for a provisional statement in respect of premises that they:

- Expect to be constructed
- Expect to be altered
- Expect to acquire a right to occupy

Developers may wish to apply for provisional statements before they enter into a contract to buy or lease property or land, in order to judge more accurately whether a development is worth taking forward in light of the need to obtain a premises licence.

The Council notes the guidance issued by the Gambling Commission on this issue. It is a question of fact whether premises are finished to a standard or degree that they can be considered suitable for a premises licence. Requiring the building to be completed also ensures that the Council and others have the chance to inspect it fully before gambling facilities are provided.

In terms of representations about premises licence applications, following the grant of a provisional statement, no further representations from responsible authorities or interested parties can be taken into account unless they concern matters which could not have been addressed at the provisional statement stage, or they reflect a change in the applicant's circumstances.

In addition, the Council may refuse the premises licence (or grant it on terms different to those attached to the provisional statement) only by reference to matters:

- a) Which could not have been raised by objectors at the provisional licence stage; or,
- b) Which is in the authority's opinion reflect a change in the operator's circumstances.

The Council recognises that, as a licensing authority, it should not take into account irrelevant matters. An example of an irrelevant matter would be the likelihood of the applicant obtaining planning permission or building regulations approval for the proposal as the Act itself prevents any consideration of planning issues when considering an application under the Act.

## 2.08 Reviews and Representations

The Council will hold a hearing to carry out a review of a premises licence where it has received a formal review application which is relevant to one or more of the licensing objectives.

Representations may include issues relating to the following:

- Use of licensed premises for the sale and distribution of class A drugs and/or the laundering of the proceeds of drug-related crimes;
- Use of licensed premises for the sale and distribution of illegal firearms;
- Use of licensed premises for prostitution or the sale of unlawful pornography;
- Use of licensed premises as a base for organised crime activity;
- Use of licensed premises for the organisation of racist, homophobic or sexual abuse or attacks;
- Use of licensed premises for the sale of smuggled tobacco or goods;
- Use of licensed premises for the sale of stolen goods;
- Children and/or vulnerable persons being put at risk.

Representations should include as much detail and evidence as possible.

Due consideration will be given to all relevant representations unless:

- The grounds are frivolous;
- The grounds are vexatious;
- The grounds are irrelevant;
- The grounds will not cause the Licensing Authority to revoke or suspend a licence or to remove, amend or attach conditions on the premises licence;
- The grounds are substantially the same as the grounds cited in a previous application relating to the same premises;
- The grounds are substantially the same as representations made at the time the application for a premises licence was considered.

As the Licensing Authority itself, the Council can also initiate a review of a licence.

Representations made outside the statutory period for making such representations, or those which are not about the effect of the gambling facilities on the promotion of the licensing objectives, will not be taken into consideration.

Where valid representations are received, the Licensing Authority will normally hold a hearing.

## 2.09 Decision-making

The Council has a wide range of licensing functions and has established a Statutory Licensing Board to administer them.

Appreciating the need to provide a speedy, efficient and cost-effective service to all parties involved in the licensing process, the Board has delegated certain decisions and functions, and has established a Sub-Committee to deal with them.

A Licensing Sub-Committee of three Councillors will sit to hear applications where representations have been received from interested parties or responsible authorities. Ward Councillors will not be allowed to sit on a Sub-Committee involving an application within their ward.

The Statutory Licensing Board will also sit to determine general licensing matters that have been delegated to it by the full Council that are not associated with the Act.

Where a Councillor who is a member of the Statutory Licensing Board is making or has made representations regarding a licence on behalf of an interested party, in the interests of good governance, they will disqualify themselves from any involvement in the decision-making process involving the licence in question.

The Sub-Committee will also refer to the Statutory Licensing Board any matter it is unable to deal with because of the number of its members who are unable to take part in the consideration or discussion of any matter or vote on any question with respect to it.

Every determination of a licensing decision by the Statutory Licensing Board or a Sub-Committee be accompanied by clear, cogent reasons for the decision. The decision and the reasons for that decision will be sent to the applicant and those who have made relevant representations as soon as practicable. A summary of the decision shall also be posted on the Council's website as soon as possible after the decision has been confirmed, where it will form part of the statutory licensing register required to be kept by the Council.

The Council's Licensing Officers have the delegated authority to deal with all other licensing applications or matters where either no representation has been received, or where representations have been received and it is agreed by the parties that a hearing is not necessary.

Decisions as to whether representations are irrelevant, frivolous or vexatious will be made by Council Officers, who will make the decisions on whether representations or applications for licence reviews should be referred to the Statutory Licensing Board or Sub-Committee. Where representations are rejected, the person making that representation will be given a written reason as to why that is the case. There is no right of appeal against a determination that a representation is not admissible.

The table shown at Appendix A sets out the agreed delegation of decisions and functions to Statutory Licensing Board, Sub-Committee and Officers.

The form of delegation is without prejudice to Officers being able to refer any matter to a Sub-Committee or Statutory Licensing Board if it is considered appropriate in the circumstances of any particular case.

An applicant or person making representations will have a right of appeal to the Magistrates' Court if they are aggrieved by any decision made by the Council.

## 2.10 Conditions of Licence

The starting point for determining applications will be to grant the application without additional conditions in line with the Council's statutory duty to aim to permit gambling. The Council will only consider imposing conditions of its own where they are necessary to meet the requirements of the licensing objectives. Any conditions applied will not be overly onerous and will be proportionate to the scale of the application and the risks involved. Conditions will be considered unnecessary if they are already adequately covered by other legislation.

Conditions can be attached to licences in three different ways:

### *2.101 Mandatory conditions*

Mandatory conditions are imposed directly under the Act and it is intended that no further regulation in the areas covered by the conditions should be necessary. It is extremely unlikely that the Council would impose conditions of its own which would affect matters already covered by the mandatory conditions. To do so, and in accordance with the Commission's guidance, any regulatory concerns would have to be of an 'exceptional' nature.

### *2.102 Default conditions*

Default conditions are also automatically applied to premises licences by Regulations under the Act and they reflect the gambling industry's normal working/operating practices. The Council does have some flexibility in relation to a default condition, as it is able to 'exclude' such a condition or, in certain circumstances, impose a condition of its own.

### *2.103 Conditions imposed by the Licensing Authority*

Conditions imposed by the Licensing Authority may be necessary where there are specific risks or problems associated with a particular locality or premises.

The Council cannot attach the following types of condition to a premises licence:

- Any condition that makes it impossible to comply with a condition on the operating licence;
- Conditions relating to gambling machines categories, numbers or method of operation;
- Conditions which provide that membership of a club or body be required;
- Conditions in relation to stakes, fees, winnings or prizes.

Any conditions the Council decides to attach to premises licences will be proportionate to the circumstances which they seek to address, and will be:

- Relevant to the need to make the proposed building or place suitable as a gambling facility;
- Directly related to the premises and type of licence applied for;
- Fairly and reasonable related to the scale and type of premises;
- Reasonable in all other respects.

The Council's Local Area Profile may identify specific risks or problems associated with a particular locality, specific premises or a class of premises. The Council will determine those matters on a case-by-case basis to assess whether individual conditions may be necessary depending on the circumstances of each case to address any risks or problems.

The Council may also exclude any default conditions where it is appropriate to do so.

Conditions will not be imposed if they duplicate or conflict with:

- Statutory requirements or conditions attached to a premises licence under the Act;
- The Gambling Commission's Codes of Practice;
- Conditions attached to an operator's licence or personal licence by the Gambling Commission.

The following are some, but not all, matters that operators may be required to comply with by virtue of the Act, Regulations, mandatory or default conditions, or Codes of Practice:

- Proof of age schemes
- CCTV
- Supervision of entrances and machine areas
- Physical separation of areas
- Whether the premises may hold a licence to provide alcohol
- Location of entry to the premises
- Notices and signage about persons under 18 years of age not entering the premises
- Opening hours
- Self-barring schemes
- Provision of information leaflets / helpline number of gambling self-help organisations- and the consideration of providing these in a variety of languages

The Council will normally only consider attaching conditions of its own in circumstances not covered by other requirements mentioned above, and only where it is considered necessary to do so.

## 2.10 Conditions of Licence (continued)

The Council may identify specific measures that may be required for buildings that are subject to multiple premises licences. Such measures may include the supervision of entrances; segregation of gambling from non-gambling areas frequented by children, and the supervision of gaming machines in non-adult gambling-specific premises in order to pursue the licensing objectives. All matters will be in accordance with guidance issued by the Gambling Commission.

In accordance with the relevant codes of practice, the Council will ensure that where category C or above machines are on offer in premises to which children are admitted that:

- All such machines are located in an area of the premises that is separated from the remainder of the premises by a physical barrier that is effective to prevent access other than through a designated entrance;
- Where possible, only adults are admitted to the area where these machines are located;
- Access to the area where the machines are located is supervised at all times;
- The area where the machines are located is arranged so that it can be observed by the staff or the licence holder at all times.

The above considerations will apply to premises including buildings where multiple premises licences are applicable.



The Council is aware that tracks may be subject to one or more than one type of premises licence, provided each licence relates to specified area of track. The Council will consider the impact upon the licensing objectives, in particular the need to ensure that entrances to each type of premises are distinct and that children are excluded from gambling areas where they are not permitted to enter.

The Commission's guidance advises licensing authorities to consider whether there is a need for door supervisors in order to ensure the protection of children and vulnerable persons from being harmed or exploited by gambling, and in terms of preventing premises becoming a source of crime. The Council will consider the need for door supervisors on a case-by-case basis.

## 2.11 Other Control Measures

### *2.111 Codes of Practice*

The Council will expect gambling operators to comply with the Commission's Licensing Conditions and Codes of Practice, especially in the case of access to premises by children and vulnerable persons, and supervision of the gambling facilities being provided.

The Code of Practice on equal chance gaming may be accessed here:

<https://www.gamblingcommission.gov.uk/authorities/codes-of-practice/guide/page/section-b-equal-chance-gaming-in-clubs-and-premises-with-an-alcohol-licence>

[accessed 13<sup>th</sup> October 2022]

The Code of Practice on gaming machines in alcohol-licensed premises may be accessed here:

<https://www.gamblingcommission.gov.uk/authorities/codes-of-practice/guide/page/section-c-gaming-machines-in-clubs-and-premises-with-an-alcohol-licence>

[accessed 13<sup>th</sup> October 2022]

## 2.11 Other Control Measures (continued)

The Council recognises that there are other mechanisms for addressing issues of concern that can occur in connection with licensing gambling premises, including:

- Planning controls
- Ongoing measures to create a safe and clean environment, in partnership with local businesses, transport operators and other departments of the Council;
- Regular liaison with the police on law enforcement issues regarding disorder and anti-social behaviour;
- The power of the police, other responsible authorities or local residents and businesses to seek a review of the licence.

Any person making a representation in respect of a licence application will be required to relate their representation to one or more of the licensing objectives before the Council will be able to consider it.

The Council, in undertaking its licensing function, will have due regard to the need to eliminate unlawful discrimination and to promote equality and good relations between persons of different ethnic and minority groups.

## Section 3 - Permits and Notices

### 3.01 Unlicensed family entertainment centre (FEC) gaming machine permits

Where a premises does not hold a premises licence but wishes to provide category D gaming machines only, it may apply to the Council for this permit. Applicants must show that premises will be wholly or mainly used for making gaming machines available for use.

Typically, it is not possible for a permit to apply to premises such as a whole shopping centre or motorway service station. Instead, a permit will only normally be issued in respect of a designated enclosed area of such premises.

The Gambling Commission's guidance advises licensing authorities to include in its Policy a statement of the principles it proposes to apply when exercising its functions in considering applications for permits under the Act. In particular, this should include the matters that it will take into account in determining the suitability of an applicant.

Given that these premises are likely to appeal particularly to children and young persons, licensing authorities are advised to give weight to matters relating to protection of children from being harmed or exploited by gambling and to ensure that staff supervision adequately reflects the level of risk to this group.

An application for a permit may be granted only if the Council is satisfied that the premises will be used wholly or mainly as an unlicensed family entertainment centre (FEC), and if the chief officer of police has been consulted on the application. In addition, the Council will require applicants to demonstrate:

- A full understanding of the maximum stakes and prizes of the gambling that is permissible in unlicensed FECs;
- A risk management plan is in place in relation to protecting children and vulnerable persons;
- The police and Local Safeguarding Childrens Board have been consulted on the application;
- That the applicant has no 'relevant' convictions as set out in the Act;
- That staff are trained to have a full understanding of the maximum stakes and prizes, and all other relevant issues;
- That the applicant is over 18 years of age;
- That proper and appropriate procedures are in place to protect children and vulnerable persons from harm;
- That there are measures set out to promote the licensing objectives;
- The location of the premises;
- Local area profiling via the risk assessment;
- That a member of staff is designated with lead responsibility for safeguarding children and other vulnerable persons;
- That there are policies and training available for safeguarding children and vulnerable persons;
- Provide details of the supplier of the machines and the licence number;

- Provide a plan of the premises.

The Council cannot attach conditions to this type of permit.

In addition to the police, the Local Safeguarding Childrens Board and the Council's Public Health department will also be consulted on the application. The Council will expect applicants to show that there are policies and procedures in place to protect children from harm.

Harm in this context is not limited to harm from gambling but includes wider child protection considerations.

### 3.02 Gaming machines in alcohol-licensed premises

#### *3.021 Automatic entitlement*

There is an automatic provision in the Act for premises licensed to sell alcohol for consumption on the premises to have up to two gaming machines of categories C and/or D. Premises merely need to notify the Licensing Authority that they intend to take advantage of this automatic provision. The Council can remove the automatic authorisation in respect of any particular premises at any time if:

- Provision of the machines is not reasonably consistent with the pursuit of the licensing objectives;
- Gaming has taken place on the premises in breach of the relevant code of practice issued by the Gambling Commission concerning the location, operation and/or supervision of gaming machines on the premises;
- The premises are mainly used for gaming;
- An offence under the Act has been committed on the premises.

#### *3.022 Permit required for more than 2 gaming machines*

If a premises wishes to have more than two gaming machines, a permit is needed. Under the Act, and in accordance with the Commission's guidance, the Council can consider "such matters as they think relevant" when deciding whether to grant a permit or not. The Council's key consideration will be about the need to comply with the relevant codes of practice in relation to location and supervision of gaming machines in alcohol-licensed premises.

The overall aim of the Council is to protect children and vulnerable persons from harm or being exploited by gambling, and applicants are expected to satisfy the Council that there will be sufficient measures in place to ensure that those under 18 do not have access to any adult-only gaming machines.

Measures could include siting any gaming machines in direct sight of the bar, or at least within the sight of staff who would be able to monitor the use of those machines to ensure that they are not being used by anyone under 18 years of age.

Notices and appropriate signage may also help.

If the Council has concerns about the siting or supervision of any machines, they may still decide to grant the application but with a reduced number of machines.

The Council cannot attach conditions to a permit of this type.

Permit holders must comply with any codes of practice issued by the Gambling Commission that relate to the location, supervision and/or operation of gaming machines.

### 3.03 Prize gaming permits

The Council requires applicants for a prize gaming permit to set out the types of gaming that they intend to offer and must be able to demonstrate:

- That they understand the limits to stakes and prizes that are set out in Regulations;
- That any gaming offered is within the law.

To assist the Council in making its decision on an application for a permit, applicants may be requested to demonstrate the following:

- The type(s) of gaming intended to be offered;
- That the applicant is over 18 years of age;
- That proper and appropriate procedures are in place to protect children and vulnerable persons from harm;
- That all staff have been fully trained in all the relevant issues;
- That the applicant has no 'relevant' convictions;
- That there are measures in place to promote the licensing objectives;
- The location of premises in relation to the Council's Local Area Profile;
- That a member of staff is designated with lead responsibility for safeguarding children and vulnerable persons;
- There are policies available for safeguarding children and vulnerable persons;
- That the application has been copied to the police and the Local Safeguarding Children Board.

The Council cannot attach conditions to a permit but all permits will be granted subject to restrictions set out in the Act itself that provide for:

- Limits on participation fees, as set out in Regulations;
- All chances to participate in the gaming must be allocated on the premises in which the gaming is taking place and on one day; the game must be played and completed on the day the chances are allocated, and the result of the game must be made public in the premises on the day that it is played;
- The prize for which the game is played must not exceed the amount set out in Regulations (if a money prize), or the prescribed value (if non-monetary prize);
- Participation in the gaming must not entitle the player to take part in any other gambling.

### 3.04 Club Gaming and Club Machine Permits

Members' clubs must have at least 25 members and be established and conducted "wholly or mainly" for purposes other than gaming. A members' club must be permanent in nature, not established to make commercial profit, and be controlled by all its members equally. Examples include working men's clubs, branches of the Royal British Legion, and clubs with political affiliations.

The Council may grant members' clubs and miners' welfare institutes (but not commercial clubs) **club gaming permits**, which authorise club premises to provide gaming machines, equal chance

gaming (without having to abide by the stake and prize limits that would apply to exempt gaming in the absence of a permit), and games of chance as prescribed in Regulations, specifically games of pontoon and *chemin de fer*. This is in addition to the exempt gaming authorisation detailed above.

Club gaming permits allow the provision of no more than three gaming machines. These may be from categories B3A, B4, C or D, but only one B3A machine can be sited as part of this entitlement.

Where a club has gaming machines, the Council expects the club to comply with the Gambling Commission's Codes of Practice for gaming machines in clubs and premises with an alcohol licence.

If a members' club or a miners' welfare institute does not wish to have the full range of facilities permitted by a club gaming permit, they may apply to the Council for a club machine permit under section 273 of the Act. This type of permit authorises the holder to have up to three gaming machines of categories B3A, B4, C or D.

Commercial clubs are also able to apply for a club machine permit, although such a permit does not allow the siting of category B3A gaming machines by commercial clubs.

Where a club has gaming machines, the Licensing Authority expects the club to comply with the Gambling Commission's Codes of Practice for gaming machines in clubs and premises with an alcohol licence.

The Council may refuse an application on the following grounds:

- The applicant does not fulfil the requirements for a member's or commercial club or miners' welfare institute and therefore is not entitled to receive the type of permit for which it has applied;
- The applicant's premises are used wholly or mainly by children and/or young persons;
- An offence under the Act of a breach of a permit has been committed by the applicant while providing gaming facilities;
- A permit held by the applicant has been cancelled in the previous ten years;
- An objection has been lodged by the Commission or the police.

There is a 'fast-track' procedure available under the Gambling Act 2005 for premises that hold a club premises certificate under the Licensing Act 2003. Under the 'fast-track' procedure, there is no opportunity for objections to be made by either the Commission or the police, and the grounds upon which the Licensing Authority can refuse a permit are reduced. The grounds on which an application under the 'fast-track' procedure may be refused are:

- That the club is established primarily for gaming, other than gaming prescribed under schedule 12 of the Gambling Act 2005;
- That in addition to the prescribed gaming, the applicant provides facilities for other gaming;
- That a club gaming permit or club machine permit issued to the applicant in the last ten years has been cancelled.

There are statutory conditions on club gaming permits that no child uses a category B or C machine on the premises and that the holder complies with any relevant provision of the Codes of Practice covering the location, supervision and/or operation of gaming machines.

### 3.05 Exempt gaming

Exempt gaming is generally permissible in any relevant alcohol-licensed premises. Such gaming must be equal chance gaming and must be **ancillary** to the purposes of the premises. This provision is automatically available to all such premises, but is subject to statutory stakes and prize limits determined by Regulations.

Equal chance gaming is gaming that does not involve staking against a bank, and the chances of winning are equally favourable to all participants. It includes games such as backgammon, Mahjong, rummy, Kalooki, dominoes, cribbage, bingo and poker.

Regulations set daily and weekly prize limits for exempt gaming in alcohol-licensed premises and details of these can be found on the Gambling Commission's website.

The Council expects exempt gaming in alcohol-licensed premises to comply with the Commission's Codes of Practice on equal chance gaming in clubs and premises with an alcohol licence.

The Council has the power to remove the automatic authorisation for exempt gaming in respect of any particular premises by making an order section 284 of the Act if:

- Provision of the gaming is not reasonably consistent with the pursuit of the licensing objectives;
- Gaming has taken place on the premises that breaches a condition of section 279 of the Act, for example the gaming does not abide by the prescribed limits for stakes and prizes; a participation fee is charged for the gaming, or an amount is deducted or levied from the sums staked or won;
- The premises are mainly used for gaming;
- An offence under the Act has been committed on the premises.

Before making such an order, the Council will give the licensee at least 21 days' notice of the intention to make the order and consider any representations that they may make. The Council will hold a hearing if the licensee so requests and will comply with any other procedural requirements set out in Regulations. If there is no appeal, the order will take effect 21 days after notice of the intention was given. The Council must give the licensee a copy of the order and written reasons for making it. The licensee may appeal to the Magistrates' Court against a decision of the Council.

### 3.06 Temporary use notices (TUNs)

Temporary use notices (TUNs) allow the use of premises for gambling where there is no premises licence but where a gambling operator wishes to use the premises temporarily for providing facilities for gambling. Premises that might be suitable for a TUN could include hotels, conference centres or sporting venues. The Council can only grant a TUN to a person or company holding a relevant operating licence issued by the Gambling Commission.

Regulations determine what form of gambling can be authorised by a TUN, and the Council will always have regard to any relevant regulations. Currently, TUNs can only be used to permit the provision of facilities or equal chance gaming where the gaming is intended to produce a single winner. It is common knowledge that TUNs will mostly (but not always) be used to run poker tournaments.

Operators should note the following:

- A TUN can only be used to provide facilities for equal chance gaming that must be intended to produce a single, overall winner;
- Cash games are not permitted;
- The licensed operator who gives the TUN bears full responsibility for compliance with the Act and any relevant Codes of Practice;
- All existing operator licence conditions apply equally to the TUN.

In considering a TUN, the Council will consider the following:

- Promotion of the licensing objectives;
- Suitability of the premises;
- Suitability of the location;
- Measures put in place for safeguarding;
- Any guidance issued by the Gambling Commission or relevant authorities.

### 3.07 Occasional use notices (OUNs)

Occasional use notice (OUN) permits betting on a sporting event or race at a track on eight days or fewer in a calendar year without the need for a full premises licence. It therefore allows occasional and infrequent events such as point-to-point racing and for bets to be taken on the outcome.

The Council has little discretion in relation to OUNs apart from ensuring that the statutory limit of eight days in a calendar year is not exceeded. The Council will check to confirm that the person who gives the OUN is licensed as a betting operator and has the appropriate permission from the Gambling Commission to use tracks for conducting betting.

The Council will also decide what constitutes a track, sporting event or race on a case-by-case basis and in doing so will follow guidance issued by the Gambling Commission in relation to tracks and OUNs.

### 3.08 Small society lottery licences

#### *3.081 Introduction*

A lottery is any arrangement that satisfies all of the criteria contained within the statutory description of either a simple lottery or a complex lottery under section 14 of the Act.

An arrangement is a simple lottery if:

- Persons are required to pay to participate;
- One or more prizes are allocated to one or more members of a class;
- The prizes are allocated by a process that relies wholly on chance.

An arrangement is a complex lottery if:

- Persons are required to pay to participate;
- One or more prizes are allocated to one or more members of a class;
- The prizes are allocated by a series of processes;
- The first of those processes relies wholly on chance.

The Act provides that promoting or facilitating a lottery is illegal unless it falls into one of two category of permitted lottery, namely:

- **Licensed lotteries** – these are large society lotteries and lotteries run for the benefit of local authorities that are regulated by the Commission and require operating licences;
- **Exempt lotteries** – there are four types of exempt lottery that are expressly permitted under schedule 11 of the Act, including the small society lottery.

The Council is responsible for registration of societies for the purposes of carrying on small society lotteries. Information on other forms of exempt lotteries is available from the Gambling Commission’s website.

The Act defines ‘society’ as the society, or any separate branch thereof, on whose behalf a lottery is to be promoted, and needs to understand the purposes for which a society has been established in ensuring that it is a non-commercial organisation.

Section 19 of the Act defines a society as such if it is established and conducted:

- For charitable purposes, as defined in section 2 of the Charities Act 2006;
- For the purposes of enabling participation in, or of supporting, sport, athletics or a cultural activity;
- For any other non-commercial purposes other than that of private gain.

It is inherent in this definition that the society must have been established for one of the permitted purposes as set out in section 19 of the Gambling Act 2005, and that the proceeds of any lottery must be devoted to those purposes. It is not permissible to establish a society whose sole purposes is to facilitate lotteries.

### *3.082 Registration applications*

The Council with whom a small society lottery is required to register must be in the same area where the principal office of the society is located. If the Council believes that a society’s principal office is situated in another area, it will inform the society and the relevant Licensing Authority as soon as possible.

Applications for small society lottery registrations must be in the form prescribed by Regulations and be accompanied by both the required registration fee and all necessary documents required by the Council to assess the application. The types of evidence that may be required include, but are not restricted to:

- A list of the members of the society;
- The society’s constitution or a similar document setting out the aims and objectives of the society and its governance arrangements;
- A written declaration from the applicant stating that they represent a *bona fide* non-commercial society.

The Council shall refuse an application for registration if in the period of five years ending with the date of the application:

- An operating licence held by the application for registration has been revoked under section 119(1) of the Act; or,
- An application for an operating licence made by the applicant for registration has been refused.



The Council may refuse an application for registration if they think that:

- The applicant is not a non-commercial society;
- A person who will or may be connected with the promotion of the lottery has been convicted of a relevant offence; or,
- Information provided in or with the applicant for registration is false or misleading.

The Council may only refuse an application for registration after the society has had the opportunity to make representations at a formal hearing. If the Council is minded to refuse registration, it will inform the society of the reasons why it is minded to do so and provide it with an outline of the evidence on which it has reached that preliminary conclusion, in order to enable representations to be made.

Any representations received will be considered at a formal hearing and the following principles will be applied when reaching a decision:

- Whether allowing the registration of the society would be consistent with the Act;
- Whether allowing the registration of the society would be consistent with the promotion of the licensing objectives;
- Whether allowing the registration of the society would be consistent with any relevant Codes of Practice issued by the Gambling Commission.

### *3.083 Promotion of small society lotteries once registered*

Participation in a lottery is a form of gambling and as such the Council requires societies to conduct their lotteries in a socially responsible manner and in accordance with the Act.

The Act requires that lottery tickets may only be sold by persons that are aged 16 or over to persons that are aged 16 or over.

As the minimum age for participation in a lottery is 16, the Council expects those societies that it registers to have effective procedures to minimise the risk of lottery tickets being sold to children, including procedures for:

- Checking the age of apparently underage purchasers of lottery tickets;
- Taking action where there are unlawful attempts to purchase tickets;

Lotteries may involve the issuing of physical or virtual tickets to participants (a virtual ticket being non-physical, for example in the form of an email or text message). All tickets must state:

- The name of the promoting society;
- The price of the ticket, which must be the same for all tickets;
- The name and address of the member of the society who is designated as having responsibility at the society for promoting small lotteries or, if there is one, the external lottery manager (ELM);
- The date of the draw, or information which enables the date to be determined.

The requirement to provide this information can be satisfied by providing an opportunity for the participant to retain the message electronically or print it.

The Council expects all registered small society lottery operators to maintain written records of any unsold and returned tickets for a period of one year from the date of the lottery draw.

With regards to where small society lottery tickets may be sold, the Council applies the following criteria to all small society lottery operators:

- Lottery tickets must not be sold to a person in any street;
  - o For these purposes, 'street' includes any bridge, road, lane, footway, subway, square, court, alley or passage (including passages through enclosed premises such as shopping malls), whether a thoroughfare or not;
- Tickets may, however, be sold in a street from a static structure such as a kiosk or display stand;
- Tickets may also be sold door-to-door. Licensees must ensure that they have any necessary local authority permissions, such as a street trading licence, if necessary.

This approach is consistent with the operating licence conditions imposed upon operators, large society lotteries and local authority lotteries.

### *3.084 Financial returns*

As the purpose of permitting lotteries is to raise money for non-commercial causes, the Act requires that a minimum proportion of the money raised by the lottery is channelled to the goals of the society that promoted the lottery. If a small society lottery does not comply with these limits, it will be in breach of the Act's provisions, and consequently be liable to prosecution.

The limits are as follows:

- At least 20% of the lottery proceeds must be applied to the purposes of the society;
- No single prize may be worth more than £25,000;
- Rollovers between lotteries are only permitted where every lottery affected is also a small society lottery promoted by the same society, and the maximum single prize is £25,000;
- Every ticket in the lottery must cost the same and the society must take payment for the ticket fee before entry into the draw is allowed.

The Act sets out the information that the promoting society of a small society lottery must send as returns to the Council with which it is registered, following each lottery held. This information allows the Council to assess whether financial limits are being adhered to and to ensure that any money raised is applied for the proper purposes.

The following information must be submitted on the return:

- The arrangements for the lottery – specifically the date on which tickets were available for sale or supply, the dates of any draw and the value of prizes, including any donated prizes and any rollover;
- The total proceeds of the lottery;
- The amounts deducted by the promoters of the lottery in providing prizes, including prizes in accordance with any rollovers;
- The amounts deducted by the promoters of the lottery in respect of the costs incurred in organising the lottery;
- The amount applied to the purpose for which the promoting society is conducted (this must be at least 20% of the proceeds);
- Whether any expenses incurred in connection with the lottery were not paid for by deduction from the proceeds and, if so, the amount of expenses and the sources from which they were paid.

The Act also requires that returns must:

- Be sent to the Council no later than three months after the date of the lottery draw or, in the case of 'instant lotteries' (scratch cards), within three months of the last date on which tickets were on sale;
- Be signed (electronic signatures are acceptable if the return is submitted electronically) by two members of the society, who must be:
  - o Aged 18 or older;
  - o Are appointed for the purpose in writing by the society or, if it has one, its governing body;
  - o Be accompanied by a copy of their letter or letters of appointment.

The Council allows for returns to be sent to them both electronically and manually. The form of returns required can be downloaded from the Council's website.

Where societies run more than one lottery in a calendar year, the Council will monitor the cumulative totals of returns to ensure that societies do not breach the annual monetary limit of £250,000 on ticket sales.

The Council will notify the Commission if returns reveal that a society's lotteries have exceeded the values permissible and such notifications will be copied to the society in question.

### *3.085 Revocation of a registration*

The Council may determine to revoke the registration of a society if it thinks that they would have had to, or would be entitled to, refuse an application for registration if it were being made at that time.

Revocations cannot take place unless the society has been given an opportunity to make representations at a hearing. In preparation for this, the Council will inform the society of the reasons why it is minded to revoke the registration and provide them with the evidence on which it has reached that preliminary conclusion.

Any representations received will be considered at a formal hearing and the following principles will be applied when reaching a decision:

- Whether allowing the registration of the society to continue would be consistent with the Act;
- Whether allowing the registration of the society to continue would be consistent with the promotion of the licensing objectives;
- Whether allowing the registration of the society to continue would be consistent with any relevant Codes of Practice issued by the Gambling Commission.

### *3.09 Travelling Fairs*

Where any category D machines and/or equal chance prize gaming is to be made available for use at a travelling fair without a permit, the Council will ensure that any facilities for gambling amount to

no more than an **ancillary** amusement to the fair and not a reason in itself, i.e., for people to come to the fair for the purpose of gambling.

There is a 27-day statutory maximum for land being used as a fair per calendar year. This limit applies to the piece of land on which the fairs are held, regardless of whether it is the same or a different travelling fair that happens to occupy the land. The Council will work with neighbouring authorities to ensure that land crossing Council boundaries is monitored, to ensure that statutory limits are not exceeded.

## Section 4 – Inspection, Enforcement and Compliance

### 4.01 General information

The main enforcement and compliance role for the Council under the Act will be to ensure compliance with the premises licences, permits and other permissions that it authorises and any local issues that arise in relation to the provision of gambling facilities.

The Gambling Commission will be the enforcement and compliance body for operator and personal licences and will also take the lead role on issues that have implications nationally in relation to the provision of gambling facilities.

The Act requires licensing authorities to state the principles to be applied when exercising its functions under part 15 of the Act, with respect to the inspection of premises, and the powers under section 346 of the Act to instigate criminal proceedings in respect of specified offences.

To that end, the Council will have regard to the Regulator’s Code and will follow the principles set out in it. The Code is based around the principles of consistency, proportionality and accountability. Regulation will be targeted where appropriate.

The Council’s Legal Services has adopted, and will have regard to, the principles set out in its Enforcement Policy (see Appendix D), which follows the principles of the Regulator’s Code.

The Regulator’s Code and Legal Services’ Enforcement Policy provide for a graduated response to be taken where breaches of the Act occur, or in cases where licence conditions may be contravened. An isolated offence, such as failing to maintain certain records, may be dealt with by way of a written warning. More serious offences may result in a referral to Sub-Committee, the issue of a Formal Caution or, in some cases, a referral for prosecution.

The Council will use a risk-based inspection programme, based on compliance with:

- The licensing objectives
- The relevant Codes of Practice
- Guidance issued by the Gambling Commission
- The principles set out in this Policy

Once licensed, it is essential that premises are monitored to ensure that they are run in accordance with their operating schedules; in compliance with the requirements of the Act, and in compliance with any licence conditions. It will also be important to monitor the borough for unlicensed premises.

The Council will work actively with the police, where appropriate, in enforcing licensing legislation and has established protocols with South Yorkshire Police, the Council’s Trading Standards

department and South Yorkshire Fire and Rescue on enforcement issues to ensure an efficient deployment of police and council officers.

Similarly, the Council will work closely with the Gambling Commission through its regional Compliance Officers and, where appropriate, will undertake joint visits, inspections and/or enforcement action to ensure compliance with the Act and Regulations.

Premises that have a history of complaints or previous enforcement action are likely to be classed as 'high risk' for enforcement purposes. Lower-risk premises will generally require a lighter touch so that resources are effectively concentrated on problem premises.

In accordance with guidance issued by the Gambling Commission, the Council will endeavour to avoid duplication with other regulatory regimes so far as is reasonably possible.

The main enforcement and compliance role for the Council in terms of the Act will be to ensure compliance with the premises licences and the other permissions it authorises. It will also investigate complaints about unlicensed premises where appropriate. Enforcement action will largely be concentrated on compliance with the licensing objective that protects children and other vulnerable persons from being harmed or exploited by gambling.

The Gambling Commission will be the enforcement body for the operating licences and personal licences it issues. The Council will not deal with concerns about manufacture, supply or repair of gaming machines. The Council will, however, notify the Commission of any significant issues relating to operator licences, personal licences and the manufacture, supply or repair of gaming machines that may arise.

#### 4.02 Departure from Policy

The Council may choose to depart from this Policy if the individual circumstances of a case warrant such a departure in the interests of fairness, and it is relevant to matters listed below:

- In accordance with any relevant Codes of Practice issued by the Gambling Commission;
- In accordance with any relevant guidance issued by the Commission;
- Reasonably consistent with the licensing objectives;
- In accordance with the Council's policy statement.

In such an event, the Council will give full reasons for its decision to depart from the Policy.

Each case will always be dealt with on its own individual merits and circumstances.

#### 4.03 Duplication with other regulatory regimes

In carrying out its functions under the Act, the Council will seek to avoid any duplication with other statutory or regulatory systems where possible, including planning. Section 210 of the Act specifically states that the Council when considering an application cannot consider whether the premises that is the subject of the application is likely to be awarded planning permission or building regulations' approval.

In other words, planning and licensing remain two separate regulatory regimes and the Council's Statutory Licensing Board cannot be bound by a decision of the Council's Planning Committee, or vice versa.

#### 4.04 Exchange of information

The Council is required to set out the principles it will apply when exchanging information with the Gambling Commission and other persons or bodies.

The Commission can require the Council to provide specific information if it forms part of the licensing register or if it is held in connection with the exercise of the Council's licensing functions under the Act. Currently, the Commission requires the Council to submit a return at the end of each financial year, which is subsequently included in the Department for Communities and Local Government Single Data List. The Council will therefore continue to provide the following details to the Commission:

- Permits issued
- Temporary use notices issued
- Occasional use notices issued
- Premises inspections conducted
- Reasons for – and outcomes of – reviews

Any exchange of information with the Commission and other persons or bodies will be in accordance with the provisions of both the Gambling Act 2005 and the Data Protection Act 1998. The Council will have regard to any guidance or advice issued by the Gambling Commission or the Information Commissioner, and any relevant Regulations under the Gambling Act 2005.

The Council may also exchange information with other persons or bodies listed below for use in the exercise of functions under the Act, i.e.:

- A constable or police force;
- An enforcement officer;
- Another Licensing Authority;
- HM Revenue and Customs;
- The Secretary of State.

If protocols are established with any of these bodies relating to the exchange of information, the Council will make them available on the Council's website.

NB. Unless specifically restricted by the Act, details about applications, licences and representations will be made available in the Council's public register.

Details of any persons making representations will be made available to applicants to allow for negotiation and, in the event of a hearing being required, will form part of a public document. Anyone making representations or applying for a review of a premises licence will be informed that their details will be disclosed. This is primarily done to ensure a fair hearing for all parties.

## Section 5 – Legislation, Policies and Strategies

### 5.01 Legislation

In exercising its licensing functions under the Gambling Act 2005, the Council will have regard to its commitments under other relevant legislation, including:

- Section 17 of the Crime and Disorder Act 1988;
- Human Rights Act 1998;
- Health and Safety at Work Act 1974;
- Environmental Protection Act 1990;
- The Anti-Social Behaviour Act 2003;
- The Race Relations Act 1976 (as amended).

### 5.02 Local strategies and policies

Where appropriate, the Council will carry out its functions with regard to other relevant local strategies and policies, including:

- The Council's Corporate Strategy and Priorities
- The Community Safety Strategy
- Legal Services Enforcement Policy
- Safer and Sustainable Communities Plan
- Barnsley 2030 Strategy

### 5.03 Integrating strategies

The Council recognises in particular the importance of the co-ordination and integration of its Policy with other plans aimed at the management of town centres and the night-time economy. These include:

- **Crime and Disorder Strategy** – The Council will fulfil its duty under section 17 of the Crime and Disorder Act 1998 to do all it reasonably can to prevent crime and disorder in the borough. As far as possible, licensing decisions will aim to contribute to the targets set in the Crime and Disorder Strategy and conditions attached to licences and other permissions will reflect local crime prevention strategies;
- **Local Transport Plan** – The Council aims to work with the local transport authority and will consider ways in which the public can be dispersed from licensed premises and events so as to avoid disturbance, crime and disorder. The police will be encouraged to report on matters related to the swift and safe dispersal of people from licensed premises;
- **Racial Equality** – The Council is required under race relations legislation to have due regard to the need to eliminate unlawful discrimination and to promote equality of opportunity and good relations between persons of different racial groups;
- **Human Rights** – The Human Rights Act 1998 incorporates the European Convention on Human Rights (ECHR) and makes it unlawful for a local authority to act in a way that is incompatible with a Convention right. The Council will have particular regard to the following relevant provisions of the ECHR:
  - o Article 1 – every person is entitled to the peaceful enjoyment of his or her possessions, including, for example, the possessions of a licence;
  - o Article 6 – in the determination of civil rights and obligations, everyone is entitled to a fair and public hearing within a reasonable time by an independent and impartial tribunal established by law;
  - o Article 8 – everyone has the right to respect for his/her home and private and family life;

- **Planning** – The Council’s Statutory Licensing Board will provide reports, when appropriate, to the Planning Committee on the situation regarding licensed premises in the area, including the general impact of gambling-related crime and disorder, to enable the Planning Committee to have regard to such matters when taking its decisions;
- **Tourism and Town Centre Management** – The Council aims to promote a high-quality, thriving night-time economy;
  - o The Council will ensure that the Statutory Licensing Board receives reports, when appropriate, on the needs of the local tourist economy to ensure that these are reflected in their considerations;
- **Economic Strategies** – The Council will ensure that the Statutory Licensing Board is appraised of the employment situation in the area and the need for new investment and employment where appropriate;
- **Enforcement Policy** – All licensing enforcement will be conducted in accordance with the National Regulator’s Code and the Council’s Legal Services Enforcement Policy.

#### 5.04 Equality, diversity and inclusion

Barnsley is a multiracial, multicultural and multifaith borough. The Council values and celebrates the diversity that exists amongst the residents of Barnsley, and those who choose to visit or work in our borough. The Council aims to ensure that every individual can fully participate in the social, cultural, political and economic life of Barnsley.

As such, applicants and licensees are reminded of their duties under the Equality Act 2010, the Disability Discrimination Act 1995 (as amended by the Disability Discrimination Act 2005), the Race Relations Act 1976 (as amended by the Race Relations Amendment Act 2003), the Sex Discrimination Act 1975 (as amended) and the Gender Equality Act 2006. Accordingly, the Council will ensure that it has due regard to the above at all times.

The Council, in undertaking its licensing functions, will have due regard to the need to eliminate unlawful discrimination and to promote equality and good relations between persons of different racial groups.

#### 5.05 Ongoing responsibilities of premises licence holders

The responsibility to promote the licensing objectives does not end when a licence is granted. Operators must continue to promote the licensing objectives and tackle any risks associated with the activities they provide.

All customer-facing and management staff in licensed premises are expected to have sufficient knowledge and training to promote responsible gambling and to address risks associated with gambling. Where appropriate, this should include:

- The importance of social responsibility
- Staff being familiar with partnership agencies, having relevant contact details and knowing how to report any concerns;
- The causes and consequences of problem gambling;
- Identifying and communication with vulnerable persons, including primary intervention and escalation;



- How to deal with problem gamblers, including exclusion (mandatory and voluntary) and escalating for advice and/or treatment;
- Being made aware of contacts for gambling-related organisations such as the NHS resource for addiction support at <https://www.nhs.uk/live-well/addiction-support/gambling-addiction/>
- The importance of maintaining records (such as refusals, self-exclusions, incident logs, age challenges);
- Refusal of entry (alcohol and drugs);
- Age verification procedures and the need to return stakes/withdraw winnings if underage persons are found gambling;
- The importance and enforcement of both time and spend limits;
- Licence conditions;
- Offences under the Act;
- Categories of gaming machines and the stakes and odds associated with each machine;
- Types of gaming and the stakes and odds associated with each;
- Staff exclusions from gambling at the premises where they are employed and the reasons for that restriction;
- The ability to signpost customers to support services with respect to problem gambling, financial management, debt advice, etc.;
- Safe cash handling and the payment of winnings;
- How to identify and report forged ID, and knowledge of procedures in relation to the offender (such as reporting to the police and/or barring offenders from the premises);
- Knowledge of a problem gambling helpline number;
- The importance of not encouraging customers to:
  - o Increase the amount of money they have decided to gamble;
  - o Enter into continuous gambling for a prolonged period;
  - o Continue gambling when they have expressed a desire to stop;
  - o Re-gamble any winnings or chase losses.

## Section 6 – Problem gambling and gambling-related harms

### 6.01 Gambling-related harms

The Council acknowledges its statutory duty under the Act to aim to permit gambling, but it is also aware that gambling is becoming increasingly recognised as a public health issue, contributing to ongoing health inequalities, the experience of physical and mental health (including suicide), and poor wellbeing.

Gambling-related harms are often not recognised and require greater attention. The legislative framework for gambling recognises it as a legitimate leisure activity that many people enjoy. It generates income, employment and tax revenue. Set against this, it also generates significant disadvantages, such as working days lost through disordered gambling, or the cost of treatment for ill-health caused by stress related to gambling debt. There are also less-easily measured, though potentially very significant impacts, such as the negative effects of gambling on family relationships, and the psychological and social development of children.

There is growing evidence that the prevalence of problem gambling or the vulnerability to developing a problem with gambling may be higher within certain groups within the general population, particularly:

- Younger people, especially men;
- Those with other addictions, such as drugs, alcohol or nicotine;
- Those with mental health issues;
- Those who are unemployed, economically inactive or from a low socio-economic status or deprived background;
- Some ethnic groups, e.g., new migrants;
- Children of problem gamblers;
- Repeat offenders, or those recently released from prison.

Gambling related harms are associated with the wider determinants of health; particularly; deprivation, substance misuse, poor mental health and low levels of education and income. Problem gambling widens health inequalities and disproportionately affects those with lower socio-economic status. The impacts are not just experienced by gamblers, but their children, partners, families, and employers. These may include the breakdown in relationships, unemployment, descent into debt and associated crime. There is the concept of “intergenerational” harms, for example, if a parent loses the family home due to gambling debts, this affects the children of the problem gambler, currently and into their adult life. For these children, their life chances can be significantly affected by parental choices.

## 6.02 Supporting information and data

The Gambling Behaviour in GB report (2015) indicates that there are over 430,000 problem gamblers in Great Britain, and it is estimated that there are 2 million at risk and 4.2 million affected others.

The lack of local screening for gambling issues means that the extent of the problem is largely unknown within a specific authority. However, Barnsley public health data can provide a degree of insight into the individuals and subregions that will be most vulnerable to problem gambling, and how they and the wider population of the borough are impacted.

### 6.021 Deprivation

Gambling-related harms are strongly associated with deprivation. According to the Indices of Multiple Deprivation, Barnsley is ranked 39th out of 326 local authorities in England. However, 21.8% of Barnsley Lower Super Output Areas (LSOA) were in the 10% most-deprived areas in the country. This indicates very high levels of deprivation within the town alongside high levels of inequality. Figures relating to income deprivation affecting children are also significantly higher in Barnsley than the England average. Data from 2019 states that 22.5% of Barnsley residents have income deprivation affecting children compared to 17.1% of England.

See Appendix E for a breakdown of the IMD score for the borough and accompanying map.

### 6.012 Mental health

The Gambling Commission states that “self-reported anxiety and depression is higher in problem gamblers, as is a mental health disorder”. Barnsley’s recorded prevalence of depression in persons aged 18 or over are higher than the Yorkshire and Humber average: for the years 2020/21, Barnsley’s recorded prevalence of depression was 13.7%, compared to the Yorkshire and Humber average of 12.3%.

The most significant adverse effect of gambling is its contribution to suicide. One UK study found that 4% of suicides amongst 20–24-year-olds were related to gambling. The suicide rates in Barnsley are significantly higher than the England average: 10.4 per 100,000 people in England compared to 14.8 per 100,000 in Barnsley in the period 2019-21.

#### *6.013 Unemployment*

Gambling-related harms are strongly associated with unemployment. Barnsley's percentage of people in employment has been lower than the England average: for 2020/21, 72.5% of Barnsley residents were in employment, compared to the England average of 75.1% of people.

#### *6.014 Children and young people*

Hospital admissions due to substance abuse for young people in the age group 15-24 in Barnsley has been significantly higher than the average across England. The average across England was 81.2 per 100,000, whereas the same statistics for Barnsley were 144.3 per 100,000. As individuals with a history of substance abuse are a group vulnerable to problem gambling, this data highlights the above-average danger of younger people in the borough becoming affected by problem gambling, either directly or indirectly.

### *6.02 Safeguarding*

#### *6.021 Public health and gambling*

The Council agrees with the Gambling Commission's position that gambling-related harm should be considered as a public health issue.

Gambling is a legitimate leisure activity enjoyed by many and the majority of those who gamble appear to do so with enjoyment, and without exhibiting any signs of problematic behaviour. There are, however, significant numbers of people who do experience substantial harm as result of their gambling.

For these problem gamblers, harm can include higher levels of physical and mental illness, debt problems, relationship breakdown and, in some cases, criminality. It can also be associated with substance misuse.

There can also be considerable negative effects experienced by the wider group of people around a gambler. The health and wellbeing of partners, children, and friends can all be negatively affected.

#### *6.022 Commercial determinants*

It is important to note that gambling and gambling-related harms are considered a commercial determinant of health, much like tobacco, alcohol and high fat sugar and salt foods (HFSS). As such, the influence of industry at all levels of practice needs careful and continuous consideration when decision-making. There is ongoing regional and national work to address this influence and it is vital that the Council remains apprised of any developments to protect the borough's population from potential harms.

Therefore, the Council considers that its Public Health department, whilst not a responsible authority under the Act, should still play a leading role in assisting the Council to address gambling-

related harms in its area. The Public Health department will play an important part in developing the Policy as well as the Council's Local Area Profile.

It is planned that the Public Health department will be able to help the Licensing Authority:

- Identify and interpret health data and evidence to inform the review of the Policy and develop tailored Local Area Profiles;
- Make decisions that benefit and protect the health and wellbeing of local communities;
- Be clear on issues that the Council can have regard to when deciding on licences for a wide range of gambling activities;
- Conduct a health-impact assessment of gambling in the local area or assess any existing information.

#### *6.022 Protection of vulnerable people*

The Council is aware of the difficulty in defining the term "vulnerable person". In recent literature it is not a term that is widely used, with the term "adults at risk of abuse or neglect" or "adults at risk" being preferred. See Appendix F for a table breakdown of groups identified as vulnerable.

The Gambling Commission, in its guidance to local authorities, does not seek to offer a definition for the term "vulnerable people" but will, for regulatory purposes, assume that this group includes people: "who gamble more than they want to, people who gamble beyond their means, elderly persons, and people who may not be able to make informed or balanced decisions about gambling due to a mental impairment, or because of the influence of alcohol or drugs."

The Care Act 2014 imposes a requirement on a local authority to "make enquiries if it has reasonable cause to suspect that an adult in its area, whether or not ordinarily resident there, has needs for care and support, is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it".

The local authority must make whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this part or otherwise) and, if so, what action and by whom. "Abuse" includes financial abuse; and for that purpose "financial abuse" includes having money or other property stolen, being defrauded, being put under pressure in relation to money or other property, and having money or other property misused.

In 2016, Leeds City Council commissioned Leeds Beckett University to undertake research into Problem Gambling in Leeds (Problem Gambling in Leeds; Kenyon, Ormerod, Parsons and Wardle, 2016). This research looked specifically at identifying groups of society that could be considered vulnerable to problem gambling.

- **Young people** – Rates of problem gambling among young people who gamble are higher than older adults and youth gambling behaviours are consistent with the harm paradox: whereby these age groups are less likely to gamble generally but those that do are more likely to experience difficulties with their behaviour (Wardle, 2015);
  - o Licensing objective 3 of the act exists specifically to protect children and vulnerable persons from being harmed or exploited by gambling. People who are vulnerable to gambling-related harm may risk becoming problem gamblers, where problem gambling is defined as an individual's gambling that disrupts or damages personal,

- family or recreational pursuits. The social, economic and health impacts of problem gambling are well documented. In a severe form it becomes an addiction which is recognised as a clinical psychiatric diagnosis;
- The 2012 Health Survey for England found that in the previous year 68% of men and 61% of women had gambled, and that problem gambling rates were 0.8% for men and 0.2% for women;
  - **Minority ethnic groups** – There is consistent evidence that those from Asian or Black backgrounds are more vulnerable to gambling problems and there is clear evidence of the harm paradox (Wardle, 2015);
  - **Unemployed and those of constrained economic circumstance** – Generally those of lower income are less likely to gamble but those that do spend a higher proportion of their income on gambling. This is highlighted as a concern given the lesser ability of lower-income households to protect themselves from financial instability (Brown et al, 2011);
    - There is evidence that those in debt and those using money lenders and/or pawnbrokers are more likely to be problem or at-risk gamblers (Meltzer et al, 2012). The relationship between constrained economic circumstances and gambling problems is likely to be complex and multi-faceted. It may be mediated by other economic opportunities and personal feelings about how well off one is compared with others. Despite this complexity, there is a consistent body of evidence showing that, for whatever reason, those who are unemployed and who gamble are more likely to experience adverse outcomes from their gambling than those in paid employment;
  - **Area deprivation** – There are several British surveys that have consistently shown that those living in more deprived areas are more likely to experience problems with their gambling behaviour. This was despite having roughly similar levels of past-year gambling participation to those who live in less deprived areas;
    - Wardle (2015) looked at the distribution of machines and licensed betting offices and argues that there was clear and consistent evidence of a spatial skew, whereby high-density machine zones or areas with licensed betting offices are more deprived than others. Recent research has shown that among gamblers who held loyalty cards, rates of problem gambling (28%) were higher among those who lived within 400 metres of a concentration of betting offices than those who did not (22%) (Astbury & Wardle, 2016);
  - **Homelessness** – The rates of problem gambling are higher among those who are homeless than those who are not. Although studies are small, they show that there is a significant relationship with gambling preceding homelessness. Little is known about why rates of problem gambling among homeless population groups are higher than the general population, but given associations with other mental health conditions, homeless people should be considered a vulnerable group;
  - **Mental health issues** – There is a strong association between mental ill health and problem gambling, in addition to suicide. Associations were found between problem gambling and general anxiety disorder, phobia, obsessive compulsive disorder, panic disorders, eating disorders, probably psychosis, attention deficit hyperactivity disorder, post-traumatic stress disorder, harmful and hazardous levels of alcohol consumption and drug addiction. Overall, three-quarters of problem gamblers seeking treatment also experience comorbid mental health disorders;
    - Being a problem or at-risk gambler is associated with later onset of major depressive disorder, alcohol use and dependence, drug use and experience of any mental

disorder. Illegal drug use and experience of any mental disorder is also associated with the subsequent onset of at-risk and problem gambling. These findings seem to confirm the conclusion that the relationship between problem gambling and mental ill health may be cyclical;

- **Substance abuse/misuse** – The evidence base relating to the relationship between substance abuse/misuse and experience of problem gambling broadly measures that of mental ill health. Evidence from British based surveys has shown that rates of problem gambling were higher among those with alcohol dependence (3.4%) or drug dependence (4.4%) than the general population (0.74%) (Wardle, 2015). A systemic review of those seeking treatment for gambling problems showed that 15% also experience alcohol dependence and 7% have other substance abuse disorders (Dowling et al, 2015). There is strong evidence that alcohol and substance misuse are associated with problem gambling. As with other mental health conditions, these conditions can occur at the same time;
- **Personality traits/cognitive distortions** – There is a strong body of evidence highlighting the relationship between various personality traits, such as cognitive distortions or impulsivity, with problem gambling. Cognitive distortions, such as erroneous perceptions of gambling and illusion of control, are well-established risk factors for problem gambling (Johansson et al, 2009). However, little research has been conducted to explore the complex interaction of personality traits with other factors and their combined influence on the experience of broader gambling harms. Certain personality traits and/or cognitive distortions are just one potential aspect of vulnerability which is likely to be affected by a range of other factors;
- **Problem gamblers seeking treatment** – Because this group is in the process of attempting to recover from gambling problems they should be treated as a vulnerable group in their own right (Wardle, 2015);

Problem gambling can affect anyone at any time. Whilst rates of problem gambling among all adults in Britain tend to be less than 1%, there are some groups that are more likely to experience problems. These groups could all be considered vulnerable to gambling problems. The Council works with many of these groups, however operators should consider these groups in their Local Risk Assessments, especially in relation to identifying the people in these groups, and mitigating harm experienced by them.

In the case of premises licences, the Council is aware of the extensive requirements set out for operators in the Gambling Commission's Licensing Conditions and Codes of Practice regarding social responsibility. In this document the Gambling Commission clearly sets out the policies and procedures that operators should put in place regarding:

- Combating problem gambling
- Access to gambling by children and young people
- Information on how to gamble responsibly and help for problem gamblers
- Customer interaction
- Self-exclusion
- Employment of children and young people

All applicants should familiarise themselves with the operator licence conditions and Codes of Practice relating to this objective and determine if these policies and procedures are appropriate in their circumstances. The Council will communicate any concerns to the Gambling Commission about any absence of this required information.

All applicants should also familiarise themselves with the Local Area Profile (see section 1.14 above).

Applicants should consider the following proposed measures for protecting and supporting vulnerable people:

- Leaflets offering assistance to problem gamblers should be available on gambling premises in a location that is both prominent and discreet, such as toilets;
- Training for staff members that focuses on building an employee's ability to maintain a sense of awareness of how much (e.g. how long) customers are gambling, as part of measures to detect people who may be vulnerable;
- Trained personnel for the purpose of identifying and providing support to vulnerable people;
- Self-exclusion schemes;
- Operators should demonstrate their understanding of best practice issued by organisations that represent the interests of vulnerable people;
- The NHS website link <https://www.nhs.uk/live-well/addiction-support/gambling-addiction/> displayed in prominent locations;
- Windows, entrances and advertisements to be positioned or designed not to entice children or vulnerable persons.

Some of the above measures already form part of the mandatory conditions placed on premises licences. The Council may consider any of the above or similar measures as licence conditions should these not be adequately addressed by the mandatory conditions, default conditions or matters proposed by the applicant.

#### *6.023 Local Risk Assessment*

The following must be included in any risk assessment:

- The location of the premises (e.g., close to premises frequented by children or other vulnerable persons);
- Whether any promotional material/advertising associated with the premises might encourage use of the premises by children or vulnerable persons;
- Whether there are management measures in place to ensure adequate staff training is in place to protect children, young persons and vulnerable persons who could be harmed or exploited by gambling. Staff should receive refresher and induction training in relation to the procedures and operating systems for the protection of children and young people;
  - o Staff training records should be kept and made available to the Licensing Authority on request. Self-testing procedures should be in place to identify staff training needs and staff competence in relation to age verification;
- A member of staff to be designated to have lead responsibility for the operating systems relating to the protection of children and other vulnerable persons;
- A recognised Proof of Age scheme shall be operated in all areas of the premises where alcohol is on sale and at entrances to areas of the premises which give access to adult gambling facilities;
- A written record shall be maintained of all staff interventions that are made with customers for the protection of children and other vulnerable persons (e.g. refusals of service or admission, the provision of self-help information, membership records for the self-exclusion scheme including photographic ID, records of interventions with parents/carers who fail to behave responsibly;
- A risk assessment for safeguarding children and vulnerable persons at gambling premises, the outcome of which should be used to inform staff training and operating policy.

- There is sufficient evidence of links between suicide and problem gambling that risk assessments for suicide should be offered to individuals identified to be at-risk of problem gambling as a suicide prevention intervention.

#### *6.024 Support for problem gamblers*

##### 6.0241 NHS

The Council recommends that all licence and permit holders recognise the importance of partnership working with organisations such as the NHS resource for addiction support at <https://www.nhs.uk/live-well/addiction-support/gambling-addiction/> to increase awareness of issues around problem gambling.

Operators should be expected to work in partnership with local health/vulnerable people/welfare services and be clearly stated e.g. that we would expect screening for problem gambling using reliable tools, signposting and referral to national and local services, and support to self-exclude. Where someone has mental capacity but is a vulnerable person and displaying problem gambling behaviours then the operator should work in partnership with their key worker to manage the risk of harm.

##### 6.0242 Self-exclusion scheme

The Council expects all premises to operate a voluntary self-exclusion scheme, meaning that whenever a customer voluntarily requests to be excluded from the premises, they are excluded for an agreed timeframe, taking into account the Gambling Commissions Licence Conditions and Codes of Practice minimum requirements

A self-exclusion policy should be supported by a written agreement drawn up in accordance with the relevant Codes of Practice and trade association advice.



## Appendix A – Delegations of Licensing Functions

| <b>MATTER TO BE DEALT WITH</b>                           | <b>FULL COUNCIL</b> | <b>SUB-COMMITTEE</b>   | <b>OFFICERS</b>  |
|--|---------------------|--|--|
| Three year licensing policy                              | Yes                 |  |  |
| Policy not to permit casinos                             | Yes                 |  |  |
| Fee Setting - when appropriate                           |                     |  | Yes (to be approved by Executive Councillor)                           |
| Application for premises licences                        |                     | Where representations have been received and not withdrawn   | Where no representations received/ representations have been withdrawn |
| Application for a variation to a licence                 |                     | Where representations have been received and not withdrawn   | Where no representations received/ representations have been withdrawn |
| Application for a transfer of a licence                  |                     | Where representations have been received from the Commission | Where no representations received from the Commission                  |
| Application for a provisional statement                  |                     | Where representations have been received and not withdrawn   | Where no representations received/ representations have been withdrawn |
| Review of a premises licence                             |                     | Yes  |  |
| Application for club gaming /club machine permits        |                     | Where representations have been received and not withdrawn   | Where no representations received/ representations have been withdrawn |
| Cancellation of club gaming/ club machine permits        |                     | Yes  |  |
| Applications for other permits                           |                     |  | Yes  |
| Cancellation of licensed premises gaming machine permits |                     |  | Yes  |
| Consideration of temporary use notice                    |                     |  | Yes  |

|   |  |     |  |
|---|--|-----|--|
| Decision to give a counter notice to a temporary use notice |  | Yes |  |
|---|--|-----|--|

## Appendix B – Definition of Gaming Machines

Based on Gambling Commissions' guidance to Licensing Authorities

Section 235 of the Act defines a “gaming machine” as; “a machine which is designed or adapted for use by individuals to gamble (whether or not it can also be used for other purposes)”. This definition is wider than those included in previous gaming legislation and covers all types of gambling activity that can take place on a machine, including betting on virtual events. However, the following should be noted:

- There remains a distinction between skill machines and gaming machines. Skill machines are unregulated; and,
- Section 235 contains important exemptions for equipment that is not to be considered a gaming machine, even when gambling can be performed on it. For example, a home PC is not to be classed as a gaming machine, even though someone can access remote gambling on it.

### Categories of gaming machines

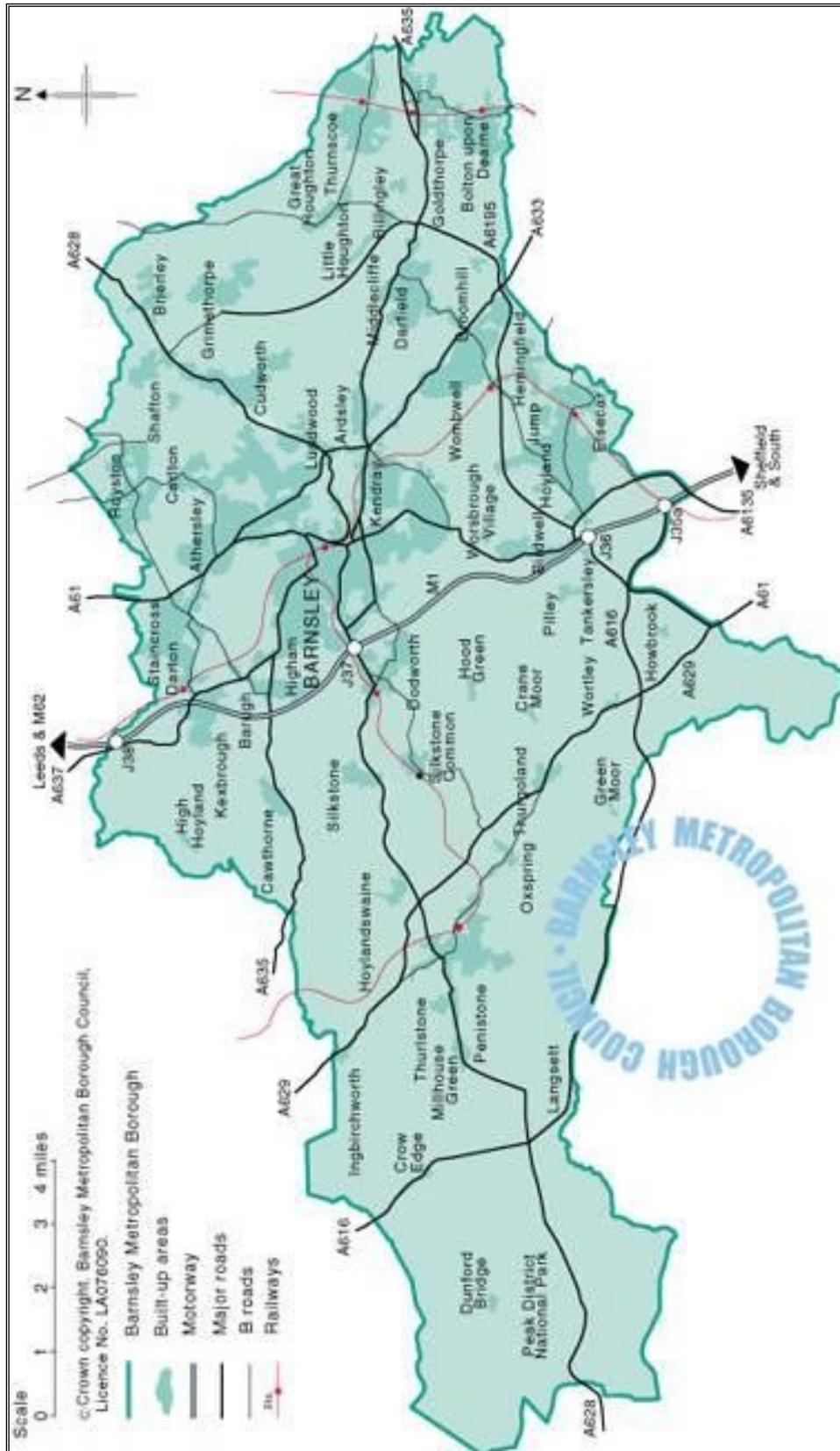
The maximum stakes and prizes for certain gaming machines were updated by the Gambling Commission in June 2009.

A breakdown of categories of gaming machines, along with their maximum stakes, maximum prizes and site locations, can be accessed on the Gambling Commission's website via the link below:

<https://www.gamblingcommission.gov.uk/licensees-and-businesses/guide/gaming-machine-categories>

[accessed 13<sup>th</sup> October 2022]

Appendix C – Map of Barnsley Metropolitan Borough





**BARNSLEY**  
Metropolitan Borough Council

## LEGAL SERVICES ENFORCEMENT POLICY

Signed:

Name: Sukdave S. Ghuman – Service Director, Law & Governance

Date: 26<sup>th</sup> January 2023

### 1. Enforcement Policy Statement

The purpose of this Policy is to set out the general principles of enforcement to be followed by officers in Legal Services, in order to ensure that enforcement decisions are consistent, appropriate, balanced, fair, targeted, accountable, transparent and proportionate.

### 2. Introduction

Legal Services is a public authority for the purposes of the Human Rights Act 1988. Officers in Legal Services will apply the principles of the European Convention on Human Rights in accordance with the Act. The Service will follow the provisions of the Regulators' Code in its regulatory activities, taking a supportive, risk-based approach to businesses. It will provide clear information and guidance on compliance and will act with fairness and transparency. Formal enforcement action will normally be a last resort, but where it is deemed appropriate, this Policy will be applied.

This policy sets out the general regulatory options available to Legal Services Officers to ensure compliance with relevant legislation. Officers will be suitably trained, qualified and experienced, as set out in their job profiles, and they will be familiar with, and follow, the provisions of this Policy.

Each case is unique and must be judged on its own merits. However, there are general principles that apply in the way each situation must be approached. This document sets out the factors to be taken into account when considering appropriate

enforcement action to be taken. Officers will follow this Policy, except in exceptional circumstances.

Where the Service becomes aware of a situation for which it is not the enforcing authority, it will contact the relevant enforcement agency. Where there is a shared role with another enforcement agency, officers shall liaise accordingly with that agency.

Legal Services enforce a wide variety of legislation and use powers that enable officers to issue verbal advice, send letters, serve formal notices, issue simple cautions, and prosecute in the courts. This list is not exhaustive and other enforcement options are available, as detailed later in this document. The officer will choose the most appropriate method of achieving compliance from the range of actions available.

The aims of the Service in taking action are:

- To protect the public and business from offenders;
- To change the behaviour of the offender;
- To eliminate any financial gain or benefit from non-compliance;
- To restore the harm caused by regulatory non-compliance in appropriate cases;

### 3. Enforcement Options

There are a number of options available when legal contraventions are found:

#### *a) No Action*

In exceptional circumstances contraventions may not warrant any action. This could be where the cost of compliance to the offender outweighs the detrimental impact of the contravention on the community, or the cost of the required enforcement action to the Council outweighs the detrimental impact of the contravention on the community. A decision of no action may also be taken where formal action is inappropriate, e.g., the offender is elderly and frail. A decision to take no action must be recorded in writing and must take account of health, safety, environmental and nuisance implications of the contravention. A decision to take no action does not preclude further investigation or review of the case at a later date, or when there is material change in the circumstances.

#### *b) Informal Action*

Informal action to secure compliance with the legislation includes offering advice, issuing warnings and requests for action. It may be appropriate to use informal action in the following circumstances:

- The act or omission is not serious enough to warrant formal action;
- From the individual's/organisations past history it can be reasonably expected that informal action will achieve compliance;

- Where the original approach is from person(s) seeking advice or assistance – although if serious breaches are found, formal action may be appropriate;

When an informal approach is used to secure compliance, this may be verbal or written. Any written documentation sent to individuals or businesses must include:

- All the information necessary to understand what action is required and why;
- The legislation being contravened and measures which will achieve compliance;
- Clear distinction between legal requirements and recommendations;

#### *c) Statutory notices, Seizing Equipment, Closing Premises*

Notice can be served to require persons to cease contravening activities, give offenders reasonable time to rectify a contravention or require people to provide information. Notices may require contravening activities to cease immediately where circumstances relating to health, safety, environmental damage, or nuisance demands. In other circumstances, the time allowed must be reasonable, but must also take account of the implications of the contravention.

Specific guidance is available on circumstances under which notices shall be served, equipment seized or premises closed, and this varies according to the legislation and type of notice.

The use of statutory notices may take place in conjunction with other enforcement options set out in this policy.

#### *d) Refusal/Revocation of Licence/Approval/Permit*

Licences, Approvals and Permits are issued under specific legislation and the circumstances that allow refusal or revocation of a licence etc. shall be taken into account in accordance with the specific legislation and relevant Codes of Practice. In order to justify such an action, the applicant/licence/approval/permit holder must meet one or more of the following criteria:

- Engage in fraudulent activity;
- Deliberately or persistently breach legal obligations;
- Deliberately or persistently ignore warnings or formal notices;
- Endanger, to a serious degree, the health, safety or wellbeing of people, animals or the environment;
- Fail to pay renewal fees.

In relation to licensing matters, cases may also be referred to the General Licensing Sub-Committee.

#### *e) Works in Default*

Where provided for under the legislation, work may be carried out in default. Such action will be dependent upon public risk and strategic considerations.

#### *f) Injunctions*

In exceptional cases, it may be considered that an injunction is the best course of action to remedy contraventions or dangerous circumstances. For example, where there is an immediate risk to public health, or where there is an extraordinary statutory nuisance.

#### *g) Enterprise Act Actions*

The Enterprise Act 2002 gives some officers in the Service the authority to seek civil remedies for certain breaches of legislation. Officers will consider these remedies, such as undertakings and injunctions, where they are the most appropriate course of action.

#### *h) Fixed Penalty Notices*

Fixed Penalty notices will be issued under certain legislation. If a fixed penalty is not paid within the prescribed period, legal proceedings shall be instituted.

#### *i) Simple Cautions*

In some cases, Simple Cautions may be used as an alternative to prosecution. In order to offer a Simple Caution, there must be enough evidence for the matter to proceed to Court by way of prosecution, and the offender must admit guilt.

#### *j) Prosecution*

Without prejudicing the right of the Council to prosecute for any offence within its jurisdiction, prosecution will be considered in the case of serious offences, matters of significant public concern, failure to comply with a statutory notice, and repeated infringements.

Particular circumstances in which prosecution will also be considered include:

- The contravention involved fraud;
- The contravention involved deliberate or persistent breach of legal responsibility;
- The contravention was through gross negligence or carelessness and caused, or was likely to cause, significant loss or prejudice to another individual;
- The contravention led to, or contributed to, the health safety or well-being of people, animals or the environment being seriously compromised, or contributed to damage to the reputation or economic well-being of the Borough;
- The contravention involved the obstruction of an authorised officer in carrying out his or her duties, or violence or aggressive behaviour towards them;
- The contravention was an absolute offence under the legislation;
- The matter relating to the offence is widespread throughout the borough.



Cases will only be submitted for prosecution when it is considered that the sufficiency of evidence and the public interest requirement fall within the guidelines as laid down by the Attorney General and Crown Prosecution Service Code of Crown Prosecutors. Before deciding whether or not to prosecute, consideration will also be given to the following:

- The calibre and reliability of witnesses;
- The probable public benefit of a prosecution and the importance of the case – e.g., the possibility of establishing legal precedent;
- The contravention is trivial;
- Whether a Simple Caution would be more appropriate or effective;
- Cost effectiveness – a need to balance likely overall cost against the ‘value’ of the likely outcome;

#### 4. References

The Code for Crown Prosecutors

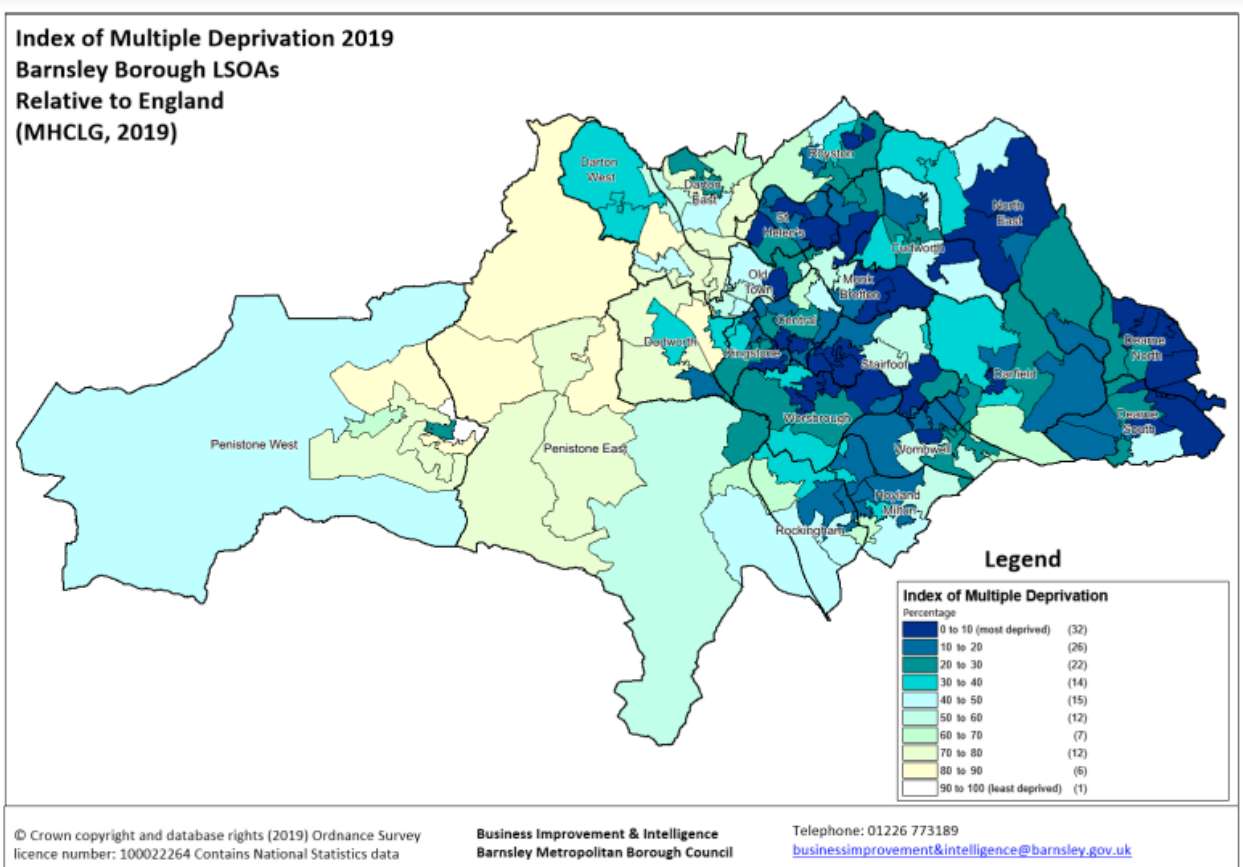
[http://www.cps.gov.uk/publications/code\\_for\\_crown\\_prosecutors/](http://www.cps.gov.uk/publications/code_for_crown_prosecutors/)

Regulators Code <https://www.gov.uk/government/publications/regulators-code>

Simple Cautions <https://www.gov.uk/government/publications/simple-cautions-guidance-for-police-andprosecutors>

## Appendix E – Index of Multiple Deprivation Data and Map of the Wards of Barnsley

| Area<br>▲▼     | Recent<br>Trend | Count<br>▲▼ | Value<br>▲▼ | 95%<br>Lower CI | 95%<br>Upper CI |
|----------------|-----------------|-------------|-------------|-----------------|-----------------|
| England        | -               | -           | 21.7        | -               | -               |
| Barnsley       | -               | -           | 29.9        | -               | -               |
| Dearne North   | -               | -           | 50.1        | -               | -               |
| St Helens      | -               | -           | 44.6        | -               | -               |
| Worsbrough     | -               | -           | 42.2        | -               | -               |
| Stairfoot      | -               | -           | 39.7        | -               | -               |
| Monk Bretton   | -               | -           | 38.5        | -               | -               |
| Kingstone      | -               | -           | 36.2        | -               | -               |
| Central        | -               | -           | 35.5        | -               | -               |
| Dearne South   | -               | -           | 35.3        | -               | -               |
| North East     | -               | -           | 33.6        | -               | -               |
| Wombwell       | -               | -           | 31.6        | -               | -               |
| Darfield       | -               | -           | 30.1        | -               | -               |
| Cudworth       | -               | -           | 29.8        | -               | -               |
| Royston        | -               | -           | 29.2        | -               | -               |
| Hoyland Milton | -               | -           | 26.5        | -               | -               |
| Rockingham     | -               | -           | 26.2        | -               | -               |
| Old Town       | -               | -           | 22.3        | -               | -               |
| Darton East    | -               | -           | 18.3        | -               | -               |
| Dodworth       | -               | -           | 17.1        | -               | -               |
| Darton West    | -               | -           | 15.1        | -               | -               |
| Penistone West | -               | -           | 12.1        | -               | -               |
| Penistone East | -               | -           | 10.8        | -               | -               |



## Vulnerable Groups (Geofutures, 2015)

Key: Supported by evidence Emerging evidence No/conflicting evidence

| Demographic   | Socio-economic              | Poor judgement/impairment        | Other              |
|---------------|-----------------------------|----------------------------------|--------------------|
| Youth         | Unemployment                | Low educational attainment       | Poor mental health |
| Older people  | Low income                  | Low IQ                           | SMS/alcohol        |
| Women         | Deprived                    | Under influence of drugs/alcohol | Problem gamblers   |
| Ethnic groups | Financial difficulties/debt | Learning disability              |                    |
|               | Homeless                    | Personal traits                  |                    |
|               | Migrants                    |                                  |                    |
|               | Prisoners/probation         |                                  |                    |

## Appendix G – Responsible Authorities

### The Licensing Authority

Barnsley Metropolitan Borough Council, Licensing, Legal Services, PO Box 634, Barnsley, S70 9GG  
Telephone: (01226) 773555

### South Yorkshire Police

South Yorkshire Police Licensing Department, Force Headquarters, Carbrook House, Carbrook Hall Road, Sheffield, S9 2EH  
Telephone: (01226) 726154

### South Yorkshire Fire Service

The Chief Fire Officer, South Yorkshire Fire and Rescue Services, Dearne District Fire Safety, Broadway, Barnsley, S70 6RA  
Telephone: (01226) 282222

### Health protection service

Director of Public Health, PO Box 634, Barnsley, S70 9GG  
Telephone: (01226) 773555

### The planning authority

Barnsley Metropolitan Borough Council, Planning and Transportation/Building Control, PO Box 604, Barnsley, S70 9FE  
Telephone: (01226) 770770

### Environmental protection service

Barnsley Metropolitan Borough Council, Regulatory Services, PO Box 604, Barnsley, S70 9FB  
Telephone: (01226) 773555

### Barnsley Safeguarding Children Partnership

Safeguarding Children Unit, PO Box 634, Barnsley, S70 9GG  
Email: [safeguardingchildrenboard@barnsley.gov.uk](mailto:safeguardingchildrenboard@barnsley.gov.uk)

### Gambling Commission

Victoria Square House, Victoria Square, Birmingham, B2 4BP  
Telephone: (0121) 230 6697  
Email: [info@gamblingcommission.gov.uk](mailto:info@gamblingcommission.gov.uk)  
Website: [www.gamblingcommission.gov.uk](http://www.gamblingcommission.gov.uk)

### HM Revenue and Customs

Excise Processing Teams, BX9 1GL  
Telephone: 0300 322 7072 (Option 7)

## Further Information

Further information about the Gambling Act 2005, this Statement of Licensing Policy or the application process can be obtained from:

Licensing  
Legal Services  
PO Box 634  
Barnsley  
S70 9GG

Tel: 01226 773843

Email: [licensing@barnsley.gov.uk](mailto:licensing@barnsley.gov.uk)

Website: [www.barnsley.gov.uk](http://www.barnsley.gov.uk)

Information is also available from:-

Gambling Commission  
Victoria Square House  
Victoria Square  
Birmingham  
B2 4BP

Telephone: (0121) 230 6697

Email: [info@gamblingcommission.gov.uk](mailto:info@gamblingcommission.gov.uk)

Website: [www.gamblingcommission.gov.uk](http://www.gamblingcommission.gov.uk)

## Notes

Amendments may have been made to relevant parts of this document and/or its appendices to correct any grammatical or spelling errors, provide clarity where required, meet government digital accessibility standards, or for other reasons to facilitate understanding.

**Statement of Gambling Policy Consultation Responses**

The statutory consultation ran for 10 weeks from the 28<sup>th</sup> of October 2022 until the 6<sup>th</sup> of January 2023 and the following three responses were received: -

**1) Very comprehensive. Thank you to Officers for their work.**

**2) Please can more information be added to the section around risks, including the below: -**

**Barnsley Council will assess each application relating to a premise that is: -**

- Close to an educational establishment, including colleges**
- Close to any centre dealing with addictions**
- Situated in an area of high deprivation**
- Close to locations that are visited by those who are unemployed such as job centres or food banks**
- Close to the location of businesses providing instant access to money such as payday**

Officer response –

The draft policy has been amended to include the following at 1.13 -

It is the Council's policy, upon receipt of any relevant representations, to consider specific location issues, including the possible impact that a gambling premise may have on:

- Organisations for children and young people, i.e., educational establishments.
- Residential areas where there may be a high concentration of families with children.
- Organisations for vulnerable adults i.e., centres dealing with substance use or organisations for those who are unemployed i.e., job centres or food banks
- Organisations providing instant access to money i.e., payday loans
- An area of particularly high deprivation
- Any area where evidence suggests that a gambling premise would be harmful to the health and wellbeing of residents
- The size of the premises and the nature of the activities taking place.
- Any levels of organised crime in the area.

Such information may be used to inform the decision the Council makes about whether to grant the licence, to grant the licence with special conditions, or to refuse the application.

Currently there are no identified areas of the borough in which a concentration of licensed premises exist that are leading to problems concerning the licensing

objectives. Should any specific policy be decided upon with regards to areas where gambling premises should not be located, this Policy will be updated, and each application will be considered on its own individual merits.

**3) I've read the policy and it looks really good. The stuff in there about vulnerable people and gambling harms I think really adds to the level of information given and the quality of the policy.**

**I have a few questions regarding the OSC recommendations. I'm not sure if they're appropriate for inclusion in the policy or if they sit somewhere else.**

- **Placement of Cat D machines in pairs**
- **Can we change the wording of consulting with public health colleagues to consulting with the Director of Public Health please?**
- **In terms of protecting vulnerable people, I think the recommendation for providing support material in other languages would fit with this**

**In terms of the recommendations for signposting. As per the cabinet recommendations, we would be recommend the NHS resources, not gamcare/gambleaware due to their ties with industry.**

**<https://www.nhs.uk/live-well/addiction-support/gambling-addiction/>**

Officer response –

- i) The draft policy has been amended at 2.051 to include the wording: -

**2.051 Betting Machines**

Section 181 contains an express power for licensing authorities to restrict the number of betting machines, their nature and the circumstances in which they are made available by attaching a licence condition to a betting premises licence. When considering whether to impose a condition to restrict the number of betting machines in particular premises, the Council, amongst other things, will take into account the size of the premises, the number of counter positions available for person-to-person transactions, and the ability of staff to monitor the use of the machines by children and young persons (as it is an offence for those under 18 to bet) or by vulnerable persons. ***Where it can be accommodated, we will also encourage the separate siting of betting machines.***

- ii) The Head of Public Health has confirmed that changing the Policy to state “The Director of Public Health” as opposed to “colleagues in Public Health” has no impact on the working practises in terms of considering applications received and so this will remain the same.



- iii) The draft policy has also been amended at 2.01, 2.02, 2.06, 2.103 and 2.022 to inform applicants that they should consider making any supporting material available in a variety of languages.
  
- iv) The draft policy has also been amended at 2.01, 2.02, 2.06, 5.05, 6022 and 6.0241 to recommend and signpost the NHS resource for addiction support, providing the link <https://www.nhs.uk/live-well/addiction-support/gambling-addiction/>

A copy of the draft Statement of Gambling Policy which has been updated to reflect the amended wording and points referred to above has been included in this report at Appendix 1.

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## BARNSELY METROPOLITAN BOROUGH COUNCIL

**REPORT OF:** EXECUTIVE DIRECTOR, CORE SERVICES

**TITLE:** Implementation of the 2023/24 Pay Policy Statement

|                                 |                      |
|---------------------------------|----------------------|
| <b>REPORT TO:</b>               | <b>Cabinet</b>       |
| <b>Date of Meeting</b>          | <b>22 March 2023</b> |
| <b>Cabinet Member Portfolio</b> | <b>Core Services</b> |
| <b>Key Decision</b>             | <b>Yes</b>           |
| <b>Public or Private</b>        | <b>Public</b>        |

### **Purpose of report**

The purpose of this report is to seek approval to implement the council's 2023/24 Pay Policy Statement in accordance with section 38 to 43 of the Localism Act 2011.

### **Council Plan priority**

The Pay Policy Statement contributes to the following council's strategic priorities:

- Healthy Barnsley
- Learning Barnsley
- Enabling Barnsley

### **Recommendations**

For council to approve the 2023/24 Pay Policy statement contained at Appendix 1.

## **1. INTRODUCTION**

- 1.1 Local Authorities are required under section 38(1) of the Localism Act 2011 (the Act) to prepare a Pay Policy Statement. The statement must articulate the council's policy towards the pay of the workforce, particularly Chief Officers and lowest paid employees.
- 1.2 The Act requires that Pay Policy Statements are produced annually, are considered by full council and are published on the council's website.

## **2. PROPOSAL**

2.1 The 2023/24 Pay Policy Statement has been reviewed in accordance with the Act and has been updated as follows.

New addition:

- Section 9 has been updated to incorporate the addition of the approvals process in relation the Special Severance Payments Statutory Code of Practice.

Updates:

- All paragraphs containing council links to internal documents have been updated to reflect the latest versions sat within SharePoint.
- Paragraph 2.5 has been updated to reflect the current and retitled School Teachers' Pay and Conditions Document 2022 and guidance on School Teachers' Pay and Conditions
- Paragraph 3.1 has been updated to reflect the latest salaries and hourly rate of pay.
- Paragraph 4.1 has been updated with the latest salaries, median average and pay multiple.
- Paragraph 4.2 has been updated to reflect the statement of accounts for 2021/22.
- Paragraph 8.2 removed as now falls under Section 9 relating to Special Severance Payments Statutory Code of Practice.
- Previous sections 9-12 have been renumbered to 10-13.

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

### **3.1 Financial and Risk**

There are no direct financial implications for the council as a result of this report.

The recommended policy provides information on how the council remunerates its employees and as such provides a standard framework to be applied to employee remuneration therefore reduces the risk of inconsistencies in this area.

### **3.2 Legal**

The Pay Policy consolidates a number of existing policies that have previously been reviewed by Legal Services.

### **3.3 Equality**

Equality Impact Assessment Pre-screening completed determining full EIA not required.

### **3.4 Sustainability**

Decision-making wheel not completed as not considered relevant for this report.

### **3.5 Employee**

The proposed Pay Policy Statement applies to all employees except those employed in locally managed schools and brings together a number of existing policies and local agreements in one document.

### **3.6 Communications**

To comply with mandatory requirements the Pay Policy will be published on the council's website.

## **4. CONSULTATION**

4.1 The Senior Management Team has been consulted.

4.2 The Communications and Marketing Team has been consulted.

4.3 The Trade Unions have been informed.

## **5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 An alternative option would be to not produce a Pay Policy Statement. However, this would contravene section 38(1) of the Localism Act 2011. Consequently, this is not a viable option.

## **6. REASONS FOR RECOMMENDATIONS**

6.1 For council to approve the 2023/24 Pay Policy statement contained at Appendix 1.

## **7. GLOSSARY**

DCLG – Department for Communities and Local Government.

## **8. LIST OF APPENDICES**

Appendix 1 – 2023/24 Pay Policy Statement.

## **9. BACKGROUND PAPERS**

9.1 DCLG Guidance: Openness and Accountability in Local Pay February 2012.

9.2 DCLG Guidance: Openness and Accountability in Local Pay Supplementary Guidance February 2013.

9.3 DCLG Local Government Transparency Code 2014.

9.4 Localism Act 2011

These documents are contained in working files in Human Resources and are available for inspection.

**10. REPORT SIGN OFF**

|  |   |
|--|---|
| <b>Financial consultation &amp; sign off</b> | Senior Financial Services officer consulted and date<br><br>Vanessa Hunter 22.12.2022 |
| <b>Legal consultation &amp; sign off</b>     | Legal Services officer consulted and date<br><br>Jason Field 22/12/22                 |

**Report Author: Anne Marie Tolan**  
**Post: Reward and HR Systems Manager**  
**Date: 22 December 2022**

**PAY POLICY STATEMENT FOR THE PERIOD 1 APRIL 2023 TO 31 MARCH 2024****Contents**

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| Section 3.0  | <a href="#"><u>Lowest Paid Salary</u></a>  | Page 7  |
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## **PAY POLICY FOR THE PERIOD 1 APRIL 2023 TO 31 MARCH 2024**

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### **1.0 INTRODUCTION AND SCOPE**

- 1.1 At Barnsley Council we value diversity and are committed to equality within our workforce. Our ambition for Barnsley Council is to be a place where everyone is valued, respected, treated fairly and with dignity. The approach we take to equality and diversity is informed by our Vision and Values and seeks to address the challenges we face, and to learn from the progress and achievements we have made so far.
- 1.2 Pay fairness is an important part of this commitment and as well as defining our policy on pay and related allowances, as a council, we are working on actions identified to tackle our gender pay gap.
- 1.3 In addition, Section 38 - 43 of the Localism Act 2011 (as supplemented) requires Barnsley Metropolitan Borough Council (referred to as the Council) to produce a policy statement that covers a number of matters concerning the pay of the Council's employees.
- 1.4 It details the arrangements for the determination of salary, how salary levels are determined, the method for pay progression (where applicable) and the payment of allowances. It should be noted that the policy does not apply to employees within locally managed schools.

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### **2.0 DETERMINATION OF PAY**

#### **2.1 Chief Officers**

The Council's policy on remunerating Chief Officers is set out below and in Annex A. For the purpose of the policy a Chief Officer is defined as the Chief Executive and Executive Directors. The terms and conditions of employment for such Chief Officers are as specified in the Joint National Committee for Chief Executives and Joint National Committee for Chief Officers as supplemented by Local Agreements.

##### **2.1.1 Salary on Appointment**

The post will be advertised and appointed to at the agreed approved salary unless there is good evidence that a successful appointment of a person with the required skills, knowledge, experience, abilities and qualities cannot be made without varying the remuneration package. In such circumstances a variation to the remuneration package is appropriate under the Council's policy and any variation will be approved through the appropriate decision making process.

##### **2.1.2 Pay Increases**

The Council will apply any pay increases that are agreed by relevant national negotiating bodies and/or any pay increases that are agreed through local negotiations. The Council will also apply any pay increases that are as a result of authority decisions to significantly increase the duties and responsibilities of the post in question beyond the normal flexing of duties and responsibilities that are expected in



senior posts. Beyond this the Council would not make additional payments outside those specified in the contract of employment.

## **2.2 NJC Grades 1 to 17**

The Council uses the National Joint Council (NJC) Job Evaluation Scheme and has a pay structure consisting of 17 Grades which can be found in the link below.

### [17 Grade Pay Structure](#)

The grading structure currently covers all staff on NJC terms and conditions up to Heads of Service level.

The pay grades for positions on NJC terms and conditions are determined utilising the NJC Job Evaluation scheme which is implemented jointly with the respective Trade Unions.

### **2.2.1 Salary on Appointment**

Employees appointed to positions on NJC Grades 1 to 17 will normally be placed on the first point of the grade for the post. However, managers, in consultation with their Service Director have the discretion to award higher starting points within the grade of the post in order to salary match or if justified by the skills and experience of the candidate.

### **2.2.2 Salary on Promotion/Secondment**

On promotion or secondment employees should normally be placed on the first point of the grade for the post. However, managers, in consultation with their Service Director have the discretion to award higher starting points within the grade of the post in order to salary match or if justified by the skills and experience of the candidate.

### **2.2.3 Pay Increases**

The Council will apply any pay increases that are agreed by relevant national negotiating bodies and/or any pay increases that are agreed through local negotiations.

### **2.2.4 Pay Progression**

Pay progression for employees on NJC Grades 1 to 17 is as outlined in the Incremental Pay Progression Guidance attached in the link below.

### [Pay Progression](#)

## **2.3 Service Directors**

Service Directors will be paid on the same fixed salary determined through pay benchmarking.

2.3.1 Salary on Appointment

Appointments will be to the agreed fixed salary for Service Directors unless there is good evidence that a successful appointment of a person with the required skills, knowledge, experience, abilities and qualities cannot be made without varying the remuneration package. In such circumstances a variation to the remuneration package is appropriate under the Council's policy and any variation will be approved through the appropriate decision making process.

2.3.2 Pay Increases

The Council will apply any pay increases that are agreed by relevant national negotiating bodies and/or any pay increases that are agreed through local negotiations. The Council will also apply any pay increases that are as a result of authority decisions to significantly increase the duties and responsibilities of the post in question beyond the normal flexing of duties and responsibilities that are expected in senior posts. Beyond this the Council would not make additional payments outside those specified in the contract of employment.

**2.4 Soulbury Officers**

2.4.1 Salary on Appointment

The Soulbury Committee provides a voluntary collective bargaining machinery in respect of the salaries and service conditions of the following categories: -

- a) Educational Improvement Professionals
- b) Educational Psychologists

An employee appointed to one of these positions for the first time shall be placed at the minimum of the scale deemed appropriate by the Council. Where the employee has had previous experience which the authority considers should be regarded as equivalent value to service, the Council shall determine a higher incremental point up to the maximum.

2.4.2 Educational Improvement Professionals

A salary scale for Educational Improvement Professionals should consist of no more than 4 points (subject to additional points needed to accommodate discretionary scale extensions or SPA points).

Educational Improvement Professionals undertaking the full range of duties would usually be appointed on a minimum point of 8.

Senior Educational Improvement Professionals undertaking the full range of duties would usually be appointed on a minimum point of 13

Leading Educational Improvement Professionals undertaking the full range of duties would usually be appointed on a minimum point of 20.

[Educational Improvement Professionals pay scale](#)

2.4.3 Educational Psychologists

Trainee Educational Psychologists in their second and third year of training should be paid on a point selected from the 6 point Trainee Educational Psychologist pay scale. While Trainee Educational Psychologists will be employed on the basis that they will

be available for work for 3 days per week in the second year and 4 days per week in the third year of training, it is not intended that their pay rates should be applied on any pro rata basis

Assistant Educational Psychologists are paid on the Assistant Educational Psychologist pay scale and should not remain on this scale for more than 4 years. Educational Psychologists would usually be appointed on an individual 6 point pay range on Scale A which will be 1-6, 2-7 or 3-8 based on an assessment of recruitment and retention and other local factors. Managers have the discretion to appoint above the minimum of the selected scale.

Senior Educational Psychologists would usually be appointed on a 4 point pay range on Scale B

Principal Educational Psychologists would usually be appointed on a 4 point pay range on Scale B with a minimum starting point of point 4.

Educational Psychologists paid on Scales A/B are also eligible for up to 3 Structured Professional Assessment (SPA) points

#### [Educational Psychologists Pay Scale](#)

##### 2.4.4 Salary on Promotion/Secondment

On promotion or secondment employees should normally be placed on the first point of the range for the post. However, managers, in consultation with their Service Director have the discretion to award higher starting points within the grade of the post in order to salary match or if justified by the skills and experience of the candidate.

(The Council should provide a career structure for Educational Psychologists and further details can be obtained from The Report of the Committee on Salary Scales and Service Conditions of Inspectors and Advisory Officers of Local Education Authorities).

##### 2.4.5 Incremental Pay Progression

The pay awards for Advisors, Inspectors and Psychologists are effective from 1<sup>st</sup> September each year subject to six months service in the post, until the maximum of the grade is reached.

Soulbury staff also have the opportunity to apply for up to 3 further points on the salary scale (in addition to their 4-point range) and these are called Structured Professional Assessment points (SPA's). A copy of the application for Structured Professional Assessment Points Guidance notes can be found in the link below: -

#### [Structured Professional Assessment Guidance](#)

## 2.5 Centrally Employed Teachers

The pay policy for Centrally Employed Teachers falls under the terms of the School Teachers Pay and Conditions and guidance on School Teachers' Pay and Conditions Document (referred to as the Document).

[School Teachers' Pay and Conditions Document 2022 and guidance on School Teachers' Pay and Conditions](#)

The Council will review every qualified teacher's salary with effect from 1 September each year. Reviews may take place at other times of the year to reflect any changes in circumstances or job descriptions that will affect pay.

The statutory pay arrangements give significant discretion over the awarding of allowances and the criteria used by the Council to determine the application of the discretionary elements. Decisions on the way these discretions will be used are the responsibility of the Executive Director, Children's Services.

**2.6 Adult Education Tutors**

2.6.1 Following the cessation of the (Silver Book) a Local Agreement for Adult Education Lecturers was agreed and implemented in September 2002. The Agreement covers staff employed as Lecturers (Qualified and Unqualified), Curriculum Co-ordinators, Lead Tutors, Curriculum Support and Information Officers Learning /Project Co-ordinators.

[Adult Education Tutors Pay Scales](#)

2.6.2 Salary on Appointment

A new employee to the Service would normally be appointed at the bottom of the relevant pay scale although additional increments may be considered for previous relevant experience or continuous service in establishments recognised under the Redundancy Payments (Modification) Order 1999.

2.6.3 Pay Progression

The pay awards for employees covered by the Local Agreement for Adult Education Lecturers 2008 are based upon the pay increase awarded to JNC Youth and Community Workers. Any such awards are effective from 1<sup>st</sup> September each year.

During employment annual increments shall be awarded on 1<sup>st</sup> September each year subject to six months service in the post, until the maximum of the grade is reached.

**2.7 Agenda For Change**

The Agenda for Change pay structure is applicable to staff within the extended remit of the NHS Pay Review Body (NHSPRB). The pay spine is divided into 9 pay bands (pay band 8 is subdivided into 4 ranges) and positions were assigned to a pay band in accordance with the NHS Job Evaluation Scheme.

2.7.1 Salary on Appointment

Upon commencement to a post staff were normally appointed to the lowest pay point of the agreed band with the exception of staff appointed on Band 5 who have accelerated progression through the first two pay points in six monthly steps providing management are satisfied that they meet the required 'standard of practice'. This 12-month period is known as the 'Preceptorship'. Employees affected by TUPE transferred on the same terms and conditions applicable pre-transfer. The Council

reserves the right to evaluate and appoint to all new posts in accordance with the NJC terms and conditions for Local Government Employees.

2.7.2

Salary on Promotion

Pay on promotion should be set either at the minimum of the new pay band or, if this would result in no pay increase, the first pay point in the band which would deliver an increase in pay. However, as stated in 2.7.1, the Council reserves the right to evaluate and appoint to all posts, including promotion opportunities, in accordance with the NJC terms and conditions for Local Government Employees.

2.7.3

Pay Progression

Progression through the individual pay bands is by annual increments on the anniversary of appointment to the post. This progression is dependent upon satisfactory performance in the role and demonstration of the agreed knowledge and skills appropriate to that part of the pay band as detailed in the NHS Knowledge and Skills Framework.

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**3.0**

**LOWEST PAID SALARY**

3.1

The lowest pay point in this Council is Grade 1 point 1 which equates to an annual salary of £20,441 and can be expressed as an hourly rate of pay of £10.60.

3.2

The Council is committed to tackling low pay and has pledged to pay a low pay supplement equivalent to the Foundation Living Wage rate.

3.3

The pay rate is increased in accordance with any pay settlements which are reached through the National Joint Council for Local Government Services and through increases to the Living Wage as advised by the Living Wage Foundation.

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**4.0**

**HIGHEST PAID SALARY**

4.1

The highest paid salary in this council is currently £184,884 which is paid to the Chief Executive. The median average salary in this council (not including schools) is £30,151. The ratio between the two salaries, the 'pay multiple' is 6.13:1. The authority is conscious of the need to ensure that the salary of the highest paid employee is not excessive and is consistent with the needs of the Council and as such the Council takes the view that the pay multiple acts as a control element which will be monitored and reported annually as part of the review of this Pay Policy.

4.2

The Council is required to publish Chief Officer salaries on an annual basis as part of the Statement of Accounts. Details can be found at:

[Statement of Accounts 2021/22](#)

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**5.0**

**OTHER PAY RELATED POLICIES**

A number of other pay related policies are outlined below which are applicable to all employees except centrally employed school teachers, whose statutory pay and conditions of service fall under the terms of the School Teachers Pay and Conditions Document. The information contained below provides a summary of allowances and

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must be read in conjunction with the relevant 'Conditions of Service' document/Local Agreement.

The Council also has a protocol which allows changes to working practices to be agreed and implemented. As a consequence, the agreements relating to premium payments, shift allowances and standby payments may have been varied from the standard agreement.

## 5.1 **Allowances**

### 5.1.1 **Bank Holiday Working**

- Employees required to work on a public or extra statutory holiday shall, in addition to the normal pay for that day, be paid plain time rate for all hours worked within their normal working hours for that day. In addition, at a later date, time off with pay shall be allowed as follows:
  - Time worked less than half the normal working hours on that day - half day
  - Time worked more than half the normal working hours on that day - full day

### 5.1.2 **Overtime/Additional Hours**

- Overtime rates – Employees who are required to work overtime/additional hours beyond their working week are entitled to receive enhancements on the following basis
  - Monday to Sunday - time and half

The Council has a Planned Overtime Policy which applies to employees of Grade 7 and above who undertake overtime. Full details of the provision can be found at: [Planned Overtime Policy](#)

- Part-time employees will only be paid overtime rates in circumstances where an equivalent full time employee would receive them e.g. for a part-time employee who normally works Monday to Friday, work up to 37 hours per week will be paid at plain time, thereafter and at weekends overtime rates will be payable.

### 5.1.3 **Weekend Working**

- Employees who are required to work on Saturday and/or Sunday as part of their normal working week are entitled to the following enhancements:
  - Monday to Sunday - time and half

### 5.1.4 **Night work**

Employees who work at night as part of their normal working week are entitled to receive an enhancement of time and half for all hours worked between 10pm and 6am, Monday to Sunday i.e. no additional enhancement is payable for weekend working.

The night rate shall be payable in addition to the enhanced rates of pay for additional hours (overtime) worked on a Monday to Sunday night between the hours of 10pm and 6am e.g. an employee working Saturday night as overtime will receive time and half for hours worked Saturday plus an additional 50% of the hourly rate due to working at night (between 10pm and 6am).

5.1.5

Alternating Shifts

- An enhancement of 10% will be payable to employees working alternating shifts providing all of the following criteria are met:
  - The total period covered by the shifts is 11 hours or more
  - There are at least 4 hours between the starting time and the earliest and latest shift

5.1.6

Rotating Shifts

- An enhancement equivalent to:
  - 10% of salary for three shifts on a rota basis including a night shift over 5 or 6 days, or
  - 10% of salary for three shifts on a rota basis including a night shift over 7 days will be payable to employees working rotating shifts providing all of the following criteria are met:
    - ◆ The total period covered by the shifts is 18 hours or more
    - ◆ At least 4 hours worked between 7pm and 7am.

5.1.7

In addition to the above mentioned the Council has a number of local agreements covering areas such as:

- Car Mileage Allowance - employees who use their private car whilst undertaking official business in the course of their employment, mileage will be reimbursed at the Approved Mileage Allowance Payments (AMAP) rates as specified by HM Revenue and Customs.
- Recruitment and Retention Procedure - provides a series of payment options to assist with recruitment and retention issues.
- Deprivation of Liberty Safeguards Payments - The Council has a statutory duty to undertake assessments under Deprivation of Liberty Safeguards (DOLS). A payment will be made in accordance with the local agreement.
- Laundry Allowance - additional payment to recompense employees for cleaning allocated uniforms.
- Standby/Call out - An employee who is contractually required or volunteers to be available on a standby/call out basis will be recompensed by payment of an amount determined locally.
- Approved Mental Health Professionals (AMHP) allowance - Is an annual allowance paid over 12 equal monthly instalments to AMHP's who undertake this role in addition to their post.

The above is not an exhaustive list of local agreements.

**6.0**            **PROFESSIONAL SUBSCRIPTIONS**

6.1            This payment of fees currently applies only to employees of Legal Services who are Solicitors and are required to hold a practising certificate and for Social Care Workers who are required to be registered by the British Association of Social Workers (BASW) Payment will not be made for membership of any other professional organisation, whether or not membership is a requirement of the appointment.

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**7.0**            **REMUNERATION COMMITTEES**

7.1            The Council does not utilise a Remuneration Committee to determine grading of posts. The evaluation of posts is a complex issue requiring use of specialised trained panels to recommend grades for posts as determined by the appropriate evaluation process. Recommended grades are subject to approval by the agreed Council decision making process i.e. Delegated/Cabinet Reports.

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**8.0**            **SELECTIVE VOLUNTARY EARLY RETIREMENT/VOLUNTARY SEVERANCE POLICY**

8.1            The Selective Voluntary Early Retirement and Voluntary Severance schemes enable the Council to reduce the size of its workforce in line with prevailing economic conditions, whilst at the same time compensating eligible employees by either immediate payment of pension benefits and/or a redundancy payment. The Council's Policy relating to all employees who are members of the Local Government Pension Scheme can be found at:

[SVER and VS Policy](#)

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**9.0**            **SPECIAL SEVERANCE PAYMENTS**

9.1            A special severance payment can be made to employees outside of statutory contractual or other requirements when leaving employment. The council may consider making such a payment in exceptional circumstances. The rationale for making a Special Severance payment will be particular to the circumstances and the type of special severance payment will vary accordingly. Further examples of these are covered in the Government guidance below.

[Special Severance Payments Guidance](#)

9.2            Where the level of payment is £100,000 and above, then approval must be sought from full council.

9.3            Where the level of payment is £20,000 and above, but below £100,000 then approval must be sought by the Head of Paid Service (delegated to SD's and S151 Officer), with a clear record of the Leader's approval and that of any others who have signed off the payment.

9.4            Where the level of payment is below £20,000, then approval must be sought in accordance with the councils' scheme of delegation.

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**10.0            EMPLOYMENT OF PERSONS IN RECEIPT OF A PENSION OR REDUNDANCY/  
SEVERANCE PAYMENT**

- 10.1            The authority is under a statutory duty to appoint on merit and has to ensure that it complies with all appropriate employment and equalities legislation. The authority will always seek to appoint the best available candidate to a post who has the skills, knowledge, experience, abilities and qualities needed for the post.
- 10.2            If a candidate is an employee in receipt of a pension (this includes ill health pensions) from a public sector organisation including local government, civil service, teachers pensions, police (Civil or Warranted Officers), armed forces, or any other covered by the Modification Order or a redundancy/ severance payment as a result of being made redundant this will not rule them out from being employed by the authority.
- 10.3            The re-engagement of public sector employees can, provide practical solutions to specific workload/project staffing needs due to their previous knowledge and experience.
- 10.4            The authority will consider applications from persons in receipt of pensions and there is no barrier to such a person being appointed. Pensions Regulations have provisions to reduce pension payments in certain circumstances of those who return to work within local government service. Should an applicant in receipt of a pension be successful, they should be advised that commencing employment with the authority may affect their pension entitlements and they should therefore seek advice from the relevant Pensions Authority
- 10.5            The authority will also apply the provisions of the Statutory Redundancy Payments Modification Order regarding the recovery of redundancy payments if this is relevant and appropriate.

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**11.0            PENSION SCHEMES**

**11.1            Local Government Pension Scheme**

Eligible employees automatically become a member of the Local Government Pension Scheme (LGPS) if they have a contract of employment for at least three months. Where the employee has a contract for less than three months, the employee may elect to join the scheme. However, LGPS scheme regulations are superseded by pension's auto-enrolment legislation which requires all employees to automatically pay pension contributions where the earnings level is above the threshold. Employees may choose to opt out of auto-enrolment. The LGPS is a tax approved occupational pension scheme set up under the Superannuation Act 1972. The contribution rate depends on the level of earnings but is currently between 5.5% and 12.5% of pensionable pay.

The Council pays the balance of the cost of providing benefits in the LGPS currently 16.3%. Every three years an independent review is undertaken to calculate how much the employer should contribute to the Scheme. Increases or decreases in the cost of providing the scheme may, in future, need to be shared between members and employers, in accordance with government guidance.

Full details of the LGPS can be found at:

[South Yorkshire Pensions Authority - Homepage](#)

11.2 **Teachers Pensions Scheme**

For Centrally employed teachers or posts that the Council decides are eligible for membership of the Teacher's Pension Scheme (TPS) new appointees will automatically become scheme members.

The TPS is a contributory scheme administered by Teachers' Pensions (TP) on behalf of the Department for Education (DfE). It is a defined benefit 'final salary' scheme providing a lump sum and pension after retirement. Members of the TPS contributions rates range from 7.4% to 11.7% depending on the level of earnings. The Council pays a further 23.68%.

Information relating to the TPS can be found at:

[Teachers Pension Scheme](#)

11.3 **NHS Pension Scheme**

Some employees in Public Health roles have pension protections and continue to contribute to the NHS Pension scheme.

Information relating to the scheme can be found at:

[NHS Pension Scheme](#)

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12.0 **AMENDMENTS TO THE POLICY**

12.1 It is anticipated that this policy will not need to be amended further during the period it covers i.e. 1 April 2023 to 31 March 2024, however if circumstances dictate that a change of policy is considered to be appropriate during the year then a revised draft will be presented to full Council for consideration.

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13.0 **POLICY FOR FUTURE YEARS**

13.1 The policy will be reviewed each year and will be presented to full Council each year for consideration in order to ensure that a policy is in place for the Council prior to the start of each financial year.

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14.0 **EQUALITY AND DIVERSITY**

14.1 This policy has been impact assessed by Human Resources, if on reading this policy you feel there are any equality and diversity issues, please contact your Directorate Human Resources Business Partner who will if necessary, ensure the policy is reviewed.

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15.0 **INCOME TAX AND NATIONAL INSURANCE CONTRIBUTIONS**

- 15.1 Sections 682-702 of the Income Tax (Earnings and Pensions) Act 2003 (ITEPA) impose a duty on an employer to account for PAYE on employment income paid to employees. PAYE applies to all payments of income within the charge to tax under ITEPA 2003.
- 15.2 There are three classes of national insurance contributions (NICs) which are payable by or in respect of employees:
- Class 1 contributions, which are earnings related. Primary contributions are paid by “employed earners” secondary contributions are paid by employers.
- Class 1A contributions, which are payable annually by secondary contributors only, based upon taxable value of benefits reported on forms P11D.
- Class 1B contributions, which are payable annually by secondary contributors only, based on the tax borne under a PAYE Settlement Agreement (PSA).
- 

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## Annex A Chief Officer Remuneration

| Aspect of Chief Officer Remuneration  | BMBC Policy   |
|---|---|
| Recruitment   | The post will be advertised and appointed to at the appropriate approved salary for the post in question unless there is good evidence that a successful appointment of a person with the required skills, knowledge, experience, abilities and qualities cannot be made without varying the remuneration package. In such circumstances a variation to the remuneration package is appropriate under the Council's policy and any variation will be approved through the appropriate decision making process.            |
| Pay Increases   | The Council will apply any pay increases that are agreed by relevant national negotiating bodies and/or any pay increases that are agreed through local negotiations. The Council will also apply any pay increases that are as a result of authority decisions to significantly increase the duties and responsibilities of the post in question beyond the normal flexing of duties and responsibilities that are expected in senior posts subject to approval by the appropriate decision making process.              |
| Additions To Pay  | The Council would not make additional payments beyond those specified in the contract of employment.  |
| Performance Related Pay   | The Council does not operate a performance related pay system as it believes that it has sufficiently strong performance management arrangements in place to ensure high performance from its senior officers. Any areas of under-performance are addressed in accordance with Council Policy.  |
| Earn-Back ( Withholding an element of base pay related to performance)        | The authority does not operate an earn-back pay system as it believes that it has sufficiently strong performance management arrangements in place to ensure high performance from its senior officers. Any areas of under-performance are addressed rigorously.  |
| Bonuses   | The Council does not pay bonus payments to employees.   |
| Termination Payments  | The Council applies its normal redundancy payments arrangements to senior officers and does not have separate provisions for senior officers. The Council also applies the appropriate Pensions regulations when they apply. The Council has agreed policies in place on how it will apply any discretionary powers it has under Pensions regulations. Any costs that are incurred regarding senior officers are published in the Council's accounts as required under the Accounts and Audit (England) Regulations 2011. |
| Transparency  | The Council meets its requirements under the Localism Act, the Code of Practice on Data Transparency and the Accounts and Audit Regulations in order to ensure that it is open and transparent regarding senior officer remuneration.   |
| Employment of persons in receipt of a pension or redundancy/severance payment | Refer to Section 9.   |

**BARNSELY METROPOLITAN BOROUGH COUNCIL****REPORT OF: EXECUTIVE DIRECTOR, CORE SERVICES****TITLE: GENDER PAY GAP REPORT 2022**

|                                 |                      |
|---------------------------------|----------------------|
| <b>REPORT TO:</b>               | <b>Cabinet</b>       |
| <b>Date of Meeting</b>          | <b>22 March 2023</b> |
| <b>Cabinet Member Portfolio</b> | <b>Core Services</b> |
| <b>Key Decision</b>             | <b>No</b>            |
| <b>Public or Private</b>        | <b>Public</b>        |

**Purpose of report**

The purpose of this report is to provide the findings of the council's Gender Pay Gap Report as of 31 March 2022.

**Council Plan priority**

The Gender Pay Gap Report contributes to the following council's strategic priorities: -

- Healthy Barnsley
- Learning Barnsley
- Enabling Barnsley

**Recommendations**

That Cabinet notes the results outlined in Appendix 1.

**1. INTRODUCTION**

- 1.1 The Government published the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which implemented the mandatory gender pay gap reporting requirement for public sector employers with 250 or more employees. As a result of this, public sector bodies are required to publish details of their gender pay gap no later than 30 March each year using pay data as of 31 March the previous year.
- 1.2 Our ambition for Barnsley Council is to be a place where everyone is valued, respected, treated fairly and with dignity. We continue to believe in pay fairness and transparency, demonstrated by the positive results of our 2022 Gender Pay Gap.

- 1.3 The findings from our gender pay gap reports are published on the Government's [Gender Pay Gap Reporting Service portal](#) and on the [Gender Pay section](#) on our website. The full results from the gender pay gap analysis and the supporting narrative can be found in Appendix 1 – Gender Pay Gap Report 2022.

## 2. PROPOSAL

### 2.1 The calculations

- 2.1.1 Two statistical measures of 'average pay' have been used for our gender pay gap as identified in the ACAS guidance.
- 2.1.2 A **Mean** average involves adding up all the numbers and dividing the result by how many numbers were in the list.
- 2.1.3 A **Median** average involves listing all the numbers in numerical order. If there is an odd number of results, the median average is the middle number. If there is an even number of results, the median will be the mean of the two central numbers.
- 2.1.4 Whilst a mean (or average) is traditionally a popular measure, averages are affected more by who is included in the data collection. It is more influenced by very low or very high pay, compared with the rest of the sample. For example, if we included several highly paid employees the mean pay could increase significantly.

The median however is less influenced by low or high earners and is usually a better measure of a mid-point and for this reason, we consider that median pay is a more representative figure than mean pay.

### 2.2 Gender pay gap results

- 2.2.1 The gender pay gap analysis indicates positive results with a 0% median gender pay gap for the hourly rate of pay and 0% for median bonus pay.
- 2.2.2 All the results from the gender pay gap analysis and supporting narrative can be found at Appendix A – Gender Pay Gap Report 2022
- 2.2.3 Comparisons of the 2021 gender pay gap (hourly rates of pay and bonus pay) have been undertaken using available data from councils within the Yorkshire and Humber region. There are no 2022 comparisons due to the lack of available data based on that the reporting period is still open.

| Employer                                       | % Difference in hourly rate (Median) | % Difference in hourly rate (Mean) | % Difference in bonus pay (Median) | % Difference in bonus pay (Mean) |
|--|--------------------------------------|------------------------------------|------------------------------------|----------------------------------|
| Barnsley Metropolitan Borough Council          | 0                                    | 3.3                                | 0                                  | -100                             |
| Calderdale Metropolitan Borough Council        | -4.1                                 | 1.5                                | -88.1                              | 47.8                             |
| City of Bradford Metropolitan District Council | 9.6                                  | 7.1                                | 0                                  | 0                                |
| City of York Council                           | -0.5                                 | 6.8                                | 0                                  | 0                                |
| Doncaster Metropolitan Borough Council         | 13.9                                 | 12.9                               | 0                                  | 0                                |
| East Riding of Yorkshire Council               | 0                                    | 6.8                                | 0                                  | 0                                |
| Hambleton District Council                     | 0                                    | 0.8                                | 0.9                                | 2.1                              |
| Harrogate Borough Council                      | -7.2                                 | -2.5                               | 73.2                               | 55.0                             |
| Kirklees Council                               | 15.3                                 | 9.3                                | 0                                  | 0                                |
| Leeds City Council                             | 9.5                                  | 4.9                                | 24.0                               | 20.7                             |
| North Yorkshire County Council                 | 16.3                                 | 11.6                               | 0                                  | 0                                |
| Rotherham Metropolitan Borough Council         | 11.2                                 | 9.2                                | 0                                  | 0                                |
| Sheffield City Council HQ                      | 3.1                                  | 0                                  | 0                                  | 0                                |
| Wakefield Metropolitan District Council        | -1.8                                 | 2.3                                | 0                                  | 0                                |

## 2.3 Hourly rate of pay

2.3.1 Results show that in the 2022 pay period a female employee earns on average either 0% less (median) or 3.4% less (mean) than a male employee according to the measurement chosen. This is compared with 14.9% nationally according to the Office for National Statistics.

2.3.2 Median hourly rates are £13.99 for both females and males, whereas mean hourly rates are £15.22 for females and £15.75 for males.

2.3.3 It is believed the median and mean pay gaps have altered in the 2022 pay period due to continued changes in the gender makeup of the organisation, and an increase in hourly rates of pay due to incremental progression.

## 2.4 Bonus pay and proportion of employees receiving a bonus payment

2.4.1 For our gender pay gap reporting purposes, bonus payments include the overall number of employees receiving the following:

- Long service award of a £100 voucher awarded to all employees upon achievement of 25 years' service
- One-off payments to recruit or retain employees in key posts to ensure we maintain a skilled and experienced workforce.

2.4.2 Results show that in the 2022 pay period a female employee earns on average either 0% less (median) or 39.9% (mean) less than a male employee according to the measurement chosen.

2.4.3 The median bonus pay continues to show that females and males are paid equally. There were 30 employees who received £100 voucher, 24 female (80%) and 6 male (20%). This reflects an increase for females but a decrease for males in 2022 compared with 2021 (15 females and 8 males).

2.4.4 The mean bonus pay shows that female employees receive 39.9% less in bonus pay than male employees which is due to the recruitment and retention payments made to two males being higher than the recruitment and retention payments made to 6 females. Recruitment and retention applications are received ad hoc and as they relate to specific posts they may attract different grades to others, hence why payments differ. All applications are however treated the same and undergo a rigorous approvals process including assessing any impact on equalities. This is why the median pay is a more representative figure than mean pay, as the results show that bonus pay will continue to fluctuate as a result of these payments.

2.4.5 The proportion of employees receiving a bonus payment (0.8% female and 1.4% male) indicates broadly that both male and female employees are treated the same with only a 0.6% difference.

## 2.5 **Quartile pay bands**

2.5.1 The headcount for full pay relevant employees as 31st March 2022 was 2,707. When arranged by lowest hourly rate of pay to the highest hourly rate of pay and the total divided into four quartiles, the analysis continues to show that the gender distribution between the four quartiles is not even. Overall, more females are employed (67.0%) than males (33.0%), with female employees making up approximately 70.6% of the three lowest grades (1-3) which sit in the lower quartile.

## 2.6 **Action plan and future developments**

2.6.1 Over the last 12 months, we have:

- reviewed our whole recruitment process to improve gender attraction and progression opportunities and continue to consider how we can attract, recruit and retain a diverse workforce

2.6.2 Over the next 12 months, we will:

- review and address areas of gender under-representation within services
- include career pathways within our service transformation plans
- continue to monitor leavers by gender and grade, including reasons for leaving, learning and acting on any feedback received.

2.6.3 To ensure we can continue to fulfil our journey to address our gender pay gap, the actions above will be picked up within the appropriate existing action plans such as our Diversity and Inclusion workplan and our People Strategy Action plan.

## **IMPLICATIONS OF THE DECISION**



### **3.1 Financial and Risk**

There are no direct financial implications for the council as a result of this report.

The ACAS guidance on gender pay gap reporting provides a standard framework to be applied to calculate gender pay gaps which therefore reduces the risk of inconsistencies in this area.

Undertaking Gender Pay Gap Reporting is a tool to identify and mitigate the risks associated with gender pay differentials, along with our job evaluation process.

### **3.2 Legal**

There are no legal implications for the council arising from this report.

### **3.3 Equality**

Equality Impact Assessment Pre-screening completed determining full EIA not required.

### **3.4 Sustainability**

Decision-making wheel not completed as not considered relevant for this report.

### **3.5 Employee**

There are no direct employee implications for the council as a result of this report.

### **3.6 Communications**

The Communication and Marketing team are aware of the outcome of the 2022 Gender Pay Gap analysis and have provided support in developing the narrative to ensure it is clear and understandable. The team will also provide support and guidance on any media activity arising from the outcome.

To comply with mandatory requirements the Gender Pay Gap results and supporting narrative will be published on the Government's [Gender Pay Gap Reporting Service portal](#) and on the [Gender Pay section](#) on our website.

## **4. CONSULTATION**

4.1 The Senior Management Team has been consulted

4.2 The Equalities and Inclusion Team has been consulted.

4.3 The Communications and Marketing Team has been consulted

4.4 The Trade Unions have been informed.

## 5. ALTERNATIVE OPTIONS CONSIDERED

5.1 There are no alternative approaches that we can consider due to the mandatory requirement to report our gender pay gap as a result of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.

## 6. REASONS FOR RECOMMENDATIONS

6.1 To provide the findings of the council's Gender Pay Gap Report as of 31 March 2022.

## 7. GLOSSARY

ACAS - Advisory, Conciliation and Arbitration Service

GEO - Government Equalities Office

## 8. LIST OF APPENDICES

Appendix 1: Gender Pay Gap Report 2022.

## 9. BACKGROUND PAPERS

ACAS Managing gender pay gap reporting guidance.

Gov.UK: Gender Pay Gap Reporting – Collection guidance

Office of National Statistics (ONS): Gender pay gap in the UK 2022 - for national average gender pay gap figure.

## 10. REPORT SIGN OFF

|  |   |
|--|---|
| <b>Financial consultation &amp; sign off</b> | Senior Financial Services officer consulted and date<br><br>Vanessa Hunter 22.12.2022 |
| <b>Legal consultation &amp; sign off</b>     | Legal Services officer consulted and date<br><br>Jason Field 22/12/22                 |

**Report Author: Anne Marie Tolan**  
**Post: Reward and HR Systems Manager**  
**Date: 21 December 2022**

Barnsley  
**20  
30**



# Gender Pay Gap Report 2022



**BARNLSLEY**  
Metropolitan Borough Council

At Barnsley Council we value diversity and are committed to equality and inclusion within our workforce.

We want our council to be a place where everyone is valued, respected, treated fairly and with dignity.

We maintain our belief in pay fairness and transparency, which is why I am pleased to say that our median pay gap remains at zero and our mean pay gap, has increased very slightly by 0.1% to 3.4%.

We continue to acknowledge that whilst ever we have any gender pay gaps there is still work to do to try and reduce these further. As part of our long term journey and ongoing commitment to addressing any imbalance with our gender pay gap, we are continuing to monitor and look at all actions previously included in our key strategies.



A handwritten signature in black ink, appearing to read 'S Norman', followed by a long horizontal line.

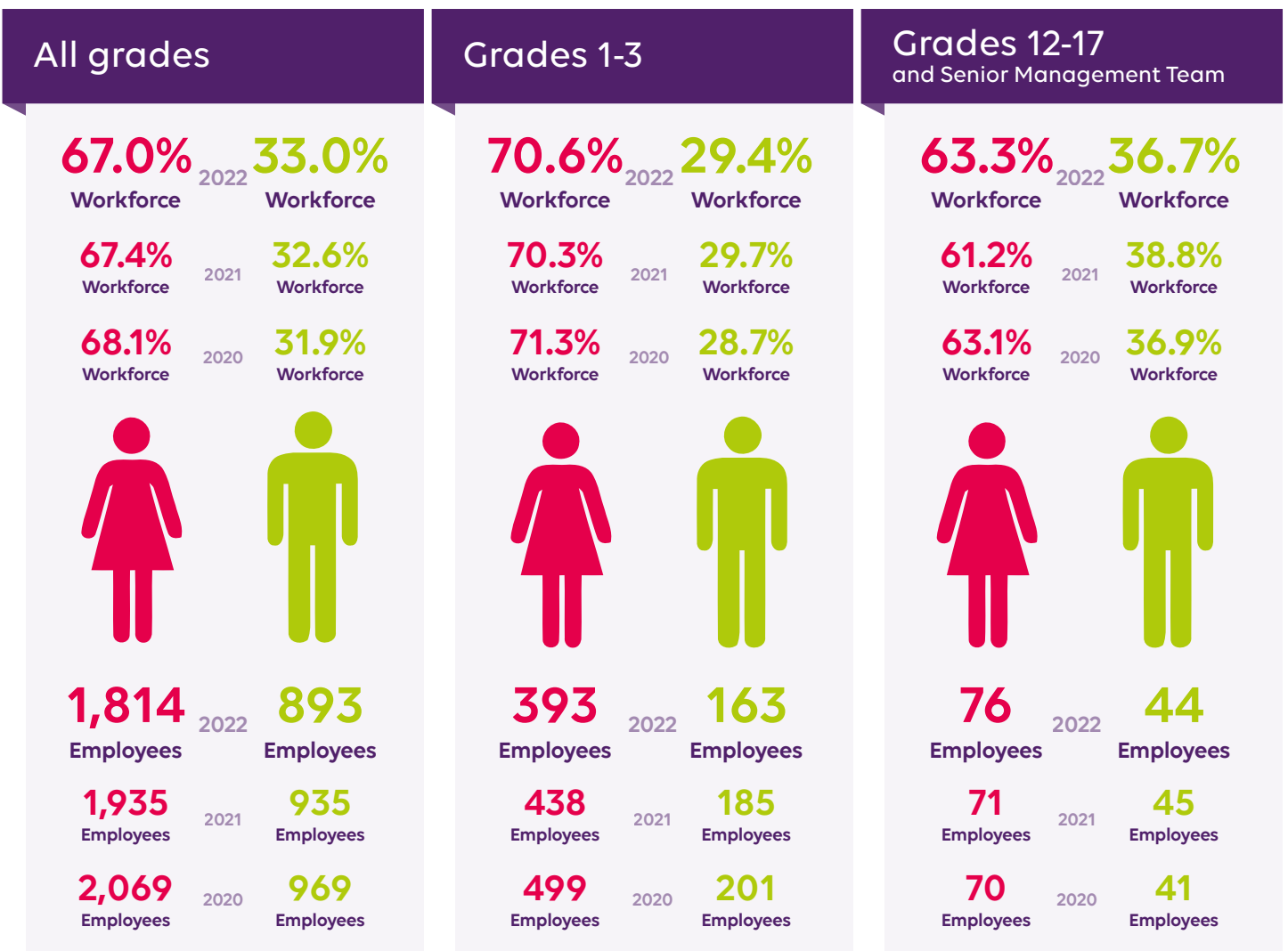
Sarah Norman, Chief Executive

# Understanding Gender Pay Gap

Being committed to promoting equality of opportunity for our workforce and tackling workplace exclusion is important to achieving our vision and values. In support of this, we have undertaken and published equal pay reviews voluntarily since 2007, identifying and fulfilling any action points each year.

The following analysis has been carried out according to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which places a mandatory requirement on public sector employers with 250 or more employees to report their gender pay gap by 30 March each year using pay data as at 31 March the previous year. The pay period in this case refers to data collated from March 2022.

## Workforce Composition



Our workforce is predominantly female at 67%. The majority of female employees are clustered within the bottom three grades. Jobs available within these grades are popular with female employees, either because of the type of work involved or because a large number of the job roles are part-time, which can be balanced against out of work responsibilities. This pattern is observed across the UK workforce and is a result of deep-rooted gender hierarchies in the labour market and is influenced by stereotypical thinking around "male" and "female" occupations.

# Gender Pay Gap

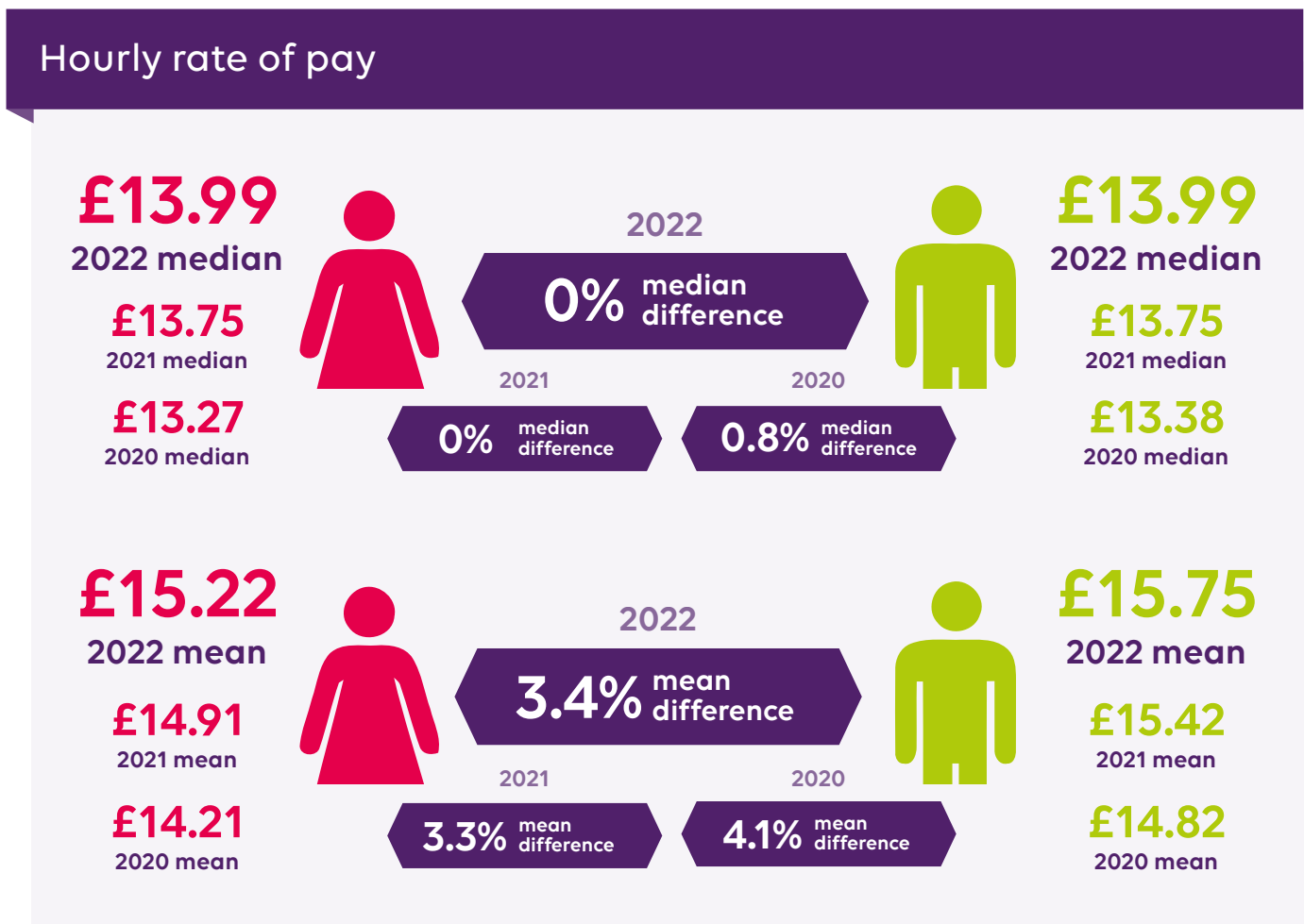
The calculations on page 4 and 5 make use of two types of averages:

**Median** – which involves listing all of the numbers in numerical order (lowest to highest) and selecting the middle number. If there is an even number of results, the median is the mean of the two central numbers.

**Mean** – which involves adding up all of the numbers and dividing the result by how many numbers were in the list.

Whilst a mean (or average) is traditionally a popular measure, averages are affected more by who is included in the data collection. It is more influenced by very low or very high pay, compared with the rest of the sample. For example, if we included a number of highly paid employees the mean pay could increase significantly.

The median however is less influenced by low or high earners and is usually a better measure of a mid point and for this reason we consider median pay to be a more representative figure than mean pay.



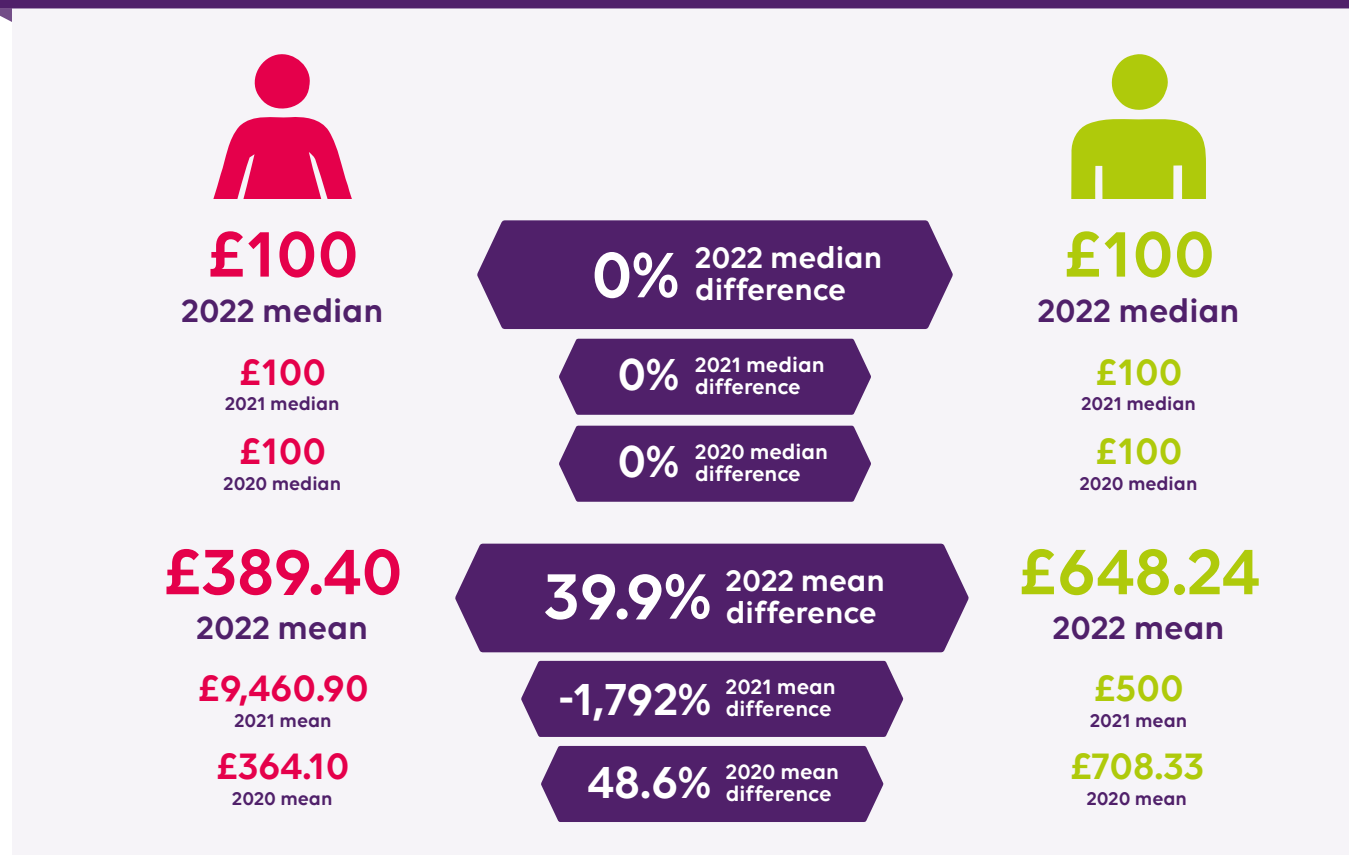
Results show that in the 2022 pay period, a female employee earns on average either 0% less or 3.4% less than a male employee according to the measurement chosen. This is compared with 14.9% nationally according to the Office for National Statistics. We believe the median and mean pay gaps have altered due to continued changes to the gender makeup of the organisation, and an increase in hourly rates of pay due to incremental progression.

# Bonus Gender Pay Gap

For our gender pay gap reporting purposes, bonus payments include the overall number of employees receiving the following:

- Long service award of a £100 voucher awarded to all employees upon achievement of 25 years' service.
- One-off payments to recruit or retain employees in key posts to ensure we maintain a skilled and experienced workforce. Managers are required to consider the wider impact on protected characteristics before awarding a payment.

## Bonus Pay



The median bonus pay continues to show that females and males are paid equally. This is due to the long service award payment of a £100 voucher being applied consistently to both females and males upon them achieving 25 years' service.

Within the 2022 bonus pay period, 30 employees achieved 25 years service and received a £100 voucher. 24 were female (80%) and 6 were male (20%). This reflects an increase in both females and males achieving 25 years' service compared with 15 females and 5 males in 2021. This is however still reflective of the makeup of our workforce.

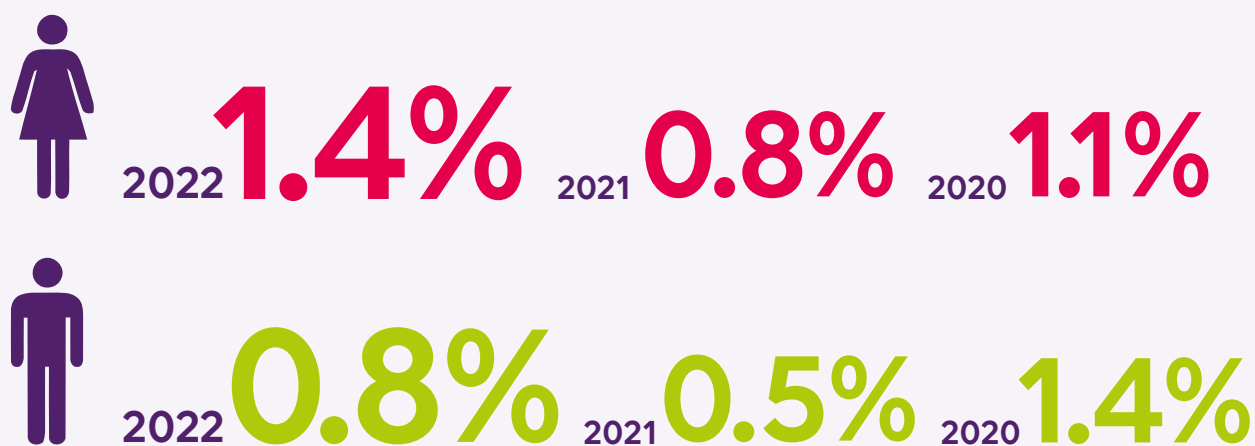
The mean results show that female employees received 39.9% less in bonus pay than males. This is due to 2 males receiving more in recruitment and retention payments than those received by 6 females. This is why the median pay is considered to be a more representative figure than mean pay, as the results show that bonus pay will continue to fluctuate as a result of the recruitment and retention payments.

## Proportion of females and males receiving a bonus payment

### Number of employees receiving a bonus payment



### Proportion of employees receiving a bonus payment



The proportion of employees who have received a payment that is categorised for gender pay gap reporting as a bonus indicates overall that both males and females are treated the same with a 0.6% difference.



# Proportion of females and males in each quartile pay band

## Quartile pay band



**70.1%** 474 females **29.9%** 202 males

2022

**68.9%** 494 females **31.1%** 223 males

2021

**69.8%** 531 females **30.2%** 230 males

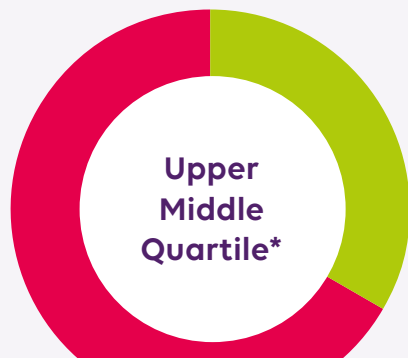
2020



**65.6%** 444 females **34.4%** 233 males

**67.2%** 482 females **32.8%** 235 males

**69.6%** 528 females **30.4%** 231 males



**67.4%** 456 females **32.6%** 221 males

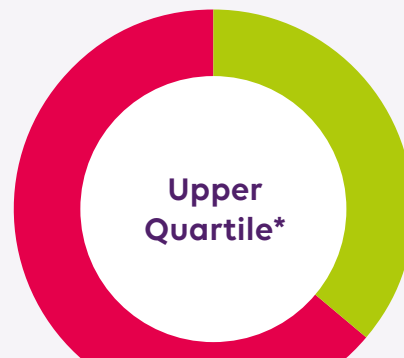
2022

**68.4%** 491 females **31.6%** 227 males

2021

**67.3%** 511 females **32.7%** 248 males

2020



**65.0%** 440 females **35.0%** 237 males

**65.2%** 468 females **34.8%** 250 males

**65.7%** 499 females **34.3%** 260 males

\*Quartiles: workforce divided into four equal parts

The headcount for full pay relevant employees on the snapshot date of 31 March 2022 was 2,707, which has been arranged by the lowest hourly rate of pay to the highest hourly rate of pay. The total has then been divided into four quartiles with the same hourly rate of pay being distributed evenly by gender where they cross the quartile boundaries.

Analysis continues to show that the gender distribution between the quartiles is not even - more females are employed 67.0% than male 33.0%. In particular female employees make up approximately 70.6% of the three lowest grades (1 – 3) which sit within the lower quartile.

# Tackling the gender pay gap

## Over the last 12 months, we have:

- reviewed our whole recruitment process to improve gender attraction and progression opportunities and continue to consider how we can attract, recruit and retain a diverse workforce

## Over the next 12 months, we will:

- review and address areas of gender under-representation within services
- include career pathways within our service transformation plans
- continue to monitor leavers by gender and grade, including reasons for leaving, learning and acting on any feedback received.

**BARNSELEY METROPOLITAN BOROUGH COUNCIL**

**REPORT OF: EXECUTIVE DIRECTOR OF CORE SERVICES**  
**TITLE: Equality and Diversity Annual Report 2021/22**

|                                 |                                   |
|---------------------------------|-----------------------------------|
| <b>REPORT TO:</b>               | <b>Cabinet</b>                    |
| <b>Date of Meeting</b>          | <b>22<sup>nd</sup> March 2023</b> |
| <b>Cabinet Member Portfolio</b> | <b>Core Services</b>              |
| <b>Key Decision</b>             | <b>No</b>                         |
| <b>Public or Private</b>        | <b>Public</b>                     |

**Purpose of report**

Our annual Equality, Diversity and Inclusion report provides an overview of how we are meeting the requirements of the Equality Act 2010 and associated Public Sector Equality Duty.

**Council Plan priority**

All

**Recommendations**

That Cabinet:-

1. Approve the Key Findings and Improvement Actions
2. Approve that the report is published on our website

**1. INTRODUCTION**

**1.1** The Equality Act 2010 and associated Public Sector Equality Duties (PSED) require the Council to have due regard to three areas in the way it works: This is known as the general duty:

- 1) To eliminate unlawful discrimination, harassment, victimisation, and any other conduct prohibited by the Equality Act 2010.
- 2) To ‘take forward (advance) equality of opportunity’ between people who share a protected characteristic and people who do not.
- 3) To ‘foster good relations’ between people who share a protected characteristic and people who do not share it.

**1.2** Local Authorities also have specific duties as part of PSED. There are three

key sections to this:

- i. Produce and Publish a Gender Pay Gap report – which will be presented on this agenda as a separate item
  - ii. Publish information to demonstrate compliance with the general equality duty. information must include information relating to people who share a protected characteristic who are: its employees, and people affected by its policies and practices.
  - iii. Prepare and publish one or more objectives that it thinks it needs to achieve to further any of the aims of the general equality duty – We have published our equality objectives and they are currently aligned to our Council Plan outcomes:
    - Healthy Barnsley: People live independently with good physical and mental health for as long as possible.
    - Learning Barnsley: Children and young people achieve the best outcomes through improved educational achievement and attainment.
    - Growing Barnsley: People have a welcoming, safe, and enjoyable town centre and principal towns as destinations for work, shopping, leisure, and culture.
    - Sustainable Barnsley: People live in great places, are recycling more and wasting less, feel connected and valued in their community.
    - Enabling Barnsley: We are a modern, inclusive, efficient, productive, and high-performing council.
- 1.3** We recently received a letter from the European Human Rights Commission (EHRC), which identified that we are not currently compliant with our legal obligations under the PSED. We have until 30<sup>th</sup> March 2023 to publish our report on our website. Once we have published, we will then pro-actively contact the EHRC to inform them of our compliance.
- 1.4** Our annual report provides an overview of how we are meeting the Equality Act 2010 and associated Public Sector Equality Duties (PSED), and is split in to three sections:
- 1) Service User Profile – Details Equality Data across a range of Services
  - 2) Workforce profile – Based on the Employee Survey, details characteristics about our workforce
  - 3) Progress report against our equality objectives
- 1.5 Key Findings and Improvement Actions**
- Service User Diversity Report**
- 1.6** We know that we have significant gaps in the collection and provision of equalities monitoring data, and we have already started to make some improvements, for example we are now collecting data for customer complaints and compliments. We have in the last 12 months implemented new systems for both Education and Children’s Social care and this will allow us to strengthen the equality monitoring data and report on data not

previously captured, for example ethnicity for children with an Education and Health Care Plan. We are also undertaking significant development work on our Adult Social Care system, which will also provide an opportunity to review equalities monitoring data we collect and report on. We will be looking to include a broader range of services in our 2022/23 report including Libraries, Public Health Nursing Service, Blue Badge Scheme.

We also know that we need to improve the quality of equality monitoring data both in terms of filling gaps and in the types of data we collect. We will need to ensure that our equalities monitoring guidance is fit for purpose and that we are collecting the very latest categories of data, for example most services do not collect data in respect of transgender and non-binary identifiers. We need to improve the collection of data on sexual orientation and religion and belief.

- 1.7** There is inconsistency across Council ICT systems in relation to the types of characteristics for which data is collected and the way that data is classified meaning it may be difficult for our staff to record the information that they capture about people using our services against the appropriate category. In some cases, we can configure systems ourselves or our software providers can adjust systems. In others, changes may not be possible. It would be useful to undertake a system's audit over the next 12 months to ensure that where we can develop systems, this work is undertaken so that people's characteristics are appropriately recognised and classified.
- 1.8** We are in the process of developing our equality and diversity action plan and the following improvements actions will be monitored through this process:
- Action 1: Review and republish equalities monitoring guidance to ensure that we are capturing all appropriate characteristics.
  - Action 2: Work with Services to ensure that we can capture appropriate equalities monitoring data across all services and improve recording.
  - Action 3: Undertake a system's audit to ensure that system developments are made, and we can ensure that people's characteristics are appropriately recognised and classified.

## **Workforce Profile**

- 1.9** We recently held an employee survey which asked for demographic information about our workforce. From a workforce number of 3,222 employees. we believe that this data currently gives us the most accurate demographic profile of our workforce. We are in the process of updating our current HR management system. Employees will be able to self-serve providing the opportunity to keep their own personal data up to date which will help to improve the data we capture and report on about our workforce.
- 1.10** We recognise that the data held in our current system needs to be better and we aim to gather data covering all the protected characteristics: age, sex, disability, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, civil partnership, and marriage for existing employees in a one-off data collection exercise and to ensure that we have mechanisms in place to capture this data for new starters.

**1.11** We are in the process of developing our equality and diversity action plan and the following improvements actions will be monitored through this plan by the Organisation Development Board:

- Action 1: Develop the HR Management System with self-serve capability to ensure maximum opportunity to capture equality monitoring data.
- Action 2: Undertake a one-off data collection exercise to capture up to date and appropriate data about our employees' ensuring employees are aware of why we are collecting it and some of the benefits to providing it.
- Action 3: Ensure that systems are in place to capture this data for new starters in the organisation.
- Action 4: Further work to identify the reasons why employees might not disclose information about different characteristics

## **2. PROPOSAL**

That Cabinet:-

1. Review, challenge and scrutinise the contents of the Corporate Performance Report in relation to the delivery of the Corporate Plan priorities and outcomes.
2. The Performance Report is shared with the Overview and Scrutiny Committee to inform and support their ongoing work programme.

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

### **3.1 Financial and Risk**

None

### **3.2 Legal**

The report is around how we are meeting our Legislative requirements of the Equality Act 2010.

### **3.3 Equality**

This report outlines our progress to meeting our legislative requirements and progress against our current equality objectives.

### **3.4 Sustainability**

None

### **3.5 Employee**

None

**3.6 Communications**

A press release will be released when these papers become public.

**4. CONSULTATION**

Consultations have taken place with a number of officers from all Directorates within the council who have contributed to the report and its content.

Consultation has also taken place with all members of the Senior Management Team who have collectively reviewed the report.

**5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 Not Applicable

**6. REASONS FOR RECOMMENDATIONS**

6.1 We have a Legal Duty to publish this information.

**7. GLOSSARY**

PSED – Public Sector Equality Duty

**8. LIST OF APPENDICES**

Appendix 1 – Equality and Diversity Annual Report 2021/22

**9. BACKGROUND PAPERS**

None

**10. REPORT SIGN OFF**

|  |  |
|--|--|
| <b>Financial consultation &amp; sign off</b> |  |
| <b>Legal consultation &amp; sign off</b>     | <p>“The Annual Equality, Diversity and Inclusion Report confirms compliance of the Council’s obligations in accordance with the public sector equality duty. The Equality Act 2010 sets out 3 broad criteria which underpin the Council’s legal obligations as follows:</p> <p>(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;</p> ” |

|  |   |
|--|---|
|  | <p>(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;</p> <p>c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.”</p> <p><b>Sukdave Ghuman 02/03/23</b></p> |
|--|---|

**Report Author: Jill Bills**  
**Post: Performance, Policy & Equalities Manager**  
**Date:02/03/23**



# Equality & Diversity Annual Report

2021/22



Barnsley – the place  
of possibilities.



**BARNSELY**  
Metropolitan Borough Council

# Contents

- 1. Introduction
- 2. Service User Diversity Report
  - Children’s Social care
  - Early Help
  - Education
  - Youth Justice
  - Adult Social Care
  - Drug and Alcohol Treatment Services
  - Adult skills and Community Learning

**Workforce Profile**

**Progress against our equality objectives**



# 1. Introduction

Our Annual Equalities report provides an overview of how we are meeting the Equality Act 2010 and associated Public Sector Equality Duties (PSED).

The Equality Act 2010 and associated Public Sector Equality Duties (PSED) require the Council to have due regard to three areas in the way it works:

- To eliminate unlawful discrimination, harassment, victimisation, and any other conduct prohibited by the Equality Act 2010.
- To 'take forward (advance) equality of opportunity' between people who share a protected characteristic and people who don't.
- To 'foster good relations' between people who share a protected characteristic and people who do not share it.

As a Local Authority, we understand that it is imperative to assess the potential impacts on the range of external and internal activities on diverse groups of people across Barnsley. This involves looking at evidence, engaging and building relationships with all communities, employees, partnerships, customers, stakeholders, and service providers across the Borough. Our equality objectives demonstrate the Council's commitment to challenging inequality and promoting a fair and inclusive Barnsley.

We have based our equality objectives on five of the priorities and outcomes within our Council Plan 2021-24.

1. Healthy Barnsley: People live independently with good physical and mental health for as long as possible.
2. Learning Barnsley: Children and young people achieve the best outcomes through improved educational achievement and attainment.
3. Growing Barnsley: People have a welcoming, safe and enjoyable town centre and principal towns as destinations for work, shopping, leisure and culture.
4. Sustainable Barnsley: People live in great places, are recycling more and wasting less, feel connected and valued in their community.
5. Enabling Barnsley: We are a modern, inclusive, efficient, productive and high-performing council.

Progress against our priorities and outcomes is measured and monitored through our critical success factors which can be viewed via the new council performance dashboard. Which can be found [here](#)

# 2. Service User Diversity Report

The service user diversity report provides a breakdown of the protected characteristics of the people who use our services (often referred to as equality monitoring data). The protected characteristics are: age, sex, disability, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, civil partnership and marriage. This report provides an update to the 2020/21 service user diversity report and includes information across our people-based services.

### Why we are publishing this report ?

Annually collating and publishing information about our service users and workforce by protected characteristic is a legal requirement. Publishing equality information about our customers promotes transparency and allows the Council to demonstrate how it is meeting the aims of the general duty

### How we collate equality monitoring data about service users and how we use equality monitoring data

When service users use Council services or take part in any engagement activity, they will often find an option to complete an equalities monitoring form. They are then asked to complete a number of questions about themselves. Gathering this information allows the Council to identify which communities or groups they might belong to. All information is confidential and the General Data Protection Regulations (GDPR) will apply.

Our equality monitoring data helps us to understand who is and isn't accessing our services and how well service users' needs are being supported by them. This enables the Council to plan, deliver and make improvements to our services so that they meet the needs of all the different communities living in Barnsley.

### Gaps in data

We aim to gather service user information covering all the protected characteristics: age, sex, disability, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, civil partnership and marriage. We acknowledge that there are still gaps in information both by Service area and protected characteristic. We recognise that there are gaps across the protected characteristics of sexual orientation; religion and/or belief, and gender reassignment which are often considered to be sensitive. People can be reluctant to provide this information and therefore we have higher levels of "prefer not to say" against these characteristics.



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# Key Findings and Improvement Actions

We know that we have significant gaps in the provision of equalities monitoring data, and we have already started to make some improvements, for example we are now collecting equality monitoring data for customer complaints and compliments. We have in the last 12 months implemented new systems for both Education and Children's Social care and this will allow us to strengthen the equality monitoring data and report on data not previously captured, for example ethnicity for children with an Education and Health Care Plan. We are also undertaking significant development work on our Adult Social Care system, which will also provide an opportunity to review equalities monitoring data. We will be looking to include a broader range of services in our 2022/23 report including Libraries, Public Health Nursing Service, Blue Badge Scheme.

We also know that we need to improve the quality of equality monitoring data both in terms of filling gaps and in the types of data we collect. We will ensure that our equalities monitoring guidance is fit for purpose and that we are collecting the very latest categories of data, for example most services do not collect data in respect of transgender and non-binary identifiers. We need to improve the collection of data on sexual orientation and religion and belief.

There is inconsistency across Council ICT systems in relation to the types of characteristics for which data is collected and the way that data is classified meaning it may be difficult for our employees to record the information that they capture about people using our services against the appropriate category. In some cases, we are able to configure systems ourselves or our software providers can make adjustments to systems. In others, changes may not be possible. It would be useful to undertake a systems audit over the next 12 months to ensure that where we can develop systems, this work is undertaken so that people's characteristics are appropriately recognised, classified and recorded.

We are in the process of updating our equality and diversity action plan and the following improvement actions will be monitored through this process.

- Page 165
- Action 1: Review and republish equalities monitoring guidance to ensure that we are capturing all appropriate characteristics.
  - Action 2: Work with Services to ensure that we can capture appropriate equalities monitoring data across all services and improve recording.
  - Action 3: Undertake a systems audit to ensure that system developments are made and we can ensure that people's characteristics are appropriately recognised, classified and recorded.

# Key Demographics from the 2021 Census for Barnsley

The census happens every 10 years and gives us a picture of all the people and households in England and Wales. Answers to census questions help organisations make decisions on planning and funding public services in our area, including transport, education and healthcare. The most recent Census data available is for 2021, when Census Day was on Sunday 21 March 2021.

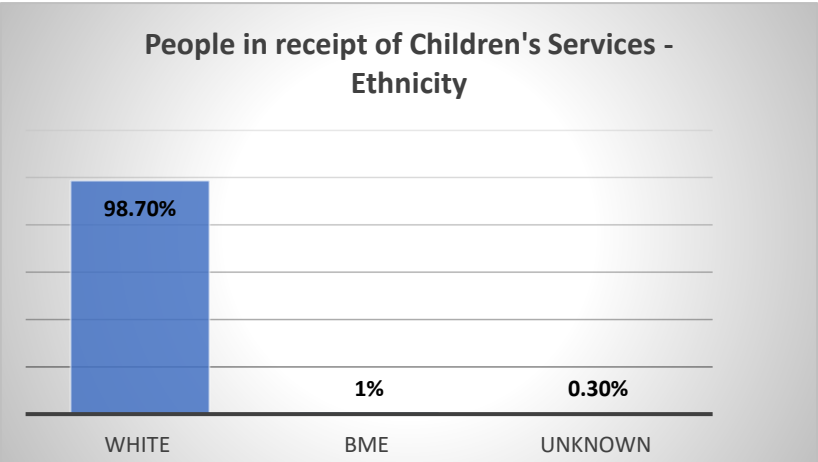
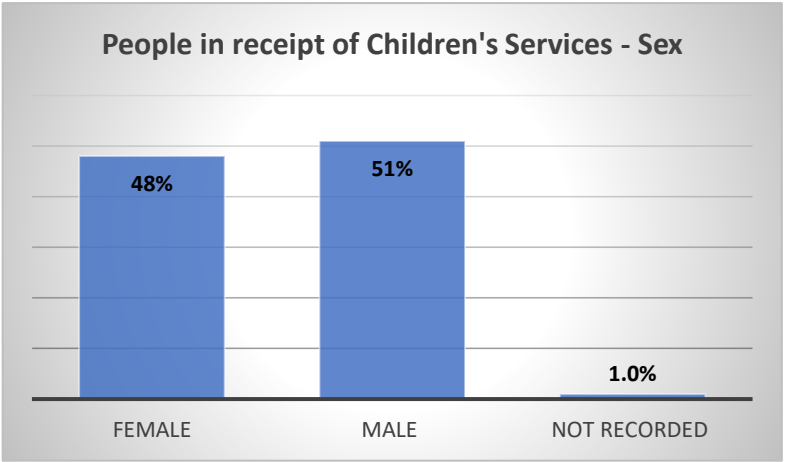
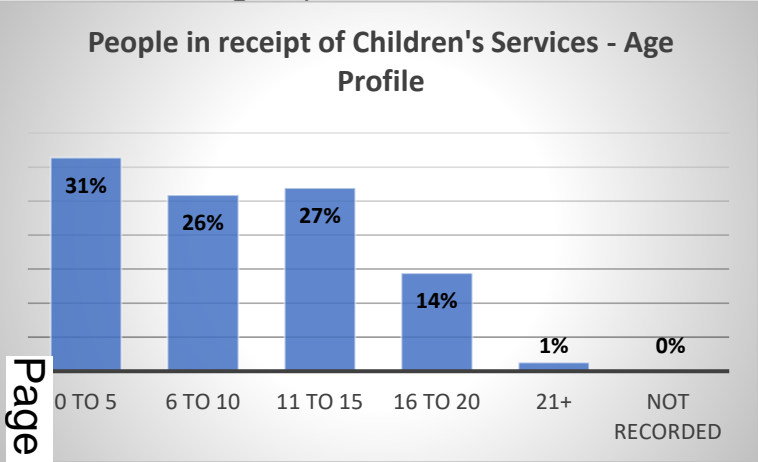
- Barnsley has a population of 244,600
- 49% of residents are Male, and 51% are Female
- 97% of residents in Barnsley are White
- 3% of residents are BME
- 22% of residents are aged 19 and under
- 19% of residents are aged 65+
- 22% of residents have a disability or long term illness

Custom area profiles for all census data can be found here <https://www.ons.gov.uk/visualisations/customprofiles/draw/>

# Diversity data by Service

## Children’s Social Care

This is based on Children and Young People with an allocated primary worker at any point in the year (2021/22). This includes those open for assessment, Disabled Children’s Team Tier 2 and Adoption support and care leavers, as well as those on a Child in need Child Protection or Looked After Child plan. We do not currently record non-binary and transgender categories for Children and Young People or sexual orientation.



Page 167

### What does the data tell us?

- As at March 2022, 1,654 Children and Young People were Children in Need, with 350 Looked After Children and 279 on a Child Protection Plan.
- 48% are female and 51% are male, showing that there are no significant differences in sex.
- 98.7% of children are white, and 1% are BME.
- Going forward, we need to begin to look at capturing additional categories of data for Children and Young People in respect of gender and sexual orientation.
- 13% of Children and young people in receipt of Children’s Social Care have a declared disability (595). We would expect this since there is a dedicated service for children with disabilities.



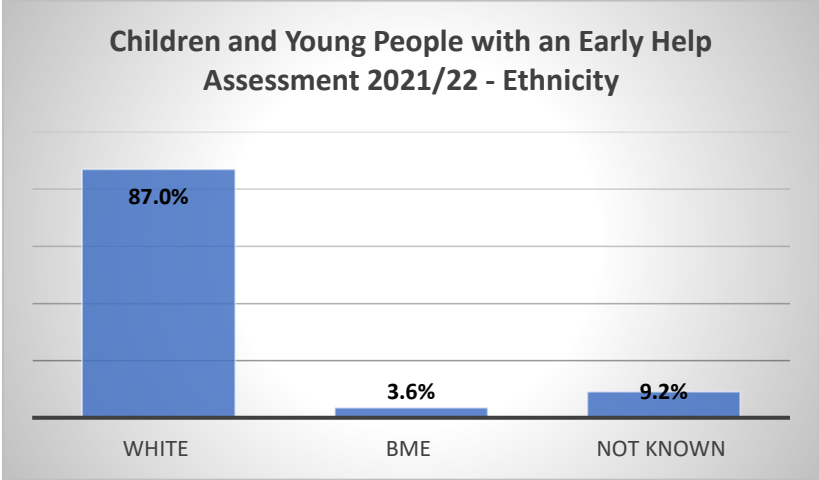
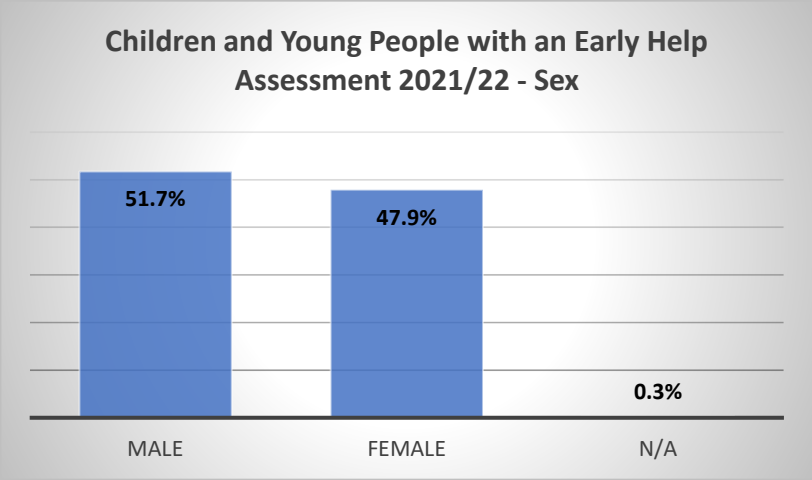
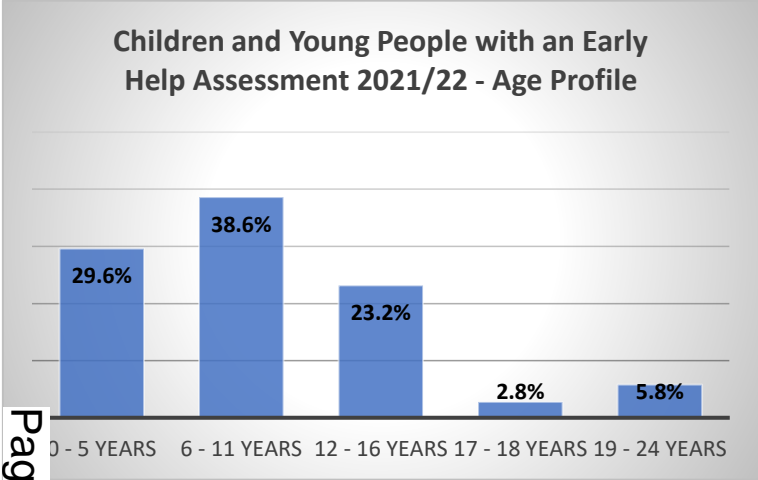
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# Early Help

The data was collated for all 2,346 Children and Young People who had an Early Help Assessment (EHA) in the 2021/22 period.



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## What does the data tell us?

- Nearly 70% of all Children and Young People undertaking an early help assessment in 2021/22 were aged between 0 and 11 years old.
- Slightly more males than females had an EHA in 2021/22, this is out of line with the Barnsley Profile. We do not currently collect information on transgender and non-binary characteristics in relation to children and young people, however we want to consider this as an improvement action.
- 3.6% of Children and Young People with an Early Help Assessment were BME, this is broadly in line with the BME Population for Barnsley.



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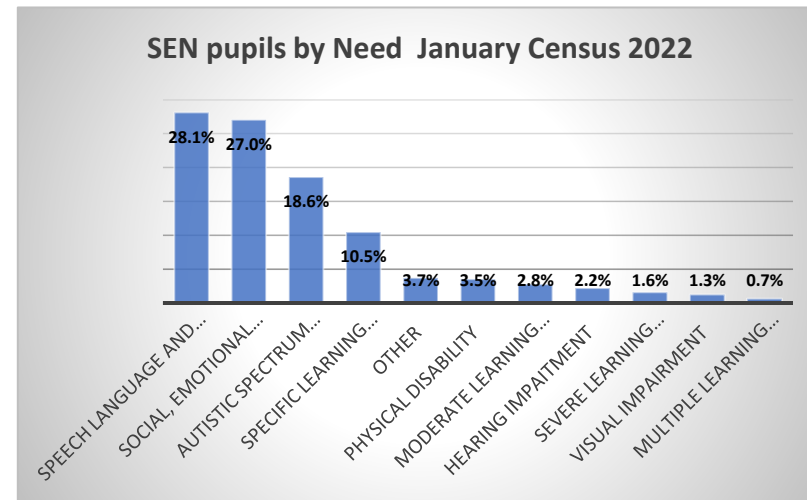
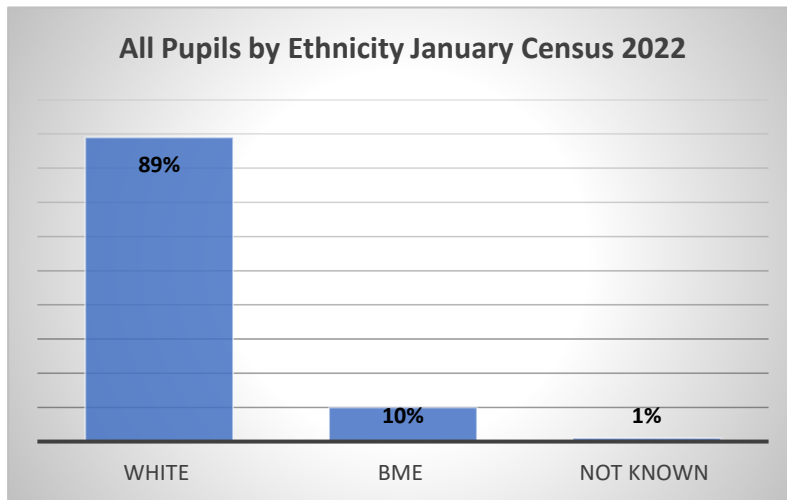
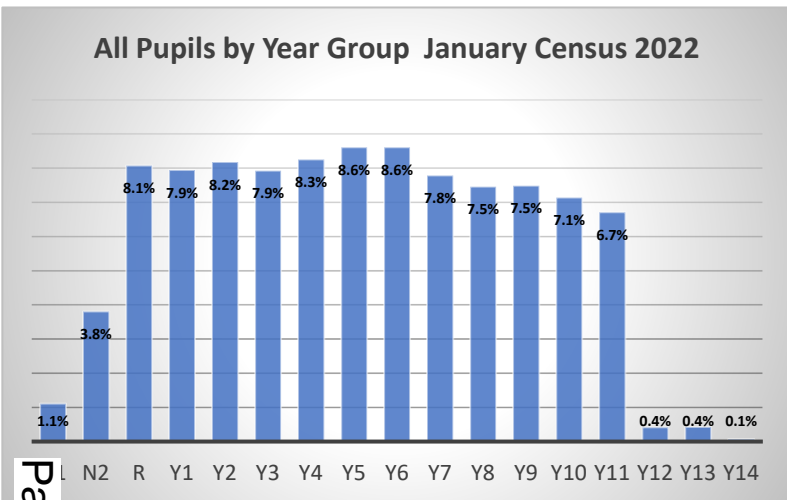


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# Education – Schools

Information about Gender and Race is collected in the school census that takes place in January each year. The data below reflects the latest information available from the January 2022 school census when there were 35,125 students on roll.

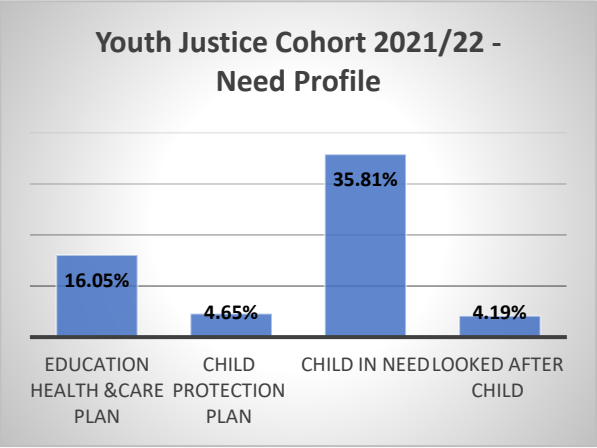
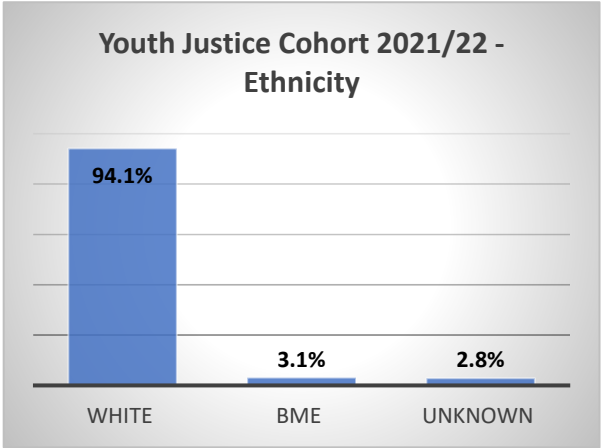
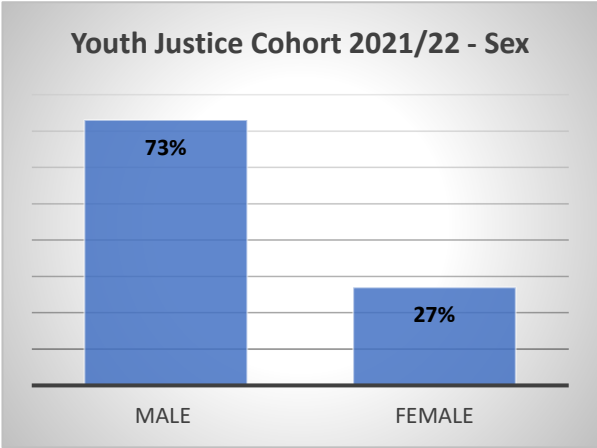
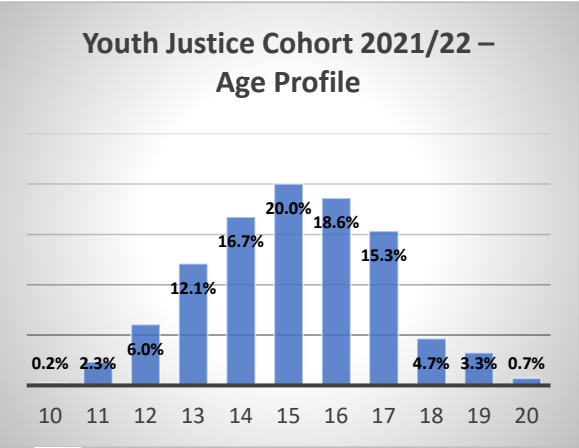


Page 169  
What does the data tell us?

- Children in years 5 and 6 had the highest percentage of pupils, which may have an impact on secondary school intakes and class sizes.
- 51% of pupils on roll were male and 49% were female, this is broadly reflective of the Barnsley population.
- 10% of Barnsley pupils were BME, which is significantly higher than the Borough (3% BME).
- 28% of pupils were eligible for free school meals, we expect this to increase further with the cost of living pressures .
- 4,213 (15%) of pupils are registered as having Special Educational Needs, Speech Language and Communication Needs and Social Emotional Mental Health Needs are the top 2 SEN needs. 2,314 pupils were on an Education Health and Care Plan.
- 280 pupils were in alternative provision 80% of these were male and 20% were female, with 3.9% BME. The largest proportions were in KS3 and 4 (accounting for 62.4%) .
- For Suspensions & Exclusions – Mass shut downs due to the pandemic have impacted on this and numbers are too low to report due to suppression. We will report the Autumn 2022 data in the next update.

# Youth Justice

This cohort of 430 includes all young people who had an intervention with the Youth Justice Service during the 2021/22. Young people who had an outcome (whether it be court or out of court) between April 21 and March 22 are included.

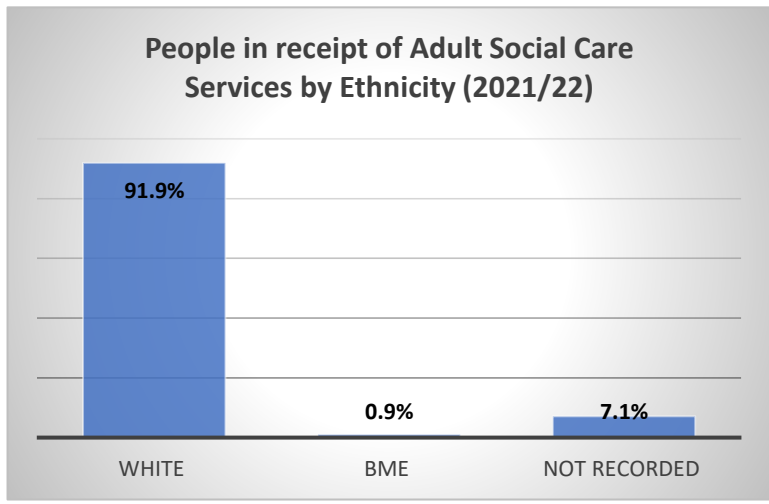
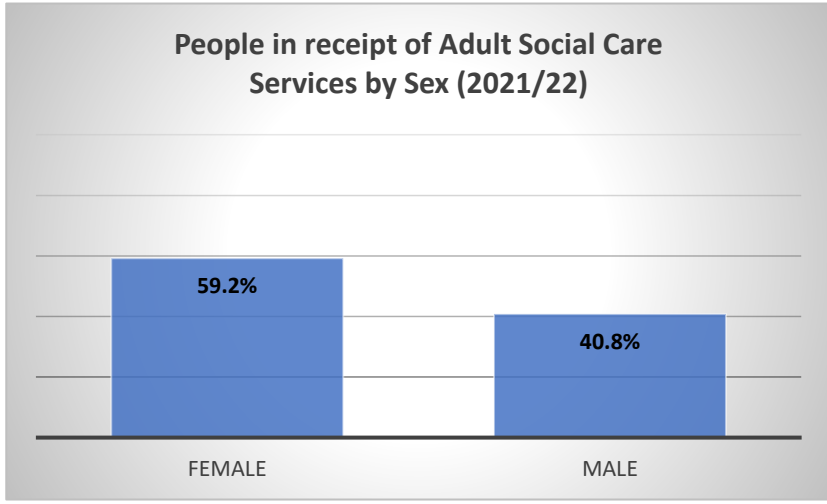
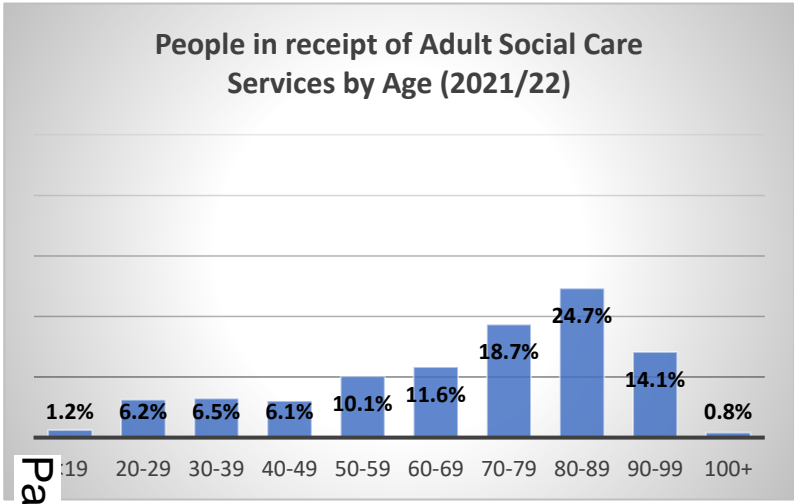


Page 170 : does the data tell us?

- 0.7% of young people in the Youth justice cohort for 2021/22 were aged between 14 and 17, the highest numbers in the cohort were aged 15 and 16.
- Males account for the majority of the cohort at 73%. This is in line with what we know nationally about males being over represented in the Criminal Justice System, and is out of line with our local profile (51% female, 49% male).
- 94.1% of the cohort were white, and 3.1% BME, which is in line with the BME population for Barnsley.
- 16% of young people in the cohort were on an Education Health and Care Plan, and therefore are considered to have Special Educational Needs or Disability (SEND), 35.8% are known to Children’s Social Care as a child in need. 4.6% have a Child Protection Plan and 4.2% are Looked after Children.
- We need to begin to look at capturing additional categories of data for Children and Young People in respect of gender and sexual orientation.

# Adult Social Care

In the 2021/22 period there were 4,760 adults in receipt of Adult Social Care in Barnsley.



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## What does the data tell us?

- The highest proportion of adults in receipt of service for 2021/22 were aged between 80 and 89 (24.7%), followed by people aged 70-79 (18.7%).
- Significantly more females than males were in receipt of service (59.2% v 40.8%). This does not align with the general population split in Barnsley (51% Female and 49% Male). To date we have not collected data in relation to transgender or non-binary individuals, which is an improvement action.
- 0.9% of adults in receipt of a service were BME, compared to 3% of the general population in Barnsley suggesting that they may be underrepresented in this cohort.
- We do collect data on religion and belief and sexual orientation. However, sexual orientation was not recorded in 67.4% of cases and religion and belief was not recorded in 41.5% of cases. This is a clear area for improvement.



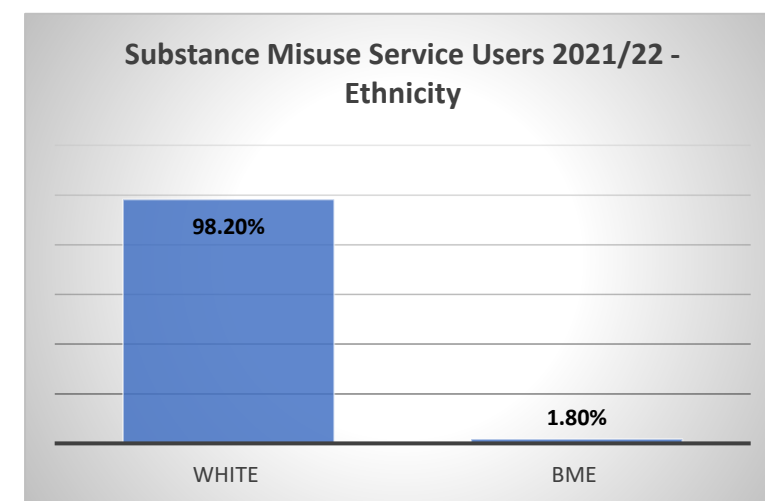
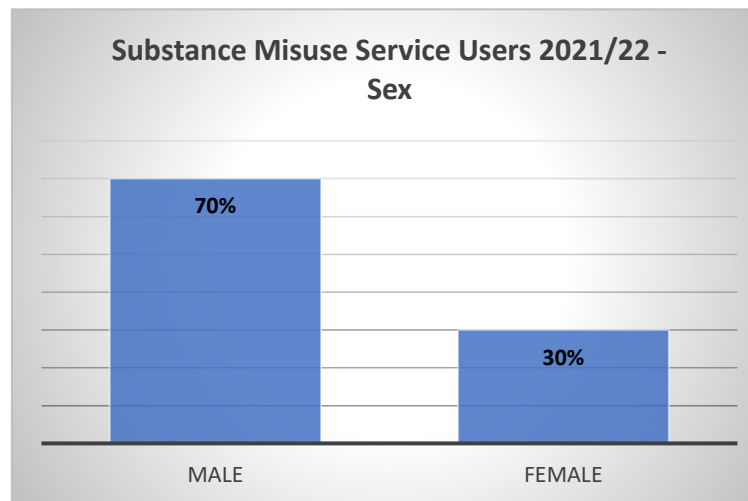
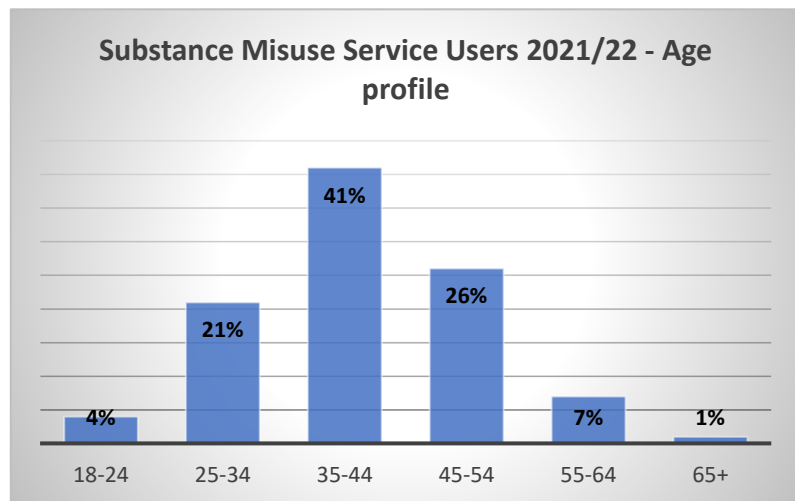
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# Drug and Alcohol Treatment Services

Data was captured for all service users of our drug and alcohol treatment services in 2021/22. The equalities monitoring for this cohort is very robust, with very few “not known” categories.



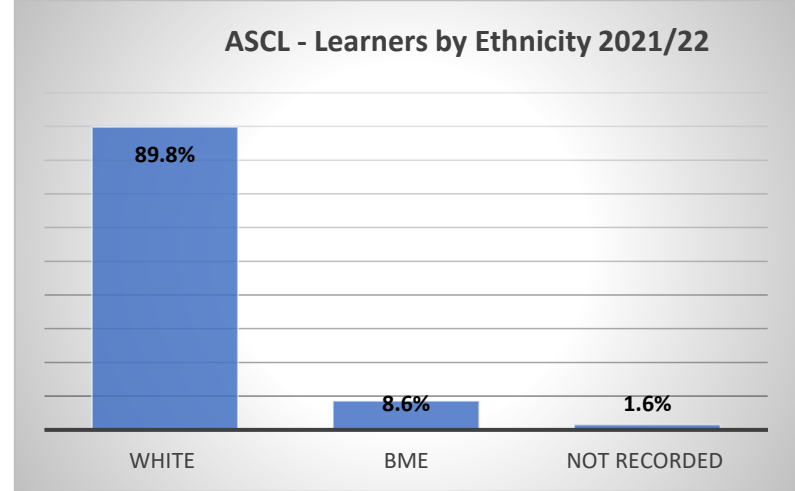
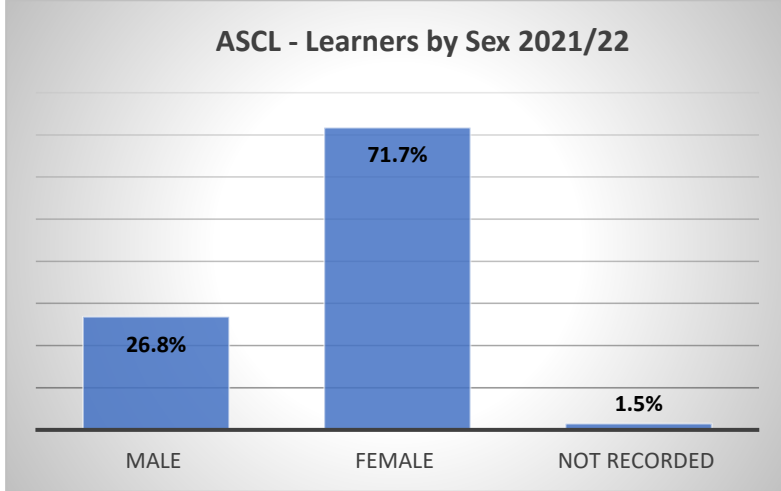
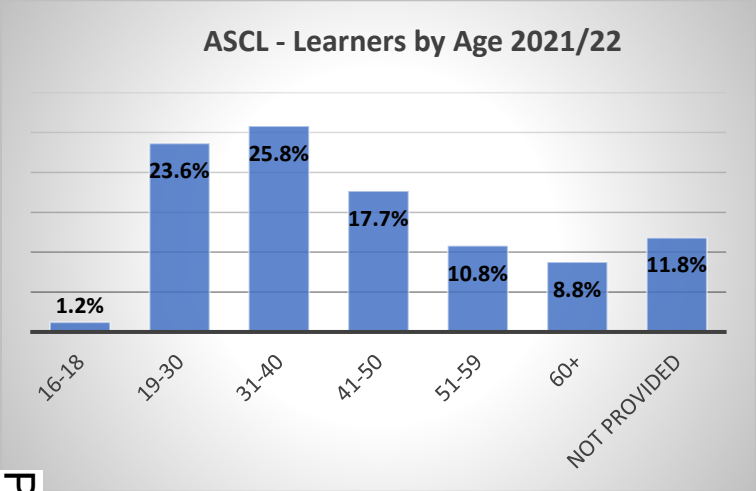
Page 172

## What does the data tell us?

- The Substance Misuse Service is only available to residents aged over 18, as young people under the age of 18 years are seen by the Young Peoples' Substance Misuse Service. Barnsley figures appear to be similar to the national averages for all ages apart from 35-44, this age group appears to be slightly higher.
- The proportion of men accessing services is significantly higher than females (average 70/30 split). This appears to fit with national figures of women accessing treatment, but is not representative of the general gender demographic of Barnsley. As with other services we do not capture data around non – binary and Transgender.
- In 2021-22, individuals accessing treatment services were predominantly White British at 94%, which is significantly higher in comparison to national figures. The 2021-22 Barnsley Recovery Step figures show a total 1.3% of service users were classified as BME. This is still significantly lower than the general ethnicity breakdown of Barnsley residents.
- 33% of service users identified as having a disability in 2021-22. In comparison to national figures, Barnsley appears to consistently have a higher rate of service users who identify as disabled, this is higher than the rate of disability in Barnsley population in general.

# Adult Skills and Community Learning (ASCL)

The data below represents the 1,573 learners working with ASCL during academic year 2021/22.



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## What does the data tell us?

- most half of learners were aged between 19 and 40 years.
- 71.7% of learners were female, this is significantly higher than the proportion of females in the general population of Barnsley (51%), suggesting that men are severely under represented in this cohort.
- 8.6% of learners were BME, again this is significantly higher than the General BME population in Barnsley (3%), suggesting that the service are recruiting more traditionally harder to reach groups.
- A significant proportion (47%) have a declared disability, again this is higher than the general population (22%) suggesting that people with higher support needs are accessing the service, which is positive.



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# 3. Workforce Profile

We recently held an employee survey which asked for demographic information about our workforce. From a workforce number of 3,222 employees, we believe that this data currently gives us the most accurate demographic profile of our workforce.

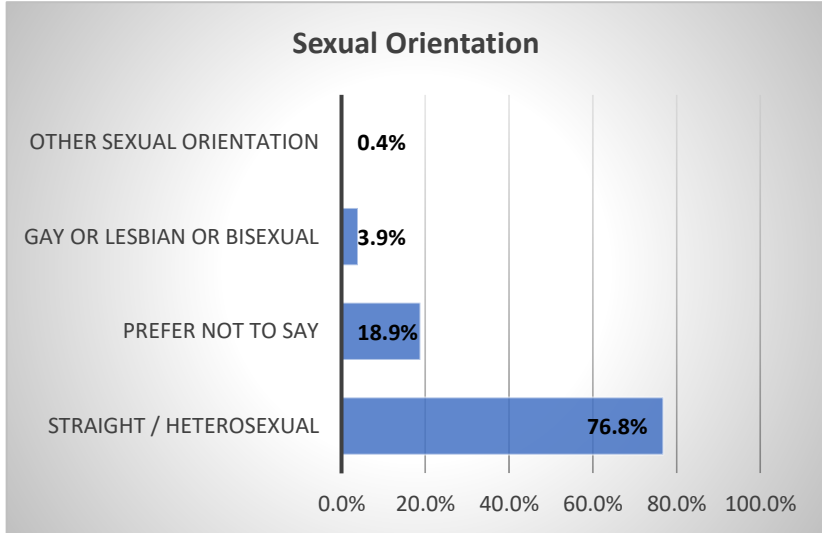
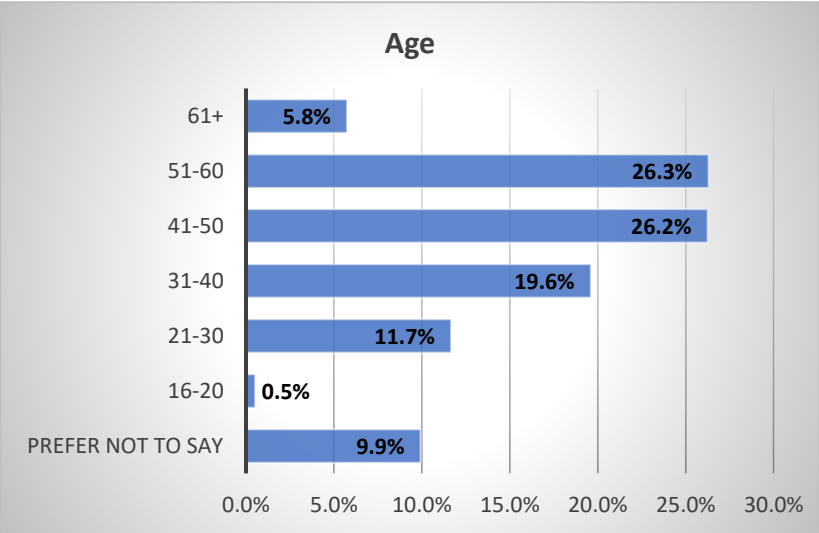
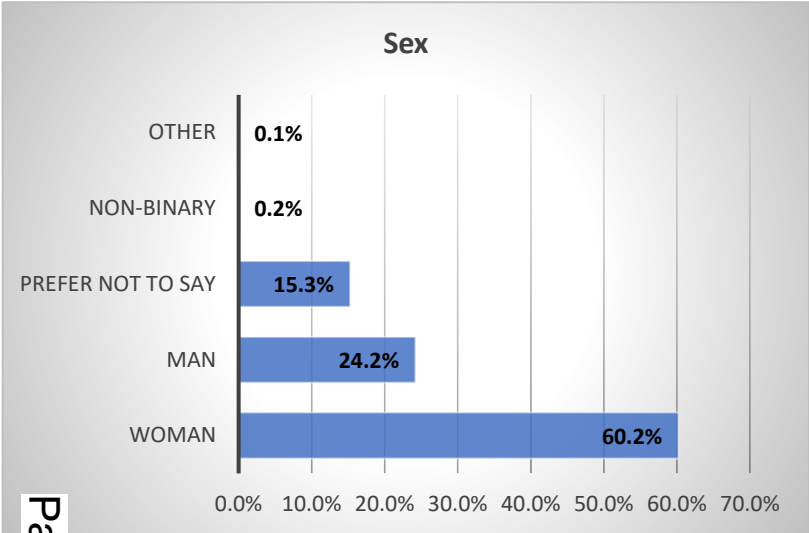
We are in the process of updating our current HR management system. Employees will be able to access the system via self-service, providing the opportunity to keep their own personal data up-to-date which will help to improve the currency and quality of the data we capture and report on about our workforce.

We recognise that the data held in our current HR management system needs to be better and we have plans in place to improve this. We will collect data covering all the protected characteristics: age, sex, disability, race, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, civil partnership and marriage for existing employees through a one off data collection exercise and we will also ensure that we have mechanisms in place to capture this data for new starters.

We are in the process of updating our equality and diversity action plan and the following improvements actions will be monitored through this process.

- Page 174
- Action 1: Develop and launch new HR Management System with self serve capability to ensure maximum opportunity to capture equality monitoring data.
  - Action 2: Undertake a one off data collection exercise to capture up to date and appropriate data about our employees ensuring employees are aware of why we are collecting it and some of the benefits to providing it (to reduce “prefer not to say”).
  - Action 3: Ensure that improved systems are in place to capture this data for new starters in the organisation.
  - Action 4: Further work to identify the reasons why employees might not disclose information about different characteristics.

# Employees by Sex, Age and Sexual Orientation



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## What does the data tell us?

- 0.2% of all employees were female, this is significantly higher than the Barnsley total (51%). Further work is needed to establish the spread of males and females across service areas to understand how we can make those areas more representative.
- Over 50% of employees are aged between 40 and 60 years old. The highest proportion are between 51 and 60. We need to ensure that wellbeing interventions are tailored to this cohort and that succession plans are in place to ensure that we retain the knowledge within the organisation.
- 3.9% of employees identified as Gay, Lesbian or Bi-sexual with 0.4% identifying as other sexual orientation. Almost 19% opted not to say. This warrants further investigation to determine some of the barriers to declaration.

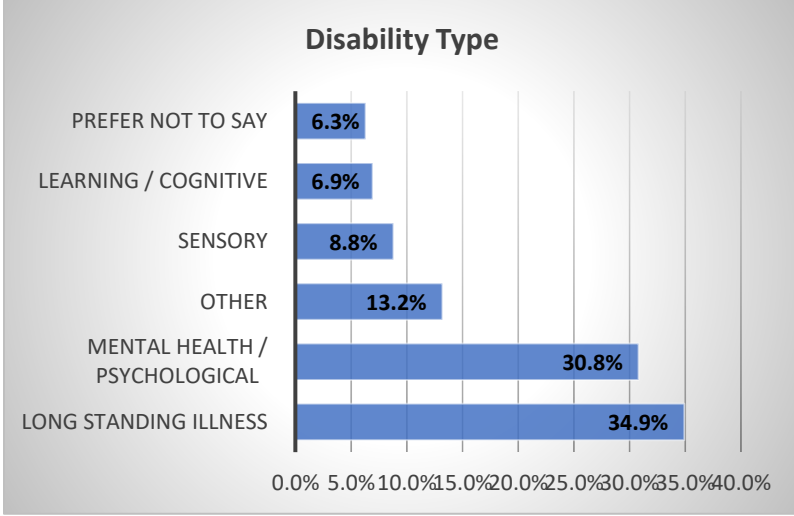
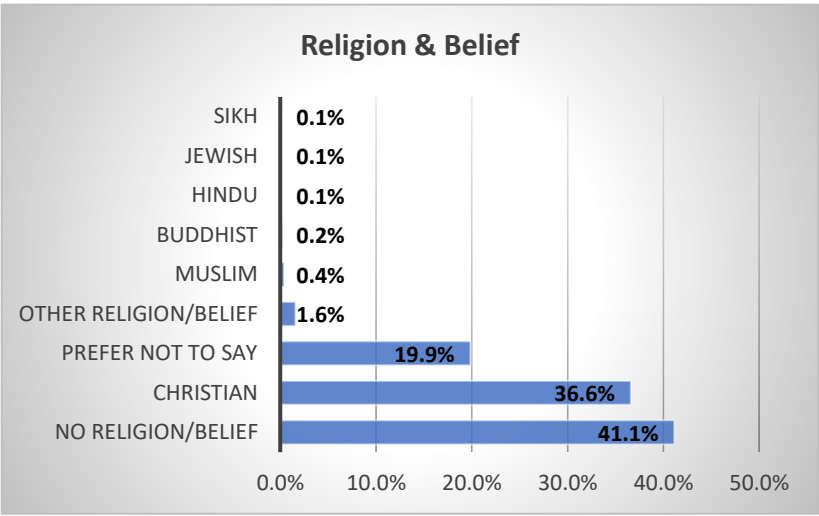
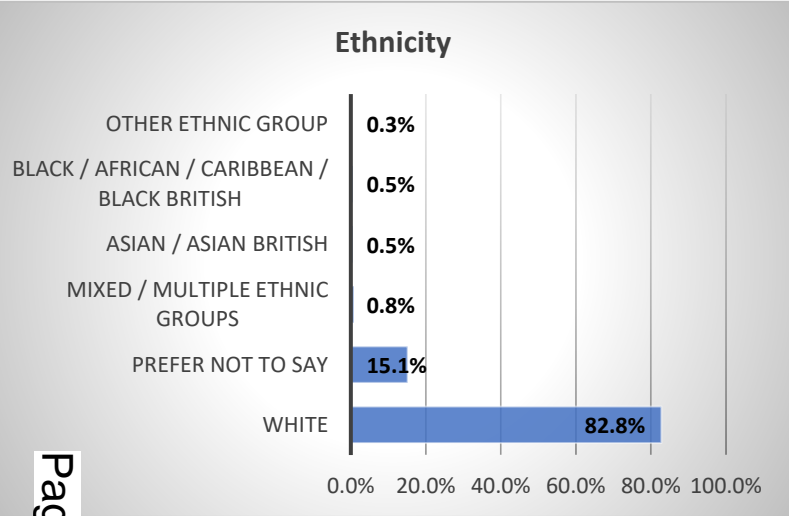


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# Employees by Ethnicity, Religion and Belief and Disability



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### What does the data tell us?

- 82.8% of all employees are white, with 1.3% BME. These are both lower than the general population. However, it is important to note that 15% did not disclose their ethnicity, which requires further investigation.
- 41.1% of employees have no religion or belief, followed by 36.6% identifying as Christian. Again there was a high proportion (20%) who opted not to disclose.
- 8.3% declared that they have a disability. This is significantly lower than the Barnsley average of 22%. However, it is important to bear in mind that a proportion of the Borough wide total will not be able to work due to their disability therefore caution should be exercised when comparing. Again, non-disclosure rates were high at 15.1%.



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# Inclusivity

In the Employee Survey we asked questions designed to understand how inclusive we are as an organisation. Some of the key findings were:

- 78% of employees feel comfortable discussing their background, beliefs, and cultural experiences with their line manager / supervisor (6.8% disagree / strongly disagree).
- 84.5% of employees feel comfortable discussing their background, beliefs, and cultural experiences with their colleagues (6.1% disagree / strongly disagree).
- 88.1% of employees believe they have the skills and knowledge to consider competently equality, diversity and inclusion issues in their work.
- 84.5% of employees know how to report instances of harassment or discrimination and 72.6% believe that appropriate action will be taken if an instance of harassment or discrimination was reported, 8.3% do not.
- A number of themes emerged when we asked what we could do to improve inclusivity. The top three themes were improved training, development of employee networks and review of good practice recruitment processes, which will form part of our action plan.

# 4. Progress against our Equality Objectives

## Objective 1 Healthy Barnsley: People live independently with good physical and mental health for as long as possible.

### Reablement

The Reablement service provides support to regain living skills, confidence and independence to live at home. They provide short-term support to enable people to complete day-to-day activities safely, allowing them to remain independent at home for longer. The number of people accessing reablement services has positively increased over the last year. 1,161 people have accessed reablement in 2021/22, this is an increase of 62.8% compared to the previous year and above the target of 1,000.

### Trans Barnsley

The Suicide Innovation Fund has enabled the Recovery College to set-up a support group for people who identify as Trans, which aims to provide a safe and confidential space where trans people can receive the support they need to reduce the risk of suicidality or suicide ideation. The support available ranges from psychological support to advice on benefits, housing and employment and information relating to surgical and medical interventions. The project also provides support to family and friends.

### Feeding Barnsley

Good Food Barnsley is a broad coalition between the private, public and 3rd sectors. It is a joined-up movement and partnership of fantastic minds and resources that work towards a shared vision of building a better Barnsley where everyone has the right to the food they need to thrive. It is a genuine partnership to promote healthy sustainable food, tackle food insecurity and diet-related ill health, educate, and build community food knowledge, skills, and resources and to demonstrate the positive impact this is having on increasing citizen independence in our communities.

### Team Talk

The Suicide Innovation Fund has funded the 'Team Talk' initiative, run by Reds in the Community. This initiative provides a safe space for men to discuss a variety of topics with other men, informally, with the aim of improving their mental wellbeing. A total of 20 people have engaged with the project over a total of 44 sessions and an increased number of people reported a positive change in their mental wellbeing since engaging with the project.

### Collaborative Cold Weather plan

Our Collaborative Cold weather group is supported by key agencies working across the borough to help reduce the impact of cold-related ill health and excess winter deaths. Together we have developed a plan which focuses on the main contributory factors.

### Take a seat Barnsley

A Seat Barnsley has been created in response to feedback from older people who expressed a need for more seating to enable them to get out and about. The location, design and size of the seats vary across the borough. Some are outdoors, some urban, some rural, whilst others may be in shops or indoor areas. The aim is to encourage people to get out and about more by providing suitable stopping places to rest and socialise along the way. There are now 16 locations across the borough.



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# Objective 2 Learning Barnsley: Children and young people achieve the best outcomes through improved educational achievement and attainment.

## Children and Young people with Special Educational Needs and Disabilities

Work has been undertaken with schools to ensure they are correctly identifying the level of Special Educational Needs and Disabilities (SEND) provision and support for children and young people at the earliest opportunity. As a result, Barnsley has positively increased the number of children and young people receiving SEN support to 10.9%.

Students with an Education Health and Care Plan made significant improvements in EYFS and are performing substantially higher than the national average. Pupils with SEND saw an improvement in Year one Phonics outcomes in 2022 compared to 2021 and outperformed this group nationally. The expected standard in reading, writing and maths at Key Stage two was equal to the national average in 2022. The attainment 8 score of pupils with SEND improved in comparison to 2019 and more CYP achieved a standard pass in English and maths.

## Care Leavers in Education Employment or Training

68.2% of care leavers were in education, employment or training, around the time of their birthday. Although performance is slightly lower than 2020/21 (71.2%), it remains above target (65%), and significantly above both the national (52%) and statistical neighbour (50.1%) averages for 2020/21.

## Apprenticeship Pay Gap

We have bridged the gap in pay for young people transferring to an apprenticeship from the Youth Employment Programme with the council. This decision, has allowed young people to progress onto an apprenticeship opportunity with the council at National Minimum Wage, the same rate of pay as they were receiving on the Youth Employment Programme. The current pay rate for new apprentices to the council is £6.56 per hour, reverting to the National Minimum Wage relative to age after 12 months. This is significantly above the minimum apprentice rate set by Government of £4.30 per hour. It is the intention to support all young people taking part in the Youth Employment Programme to move onto either paid employment or apprenticeships both internal and external from the council.

## The Power of Learning on Mental Health

The Wellbeing Team within Adult Skills and Community Learning are working hard to support learners in developing improved wellbeing and mental health. Through creative activities including art, sugarcraft and sewing as well as positive thinking classes, learners develop new skills, become more active, connect with and support others and learn to pay attention to the present. Research and experience shows us this can have an amazing impact. In her recent feedback, one learner told us;

“If I can do it anyone can, from not seeing a future and wanting to end my life at worst, to feeling life has never been better this is who I am and what I want to do.”

The barriers created by mental ill health and wellbeing issues can have an enormous impact on our lives and now, more than ever before, we need to be supporting those in our community to find the strength to work towards overcoming them. Every step a learner takes makes a difference from growing the confidence to converse with others, to developing the motivation and resilience needed to move on to further learning or employment.



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# Objective 3 Growing Barnsley: People have a welcoming, safe and enjoyable town centre and principal towns as destinations for work, shopping, leisure and culture.

## Glassworks Development

The new Glass Works Square has significantly enhanced the accessibility and connectivity of Barnsley Town Centre. Footfall showed positive trends across 2021/22 with the annual target being achieved and surpassed, and the figure for June 2021 was the highest we've had for June in a number of years.

## AccessAble

AccessAble Surveyors completed an annual review of Barnsley's access guides, creating 13 new guides in 2021-22 (264 total). These guides provide disabled people with details of what a place is like in, and around, different venues and sites across the Borough and are available (free of charge) through the [website](#) or the AccessAble app.

## Disability Equality forum

Barnsley's disability equality forums ('My Barnsley Too' and 'Thursdays Voice') have moved their meetings to a venue in the town centre. This has had a positive impact on members as they have become more confident in visiting the town centre and now regularly visit the library or market kitchen cafes for lunch after the meetings.

## Click & Collect Barnsley

Click & Collect Barnsley is a project aimed at encouraging the people and businesses of Barnsley to adapt and capitalise on people's changing retail habits. Refrigerated and ambient collection lockers have been installed in Barnsley Markets and collection hubs set up at libraries across the borough. Shoppers can order from independent retailers through the ShopAppy website – be it fresh meat and fish, vegetables, clothes, jewellery, artwork and much more, and collect their items at a time and location that's convenient to them.

## BMBC Housing Acquisitions programme

Last financial year's acquisitions programme was hugely successful, with the £3M budget fully utilised acquiring 28 properties across of a range of property types in areas of housing need. A third of these were highly energy-efficient new-build homes. In addition to increasing the overall provision of affordable housing stock within the borough, one of the key objectives of the programme is to add properties for which there is a specific need not met by the existing stock profile.

Barneslai Homes has a particular demand for larger family homes, larger bungalows and properties which are suitable for adaptation. These property types featured in last year's acquisitions and will continue to be a key focus for this financial year.



**My Barnsley Too**  
A Forum for Disability Equality



**20  
30**

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# Objective 4 Sustainable Barnsley: People live in great places, are recycling more and wasting less, feel connected and valued in their community.

## Community Fridge

Mapplewell Village Hall saw the launch of an exciting new initiative, with Barnsley's first Community Fridge. which is a brilliant project centred around the reduction of food waste. has successfully re-distributed food to a diverse range of Barnsley's residents and diverted approximately 100kg of food from landfill per day since it opened.

## Better Access for disabled residents to our Household Waste and Recycling Centres

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listened to feedback provided by disabled residents and changed our processes to allow the use of larger vehicles in our Household Waste and Recycling Centres. This positively increased access to recycling and household waste facilities for disabled residents as they often need larger vehicles to accommodate equipment.

## Warm Homes Team

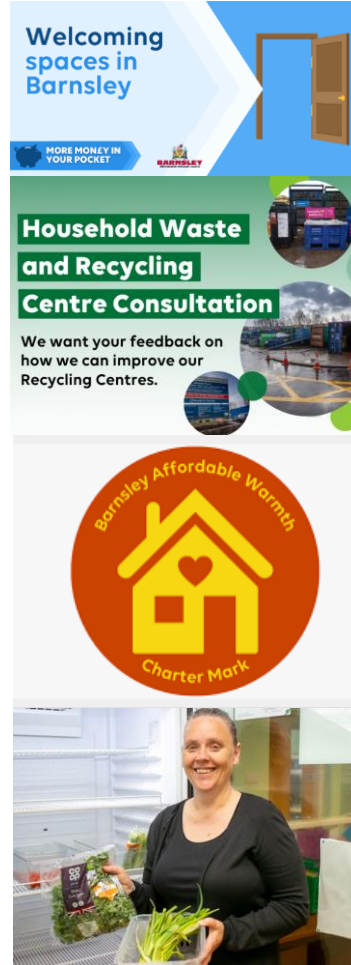
The Council has a Warm Homes Service which has been established to provide advice and assistance relating to warm homes, energy debt, home improvements and retrofit. The Council has been successful in its bids to the BEIS Local Authority Delivery (LAD) housing retrofit programmes and has, to date, secured over £7m to offer housing retrofit measures to improve the thermal and energy efficiency of homes in the private sector. This funding is targeted at households in fuel poverty (using BRE and other business intelligence data), taking a fabric first approach to adequately insulating homes and reducing energy usage and carbon emissions.

## Recycling Campaign

An awareness raising campaign was developed to increase the recycling of pots tubs and trays. Pictures and imagery were used to increase the accessibility of this information for people who may face barriers to reading information in written English (including limited English speakers and some disabled people).

## Welcoming Spaces

We have developed a network of Welcoming Spaces which will be available to people wishing to use them over the winter months, until 31 March 2023. We are using our own buildings, such as libraries, museums, family centres, and Berneslai Homes buildings to provide welcoming, warm, and inviting spaces for anyone who's feeling the cold. People can go there to get warm, stay warm and join in any of the regular activities or events which are being provided. It's also an opportunity to find out about other free resources, such as the Library Service's free e-books, e-magazines, online newspapers, and free internet and Wi-Fi, which will support families during the cost-of-living crisis.



# Enabling Barnsley: We are a modern, inclusive, efficient, productive and high-performing council.

## Black History Month

We joined communities across the country, in celebrating Black History Month in October 2021. The theme - 'Proud to Be' - invited black people of all ages and backgrounds to share the history they are making in their own ways as well as the pride they have in their heritage and culture.

We brought Black History Month to Barnsley, kickstarting festivities with a range of online and in person celebrations. Some of these included a special tour of Experience Barnsley and a free screening of hidden figures at the lightbox (with special guest Bruce Dyer, a former Barnsley FC player)

## LGBTQ+ History Month

In February 2022, we celebrated LGBTQ+ History Month by sharing a variety of content on social media, successfully increasing our reach (3%) and engagement (26%) on the previous year. We also published two articles internally to raise awareness amongst employees and promote our online equality, diversity and inclusion courses, including Trans Awareness.

## Menopause

On 18 October, colleagues came together in support of Menopause Awareness Day. We used this week to educate everyone about the menopause and improve the often 'taboo' perception of the topic. We want to support all employees who may be affected by the menopause. We have developed a short e-learning course covering what the menopause is, what symptoms women can experience, how these can be managed at work and what adjustments could be put in place. You can also hear some real menopause journeys. We strongly encourage anyone with a people management responsibility to undertake this course to educate themselves, to support their colleagues if they are going through the menopause.

## People Strategy

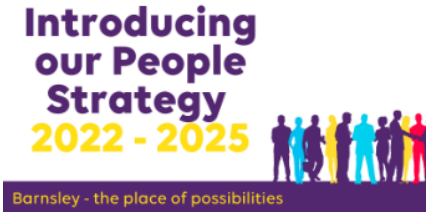
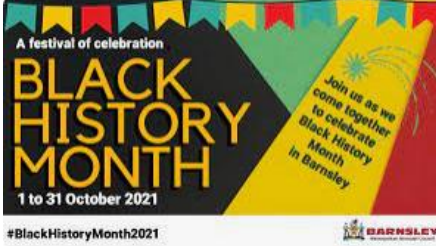
We developed a 'People Strategy' which focusses on supporting our employees to be the best they can be, making sure they have the support, opportunities and inclusive culture they need to thrive. The three key themes of the strategy are 'Effective leadership, values and culture', 'Maximising our capacity and capability' and 'Employee experience'.

## Kickstart Scheme

The Kickstart Scheme provides funding to employers to create jobs for 16 to 24 year olds on Universal Credit. Since the Kickstart scheme began, the council have created 50 25 hours per week placements are funded through the Department for Work and Pensions and topped up by the council. We have already experienced the benefits of having enthusiastic young people in our services. Each of our Kickstart placements has been a valuable addition to the team, with some going on to be permanent team members. Kristopher Elsey said, "Courtney has settled in really well thanks to her work ethic and fantastic attitude. She has become a valued team member helping assist with day-to-day tasks. Courtney is a testament to the Kickstart programme, and I would not hesitate to take on anyone else from the programme in the future."

## Translation & Interpretation Services

From 1 April 2021, AA Global became our sole provider for all translation and interpretation services. For the first time we have awarded the contract to a single company for all of our assignments to ensure the best service for our customers from one single source.



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**BARNSELY METROPOLITAN BOROUGH COUNCIL**

**REPORT OF: EXECUTIVE DIRECTOR OF GROWTH & SUSTAINABILTIY**

**TITLE: A CULTURAL STRATEGY FOR BARNSELY**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>REPORT TO:</b>               | <b>CABINET</b>                  |
| <b>Date of Meeting</b>          | <b>22 March 2023</b>            |
| <b>Cabinet Member Portfolio</b> | <b>Regeneration and Culture</b> |
| <b>Key Decision</b>             | <b>Yes</b>                      |
| <b>Public or Private</b>        | <b>Public</b>                   |

**Purpose of report**

To outline the reasons why Barnsley needs a Cultural Strategy to ensure its work around participation and engagement with culture & heritage and its contribution to the visitor economy is strategically aligned to the Barnsley 2030 priorities of the borough and B2030 outcomes.

**Council Plan priority**

This links to the Council’s and borough’s vision of Barnsley as a ‘place of possibilities’ and our ambitions to be a ‘Creative Barnsley’

**Recommendations**

That Cabinet:-

1. That the Council adopt the proposed approach for the development of Barnsley’s Cultural Strategy.
2. Endorse the involvement process with the diverse residents and communities of Barnsley as laid out in the report.

**1. INTRODUCTION**

**Why a cultural strategy for Barnsley?**

- 1.1 We experience culture every day. It intersects across different parts of our lives in a myriad of ways. Through the food we prepare and eat. The language we speak and hear. The tables we gather around. The environment we encounter and shape. The stories we share. The art we make or come into contact with.

The faith or rituals we observe. Culture is nuanced and is constantly shifting. It has no singular source: it is not mine, it is not yours, it is ours.

- 1.2 Kathy McArdle, **Service Director for Regeneration and Culture** in Barnsley, has said “We’re huge supporters of Culture in Barnsley, we see the benefits and positive impacts on both wellbeing and the economy. There’s a real buzz around our borough as we continue to push boundaries and raise the bar when it comes to culture and heritage.” In recent years, while museums around the country have been struggling, Barnsley has been opening new museums to the public. It is not just people who live or work in Barnsley who recognise the cultural possibilities of the borough: Arts Council England has selected Barnsley as one of its 15 Priority Places in the North opening up the potential for new investment while the Cultural Development Fund recently awarded almost £4million to Barnsley to create new studios and galleries, foster cultural hubs and support creative networks across the borough.
- 1.3 In this context, Barnsley Council has an exceptional opportunity to use culture as a key driver to help deliver its Barnsley 2030 strategy. However, whilst culture is embedded into Barnsley’s future plans there is currently no distinct borough-wide strategy to illustrate how culture and creativity can contribute to a good life for everyone in the borough. Having a cultural strategy in place will open up new partnerships, both in and out of the borough, while strengthening existing ones. An effective cultural strategy will also increase investment and funding opportunities for Barnsley because the borough will be able to demonstrate its strategic commitment to culture.
- 1.4 Given the strength of Barnsley’s strategic framework (including Healthy Barnsley, Learning Barnsley, Growing Barnsley and Sustainable Barnsley) and the increased levels of support provided to the locality by Arts Council England (ACE) in the recent National Portfolio announcements the borough is well placed to facilitate the development of a cultural strategy that will not sit in its own silo but that will be an effective driver for positive change across the borough. A cultural strategy for Barnsley will create a shared vision and identity for the area which builds on its history, grows its economy, supports community led activities, improves health and wellbeing and which contributes to a good life for all Barnsley’s citizens.

### **What are the key questions for Barnsley’s cultural strategy to answer?**

- 1.5 The cultural strategy will need to explore and understand the creative and cultural ecology of Barnsley. The process of discovering and defining Barnsley’s homegrown creativity and culture will be essential if the strategy is to successfully use its cultural assets to create social and economic impact across the borough, as well as ensuring all parts of the community can access a high quality cultural offer. While there are multiple questions for the cultural strategy to explore, three core questions are fundamental and must be at the centre of the strategy:
  - a) What is the current creative and cultural ecology of Barnsley?
  - b) What are the ways in which culture can contribute to a good and healthy life in Barnsley?
  - c) What needs to happen to make this a reality for everyone in Barnsley?



- 1.6 This proposal lays out in detail how we will engage with our residents and communities and Elected members to explore these questions in the Cultural Strategy Development process.

## 2. PROPOSAL

### Who should explore these questions and shape the strategy?

- 2.1 In light of societal shifts that have taken place in recent years, in particular the covid pandemic and the current cost of living crisis, it is important that the development and delivery of Barnsley's cultural strategy is a democratic and inclusive process. This is not just a political and moral imperative, it is also a strategic one. In order to create a high value and high impact strategy, that will enrich and strengthen Barnsley's 2030 plan, the process of creating the cultural strategy must draw from diverse experiences of culture from across the whole borough.
- 2.2 This means that while it is important to incorporate strong input from Barnsley's existing and visible cultural organisations and practitioners, the strategy must go further. It must include input from less visible, recognised or celebrated aspects of the borough's creative and cultural ecology. This is because the strategy will be more meaningful if it encompasses the whole of Barnsley's story, not just the aspects that we are already good at telling. This means we need to engage and involve people of all ages, those from our BME communities, those who are disabled or have special needs, vulnerable people, our LGBTQI communities and people from various parts of the borough, urban and rural.
- 2.3 A democratic and inclusive approach would also be a good fit with ACE's new ten-year strategy, [Let's Create](#). Like Barnsley's overall strategy, this new ACE funding plan runs to 2030. It was developed through conversations with more than 5,000 people nationwide and marks a significant shift in funding policy for culture. *Let's Create* sets out a more inclusive and relevant model for the cultural sector; representing a move away from the provision of a cultural offer towards more collaborative and co-created ways of working. *Let's Create* is not just about putting on a show and hoping people come; it is about everyone's creativity and culture and how we can all contribute towards a more place-based and inclusive model for culture.
- 2.4 This new national policy and funding framework is relevant to consider in terms of how best to shape and develop local cultural strategies. The time is ripe for co-developing and co-creating plans in partnership with citizens. A cultural strategy that is co-created by citizens will position Barnsley at the forefront of this practice nationally. The approach would follow in the footsteps of Barnsley Council's democratic opening up of the Town Hall as a new museum for everyone to share and would align with the idea that, in Barnsley, we want everyone to have a good life.
- 2.5 The proposed project approach, the process and activities we use to develop the cultural strategy in Barnsley, are as important as the cultural strategy we end up with. If the cultural strategy development process is done well and is

really inclusive handing power to our communities, we can create new and powerful links with a wider range of our communities, empowering them and ensuring local people are at the heart of what we do across the cultural and creative sector in the future. Barnsley is very well positioned to begin this work. Barnsley MBC already has in place an innovative democratic system which enables local communities and Councillors to work together. The development phase of the cultural strategy will engage with Area Council and Ward Alliance members (local residents) as a starting point for engaging with communities, members and partners across the Borough. Area Councils and Ward Alliances will help identify who needs to be involved and how we can best engage them. Once the existing structures have been tapped into, we will then deliver targeted and creative engagement will be undertaken with parts of the local community that have been identified as requiring further consultation or being underrepresented within these existing structures.

2.6 Below we have mapped out the timeline for the Strategy Development process.

Arts Council England are supportive of the process but have also advised that it may end up being delivered across a shorter timeframe to concentrate and focus the engagement work. This timeline will therefore have some built-in flexibility to enable it to respond to the themes and ideas coming through the engagement process. The timeline might also change if some of the phases are delivered in parallel.

## 2.7 **Phase One – Development and research (c.10 - 12 weeks)**

When considering a democratic approach to the development of a cultural strategy, it is good practice for the first step to be a period of development and research; exploring options and engaging in dialogue with stakeholders. This process will be led by Barnsley MBC, working with local creative practitioners. The creative practitioners will lead the engagement and consultative aspects of this phase and will be appointed early in Phase 1.

There will be four key areas of work, these are described below

### **One: Project Governance**

A project Board will be put into place to oversee the development of the cultural strategy. The board will consist of representatives of the cultural sector in the Borough, relevant Council officers, key funders, members of the Youth Council and the community and voluntary sector.

The Project Board will ensure that Senior officers and members with Barnsley MBC are kept briefed on progress, and it will also take a lead in ensuring there is an effective communication plan in place.

Key aspects of the communications and engagement plan here in Barnsley would include:

|                                |   |
|--------------------------------|---|
| Stakeholder communications     | <ul style="list-style-type: none"> <li>• providing a regular and updated narrative about the process which illustrates its legitimacy</li> <li>• shared online space for keeping records of meetings, tracking the development of ideas</li> </ul>      |
| Cultural sector communications | <ul style="list-style-type: none"> <li>• a regular news bulletin for cultural sector organisations and practitioners to encourage feedback and dialogue</li> <li>• An invitation for the sector to submit ideas or evidence for the strategy</li> </ul> |

## **Two: Creative Engagement with Members, Area Councils and Ward Alliances**

This is a crucial aspect of the development of the strategy. An introductory workshop will be held with Members and key partners (such as Arts Council England) to help shape the engagement process and the areas of focus.

The appointed creative practitioners, working with the Council's Communities team, will engage with all the Area Councils and a representative sample of the Ward Alliances, as well as other key representative fora associated with BMBC such as the Youth Council. The exact detail of the consultation will be shaped by the creative practitioners appointed but will focus on discussing the three broad questions outlined in the introduction.

- A) What is the current creative and cultural ecology of Barnsley?
- B) What are the ways in which culture can contribute to a good and healthy life in Barnsley?
- C) What needs to happen to make this a reality for everyone in Barnsley?

## **Three: Stakeholder Engagement**

The engagement with stakeholders as part of Step one and future phases will be driven by the four headline themes in Barnsley 2030: Barnsley A Place of Possibilities. These are:

- Healthy Barnsley
- Learning Barnsley
- Growing Barnsley
- Sustainable Barnsley

During Step One initial conversations will take place with the Chairs and a small number of key members of each of the theme boards.

The fifth area of stakeholder engagement will be with the cultural and creative sector across Barnsley. Naturally this will include ACE funded National Portfolio Organisations (NPOs), including those organisations recently added to the portfolio and the larger organisations in the Borough such as Yorkshire Sculpture Park and the Civic, well as Fusion the Local Cultural Education Partnership (LCEP). However the consultation will focus on the many individual artists and makers that are such a crucial part of the creative ecology in the Borough.

## **Four: Sector Mapping**

The scale and size of the existing culture and creative sector in the borough needs to be understood if the strategy is to be developed and delivered successfully.

Some progress has been made in this area recently at both a Borough and regional level. The SYMCA Cultural and Creative Industries Data research and mapping project completed earlier this year by Fifth Sector, provides a range of useful information concerning the size and scale of the sector across the region.

However further work needs to be done in phases one and two to drill down and develop a thorough understanding of what cultural activity is already going on across Barnsley. The feedback from SYMCA's parallel piece of work the Culture, Arts & Heritage Engagement Report demonstrates that the sector perceives that there is a distinct lack of knowledge at a Local Authority level, particularly about the self-employed and small businesses that make up much of the cultural and creative sector in South Yorkshire.

The Forging Elsecar Cultural Development Fund (CDF) project Principal Towns strand also includes a focus, and some available resource for sector mapping. This has been aligned with the Cultural Strategy development process to maximise the impact of the work and mapping has begun. It will consider the outputs of the SYMCA funded Bounceback programme and what that has initiated in the Borough - <https://www.barnsley-museums.com/projects/supporting-artists-the-covid-bounce-back-programme>

### **2.8 Phase two – Review and identification of next steps (c. 4-6 weeks)**

Once the results of Phase One have been gathered, a review process will take place led by the Project Board. A summary note outlining the key findings from the initial work will be produced for key stakeholders. This note will consider the work undertaken with Area councils and Ward Alliances, identifying the key themes emerging, and will also identify the preferred way forward for the development of the Cultural Strategy.

There will be a particular focus on assessing whether Phase One has been able to engage with a representative sample of Barnsley's communities and identify any gaps for further engagement.

When agreement is reached on the further work required, we will then move onto Phase Three.

### **2.9 Phase three: Further Engagement with Communities and Stakeholders (c10 – 12 weeks)**

Whilst the exact content of Phase three will only be decided once Phases One and Two have been undertaken, it is likely that further conversations with key stakeholders will be required, as well as targeted engagement with key parts of the community. Therefore, the phase will include at least the two areas of work

outlined below which again will be facilitated and delivered by cultural organisations and creative practitioners.

### **One: Further Stakeholder Engagement**

The engagement with stakeholders as part of Phase Three will again be driven by the four headline themes in Barnsley 2030: Barnsley A Place of Possibilities. These are:

- Healthy Barnsley
- Learning Barnsley
- Growing Barnsley
- Sustainable Barnsley

During Phase Three Focus groups will be held for each of the Barnsley 2030, the Focus Groups will be facilitated by local cultural organisations and creative practitioners. themes, we will ensure a broad representation of key voluntary and community groups and organisations.

The fifth area of stakeholder engagement will be with the cultural and creative sector across Barnsley. We will consult widely with the cultural sector throughout the development of the strategy and actively use creative practitioners to support and help deliver the citizens led approach.

### **Two: Creative Community Engagement**

This phase of the work will take place after the workshops with Area Councils and Ward Alliances. From their input, a gap analysis will be undertaken to assess which parts of the Borough's community needs further engagement. This analysis will look at several factors including:

- Age
- Geography
- Background
- Ethnicity
- Gender
- Socio-economic status

Once priorities for further engagement have been identified, local cultural and creative practitioners will be commissioned to seek out, approach and work with relevant parts of the community to gather their ideas of culture and where it should sit in their lives.

The particular engagement approach will be explored and agreed during Phase 3 and will be influenced by the nature of the community group we are looking to engage with, and the creative practitioner involved. However, it will be important to ensure that the process is suitably in depth and iterative. It is vital that groups, community members and creative practitioners with different kinds of perspective and lived experience feed into the conversations about Barnsley's cultural strategy. A 'Creative Barnsley' is a diverse Barnsley and the

rich fabric of our creative communities will underpin the future cultural life of the borough

This phase will also include further conversations with Project Board and key partners to test the themes emerging from the wider community engagement.

## 2.10 Phase Four – Strategy Development

Once Phase 3 has been completed and broad and deep wider community and stakeholder engagement has been progressed, the findings of that work will be gathered together in a creative report. The emerging priorities identified in the summary note produced in Phase two will be reviewed.

The Project Board will work together to draft a short and focussed strategy based on the feedback and contributions received from the discussions with Area Councils, Ward Alliances, local communities and stakeholders.

Prior to finalising the outline strategy, a session between key participants in the strategy development process, key funders, creative organisations and relevant Councillors will be held to explore and discuss the report. This meeting will also cover the final composition of the cultural strategy and agreeing follow-up actions.

Suitable resources will be allocation for a small print run of the finalised strategy so that it can be distributed to key stakeholders.

## 2.11 Timetable for Barnsley’s Cultural Strategy Development

A suggested timetable for the delivery of the above steps is outlined below.

|   | Apr- July 23 | July – August 23 | Sept – November 23 | November - December 23 |
|---|--------------|------------------|--------------------|------------------------|
| <b>Phase 1 – research and development</b>                             |              |                  |                    |                        |
| <b>Phase 2 – Review and identification of next steps</b>              |              |                  |                    |                        |
| <b>Phase 3 – Further Engagement with communities and stakeholders</b> |              |                  |                    |                        |
| <b>Phase 4 – strategy development</b>                                 |              |                  |                    |                        |

This will be subject to change with the potential for some phases to overlap, but illustrates the direction of travel.

## 2.12 Potential priorities for the Cultural Strategy

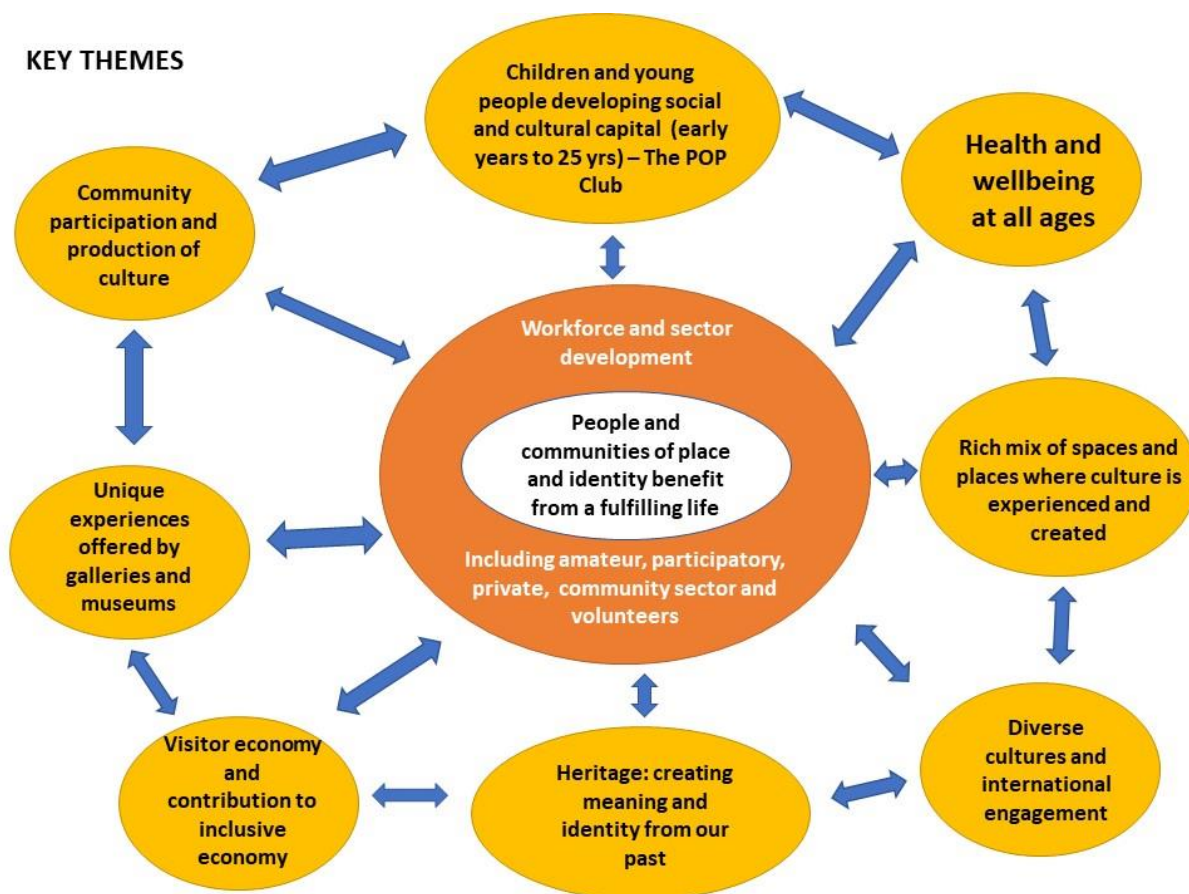
Whilst the priorities and ambitions for Barnsley’s cultural strategy will be shaped

by the engagement with the borough's communities, cultural sector and other partners, the current understanding of the sector, previous research and conversations have indicated that some or all of the following areas may well be represented as the research progresses:

- Community participation and production of culture
- Children and young people developing social and cultural capital
- Tackling health inequalities and improving health and wellbeing outcomes
- Developing and using a rich mix of spaces and places where culture is experienced and created
- Embracing diverse cultures and international engagement
- Heritage: creating meaning and identity from our past
- Visitor economy and its contribution to inclusive economy
- Creating unique experiences offered by galleries, museums and engagement with culture in our outdoor and public spaces

When a creative ecology is working successfully these themes interact together to ensure people and communities of place and identity benefit from a fulfilling life. The diagram on the next page illustrates how this could happen.

## KEY THEMES



### 2.13 What would Barnsley's Cultural sector's role be?

It is essential that people and organisations which will be set to gain from the existence of a dynamic cultural strategy are involved in its development. This includes people and organisations who already count themselves as part of Barnsley's cultural ecology. This could include cultural organisations and venues, creative practitioners, artists and creative businesses, faith groups, privately run organisations, e.g. dance schools, youth services, local charities, voluntary sector, health care organisations, sports and other relevant interest groups, schools and colleges.

Cultural organisations and creative practitioners will be front and centre of the development of the strategy. They will lead the consultation and engagement process in all phases of the strategy development.

As well as encouraging the participation of specific individuals and organisations from the sector in Barnsley, there are also project collaborations and work streams that need to connect with the cultural strategy development process. These include:

- SYMCA's Culture, Arts & Heritage Engagement Report
- Barnsley MBC Community Listening work
- Barnsley MBC Principal Towns work
- The development of a Borough Creativity and Wellbeing plan



- South Yorkshire Integrated Care Strategy

The Barnsley Connects network development strand of the Cultural Development Fund project currently being delivered in the Borough is a timely opportunity to broaden the reach of the development of the cultural strategy. Barnsley Connects is planned as an impactful programme of activities, connections and exchange, through face-to-face interaction and digital engagement. The first phase, which will draw on the skills and energy of emerging creative practitioners and place-leaders and is described below, is planned to run during the same period as the cultural strategy development, so this work will be closely aligned to help the development of the strategy. Key strands of the work include:

- Identify existing creative activity taking place and spaces
- ‘Storying Barnsley’: creative place-based story-telling workshops, facilitated by University of Sheffield
- Conversations with businesses, community leaders & voluntary sector organisations engaged in cultural activity to understand barriers and the role culture plays in their work
- Map existing creative industries businesses at a Borough level.
- Bring together practitioners, creative industries businesses & place-leader locally to nurture an informal borough-wide Creative Barnsley Network

We will ensure close connection with the Barnsley Connects creative network to add value to each other’s work and closely coordinate our research to ensure best value from both programmes.

### 3 IMPLICATIONS OF THE DECISION

#### 3.1 Financial and Risk

##### 3.1.1 Costs for the development of Barnsley’s Cultural Strategy

The costs for developing the cultural strategy depend very much on the level of engagement with local communities. An initial budget has been developed based on a model that assumes engagement with all Area Councils and a selection of Ward Alliances in Phase one, as well as other key networks such as Barnsley’s Youth Council. It also assumes up to four in depth pieces of engagement in phase three. This would provide sufficient resource for a robust community led development process and gives an overall cost to the strategy development process of in the region of £50k.

| Phase  | Cost |
|--|------|
| Phase One – Development and research                               | £15k |
| Phase two – Review and identification of next steps                | £5k  |
| Phase three – Further Engagement with Communities and Stakeholders | £20k |

| <b>Phase</b>                   | <b>Cost</b> |
|--------------------------------|-------------|
| Phase 4 – Strategy Development | £5k         |
| <b>Total cost</b>              | <b>£50k</b> |

3.1.2 Arts Council England has already committed £10K towards this process, with a matched contribution coming from the Culture team’s own resources. ACE have also indicated that they would be comfortable with the additional resource required coming from the Cultural Development Fund resources already secured.

3.1.3 ACE have also indicated that the development of a Cultural Strategy would be a requirement for a future bid to the Place Partnership Funding pot. Together we have identified that this would be a positive funding programme to bid to in order to progress some of the work involved in delivering the Cultural Strategy. We see this as a key element of our ‘Priority Place’ work with ACE.

3.1.4 Cabinet are asked to approve the BMBC £10K contribution to the Cultural Strategy Development process and the use of £30K CDF funds for this purpose

### **3.2 Legal**

3.2.1 There are no legal implications arising from this report.

### **3.3 Equality**

3.3.1 The principles of Equality, Diversity and Inclusion will be at the heart of the Cultural Strategy Development process. A Full Equality Impact Assessment would be completed in advance of any public consultation and before the final Strategy is produced to ensure the Strategy genuinely engages diverse communities and populations, is equitable and inclusive and recognises the value of diversity as a creative force in the cultural life of the borough

### **3.4 Sustainability**

3.4.1 The zero carbon Decision-making wheel will be completed once the consultation on the strategy has been concluded

### **3.5 Employee**

3.5.1 There are no employee implications associated with this work

### **3.6 Communications**

3.6.1 A comprehensive communications strategy and plan will be developed to support the wide and deep engagement that will contribute to and shape the cultural strategy with the Comms lead in Culture and Visitor Economy, working collaboratively with all Comms officers working across the Council and with Comms partners across the borough.

3.6.2 Digital engagement, which was a key feature of the work of our CVE team, will also feature heavily.

#### **4. CONSULTATION**

4.1 Consultation has taken place with Growth and Sustainability DMT, SMT Executive members, Cabinet spokesperson for Regeneration and Culture and Cabinet spokesperson for Transport and Environment. We have also consulted our Partners Arts Council England on the development process as they would be a key partner in supporting the strategy development process.

#### **5. ALTERNATIVE OPTIONS CONSIDERED**

5.1 The option of not to develop a Cultural strategy was considered but this has been identified as a significant strategic gap for Barnsley by Arts Council England through our work as a priority place. It is therefore essential we get this in place as it will enable us to have a more strategic relationship with our residents, communities and funders

#### **6. REASONS FOR RECOMMENDATIONS**

6.1 Our Culture and Visitor Economy work has been hugely successful in the last ten years and seen extraordinary growth and achievements in that period. In order to build on this, it is essential to develop a more strategic framework for the work of the service, moving from a more citizen and community led model, which focusses on the Council having a key role in supporting workforce development and sector development as well as offering a high-quality museums, heritage and archive service.

#### **7. GLOSSARY**

Not required

#### **8. LIST OF APPENDICES**

Not applicable

#### **9. BACKGROUND PAPERS**

None

#### **10. REPORT SIGN OFF**

|  |   |
|--|---|
| <b>Financial consultation &amp; sign off</b> | Senior Financial Services officer consulted and date<br><br><i>Steve Loach, 16 Feb 2023</i> |
| <b>Legal consultation &amp; sign off</b>     | Legal Services officer consulted and date<br><br><i>Sukdave Ghuman, 16 Feb 2023</i>         |

**Report Author: Jon Finch**  
**Post: Head of Culture and Visitor Economy**  
**Date: 10 March 2023**

**BARNSELY METROPOLITAN BOROUGH COUNCIL**

**REPORT OF: EXECUTIVE DIRECTOR GROWTH AND SUSTAINABILITY**

**TITLE: HRA Decent Homes Capital Investment Report 2023/24**

|                                 |                                   |
|---------------------------------|-----------------------------------|
| <b>REPORT TO:</b>               | <b>CABINET</b>                    |
| <b>Date of Meeting</b>          | <b>22<sup>nd</sup> March 2023</b> |
| <b>Cabinet Member Portfolio</b> | <b>Regeneration and Culture</b>   |
| <b>Key Decision</b>             | <b>Yes</b>                        |
| <b>Public or Private</b>        | <b>Public</b>                     |

**Purpose of report**

The purpose of the report is to inform Cabinet of, and seek approval for, the Housing Revenue Account (HRA) Capital Investment Programme for 2023/24, delivered through the Property, Repairs and Improvement Partnership (PRIP) contract and tendered elemental works programmes.

**Council Plan priority**

Healthy, Growing, Learning & Sustainable Barnsley

**Recommendations**

That Cabinet:-

- 1. Approves the HRA 2023/24 Barnsley Homes Standard Programme; and**
- 2. Approves the HRA 2023/24 Supplementary Investment Programme.**
- 3. Approves the HRA 2023/24 Other Investments**
- 4. Approves the use of Barnsley Homes Reserves to fund the Independent Living Scheme Modernisation Pilot.**

## 1. INTRODUCTION

- 1.1 This paper sets out the proposed programme for the Council's core housing capital programme for both the Barnsley Homes Standard (BHS) programme and the programme of supplementary investments that compliments BHS. These investments will allow Berneslai Homes to continue to maintain its Decent Homes target of 100% [set in conjunction with BMBC] through 2023/24.
- 1.2 Berneslai Homes Asset Management Strategy 2021-26 outlines the approach to be undertaken to ensure decency performance across the life of the business plan. In conjunction with Berneslai Homes Sustainability Strategy 2022-27, this includes a plan for improving the energy efficiency of our stock and approach for meeting our low carbon targets. A separate report will provide further details of plans to retrofit all stock to meet EPC C or above by 2030. Where possible, retrofit works will be delivered within existing planned programmes (and contracts) to maximize efficiency in delivery and Value for Money, minimize disruption to tenants and ensure that a whole-house, sustainable approach is taken to asset management. A pilot decency/retrofit approach will be delivered on a phase within the Decency Programme during 2023/24.

### **Decent Homes Standard**

- 1.3 The Council first met the Decent Homes Standard for all its stock in December 2010, having delivered a £300M programme between 2004 and 2010 to achieve this. The standard is set by the government and requires a home to meet the following four criteria:
- a) It meets the current statutory minimum standard for housing – containing none of the 29 serious [Cat 1] hazards set out under the Housing Health and Safety Rating System [HHSRS].
  - b) It is in a reasonable state of repair where building components [Key and Other] do not require replacement or major repair due to age and condition.
  - c) It has reasonably modern facilities and services - dwellings which fail to meet this criterion are those which lack three or more of the following:
    - a reasonably modern kitchen (20 years old or less);
    - a kitchen with adequate space and layout;
    - a reasonably modern bathroom (30 years old or less);
    - an appropriately located bathroom and WC;
    - adequate insulation against external noise (where external noise is a problem); and,
    - adequate size and layout of common areas for blocks of flats.
  - d) It provides a reasonable degree of thermal comfort - this criterion requires dwellings to have both effective insulation and efficient heating.

- 1.4 Since January 2011, Berneslai Homes has implemented and managed the Barnsley Homes Standard programme [BHS] designed to maintain the social rented housing stock at the Decency Standard. Appropriate Council/ BH strategic targets are set annually to ensure this. The social housing White Paper, The Charter for Social Housing Residents, indicates that the Decent Homes standard will be reviewed to consider whether it needs to be updated to strengthen the definitions of safety, energy efficiency and decency. Initially expected to be completed by Summer 2022, this has now been pushed back by the Government to Spring 2023. The implications of the revised Decency Standard on the Council's HRA will be considered in due course.
- 1.5 The Government's Decent Homes standard covers a range of components whose useful lifespan is time-limited (for example, 20 years for a kitchen) and different components have different lifecycles. Berneslai Homes manages and uses its asset management database [PIMSS] which tracks the installation date of all home standard components within a property. This database is used to establish both the 30-year HRA business plan and the annual programme contained within this report. The annual programme details where work is required to maintain the standard in the coming year.
- 1.6 Actual lifespans for individual components vary from the government guidance, and components are not replaced where they are in good condition and their expected remaining life extended for a further period. Every home and every component are surveyed in advance of replacement within the annual programme with variations recorded in the asset management database. In addition to these property inspections, stock condition surveys of 20% of the stock per annum have been undertaken since April 2022. Following approval from the Council in December 2022, the programme has been accelerated to achieve a full 100% position for March 2024. These stock condition surveys ensure we have full visibility of the housing stock; providing data and 30-year business plan accuracy.
- 1.7 The schemes proposed within the 2023/24 programme are addresses that were last improved during the early years of the previous decent homes programme. The scope of works from the database shows that such elements as PVCu windows and doors, full rewires and central heating distribution systems will be unlikely to require replacement, but some kitchens, bathrooms, roofs, and central heating boilers are likely to require replacement. The programme will also pick up other elements that were deemed not to fail at the time, as well as original tenant refusals if not replaced as part of void works.
- 1.8 It has been identified that the stock has a high number of kitchens that were fitted during the Decent Homes period that are now nearing the end of their 20-year life cycle. Following analysis and physical surveys, 200 kitchens will be replaced on the BHS 2023/24 programme.
- 1.9 During the original Decent Homes programme only a small proportion of roofs were replaced due to not failing against the Decent Homes standard upon survey. Officers are now seeing via the asset management database, and

through stock condition surveys, that there are an increasing number of full roofs needing replacement within the next 5 years. Berneslai Homes will thus be delivering an elemental roofing replacement programme to 200 properties in 2023/24.

- 1.10 Gas central heating boilers are one element that consistently fails before the 15-year lifetime expectation within the government decency programme. Older boilers tend to break down more often, of which the Council has a high number, with some boilers being older than ten years old. The reason for this is due to the decent homes replacement programme being at its peak in the 2004 to 2008 period which saw significant replacements. Older gas boilers are also less efficient at around 78% efficiency compared with a modern combination boiler at 91% efficiency. Changing from the older boiler to a modern one, on a typical semi-detached property, could save the tenant approximately £105 per annum (source: Sedbuk) which will contribute towards reducing fuel poverty in the borough.
- 1.11 Whilst the more efficient boilers also emit less CO<sub>2</sub> than the older boilers, because of burning less gas, it should be noted that such boilers do not meet the Council's Zero Carbon aspirations. Therefore, these boilers are not seen as a long-term solution and an alternative will be factored into the HRA 30-year business plan, and retrofit strategy, in due course.
- 1.12 It is expected that the HRA will spend c.£2.35M per annum on gas heating breakdown this year which is in line with the 2021-22 Year End Forecast. This represents the largest single element of the responsive repairs and maintenance budget. To help reduce this problem, additional tendered elemental heating replacement schemes have featured as part of the Barnsley Homes Standard programme over the last five years. For 2023/24, £1.0M of the elemental works HRA budget allocation will support this objective.

## **SOCIAL VALUE**

- 1.13 The Barnsley Home Standard programme is required to meet the Council's decency target and the Council has contractual agreements with Construction Services and Wates for the delivery of the work through the PRIP 2020 Contract.
- 1.14 The PRIP contract is designed to add social value including directly employing staff who live within the borough, a requirement to have over 30 directly employed apprentices and annual programmes of work experience. Further, the contract makes a significant financial contribution to the Better Barnsley Bond Scheme.
- 1.15 The contract has targets for equality and diversity in the workforce, including encouragement of women into construction and carbon footprint sustainability. It sets stringent targets for re-cycling waste materials (more than 96%) and investment in the Barnsley Pound (more than 75%) tree planting and green initiatives



## 2. PROPOSAL

### 2.1 Barnsley Home Standard - Core Programme

The proposed core Barnsley Homes Standard programme for 2023/24 will be delivered by Berneslai Homes Construction Services (CS) and Wates and is summarised per area in the table below:

#### **Barnsley Homes Standard 2023/24**

| <b>Delivery Partner</b> | <b>Scheme</b>               | <b>Number of Properties</b> | <b>Budget Cost £M</b> |
|-------------------------|-----------------------------|-----------------------------|-----------------------|
| CS                      | Barnsley West               | 30                          | 0.273                 |
| CS                      | Broadway                    | 134                         | 1.219                 |
| CS                      | Cudworth                    | 61                          | 0.555                 |
| CS                      | Honeywell                   | 305                         | 2.775                 |
| CS                      | Elemental Kitchen programme | 151                         | 1.239                 |
| Wates                   | Blacker Hill                | 41                          | 0.373                 |
| Wates                   | Darfield                    | 60                          | 0.546                 |
| Wates                   | Pilley / Tankersley         | 44                          | 0.400                 |
| Wates                   | Wombwell                    | 181                         | 1.647                 |
| Wates                   | Hoyland Common              | 24                          | 0.218                 |
| Wates                   | Elemental Kitchen programme | 49                          | 0.402                 |
| <b>TOTAL</b>            |                             | <b>1,080</b>                | <b>9.649</b>          |

2.2 The programme, together with other works detailed, will maintain or better the Council's Housing Stock within its strategic target by the end of March 2024.

2.3 Budget costs are derived by using previous year's outturn costs and include all associated fees. Following a detailed survey of every property within each scheme, and agreement on individual scopes of work for every property, partner contractors propose guaranteed maximum prices for each package.

#### **Roofing Replacement Elemental Works - £2.0M**

2.4 It is proposed the roofing replacement elemental works budget be used to carry out a tendered project outside the scope of the PRIP contract to the value of £2.0M as point 1.9 of the report refers.

#### **Gas Heating Replacement Elemental Works - £1.0M**

2.5 It is proposed the elemental works budget be used to carry out a tendered heating replacement scheme to the value of £1.0M as point 1.10 of the report refers.

#### **Water Ingress Works - £0.500M**

2.6 These are identified remedial works required to the 3 high rise blocks, Buckley, Britannia, and Albion House and have been approved by Council cabinet already (Cab21.9.22/11). These works will be delivered using underspends within the 2022/23 BHS programme (£0.500M) and by top

slicing the 2023/24 BHS Decency Programme (£0.500M) as part of the budget setting process.

### **Urgent Individual Property Heating Replacements - £0.529M**

- 2.7 In all cases following a heating breakdown, a repair is attempted in the first instance. In some cases, the boiler cannot be repaired or is beyond economic repair which cannot wait for a planned programme. The budget is sufficient for approximately 200 such replacements within the housing stock of 18,000 properties. This work is delivered through the Property Repairs and Improvement Partnership (PRIP) with the works carried out by Berneslai Homes Construction Services or Wates.

### **Reactive Component Replacements - £1.7M**

- 2.8 The proposed replacement items budget is to be used to replace items in council stock which aren't scheduled for renewal as part of the Core BHS programme as outlined above, where they cannot be repaired, are reasonably urgent in nature and are not heating related (where there is a separate budget allocation). The items are placed in planned programmes which are released monthly through the Property Repairs and Improvement Partnership (PRIP) to Berneslai Homes Construction Services and Wates respectively. These batched releases enable the work to be properly planned and priced, making delivery efficient and costs more controllable. The works typically consist of:

- Full or Partial Kitchen Replacements;
- Full or Partial Bathroom Replacements;
- New Guttering;
- New Doors; and
- New Windows.

The proposed budget is sufficient to fund around, on average, 988 replacements at an average cost of £1,650 and will contribute towards maintaining the Council's Decent Homes target.

### **Supplementary Investment Programme**

- 2.9 The Supplementary Investment Programme is additional to the Barnsley Homes Standard Programme and is complimentary in maintaining the housing stock to the Decency Standard. The individual elements are outlined in the paragraphs below.

### **Planned Works to District Heating Networks - £0.330M**

- 2.10 The Council has 24 District Heating Networks serving 1,212 dwellings, independent living schemes, community centres, and a school. Properties have heat meters and pay at cost of the heat they use. The systems operate on an 'at cost' basis for revenue income and expenditure, the Council reviewed the charge in December 2021, and the decision was made to reduce the charge with effect from 1<sup>st</sup> September 2021 (CAB.1.12.2021/10) with no increase proposed for the 2023/24 financial year. The capital cost of

improvements and replacements for the systems falls on the HRA, as it does for all other domestic systems

- 2.11 The plans for 2023/24 include the replacement of the ground source heating units at Maltas Court as these units are proving unreliable and are the main heating supply for residents. Replacement of units such as these reduces the risk of failure and improves overall efficiency of the heat network.
- 2.12 A smaller part of this capital budget is planned as a contingency that may be required for any major failures that occur during the year, for example, major boiler failure requiring a renewal or a burst underground main requiring section renewal rather than repair.

### **Major Adaptations for Tenants with Additional Needs - £2.205m**

- 2.13 The population in Barnsley is aging and tenants are living longer, and consequently, the number of these demand led adaptation requests are rising year on year meaning we must have sufficient resources to be responsive and reactive to fulfil our obligations.
- 2.14 All applications are first assessed by a commissioned service via NHS South & West Yorkshire Partnership Trust working alongside Berneslai Homes Occupational Therapist. The applications are then assessed by officers from the Equipment and Adaptation Service jointly with Berneslai Homes' officers. Following the introduction of a new Equipment & Adaptations Policy in 2022, the right to appeal was revised, with individual cases now being reviewed and managed through Berneslai Homes SMT to ensure the needs of tenants are fully met and all options are explored including re-housing.
- 2.15 The three most frequent type of adaptations requested are:
- Level Access Shower;
  - Entrance Ramps; and
  - Stair lifts and Ceiling Hoists.
- 2.16 The proposed budget also covers significant conversions to the Council's properties where tenants have specific needs that cannot be met through this work. The demand for such conversions is managed through the process outlined above and it is anticipated there will be 1 significant conversion estimated to be in the region of £0.200M, which will be required during 2023/24.
- 2.17 Based upon the demand identified above it is expected the total budget will be allocated between Major Adaptations and Conversions/Extensions.
- 2.18 It is estimated that 699 adaptations will be completed at an average cost of £2,867 per property allowing for a reactive budget of £2.005M and planned resources of £0.2M totalling £2.205M.

- 2.19 Where appropriate, the proposed budget is also used to build a small number of extensions to properties where tenants cannot be re-housed to more suitable accommodation. Officers from BMBC Housing are working closely with Berneslai Homes to continue to align the new build and acquisition programmes to best meet the needs of our tenants; including where that need might be a purpose built or adapted unit on a council build scheme and/or the acquisition of a unit not currently available amongst our stock. This often enables the tenant and their family to be suitably housed, without compromise, and makes best use of resources in the longer term.

#### **Structural Extensive Works - £0.640M**

- 2.20 The proposed Structural Works budget is used to fund extensive, one-off structural works that are deemed urgent, and which cannot reasonably wait for the Barnsley Homes Standard Programme.
- 2.21 All these works are delivered through the Property Repairs and Improvement Partnership (PRIP) by Berneslai Homes Construction Services or Wates.
- 2.22 Typically, structural works will include:
- Re-roofing;
  - Subsidence Underpinning;
  - Major Damp Works; and
  - External Retaining Wall Failure.

#### **Void Replacements - £1.212M**

- 2.23 The proposed Void Replacements budget is to fund replacement items in void properties that are required to bring the properties back to the lettable standard which needs to be carried out quickly to let the property and keep void rent loss to a minimum. Costs of bringing acquisitions to a lettable standard are also covered within this proposed budget.
- 2.24 Void replacements are typically home standard type works of kitchens, bathrooms, replacement heating replacements and rewires, which take place in empty properties following tenant vacation or property purchase.

#### **Community Centre Rewires - £0.065M**

- 2.25 The proposed Community Centre Rewire budget is to be used to fund electrical upgrade works in several of the 14 HRA Community Centres and 18 other HRA buildings with communal facilities. The budget is sufficient to fund two to three upgrades per year, dependant on the scale of the project. This work is planned and is carried out by partners in the Property Repairs and Improvement Partnership (PRIP) by Berneslai Homes Construction Services or Wates.

#### **Community Refurbishment Schemes - £0.386M**

- 2.26 Berneslai Homes has run a very successful Community Refurbishment and Training Scheme which has been operational for the last 15 years. The scheme helps young, unemployed and some older, long-term unemployed into work-based learning and employment. It provides level 2 basic skills training in construction, mainly groundworks and bricklaying. Work programmes are based on a trainee profile of up to 16 in total at any one time. They are split between working on site under Team 1 and Team 2, as well as undertaking off site training in line with their qualification. Training is delivered in Partnership with Barnsley Community Build.
- 2.27 The types of work undertaken on Council owned properties and estate includes:
- General tidying up and clearance of open space;
  - Brick boundary walls;
  - Installation of metal fencing and gates;
  - Timber fencing;
  - Construction of footpaths and driveways in concrete, tarmac and block paving;
  - Pavement crossings and dropped kerbs; and
  - Minor / incidental hard landscaping works.
- 2.28 Given the continuing success of this scheme, it was agreed in 2020 for Berneslai Homes to launch a second Community Refurbishment Scheme, which has been based with the original CRS staff in Athersley South. Due to Covid restrictions the aim to relocate to another area of the Borough has been put on hold. The target now is for Team 2 to relocate in 2023/24 where it has been previously identified that Estate Environmental works are urgently required.
- 2.29 The proposed budget is used to undertake general boundary estate works inclusive of fencing, drives, walls, paths and minor landscaping. The scheme is currently working in Athersley South and has been very popular with residents. In addition to skills training, it is a cost-effective way of delivering environmental improvements.

### **Barnsley Homes Standard Capitalised Salaries - £0.178M**

- 2.30 A number of Berneslai Homes support staff work specifically on the Barnsley Homes Standard capital schemes throughout the year, whose cost is charged to the HRA via the Berneslai Homes Management fee. This proposed budget is to be used to fund the cost of those project managers which are capitalised during 2023/24.

### **Other Capital Investments**

#### **Catch Up Programme - £2.630M**

- 2.31 Berneslai Homes currently has a rolling programme of planned works equating to 2105 jobs as at 10<sup>th</sup> February 2022. To assist in reducing this

rolling programme, and to ensure compliance with the Regulator of Social Housing Homes Standard is maintained, an additional investment has been identified to be delivered via a catch-up programme which will see the £2.6m split between the following essential works areas:

|                                    |   |                |
|------------------------------------|---|----------------|
| <b>Elemental Replacement</b>       | - | <b>£1.630M</b> |
| <b>Equipment &amp; Adaptations</b> | - | <b>£1M</b>     |

The delivery of this work is currently subject to contractor discussions and is being planned with PRIP delivery partners Construction Services & Wates to ensure continual effective & efficient delivery of the service. It is anticipated that the works will be delivered over an 18-month period. Pending detailed work plans.

### **Non-Traditional Archetype Fire Works - £0.5M**

- 2.32 Following the house fires at Woodland Drive, Broadway in 2022 during the extreme heatwave, an investment of £0.5m is requested to allow Berneslai Homes to assess any fire safety risks associated with non-traditional dwellings. Following assessment, and where identified, a trial of additional fire safety measures (over and above the requirements of the building regulations) will be undertaken alongside energy efficiency works

### **Environmental Works - £2.0M**

- 2.33 The environmental works programme supports a key BH strategic priority to create sustainable communities, which is aligned to the Barnsley 2030 vision. For individuals, families, and communities to thrive, it is vital that our neighbourhoods are positive, uplifting and inclusive. The Asset Management and Housing Teams have worked collaboratively in previous years completing neighbourhood and estate improvements across the borough. Making estates more attractive and improving their long-term sustainability will improve lettings, reduce the risks associated with crime and ASB, and improve health and wellbeing. These works ultimately contribute to bringing improved social, environmental and economic prosperity. A new 3-year investment programme has been agreed to improve several estates in the borough. These include: Summer Lane in Barnsley Town Centre and New England in Worsbrough Bridge alongside other smaller scale projects, including Bow Street, Cudworth. Honeywell is an additional area that has been identified as potential area of focus.

### **Independent Living Scheme Modernisation Pilot – £0.200M BH Reserves**

- 2.34 In 2022/23 Berneslai Homes commissioned an external consultant to undertake a stock option appraisal of four independent living schemes to determine future sustainability. The results of the exercise established that with a growing aging population, these schemes provide a viable solution to meeting current and future need. The schemes all generated a positive net value and the physical fabric/envelope of the buildings was compliant from a health and safety perspective. It was agreed that a staged approach to improve and modernise these schemes would commence during 2023/24;

starting with a pilot, which could be adopted as a model for future schemes. Woodhall Flats has been selected as the pilot scheme. It has been agreed by BH Executive Team that £0.200M from BH reserves will be used to support the piloted improvement works.

### 3. IMPLICATIONS OF THE DECISION

#### Financial and Risk

- 3.1 Consultations have taken place with representatives of the Director of Finance (S151 Officer).
- 3.2 This report details to cabinet how Berneslai Homes intend to deploy the total HRA Capital Investment Programme for 2023/24.
- 3.3 The resources in respect of these proposals have been set aside as part of the HRA budget papers for 2023/24 which cabinet have approved.
- 3.4 The total capital resource of £20.394M has been allocated between The Barnsley Home Standard (BHS) Investment Programme totalling £14.878M and the Supplementary Investment Programme totalling £5.516M. This is shown in the tables below:-

| Barnsley Homes Standard Programme:                 | 2023/24                |                      |                |
|--|------------------------|----------------------|----------------|
|  | Estimated No. of Units | Estimated Unit Costs | Budget £M      |
| Barnsley Homes Standard                            | 1,080                  | £8,934               | £9.649         |
| Roofing Replacement Elemental Works                | 201                    | £9,950               | £2.000         |
| Planned Gas Heating Replacements                   | 400                    | £2,500               | £1.000         |
| Urgent Domestic Heating                            | 200                    | 2,645                | £0.529         |
| Reactive Component Replacements                    | 988                    | £1,721               | £1.700         |
| <b>Sub Total Barnsley Homes Standard Programme</b> |                        |                      | <b>£14.878</b> |

| Supplementary Investment Programme:                 | Estimated No. Units | Estimated Unit Costs | Budget £M     |
|---|---------------------|----------------------|---------------|
| District Heating Network                            |                     |                      | £0.330        |
| Major Adaptations - Reactive                        | 699                 | £2,868               | £2.005        |
| Major Adaptations - Planned                         |                     |                      | £0.200        |
| Extensive Structural                                | 97                  | £6,602               | £0.640        |
| Voids   | 146                 | £8,322               | £1.212        |
| Community Centre Rewires                            |                     |                      | £0.065        |
| Community Refurbishment Scheme                      |                     |                      | £0.386        |
| Water Ingress                                       |                     |                      | £0.500        |
| Capitalised Salaries                                |                     |                      | £0.178        |
| <b>Sub Total Supplementary Investment Programme</b> |                     |                      | <b>£5.516</b> |

|  |                |
|--|----------------|
| <b>Total HRA Core Capital Investment Programme 2023/24</b> | <b>£20.394</b> |
|--|----------------|

- 3.5 Within the resources detailed above annual professional fees of £0.8M are to be contained as part of the programme delivery. These fees are the in-house professional contract support. The fees are apportioned over the programme identified above on a budgeted pro rata basis.
- 3.6 In addition to the planned annual programmes detailed above Other Capital Investments detailed at section 2.31 have been prioritised as part of the HRA budget process. These resources are intended as one-off investments and profiled to be delivered over a 3-year period as per the table below.

| <b>Other Capital Investments</b>         |                |                |                |              |
|--|----------------|----------------|----------------|--------------|
| <b>Theme</b>                             | <b>2023/24</b> | <b>2024/25</b> | <b>2025/26</b> | <b>Total</b> |
|  | <b>£M</b>      | <b>£M</b>      | <b>£M</b>      | <b>£M</b>    |
| Elemental Component Replacements         | 1.087          | 0.543          |                | 1.630        |
| Equipment & Adaptations                  | 0.667          | 0.333          |                | 1.000        |
| <b>Catch Up Programme</b>                | <b>1.753</b>   | <b>0.877</b>   | <b>0.000</b>   | <b>2.630</b> |
| <b>Non Trad Archetype Works</b>          | <b>0.500</b>   | <b>0.000</b>   | <b>0.000</b>   | <b>0.500</b> |
| <b>Environmental Works</b>               | <b>0.500</b>   | <b>0.750</b>   | <b>0.750</b>   | <b>2.000</b> |
| <b>2023/24 Other Capital Investments</b> | <b>2.753</b>   | <b>1.627</b>   | <b>0.750</b>   | <b>5.130</b> |

- 3.7 There are risks associated in the delivery of any building contract and working in occupied homes can also involve additional risks. These risks will be managed and monitored by a contract Core Group consisting of staff from BPS, Berneslai Homes and our Contractors. The Core Group, who will meet regularly throughout the scheme, will monitor progress, costs, cash flow, performance and customer satisfaction. This should result in timely interventions or value engineering to take place should the situation arise.
- 3.8 Berneslai Homes are currently accelerating the stock condition surveys of the council's stock to achieve 100% coverage by March 2024. This improved data will improve the business planning process and align the capital programme budgets towards frontline delivery plans.
- 3.9 Financial risks will be monitored throughout the programme and contained with the resources allocated and detailed in this paper.
- 3.10 The financial implications of these proposals are summarised in the attached Appendix A.

### **Legal**

- 3.11 There are direct legal implications for the Council/ BH arising from this work. The Council has a requirement to ensure that its properties meet the decent



homes standard as a minimum. Compliance with decency is also included in the Regulator of Social Housing's Home Standards and is a key indicator in the Tenant Satisfaction Measures being implemented from April 2023.

- 3.12 Schemes proposed to be carried out under by the PRIP contractors are already covered by existing contractual arrangements. However, elemental works will be undertaken following procurement under the Contract Procedure Rules and the signing of a standard form of building contract.

#### 4. Equality

- 4.1 The provision of a home that is warm, safe and comfortable is a fundamental requirement of the Decency standard, promotes good health and wellbeing and is a fundamental component of basic human rights. These works will form an essential part of ensuring that the housing stock meets these requirements. A

Full Equality Impact Assessment has been completed for the wider Decency Programme.

#### 5. Sustainability



- 5.1 The management and maintenance of the Council's 18,000 stock will need significant focus, investment, and strategic asset management if it is to increase the energy efficiency of homes to an average of SAP rating C or above by 2030. A key focus for the 2023/24 budget, BH Strategic Plan and Business Plan is to ensure that there is robust data to inform the retrofit plan, to embed retrofit works into the decency programme, going forward, and to ensure that the Council and Berneslai Homes are best placed to access funding.
- 5.2 In delivering investments via the agreed HRA Budgets, the Sustainability

Wheel shows a strong positive impact on homes, communities and creating quality neighbourhoods in line with the priorities of B2030 and thus scores green on all areas. The Sustainability Wheel shows a positive impact from the development/retrofit of quality of housing, energy use, renewable energy production and reduction of fuel poverty. These can be linked the investment in existing stock via the installation of insulation, more efficient heating systems and renewable technologies – such as air source heat pumps and solar panels and batteries. Retrofit installation and building new homes does increase construction waste and pollution in the short-term; however, these should be offset by the reduction in the use of energy once completed and the reduction in emissions via renewable energy sources.

- 5.3 Working with tenants to encourage recycling and to look after greenspaces should both reduce waste and improve biodiversity; particularly if our estate green spaces are used to promote opportunities for rewilding, the development of tiny forests and district eating schemes. There are also opportunities to make better use of estate car parks and garage sites to provide EV infrastructure and charging points.
- 5.4 Finally, social housing providers have a real opportunity to develop retrofit programmes at significant scale to encourage local supply chains and training and development opportunities for green industry.
- 5.5 It should be noted that the programme includes the installation of new gas boilers. Whilst these systems will run more efficiently (saving tenants money on their heating bills) and emit less CO<sub>2</sub> than the older systems that they are replacing, it is acknowledged that to achieve carbon zero targets we will need to move away from fossil fuel heating in the medium term. This will need to be a phased approach which considers the needs and views of tenants and considers the 30-year business plan financial implications, future technology options and a full training programme for both staff and tenants.

## **6. Employee**

- 6.1 There are no direct employee implications arising from the recommendations within this report.

## **7. Communications**

- 7.1 All tenants and leaseholders involved will be fully consulted before works take place. Customers have choice for kitchen and bathroom ranges, and all customers have a right of refusal if they do not wish the works to be carried out.
- 7.2 Where leaseholders are affected by works, they will be consulted within the prescribed leaseholder timescales. Where leaseholders are required to pay for jobs, several established easy payment options have been devised, including interest-free and monthly term payments.
- 7.3 As part of the BHS works, customers receiving new boiler installations will benefit from digital programmable timers and multiple location heat controls.

They will receive both face to face and written instructions on the use of the heating systems. Berneslai Homes will also encourage customers as part of the programme to take up smart meters from their energy supplier and provide advice on keeping the home warm. Support is available for those struggling with energy and other bills.

- 7.4 Before and during the programme of works, tenants will receive dedicated tenant support from Project Liaison Officers. The officers prepare tenants for the work, explain what will be taking place, support them during the process and provide aftercare. Tenants are also eligible for a redecoration grant following major works.

## **8. CONSULTATION**

- 8.1 Consultations about the programme have been undertaken within BMBC and Berneslai Homes. Tenants are consulted about the works as described above.

## **9. ALTERNATIVE OPTIONS CONSIDERED**

- 9.1 A robust budget setting process is undertaken by the Council and Berneslai Homes as part of the preparation for the annual HRA budget (agreed at full Council on 23<sup>rd</sup> February). The budget prioritises investment in stock/services/resources to ensure that HRA funding is balanced (against income) and effectively prioritised to meet all statutory and regulatory requirements/standards for the management, repair and maintenance of the Council's stock and the needs of tenants. This report sets out the detailed work programmes and planned works required to ensure that our council homes continue to meet decency standards, directing funding to rolling decency and replacement programmes in line with asset management data and property inspections. Supplementary works focus on building safety and compliance works as well as adaptation and environmental projects to improve health and well-being, neighbourhoods and support local training and development.

## **10. REASONS FOR RECOMMENDATIONS**

- 10.1 This paper sets out the proposed programme for the Council's core housing capital programme for both the Barnsley Homes Standard (BHS) programme and the programme of supplementary investments that compliments BHS. These investments will ensure that Berneslai Homes to continue to maintain the Council's housing stock to required decency standards throughout 2023/24.

## **12. LIST OF APPENDICES**

Appendix A: Financial Implications

## **13. REPORT SIGN OFF**

|  |   |
|--|---|
| <b>Financial consultation &amp; sign off</b> | Senior Financial Services officer consulted and date<br><br>See Appendix A.               |
| <b>Legal consultation &amp; sign off</b>     | Legal Services officer consulted and date<br><br><i>Kate Gothard</i><br><i>20/02/2023</i> |

**Report Author: Sarah Cartwright**  
**Post: HOS Strategic Housing**  
**Date: 10/02/2023**

Report of the Executive Director for PlaceFINANCIAL IMPLICATIONSHRA Capital Investment Programme 2023/24

|  | 2023/24<br>£M | 2024/25<br>£M | 2025/26<br>£M | TOTAL<br>£M   |
|--|---------------|---------------|---------------|---------------|
| <b>Expenditure:</b>  |               |               |               |               |
| <b><u>Barnsley Homes Standard Investment Programme</u></b> |               |               |               |               |
| Barnsley West  | 0.273         | -             | -             | 0.273         |
| Broadway   | 1.219         | -             | -             | 1.219         |
| Cudworth   | 0.555         | -             | -             | 0.555         |
| Honeywell  | 2.776         | -             | -             | 2.776         |
| CS Elemental Kitchen Programme                             | 1.239         | -             | -             | 1.239         |
| Blacker Hill   | 0.373         | -             | -             | 0.373         |
| Darfield   | 0.546         | -             | -             | 0.546         |
| Pilley / Tankersley  | 0.400         | -             | -             | 0.400         |
| Wombwell   | 1.647         | -             | -             | 1.647         |
| Hoyland Common   | 0.218         | -             | -             | 0.218         |
| Elemental Kitchen Programme                                | 0.402         | -             | -             | 0.402         |
| <b>Total Barnsley Homes Standard</b>                       | <b>9.649</b>  | <b>-</b>      | <b>-</b>      | <b>9.649</b>  |
| Roofing Elemental  | 2.000         |               |               | 2.000         |
| Planned Gas Heating Replacements                           | 1.000         |               |               | 1.000         |
| Urgent Domestic Heating                                    | 0.529         |               |               | 0.529         |
| Reactive Component Replacements                            | 1.700         |               |               | 1.700         |
| <b>Total Component Replacement Programme</b>               | <b>14.878</b> | <b>-</b>      | <b>-</b>      | <b>14.878</b> |
| <b><u>Supplementary Investment Programme</u></b>           |               |               |               |               |
| District Heating Network                                   | 0.330         |               |               | 0.330         |
| Major Adaptations - Reactive                               | 2.005         |               |               | 2.005         |
| Major Adaptations - Planned                                | 0.200         |               |               | 0.200         |
| Extensive Structural                                       | 0.640         |               |               | 0.640         |
| Voids  | 1.212         |               |               | 1.212         |
| Community Centre Rewires                                   | 0.065         |               |               | 0.065         |
| Community Refurbishment Scheme                             | 0.386         |               |               | 0.386         |
| Water Ingress  | 0.500         |               |               | 0.500         |
| Capitalised Salaries                                       | 0.178         |               |               | 0.178         |
| <b>Total Supplementary Investment Programme</b>            | <b>5.516</b>  | <b>-</b>      | <b>-</b>      | <b>5.516</b>  |
| <b>Total Core Programme</b>                                | <b>20.394</b> | <b>-</b>      | <b>-</b>      | <b>20.394</b> |
| <b><u>Other Capital Investments</u></b>                    |               |               |               |               |
| Elemental Component Replacements                           | 1.087         | 0.543         | -             | 1.630         |
| Equipment & Adaptations                                    | 0.667         | 0.333         | -             | 1.000         |
| <b>Catch Up Programme</b>                                  | <b>1.753</b>  | <b>0.877</b>  | <b>-</b>      | <b>2.630</b>  |
| Non Trad Archetype Works                                   | 0.500         | -             | -             | 0.500         |
| Environmental Works  | 0.500         | 0.750         | 0.750         | 2.000         |
| <b>Total Other Capital Investments</b>                     | <b>2.753</b>  | <b>1.627</b>  | <b>0.750</b>  | <b>5.130</b>  |
| <b>Total Expenditure</b>                                   | <b>23.147</b> | <b>1.627</b>  | <b>0.750</b>  | <b>25.524</b> |
| <b>Resources:</b>  |               |               |               |               |
| Resources as identified per HRA Budget Papers 2023/24      | 23.147        | 1.627         | 0.750         | 25.524        |
| <b>Total Resources</b>                                     | <b>23.147</b> | <b>1.627</b>  | <b>0.750</b>  | <b>25.524</b> |

Agreed by: .....  .....10/03/23.....

On behalf of the Service Director- Finance,

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**BARNSELY METROPOLITAN BOROUGH COUNCIL**

**REPORT OF: EXECUTIVE DIRECTOR GROWTH AND SUSTAINABILITY**

**TITLE: UK Shared Prosperity Funding**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>REPORT TO:</b>               | <b>Cabinet</b>                  |
| <b>Date of Meeting</b>          | <b>22 March 2023</b>            |
| <b>Cabinet Member Portfolio</b> | <b>Regeneration and Culture</b> |
| <b>Key Decision</b>             | <b>Yes</b>                      |
| <b>Public or Private</b>        | <b>Public</b>                   |

**Purpose of report**

- To update Cabinet on progress made with securing UK Shared Prosperity Funding via South Yorkshire Combined Authority
- To secure approval for receipt of initial funding allocation from UKSPF under the ‘Communities and Place’ themes ,and from ‘Mutiply’ and Rural Shared Prosperity funds and to bid for and secure future rounds for the benefit of Barnsley residents and businesses.
- To accept £0.400M of SYMCA Recovery Action Plan monies for business support specialists.
- To secure approvals for BMBC to respond to SYMCA calls for commissioned programmes across South Yorkshire in order to bring benefit to Barnsley.
- To agree ‘in principle’ to extend the fixed term contracts (up to 31<sup>st</sup> March 2025) of BMBC staff who are working on Business Support programmes subject to confirmation of UKSPF.

**Council Plan priority**

This work aligns with the Council’s Growing Barnsley and Sustainable Barnsley priorities. It also aligns to our inclusive economy work – creating More and Better Jobs, developing thriving urban centres (town centre and principal towns) and supporting businesses to start up, grown and invest in the borough.

**Recommendations**

That Cabinet:-

1. Note the progress made with securing UKSPF funds for the borough, the SY UKSPF Investment Plan and the process for approval of further funds.
2. Delegate authority to Service Director Regeneration and Culture to bid for and receive all future UKSPF funds for Multiply, Rural UKSPF, Communities and Place, Supporting Business, People and Skills themes to SYMCA in order

maximise all further funding opportunities for the borough with future updates to be brought into Cabinet in a timely manner.

3. To agree 'in principle' to extend fixed term contracts of existing BMBC staff who are currently working on Business Support projects up to 31<sup>st</sup> March 2025— continuation of the positions being subject to final confirmation of UKSP funding to support those contracts..
4. To accept £0.400m of funding via SYMCA to fund Business Support specialists – final approval of the allocation pending

## 1. INTRODUCTION

### UK Shared Prosperity Fund

- 1.1 The UK Shared Prosperity Fund is a three-year funding programme which runs from 2022 – 25 which is part of national government's mission to level up the whole of the United Kingdom. The fund has been designed to level up opportunity and prosperity and overcoming deep-seated geographical inequalities. It also aims to level up people's pride in their places, empower local leaders and communities, support businesses to grow, develop a stronger social fabric and better life chances.
- 1.2 It is a £2.6 billion fund (across all of the UK) which succeeds the previous EU Structural and Investment funds and looks to invest in three local priorities; communities and place, support for local businesses and people and skills.

### Delivery Geography and Fund Administration

- 1.3 South Yorkshire Mayoral Combined Authority was identified as the 'delivery geography' for UKSPF which meant that the Investment Plan for the fund had to be developed at a South Yorkshire level and that SYMCA will administer UKSPF for South Yorkshire's four local authority areas.
- 1.4 An additional two complementary programme strands were also introduced alongside these three priority areas. These are:

**Multiply:** Multiply is a national DfE three-year adult numeracy project which is part of the Government's Levelling Up Initiative. DfE awarded South Yorkshire MCA a Multiply allocation of £7.256m specifically to increase the levels of functional numeracy in the adult population over the next three years. Barnsley Council is to receive ring-fenced grant funding from SYMCA to administer and develop the Multiply initiative across the Borough delivering activities that support residents who don't already hold a level 2 maths qualification to improve their ability to understand and use maths in daily life, home, and work. In Barnsley 3 interventions from SYMCA's menu have been prioritised these are:

- Provision for parents wanting to increase their numeracy skills in order to help their children and help with their own progression.



- Provision developed in partnership with community organisations and other partners aimed at engaging the hardest to reach learners – for example, those not in the labour market or other groups identified locally as in need.
- Innovative numeracy provision delivered together with employers including courses designed to cover specific numeracy skills required in the workplace.

Year 1: December 2022 to March 2023

Year 2: April 2023 to March 2024

Year 3: April 2024 to March 2025

**Rural Shared Prosperity Fund:** Additional funding announced in August 2022 which builds on those interventions which will deliver additional benefit for our rural communities in addressing previously identified challenges, delivering additionality to our previously submitted Investment Plan by supporting rural micro and small enterprises, rural tourism, and the visitor economy. £400,000 was identified for Barnsley’s allocation over the three-year period due to its rural nature. Rural SPF will operate in Years Two and Three of the Fund (23 – 25)

- 1.5 The South Yorkshire UKSPF allocation totaled £46.2m, made up of £7.3m Multiply and £38.9m “Core” UKSPF. This does not include Rural Shared Prosperity Funding.
- 1.6 Barnsley has been reassured by SYMCA that it will receive benefit from the “Core” SPF to the value of £7.2M but this could increase if Barnsley were to respond to calls for commissioned work from SYMCA.

### **South Yorkshire Investment Plan**

- 1.7 SYMCA was required to submit a UKSPF Investment plan for the region to enable the funding to be approved by the Department of Levelling Up, Housing and Communities. The Combined Authority team worked closely with Place-Leaders, Business Support Officers and Employment and Skills Officers from each of the four constituent authorities to produce and submit the Investment Plan in early August 2022. The SY Investment plan was approved by government just before Christmas 2022.
- 1.8 The Investment Plan ambition statement said: We will use the SPF to build a **stronger, fairer, and greener local economy** that materially improves the life chances of our whole population (especially the most deprived) and boosts pride and confidence in South Yorkshire. Delivering on this ambition is vital to our **communities** who are still focused on post-pandemic recovery and now face a cost of living crisis and with our national economy braced for another contraction.’ It mapped out the local challenges under the three investment priorities, and a selection of c.20 interventions from a national DLUHC-supplied menu of options that could be flexibly adapted at a local level to meet these priorities. The plan identified that this particular suite of interventions would enable individuals, organisations, and local communities to be healthy, successful, and resilient.

- 1.9 In line with the SPF investment priorities, and co-designed in a collaborative development process between the Mayoral Combined Authority, the four local **councils** in the region and wider stakeholders, seven critical local themes form the basis of the Plan. These informed and streamlined the selected interventions:

Places and Communities

Supporting communities to address cost of living and pandemic recovery  
Promoting the cultural and visitor economy

Supporting Local Businesses

Providing a broad and inclusive 'total business support' offer  
Stimulating enterprise and growth  
Accelerating R&D and innovation

People and Skills

Building pathways to participation and accessing the benefits of being economically active  
Promoting a skills-driven green economy

Each priority area has an allocation in the Investment plan as well as an identified proportion for revenue and capital spend.

*Please note that People and Skills investment only applies for Year Three (24 – 25) of the programme.*

*The Investment Plan did not include details of the Multiply Programme which required a separate submission from SYMCA to government to have the funds approved.*

**Funding Release and Delivery:**

- 1.10 **Partnership Group:** SYMCA was also required to put in place a Partnership Group of representatives of the business, education and community sectors from across the region to bring an advisory perspective on how the funds would be allocated across the four authorities.
- 1.11 **Approvals:** Since submitting the Investment Plan, SYMCA have also put in place an approvals process for Local Authorities to access the funding. This involves a three-stage assurance process, whereby LAs submit an application for key elements of the funding. The stages are as follows:
- Application is reviewed by Lead Officers and feedback given.
  - A revised approved version is then submitted to the Partnership Group for their input
  - A subsequent revised version is then given a final review by an Internal Programme Board at SYMCA.

Once approved by the Internal Programme Board, a letter of confirmation of the funding is released to the Local Authority.

## Programme Updates

- 1.12 **Multiply update:** The MCA Education, Skills, and Employment (ESE) Board in December 2022 agreed the contracting approach to 2022/23 which included broadening the number of grant recipients to ensure that the mix and balance of provision was appropriate and that the funding was maximised. Allocations for this period made by SYMCA for delivery in the Barnsley borough are £250K to both BMBC and Barnsley College and £49,390 to Northern College.

From Y2 onwards Barnsley Council will receive ring-fenced grant funding from SYMCA to administer and develop the Multiply initiative across the Borough delivering activities that support residents who don't already hold a level 2 maths qualification to improve their ability to understand and use maths in daily life, home, and work.

In 2023/24 and 2020/5, the full allocation of £408K for the borough will come to BMBC who will have the responsibility for place shaping, local provider coordination, marketing and promotion and commissioning / procurement.

The Barnsley allocations for 2023/4 and 2024/5 are equal to the of Rotherham and Doncaster with Sheffield receiving double due to its population size.

Commissioning of Multiply maths activities will be conducted separately to the accredited maths provision already funded by the Adult Education Budget by BMBC's Adult Skills, Employability and Community Learning Service.

Commissioning at Borough level will follow public procurement guidelines to meet the needs of the locality.

College partners have a significant role to play in testing out new and innovative approaches to adult numeracy delivery to local learners. BMBC will work closely with our college partners to provide adequate sub-contracts for Multiply that reflect the provision that they are delivering in 2022/23 and the balance of provision needed in each locality.

In addition to the LA allocations, two targeted tenders focused on in work-based numeracy support and a workforce capacity building programme on a SY basis previously proposed will form part of the programme commissioned by SYMCA.

- 1.13 Supporting **Business update:**

The four South Yorkshire Local Authorities continue to meet to develop a suite of business support products which will be delivered across the region. The thematic priorities agreed by the Local Authorities include Business Start Up Support, Business Productivity and Low Carbon support. Leads are listed below:

- Business Start Up Support – Barnsley MBC

- Business Productivity – Barnsley MBC
- Low Carbon Support – Sheffield CC

The provision of Specialist Business Support Advisors has also been identified by the Local Authorities as a priority but it has been proposed that this strand will be funded outside of UKSPF using the Recovery Action Plan Fund underspend currently held by SYMCA

On completion of the project plans they will be shared internally for approval and will then follow the SYMCA approval process highlighted in sections 1.9 and 1.10.

Each thematic lead will also be the delivery lead and will be responsible for the implementation of the allocated programmes across South Yorkshire.

The priority for use of all ‘Supporting Business’ UKSPF funds will be the continuation of our business support programmes and work through Enterprising Barnsley, the funding for which comes to an end in June 2023. Recommendation 5 enables us to progress bidding with SYMCA for these funds at pace and to secure the future of this work, key to our ‘growing Barnsley’ ambitions.

BMBC is also well-placed to bid for any commissioned programmes of work identified by SYMCA and LA officers for business support across the region, due to the positive track record of delivering Launchpad across all four areas. Recommendation 5 approves BMBC and Enterprising Barnsley to bid for such opportunities in the future to secure the sustainability of this work.

An application for Year One ‘Supporting Business’ funds (£119,800) has been **submitted** to SYMCA, with c. £69,000 of it to be applied against retrospective spend in Economic Development to generate some savings for the Council. This will be approved by end of January 2023, hence Recommendation 1.3.

For years two and three of the UKSPF Business Support strand further work is required to refine the costs, the proposed total project costs for Barnsley are listed below.

- Low Carbon c£0.54m
- Business Productivity c£0.89m
- Launchpad £0.72m

BMBC match funding of £0.480m will be required but it is proposed that this is contained within the existing base budget envelope.

It is proposed that the remaining Barnsley (revenue) allocation of the UKSPF Business support strand be reinvested into an Inclusive Urban Centres project along with the capital allocation of £0.25k.

- 1.14 **Rural SPF Update:** An addendum has been submitted by SYMCA to enable drawdown of **RSPF** funds. These funds are exclusively targeted at rural businesses and are solely capital in nature. They will be managed by Enterprising Barnsley and delivered through a rolling capital grants

programme for rural businesses in the borough, working in the farming, green tech and visitor economy sectors.

- 1.15 **Employment & Skills update:** Discussion between SY LA officers and SYMCA are at an early stage with a series of planning and delivery meetings diarised from March onwards following on from the work undertaken on the Supporting Business strand. However, LA officers have worked as a collective for some time now developing our thinking on local priorities, SPF People and Skills allocations and South Yorkshire wide schemes we are keen to prioritize. A further report will follow once proposals have been formulated.

## 2. PROPOSAL

- 2.1 The proposal focusses on Year One funding for Communities and Place. These will comprise the following:

**Cost of living Crisis :** We will replicate and build upon our successful community grants programme which utilised the Government's Household Support grant funding which funded community and voluntary based organisations and BMBC in house operational services such as the family centres, to deliver tangible initiatives to benefit Barnsley communities and help them survive the cost of living crisis. Over 30 organisations have been funded to support those in need with food, hygiene, sleep and fuel poverty. Funds have also been used to help small charities and trusts with fuel debt. This is a means by which they can continue to operate and provide vital services in our communities. As part of this, we will also expand our crisis support which intervenes when people may be face with extreme hardship and could become homeless as a result.

This activity is aligned to the SPF intervention for 'Community measures to reduce the cost of living, including measures to improve energy efficiency and combat fuel poverty and climate change'

**Enhancing Barnsley Libraries:** Barnsley Council was ambitious in placing a new central library – The Lightbox – at the heart of our town centre regeneration. Prior to the pandemic this resulted in a boost to new library members and overall library users, which we are building upon post-pandemic. Our ambition is to replicate this success within our stock of 14 district libraries and the Library @ Lightbox in the Glass Works which Barnsley has retained despite years of austerity. To help us achieve this aim, we wish to refurbish much of our library assets to reflect the modern standards on display at The Lightbox. BMBC is investing in this programme but the SPF will enable us to go further faster with realising this vision. In this first year, we aim to improve Roundhouse (Athersley) and Hoyland libraries.

**Culture at the Heart of Communities:** We will develop and deliver a range of cultural and creative participatory interventions that are designed to improve the lives of the most challenged local communities, providing cultural enrichment and build capacity within those communities in the future. In Year 1 We will achieve this by delivering a participatory arts programme in Barnsley town centre as well as our principal towns. Through this approach, we will

build cultural participation and engagement, strengthen our links with local cultural providers and ultimately support urban centre economies as well as the health and wellbeing of the population. This will be achieved through subcontracting local cultural organisations, investing in local micro-enterprises which make up the Barnsley cultural sector.

Where we are making improvements to our library stock and buildings, we will align our programme of cultural activities to tie into this asset improvement programme.

The cultural and library improvement activities are aligned to the following SPF interventions:

- Funding for improvements to town centres and high streets, including better accessibility for disabled people, including capital spend and running costs
- Enhanced support for existing cultural, historic and heritage institutions that make up the local cultural heritage offer.
- Investment in capacity building and infrastructure support for local civil society and community groups

**Green Space Improvements:** This activity will deliver capital works to achieve park improvements as well as align to our 'Ten Thousand Trees' planting programme to enhance biodiversity. The proposal are aligned to the SPF intervention for 'Creation of and improvements to local green spaces, community gardens, watercourses and embankments, along with incorporating natural features into wider public spaces.'

## 2.2 Outputs

The outputs for Year One (22 – 23) are summarized as follows:

- At least 24 grants issued to community and voluntary organisations under Cost of living grants scheme with average 100 direct beneficiaries per organisation = 2400 minimum number of beneficiaries and minimum 24 CVOs benefitting
- 5 community organisations (including schools) involved in the tree planting initiatives involving 30 people per organisation / event
- 4 micro-SMEs commissioned through 'Culture at the heart'
- 3000 attendance at cultural events (1500 for town centre and 250 x 6 principal towns events)
- 5 hectares of trees planted (6000 trees)
- 400 sq m parks improvements
- 2 cultural and community hub facilities improved
- 5550 people engaged overall

### a. Impacts

We would anticipate the outcomes and benefits for beneficiaries and wider community being as follows:

- Higher levels of footfall and visitors spend in town centre and principal towns
- More positive perceptions of our urban centres
- People are less anxious about the cost of living crisis and feel they can cope with the support offered
- People feel more positive about their local library
- Reducing carbon emissions through increased numbers of trees.
- Increased number of community / voluntary sector groups involved in actively supporting their local community

Through light-touch evaluation methods (required due to the constrained delivery timescales), we will track the following metrics to understand these benefits:

- Positive Health and wellbeing impacts for people receiving support during Cost of living crisis
- Increased footfall in our urban centres as a result of events.
- Improved perception of facilities/amenities measured through customer satisfaction survey
- Increased users of facilities / amenities (measured through visits, new library members, book issues)
- Increased affordability of events/entry
- Improved engagement numbers
- Improved perception of events
- Number of community-led arts, cultural, heritage and creative programmes as a result of support
- Number of new or improved community facilities as a result of support
- Amount of green space improved

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

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

- 3.1.1 Consultation on the Financial Implications included in this report have taken place with representatives of the Service Director (Section 151 Officer) Finance.

3.1.2 Per the report recommendations, approval is sought to accept the £0.734m in SPF funding to be utilized for the purposes detailed in Section 2 of this report and summarized in the table below:

**Shared Prosperity Fund: Overview of Proposed Spend 2023/23**

| Proposed Revenue Spend                                 | 22/23    |              |              |
|--|----------|--------------|--------------|
|  | Q3<br>£m | Q4<br>£m     | Total<br>£m  |
| Cost of Living Grants Programme                        | -        | 0.542        | <b>0.542</b> |
| Culture at the Heart – Town Centre and Principal Towns | -        | 0.057        | <b>0.057</b> |
| Tree Planting Initiative                               | -        | 0.050        | <b>0.050</b> |
| <b>Total</b>   | -        | <b>0.649</b> | <b>0.649</b> |

| Proposed Capital Spend                                   | 22/23        |              |              |
|--|--------------|--------------|--------------|
|  | Q3<br>£m     | Q4<br>£m     | Total<br>£m  |
| Libraries Refurbishment - Roundhouse and Hoyland Library | 0.030        | 0.025        | <b>0.055</b> |
| Parks improvements                                       | -            | 0.030        | <b>0.030</b> |
| <b>Total</b>   | <b>0.030</b> | <b>0.055</b> | <b>0.085</b> |

|                    |              |              |              |
|--------------------|--------------|--------------|--------------|
| <b>Grand Total</b> | <b>0.030</b> | <b>0.734</b> | <b>0.734</b> |
|--------------------|--------------|--------------|--------------|

3.1.3 A funding confirmation letter has now been received from SYMCA awarding these funds.

3.1.4 In addition to UKSPF Member approval is also sought to accept the following funding awards:

- **Rural Shared Prosperity Funding** allocation of £0.400m from SYMCA - final confirmation of approval by SYMCA pending.
- Award of **'Multiply'** Funding of £0.250m in 2022/23 with two subsequent allocations of £0.408m in both 2023/24 and 2024/25.
- £0.400m of funding to support **Business Support** specialists – final confirmation of by SYMCA pending.

3.1.5 It is important to note that there is no requirement for any financial contribution from the Council to progress the recommendations outlined in this report.

3.1.6 Whilst recommendation 3 references the extension of fixed term contracts for the Business Support Team Cabinet approval is being sought on an 'in principle' basis only and is strictly subject to sufficient UKSPF funding being



secured.

3.1.7 BMBC Finance Officers will continue to work closely with Services to ensure spend remains within the available funding allocation and in compliance with funder eligibility requirements.

3.1.8 Appendix A provides a summary of the financial implications arising from the recommendations in this report.

#### **Risk:**

3.1.9 The key risk is that the funds need to be spent by end March 2023, with approval coming from SYMCA just before Christmas 2022. The grants have therefore been promoted at risk in November and December. The Culture team have initiated procurement processes for the commissioning of the events work in the Nov/Dec period as well in order to manage this risk.

3.1.10 With regards to Libraries, the funds can also be spent on retrospective projects carried out in the 2022 – 23 Financial Year, so some of the expenditure can be applied to the already-completed capital project at Hoyland library, leaving Athersley to be completed in the remainder of this financial year.

### **3.2 Legal**

3.2.1 There are no legal implications for this report, other than those implied by acceptance of first tranche of funding for Year One: Communities and Place theme.

### **3.3 Equality**

3.3.1 An Equality Impact Assessment has been completed on the Cost of Living Grants scheme by Officers.

3.3.2 EIAs will be completed when the final design of further elements of the TIAG are more fleshed out.

3.3.3 Other smaller-scale projects will complete EIAs in advance of commissioning and project design.

### **3.4 Sustainability**

3.4.1 Decision-making wheel completed for the overall UKSPF programme:



3.4.2 The main sustainability impacts are positive due to the growth in jobs and businesses. These link to our Growing Barnsley and Sustainable Barnsley themes. The social impacts are strong due to the Cost of Living grants and future Pride of Place programmes.

### 3.5 Employee

3.5.1 Securing UKSPF funds for the Council's Employment and Skills programme and Enterprising Barnsley will be essential for the work of these teams to be sustained beyond the lifetime of European funding.

3.5.2 To effectively deliver the UKSPF Business Support strand a number of small amendments will have to be made to the Enterprising Barnsley staff structure.

3.5.3 Discussions have been held between Enterprising Barnsley, BMBC Human Resources and the Unions regarding the extension of contracts for those staff working on projects that will continue to be funded via UKSPF, specifically Launchpad and Business Productivity.

3.5.4 The Digital Innovation Grants project won't continue with UKSPF therefore it has been agreed with HR and the Unions that the two Project Officers who are affected will be able to transfer over to the Low Carbon and Business Productivity Projects.

3.5.5 Two Project Officers have asked to adopt part-time working, it has been agreed that this can be accommodated in the new structure with one officer continuing to work on the Launchpad programme whilst the other will work on the new UKSPF Rural programme.

3.5.6 Based on the latest salary cost estimates £1.36m will be required to support staffing costs from the 1<sup>st</sup> July 2023 – 31<sup>st</sup> March 2025. Please note that the costs stated below are subject to change and final verification from BMBC Finance.

- 3.5.7 It is proposed that funding to support the structure covers from 3 sources
- £0.720m UKSPF
  - £0.480m BMBC Funds
  - £0.160m Other Public Sector Funds

### **3.6 Communications**

- 3.6.1 An engagement plan has been developed for the Cost of living grants scheme by the Public Health and Communities team, modelled on the previous CoL grants scheme (Household Support grant) administered by them in 2022. This has involved issuing an open call to the community and voluntary sector in the borough inviting applications to enable the grant to be discharged and spent in this financial year. The grants issued and the accruing benefits to Barnsley communities and residents will be the subject of an ongoing communications campaign in the first six months of 2023.
- 3.6.2 The cultural projects (including Libraries refurbishments) will have lower-level communications plans attached to them and be embedded in our town centre and principal towns marketing and communication planning. The 'green space' and tree-planting' projects will have communications plans linked to the various activity elements.

## **4. CONSULTATION**

- 4.1 A number of consultation events took place digitally and across South Yorkshire with partners from the private, public and comm/voluntary sectors in summer 2022 to feed into the SY Investment Plan.
- 4.2 A group of Officers engaged in Business Support and Business Growth has been convened by SYMCA to inform the development of the Supporting Business' strand of work for South Yorkshire.
- 4.3 Consultation has also taken place with Employment and Skills Officers across the region to inform the 'Multiply' and 'People and Skills' programme offers in development.

## **5. ALTERNATIVE OPTIONS CONSIDERED**

- 5.1 No alternative options were considered. The UKSPF funding is crucial for the continuation of key business growth and skills services offered by the Council and our aim is to maximise the impact and benefit for the borough from the fund.

## **6. REASONS FOR RECOMMENDATIONS**

- 6.1 The UKSPF represents a key funding stream which will enable the Council to build pride of place in our communities, support businesses in the borough to grow and create jobs and sustain our work in Employment and Skills beyond the lifetime of EU funding.

## 7. GLOSSARY

- 7.1 UKSPF – UK Shared Prosperity Fund
- 7.2 DLUCH – Department for Levelling Up, Housing and Communities

## 8. LIST OF APPENDICES

- 8.1 Appendix A: Financial Implications

## 9. BACKGROUND PAPERS

- 9.1 SY Investment Plan submitted to DLUCH, July 2022

If you would like to inspect background papers for this report, please email [governance@barnsley.gov.uk](mailto:governance@barnsley.gov.uk) so that appropriate arrangements can be made

## 10. REPORT SIGN OFF

|  |  |
|--|--|
| <b>Financial consultation &amp; sign off</b> | Senior Financial Services officer consulted and date<br><br>See Appendix A                         |
| <b>Legal consultation &amp; sign off</b>     | Legal Services officer consulted and date<br><br><b>Kate Gothard</b><br><br><b>24 January 2023</b> |

**Report Author:** Kathy McArdle  
**Post:** Service Director, Regeneration and Culture  
**Date:** 28 February 2023

**APPENDIX A**  
**Report of the Executive Director of Place**

**FINANCIAL IMPLICATIONS**

**UK Shared Prosperity Fund & Associated Allocations**

| i) <u>Capital Expenditure</u>  | <u>2022/23</u> | <u>2023/24</u> | <u>2024/25</u> | <u>Later<br/>Years</u> | <u>Total</u>  |
|--|----------------|----------------|----------------|------------------------|---------------|
|  | £m             | £m             | £m             | £m                     | £m            |
| Libraries Refurbishment - Roundhouse & Hoyland   | 0.055          | -              | -              | -                      | 0.055         |
| Parks Improvements   | 0.030          | -              | -              | -                      | 0.030         |
|  | <b>0.085</b>   | <b>0.000</b>   | <b>0.000</b>   | <b>0.000</b>           | <b>0.085</b>  |
| <b>To be financed from:</b>  |                |                |                |                        |               |
| 2022/23 Shared Prosperity Fund Cap. Allocations  | -0.085         | -              | -              | -                      | -0.085        |
|  | <b>-0.085</b>  | <b>-</b>       | <b>-</b>       | <b>-</b>               | <b>-0.085</b> |
| <b>Balance</b>   | <b>0.000</b>   | <b>-</b>       | <b>-</b>       | <b>-</b>               | <b>0.000</b>  |
| ii) <u>Revenue Effects</u>   | <u>2022/23</u> | <u>2023/24</u> | <u>2024/25</u> | <u>Later<br/>Years</u> | <u>Total</u>  |
|  | £m             | £m             | £m             | £m                     | £m            |
| <u>Expenditure</u>   |                |                |                |                        |               |
| Cost of Living Grants Programme  | 0.542          | -              | -              | -                      | 0.542         |
| Culture at the Heart - Town Centre & Principal Towns   | 0.057          | -              | -              | -                      | 0.057         |
| Tree Planting Initiative   | 0.050          | -              | -              | -                      | 0.050         |
| 'Multiply' - per SYMCA approved delivery plan.   | 0.250          | 0.408          | 0.408          | -                      | 1.066         |
| <b><i>Items below - dependent on confirmation of funding award/agreement of delivery plans</i></b> |                |                |                |                        |               |
| Rural Shared Prosperity.   | 0.400          | -              | -              | -                      | 0.400         |
| Business Support   | 0.400          | -              | -              | -                      | 0.400         |
|  | <b>1.699</b>   | <b>0.408</b>   | <b>0.408</b>   | <b>0.000</b>           | <b>2.515</b>  |
| <b>To be Financed from:</b>  |                |                |                |                        |               |
| 2022/23 Shared Prosperity Fund Rev. Allocation   | -0.649         | -              | -              | -                      | -0.649        |
| 'Multiply' Funding   | -0.250         | -0.408         | -0.408         | -                      | -1.066        |
| <b><i>Items Subject to final confirmation of award</i></b>   |                |                |                |                        |               |
| Rural Shared Prosperity Funding - confirmation of award pending                                    | -0.400         | -              | -              | -                      | -0.400        |
| SYMCA Business Support   | -0.400         | -              | -              | -                      | -0.400        |
|  | <b>-1.699</b>  | <b>-0.408</b>  | <b>-0.408</b>  | <b>-</b>               | <b>-2.515</b> |
| <b>Balance</b>   | <b>0.000</b>   | <b>-</b>       | <b>-</b>       | <b>-</b>               | <b>0.000</b>  |

**Impact on Medium Term Financial Strategy**

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

|                                    | <u>2022/23</u> | <u>2023/24</u> | <u>2024/25</u> | <u>Later<br/>Years</u> | <u>Total</u> |
|------------------------------------|----------------|----------------|----------------|------------------------|--------------|
|                                    | £m             | £m             | £m             | £m                     | £m           |
| <b>Current forecast budget gap</b> | 0.000          | 0.000          | 0.000          | 0.000                  | 0.000        |

Requested approval

**Revised forecast budget gap**

|          |              |              |              |              |
|----------|--------------|--------------|--------------|--------------|
| 0        | 0            | 0            | 0            | 0            |
| <b>0</b> | <b>0.000</b> | <b>0.000</b> | <b>0.000</b> | <b>0.000</b> |

Agreed by: ....



...On behalf of the Service Director Finance (Section 151 Officer)

**BARNSELY METROPOLITAN BOROUGH COUNCIL**

**REPORT OF: EXECUTIVE DIRECTOR OF PLACE HEALTH & ADULT SOCIAL CARE**

**TITLE: SOUTH YORKSHIRE INTEGRATED CARE STRATEGY**

|                                 |   |
|---------------------------------|---|
| <b>REPORT TO:</b>               | <b>CABINET</b>                            |
| <b>Date of Meeting</b>          | <b>22 March 2023</b>                      |
| <b>Cabinet Member Portfolio</b> | <b>Place Health and Adult Social Care</b> |
| <b>Key Decision</b>             | <b>Yes</b>                                |
| <b>Public or Private</b>        | <b>Public</b>                             |

**Purpose of report**

The purpose of this report is twofold. Firstly, the report seeks formal Cabinet approval for the formation of a South Yorkshire Integrated Care Partnership, which is a committee jointly convened by the four South Yorkshire Local Authorities and the South Yorkshire Integrated Care Board, as required by the Health and Care Act 2022. Secondly, the report acts a cover report for the South Yorkshire Integrated Care Strategy, providing members with a synopsis of the key ambitions contained therein.

**Council Plan priority**

Healthy, Growing and Sustainable Barnsley

**Recommendations**

That Cabinet:-

1. Officially establishes the Integrated Care Partnership (ICP) as a joint committee of the local authority and NHS South Yorkshire ICB.
2. Endorses and adopts the current iteration of the Integrated Care Strategy for South Yorkshire and supports the strategy's ongoing development by the ICP.

## **1. INTRODUCTION**

- 1.1 The Health and Care Act 2022 created a statutory duty for the four South Yorkshire local authorities to jointly convene an Integrated Care Partnership (ICP) along with NHS South Yorkshire Integrated Care Board. The ICP has a duty to produce a South Yorkshire Integrated Care Strategy, an initial version of which was required by December 2022.
- 1.2 The South Yorkshire ICP was therefore initially formed in September 2022; it is made up of representatives of each of the four South Yorkshire places who were nominated by their respective Health and Wellbeing Board. In addition, NHS South Yorkshire ICB (the organisation that replaced the four Clinical Commissioning Groups) has nominated a number of representatives to sit on the Partnership. The ICP is chaired by the Mayor of South Yorkshire, Oliver Coppard. The ICP constitution and membership is included at Appendix A and Annex A of this report.

## **2. PROPOSAL**

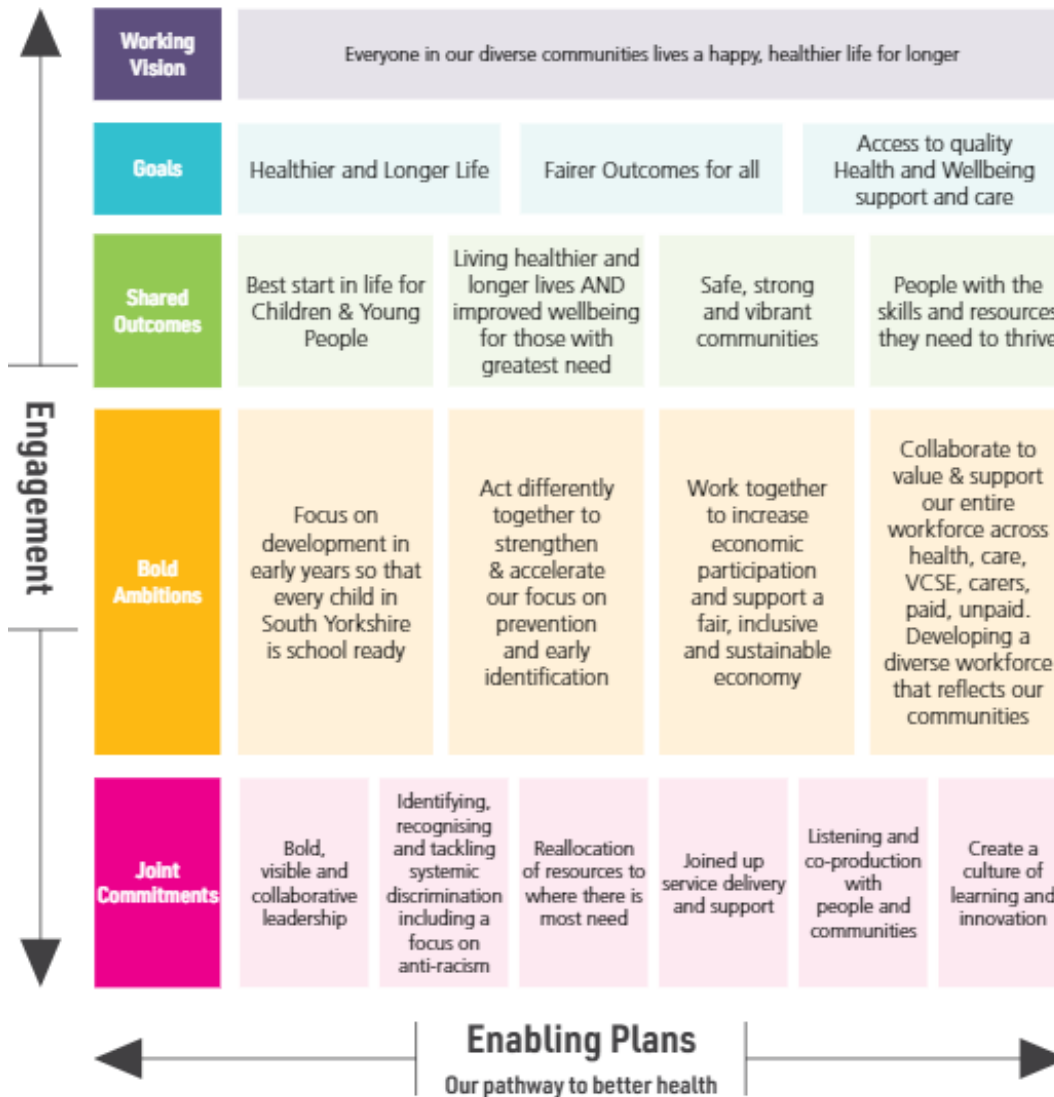
- 2.1 Local authorities are required by statute to form an Integrated Care Partnership, along with the Integrated Care Board for their area. In Barnsley, this means we must jointly convene an ICP along with our Partners in Doncaster, Rotherham and Sheffield Councils, as well as NHS South Yorkshire ICB. This paper seeks formal approval from Cabinet for the formation of the ICP.
- 2.2 Since the Integrated Care Partnership began meeting in September 2022, partners have collectively developed an initial Integrated Care Strategy for South Yorkshire, which was informed by the following:
- A refresh of the South Yorkshire health needs assessment.
  - Insights from what the public and patients have told us are important to them, including:
    - Gathering insights from existing engagement and involvement work undertaken by ICP partners in the last few years and
    - A campaign by way of survey aimed at seeking views from as many of our 1.4 million population across South Yorkshire as possible asking a simple question – ‘What matters to you about your health and wellbeing?’
  - Building on all our existing strategies and plans, including our Health and Wellbeing Strategies, Place Health and Care Plans and our South Yorkshire Strategic Plan.
  - The work of the Integrated Care Partnership since September 2022.
- 2.3 The strategy covers the years up to 2030 and is the beginning of a journey with the people and communities of South Yorkshire. It sets out a commitment to work together, taking action to address health inequalities and improve healthy life expectancy in South Yorkshire. It is best described as a staging post and is in line with the Mayor’s manifesto pledge for South Yorkshire to become the healthiest region in the UK. An outline of the key bold ambitions and joint commitment within the strategy is included below, and the summary of the strategy is appended to this report (Appendix 1), and the full strategy is



included at Appendix 2.

### Summary Plan on a Page

## Our Shared Outcomes, Bold Ambitions and Joint Commitments



2.4 To harness the high level of commitment from across the partnership in the development of the strategy, and channel it into focusing on how we work together differently to realise the joint commitments and enable delivery, the ICP is reviewing the membership and focus of the ICP Working Group. It is proposed that the Working Group is refreshed with a renewed focus on next steps and delivery. In addition, there is a requirement that once the strategy is formally launched, each Place will review their own Health and Wellbeing Strategy to ensure that both strategies align and be clear who is leading on

which particular element so there is no duplication at place and system level.

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

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

The Council's Director of Finance and his representatives have been consulted in the drafting of this report.

There are no direct financial implications emanating from the formation of the South Yorkshire Integrated Care Partnership and the adoption of the current iteration of the Integrated Care Strategy. However, it is noted that there is a joint commitment by all partners and organisations to review and reallocate resources to ensure the delivery of the strategy and that resources are aligned to areas or priorities of most need. The impact of any such review or reallocation on the Council's resources (e.g. Public Health grant; Better Care Fund, Discharge Funding, etc) would be assessed and evaluated nearer the time.

#### **3.2 Legal**

The Council is legally obliged to assist in the establishment of a joint committee with the Integrated Care Board for our area, which is NHS South Yorkshire ICB. The joint committee is known as the Integrated Care Partnership (ICP).

The ICP primarily being tasked with a legal duty to formulate and produce the Integrated Care Strategy to address the assessed needs, such as health and care needs of the population within the area. In preparing the integrated care strategy each integrated care partnership must have regard to guidance issued by the Secretary of State.

Statutory guidance has now been issued by Government:

<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>

The ICP will be required to take forward specific programmes of work as considered necessary by the Committee's members. The ICP has been meeting since September 2022, and Barnsley have nominated 5 members of our Health and Wellbeing Board to sit on the ICP. A formal decision from Cabinet to establish the ICP and endorse the initial Integrated Care Strategy.

#### **3.3 Equality**

As this work is being led by the South Yorkshire Integrated Care Partnership, it is not applicable for the Council to complete an equality impact assessment. The ICP plans to undertake their own equality impact assessment, as part of their plan to turn the strategy into delivery. In addition, where any decisions are made locally as part of the implementation of the strategy, these will be properly assessed at the time, and a full EIA will be completed where required.

The formation of the Integrated Care Partnership is a statutory requirement which does not require an equality impact assessment. Any specific projects emanating from the work of the Partnership will be equality impact assessed appropriately.

### 3.4 Sustainability



**3.5** A decision-making wheel completed, which has identified a positive impact across Healthy, Growing Sustainable and Learning Barnsley. Clearly the Integrated Care Partnership Strategy has the greatest potential impact on health and wellbeing. The strategy also recognises the importance of the wider determinants of health, such as jobs and the environment and it therefore has an impact across other domains. For example, the strategy aims to support more people into work, particularly amongst those with a physical or mental health long term condition. There are no perceived negative impacts of the strategy, as this is a progressive approach to improving health and wellbeing across the whole of South Yorkshire.

### 3.6 Communications

The SY Integrated Care Partnership are planning a full week of engagement, as part of the launch of the strategy between 20 – 24 March. The week will utilise the banner of #OurHealthMattersSY with the ambition to involve the Mayors, political leaders of Local authorities, and other leaders, collaboratives, networks and alliances within the Integrated Care System. This would aim to engage people at the grass roots with the themes, ambitions and

plans for the strategy to make SY the healthiest region in the UK, as per the South Yorkshire Mayoral manifesto. The launch of the strategy will be supported by a campaign to engage people, communities and workforce on the strategy. We want to engage through the stories of local people and those whose work contributes to the strategy.

#### **4. CONSULTATION**

4.1 Development of the ICP Strategy builds upon various plans, strategies and reports which were based upon consultation with the public, patients and residents. This includes the South Yorkshire Health Needs Assessment and the region's four Health and Wellbeing Strategies. In addition, the ICP developed an online survey which was circulated widely to reach as many South Yorkshire residents as possible. The survey invited people to tell the Integrated Care Partnership 'What matters to you about your health and wellbeing?' Over 500 responses were received, including 466 individual people giving feedback, plus responses from community groups and events across South Yorkshire, particularly those involving marginalised groups. In response to the question 'What matters to you about your health and wellbeing' there are some frequently mentioned themes. These can be categorised as:

- Access to care
- Quality of care
- Improving mental health and wellbeing
- Support to live well
- Affordability and other wider determinants of health
- Accountability

A full engagement report, which analyses the methodology and the responses to the survey in more depth is available upon request.

Feedback from Barnsley residents amounted to over 25% of the overall respondents.

#### **5. REASONS FOR RECOMMENDATIONS**

5.1 The first recommendation is a statutory requirement of the Council, as per the Health and Care Act 2022, and therefore Cabinet are asked to officially approve the formulation of the ICP.

5.2 The second recommendation is for Cabinet to endorse the current iteration of the Integrated Care Strategy for South Yorkshire – with a particular focus on the bold ambitions contained therein. As outlined above, the Integrated Care Strategy represents the beginning of journey towards South Yorkshire being the healthiest area in the country. Cabinet will be kept abreast of progress towards this ambition, and work at place level will be driven by the Place-Based Partnership and the Health and Wellbeing Board.

#### **6. GLOSSARY**

ICB – Integrated Care Board

ICP – Integrated Care Partnership

## 7. LIST OF APPENDICES

Appendix 1: Integrated Care Partnership Strategy Summary

Appendix 2: Integrated Care Partnership Strategy (full)

Appendix A : Integrated Care Partnership Constitution

Annex A: Integrated Care Partnership Membership

## 8. BACKGROUND PAPERS

South Yorkshire ICP Engagement Report – a report which summarises the methodology and responses received as part of the ICP’s engagement into the strategy.

If you would like to inspect background papers for this report, please email [governance@barnsley.gov.uk](mailto:governance@barnsley.gov.uk) so that appropriate arrangements can be made

## 9. REPORT SIGN OFF

|  |   |
|--|---|
| <b>Financial consultation &amp; sign off</b> | Senior Financial Services officer consulted and date<br><i>Joshua Amahwe, 14 February 2023</i>    |
| <b>Legal consultation &amp; sign off</b>     | Legal Services officer consulted and date<br><i>Sukdave Ghuman, 15<sup>th</sup> February 2023</i> |

**Report Author: Ben Brannan**  
**Post: Senior Public Health Officer**

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# SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire  
Summary: Integrated Care Strategy

March 2023



# Introduction

South Yorkshire has much to be proud of with our strong and vibrant communities, proactive voluntary sector and a broad range of health and care services providing a strong foundation for improvement.

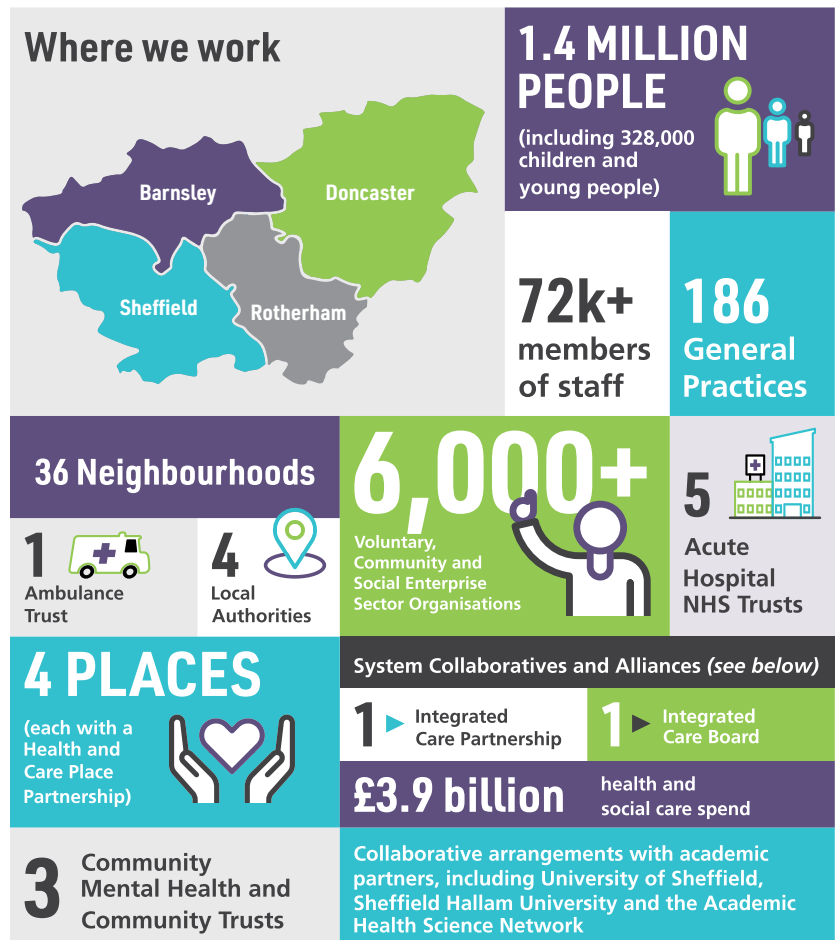
South Yorkshire developed around the industries of mining and steel and this industrial heritage means our close communities have a deep sense of place and identity. These have developed into a diverse and vibrant economy with health and care, advanced manufacturing, research and education being significant industry sectors across South Yorkshire. We are a diverse and welcoming county with outstanding natural, heritage, cultural and artistic assets. We are geographically compact and fortunate in our location, in that we have good access to open green spaces, including the western edge of Sheffield and Barnsley bordering the Peak District National Park. All this contributes to South Yorkshire being a great place to be born, live and work.

In South Yorkshire we want everyone to live happy and healthier lives for longer. We are living in difficult times, managing the lasting impact of covid 19 and the increasing cost of living challenges.

Our engagement work found that good access to high quality care and support is really important to people in South Yorkshire and as a Partnership we are making joint commitments to improve this. We will continue to work with you, listen to you, involve you and respond actively to what you tell us.

This Strategy was developed between September and December 2022 by our newly formed Integrated Care Partnership and covers the years up to 2030. It is a legal requirement and we see it as a beginning of a journey with the people and communities of South Yorkshire. We will work with communities and our voluntary, community and social enterprise sector.

This strategy and the plans that support delivery will change and improve through your involvement, including our NHS Joint Forward Plan. The health and wellbeing of everyone matters to us all. We look forward to working with each of you for a happy, healthier South Yorkshire.





## Foreword

# The Mayor of South Yorkshire - Oliver Coppard

This strategy is a test; a test we are setting ourselves. Included in that test are questions we have asked ourselves before. And if we do not rise to the challenge this time, we will be back here again in a few years' time to ask ourselves those questions again. And within those intervening years yet more people – our friends, colleagues and neighbours – will have had their lives blighted, their careers cut short, and their happiness undermined by ill health.

So I am determined we will make a positive difference to the health of our communities across South Yorkshire, and this strategy is where we start. We have to challenge ourselves to think radically about what we do and how we do it.

That's why this strategy is so important as we look ahead over the next decade to 2030. If we achieve the goals in this strategy we will improve the health of our communities across Barnsley, Rotherham, Doncaster and Sheffield, tackle deep seated inequalities in health outcomes and access, make the most of the resources we have, and make sure our health and care services support our wider objectives as a region; making South Yorkshire a healthier, wealthier and happier place.

If we're going to achieve those goals, we will need to use not just the £3.8bn spent on health and care but also the wider £16bn of public services spent in South Yorkshire each year to help those who need it most. We will need our 72,000 strong health and care staff to have the skills and resources they need to support our communities.

We need all our public services, such as employment support, transport and housing, to promote good health. We will need to listen to and strengthen our voluntary and community sector and recognise them as the equal partner they are. And we will need to put the lived experiences of our diverse communities at the heart of the way in which we work.

There are no shortage of great assets and examples of good practice across South Yorkshire upon which we can build however, there is no denying the scale of the challenge we face; those challenges are longstanding and complex. Some people in our communities will live shorter lives than others, by as much as nearly a decade in some cases. Life expectancy in South Yorkshire is no longer going up, something that has not happened in the last 40 years.



There is healthy life expectancy gap of 20 years between some of our communities. And around a third of people across our region are living in some of the most deprived parts of our country.

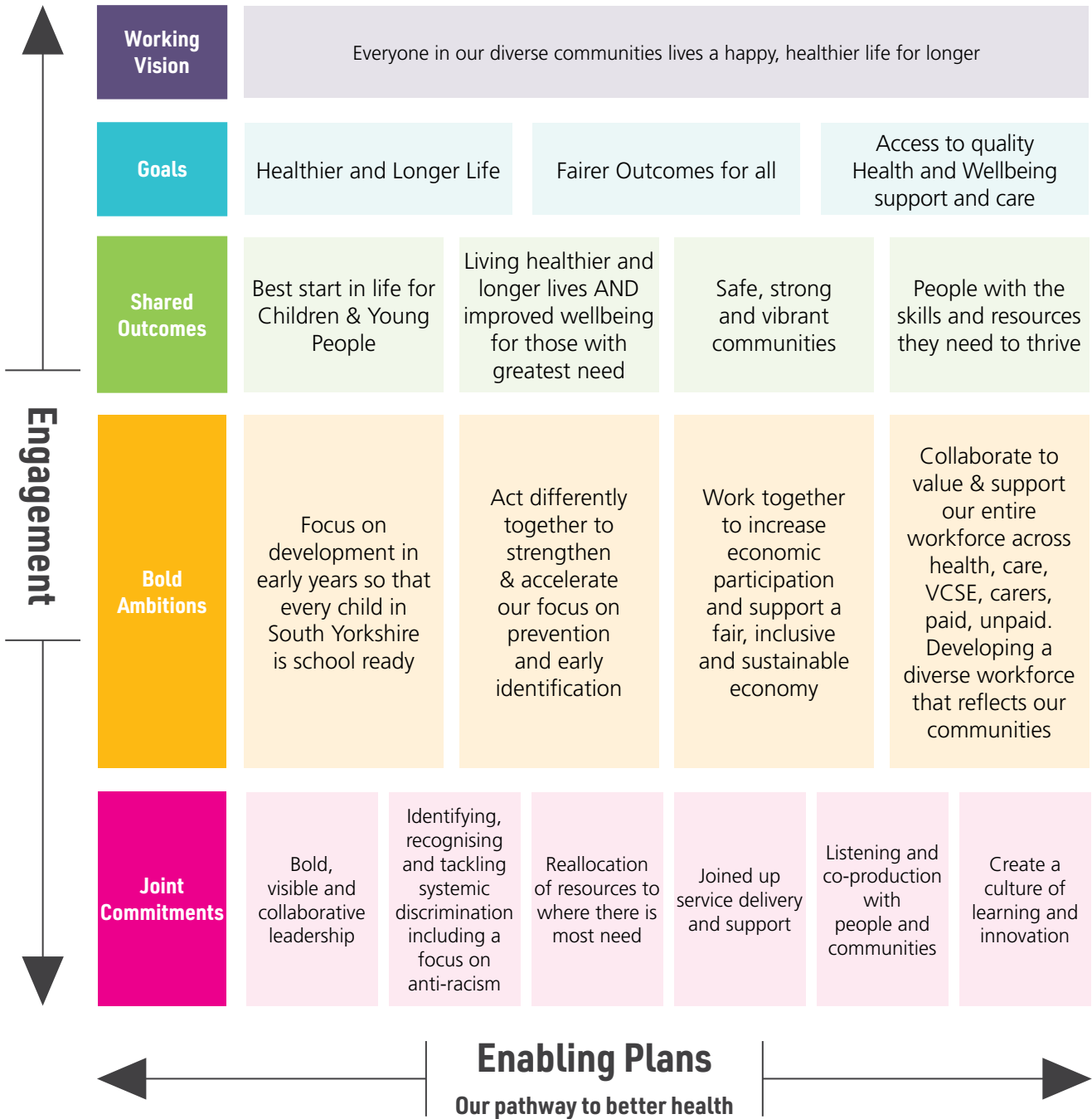
So the challenges are undeniable. But there is nothing inevitable or insurmountable about them. If we are going to overcome those challenges, together, we must do things differently.

Our commitment to you, our 1.4 million strong community across South Yorkshire, is to work in partnership together, to do things differently, to focus our people and our resources on those that need them the most, and to accelerate our focus on prevention and early identification. And through all of this we will continue to put our community's voices and needs first. This is our plan for a happy, healthier South Yorkshire.

**Oliver Coppard**  
Mayor of South Yorkshire

## Summary Plan on a Page

# Our Shared Outcomes, Bold Ambitions and Joint Commitments



## Bold Ambitions

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

### 1 Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

### 2 Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

### 3 Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024.

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

### 4 Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism.

# Our vision, strategic goals and shared outcomes for South Yorkshire

To achieve our vision of 'Everyone in our diverse communities lives a happy, healthier life for longer', there are some serious challenges to overcome. South Yorkshire has a significant proportion (37%) of people living in the most 20% deprived areas nationally. Life expectancy in South Yorkshire is no longer increasing. Not only are people in South Yorkshire dying younger, they are living fewer years in good health. There is also a significant difference in the number of years people can expect to live in good health, with those living in the most deprived areas dying up to nine years earlier compared to people living in more affluent areas across South Yorkshire communities.

The gap in life expectancy between the most and least deprived areas is also widening. Our commitment in this strategy is to change this. The Covid pandemic has further exposed these deep inequalities and it is evident that the current cost of living crisis has further exacerbated these disparities. South Yorkshire with its relatively lower level of earnings and employment is particularly vulnerable. Health inequalities are not inevitable and by definition are preventable. It is within this challenging context that we have come together to develop our South Yorkshire Integrated Care Partnership with refreshed energy and renewed commitment to collaborate as partners and work with our local communities of Barnsley, Doncaster, Rotherham and Sheffield to work differently together to address health inequalities and improve the health and wellbeing of all people living in South Yorkshire.



Our aim is to:

- Halt the stall in Life Expectancy (LE) in South Yorkshire and improve it by 3 years by 2028/30
- Halt the stall in Healthy Life Expectancy (HLE) and close the gap between South Yorkshire and England by 2028/30
- Close the gap in healthy years lived between the most and least deprived groups in South Yorkshire

Our vision and goals are supported by four shared outcomes which are reflected in all our current Health and Wellbeing Board Strategies in each of our places. These shared outcomes align well to the life courses of Starting Well, Living Well and Aging well and act as an enabler in this strategy for current plans. These are:

- Children and young people have the best start in life
- People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- People are supported to live in safe, strong and vibrant communities
- People are equipped with the skills and resources they need to thrive

In this strategy we will set out a focussed number of bold ambitions to support achievement of our shared outcomes which can only be achieved by all partners working together. We will work together to address the wider social, economic, environmental and commercial determinants of health.

# Listening to our communities in creating this Strategy

As an Integrated Care Partnership we have a clear commitment to ongoing engagement with our communities. When developing this strategy we started by understanding what matters to people living in South Yorkshire by gathering insight from a wide range of engagement and involvement activities undertaken in South Yorkshire in the last two years by our ICP partners, from 284 different sources (for more details see the full strategy on the Integrated Care System website). We then asked our communities as simple question to build on this: 'What Matters to You'?

This campaign took place over November and December 2022. Working with our local Healthwatches and VCSE, we reached out to as many people as possible in South Yorkshire, including our health and care workforce, children and young people, under-represented and socially excluded groups, and asked 'What matters to you about your health and wellbeing?'. More than 500 individuals and groups responded.

The feedback from the insight work and the campaign has been actively used to shape and inform our Strategy. The insight work identified that there was a need for more information about health prevention and availability of different health and social care services, to make it easy for people to access health and social care services and removing barriers and to provide people with the information, tools and capacity to manage their own care.

These themes of awareness, access and agency were replicated in the responses to the 'What matters to you about your health and wellbeing?' question.



**What matters to my health and wellbeing is having care systems that work for the patient. I have complex health needs so I need a health system that connects services together. In theory this happens but in reality it does not. I spend a lot of my time connecting the missing dots, sharing missed letters between professionals so we can have wider conversations about my health as one condition can affect another.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

Individuals and groups said their highest priorities were access to and quality of care, improving mental health and wellbeing, support to live well, the wider determinants of health, and affordability, given the pressure on the cost of living. All of these themes have been used to shape our strategy. To improve access to services we know that we need to address increasing waiting times. Improving access to primary care, urgent and emergency care, mental health services and hospital services are a key area of focus for our immediate delivery plans, including our NHS Five Year Joint Forward Plan and work is already underway.

We will continue to engage with our communities over the coming months and years. If you want to know more about the Integrated Care Partnership strategy or read the full strategy and engagement report, please visit

<https://southyorkshire.icb.nhs.uk/get-involved>

# **SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY**

Working together to build a healthier South Yorkshire  
Summary: Integrated Care Strategy

March 2023

## **Our thanks**

Our thanks to the following organisations, who held focus groups or provided feedback through surveys that helped to influence this strategy:

- Barnsley College, Dark Nights
- Barnsley Parent Carer Forum
- Barnsley Youth Council
- Beacon Coffee Morning (Carers)
- Breathing Space Rotherham
- Chilypep
- Citizens Advice Event, Barnsley Library
- Doncaster District Deaf Society, Happy Hands
- Doncaster Health Ambassadors
- Healthwatch South Yorkshire
- KickBack Recovery
- Newlife
- Roshni Asian Sheffield Women's Group
- Rotherham Ethnic Minority Alliance
- Safeguarding Event, Barnsley Market
- Salvation Army Goldthorpe Foodbank
- Sheffield Mansel Primary School
- South Yorkshire Stroke Survivor and Carer Panel
- Speakup for Autism
- SY Military Veterans support
- TransBarnsley
- Umbrella Winter Wellbeing

Email

**helloworkingtogether@nhs.net**

Address

**South Yorkshire Integrated Care Board  
722 Prince of Wales Road  
Sheffield  
S9 4EU**

Telephone

**0114 305 4487**

# SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY

Working together to build a healthier South Yorkshire  
Our Initial Integrated Care Strategy

March 2023



# A message for the people and communities of South Yorkshire:

In South Yorkshire we want everyone to live happy and healthier lives for longer. We know times are tough with the ongoing effects of Covid-19 and the rising cost of living, our engagement shows that having access to high quality care and support is important for our community. That's why we're working together as a partnership to make sure you have the support you need.

We're committed to listening to you, involving you, and responding to your needs. This strategy was created by our newly formed Integrated Care Partnership between September and December 2022 and will guide us up until 2030. It's a legal requirement, but we see it as just the start of a journey with all of you.

We're excited to work alongside our communities and the amazing people in our voluntary, community, and social enterprise sector. And we want this strategy to continue to improve and evolve through your involvement, because your health and well-being is important to us all. Let's work together for a happy and healthy South Yorkshire.





## Foreword

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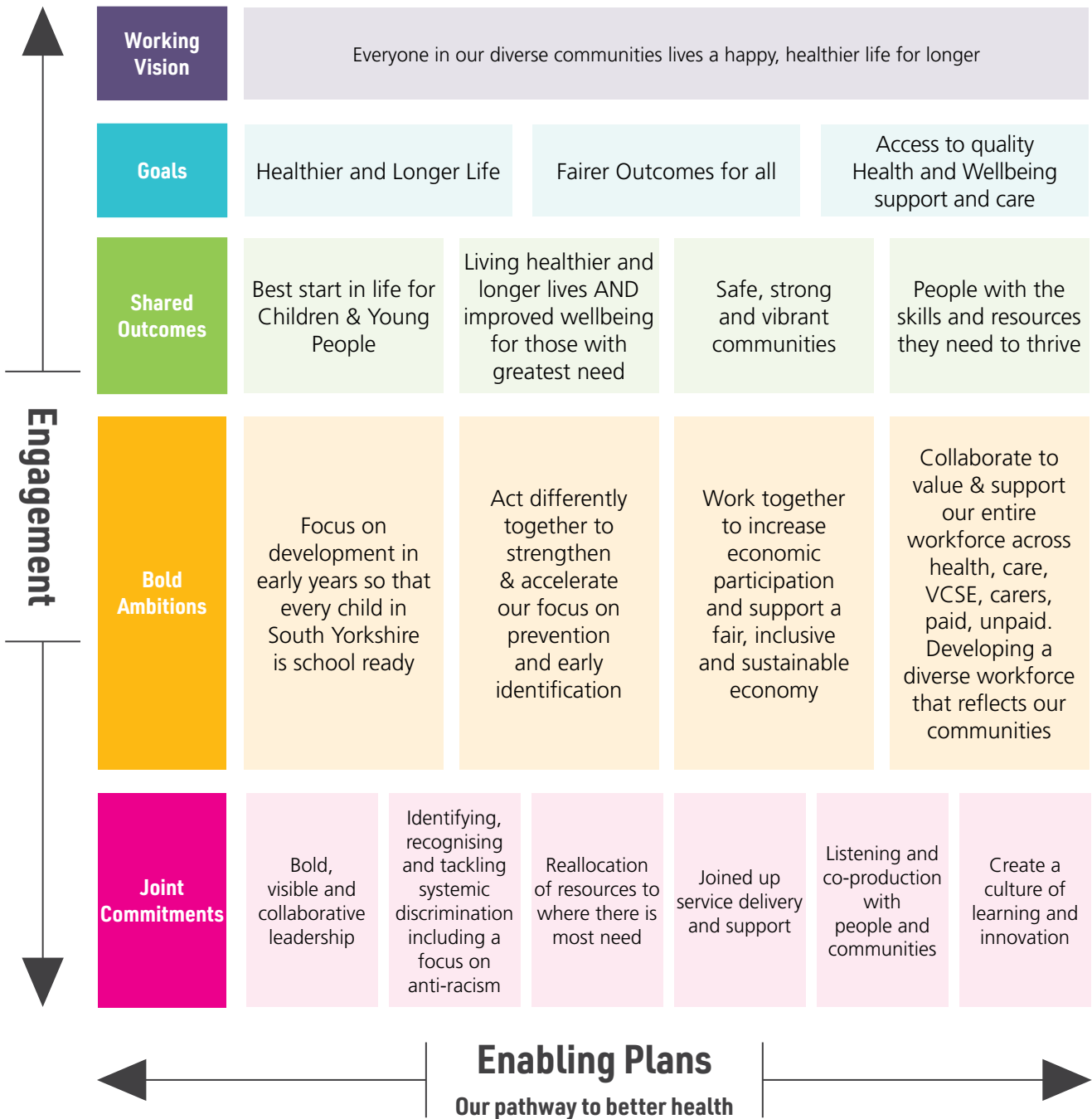
**Oliver Coppard**

Mayor of South Yorkshire



Summary Plan on a Page

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# Introduction

South Yorkshire has much to be proud of with our strong and vibrant communities, proactive Voluntary, Community and Social Enterprise Sector and a broad range of health and care services providing a strong foundation for improvement. South Yorkshire developed around the industries of mining and steel and this industrial heritage means our close communities have a deep sense of place and identity. These have developed into a diverse and vibrant economy with health and care including regional and national specialised services and centres of excellence, advanced manufacturing, technology, research and education being significant industry sectors across South Yorkshire. We are a diverse and welcoming county with outstanding natural, heritage, cultural and artistic assets. We are geographically compact and fortunate in our location, in that we have good access to open green spaces, including the western edge of Sheffield and Barnsley bordering the Peak District National Park. All this contributes to South Yorkshire being a great place to be born, live and work.

There are, however, some serious challenges to overcome. South Yorkshire has a significant proportion (37%) of people living in the most 20% deprived areas nationally. Life expectancy in South Yorkshire is no longer increasing. Not only are people in South Yorkshire dying younger, they are living fewer years in good health. There is also a significant difference in the number of years people can expect to live in good health, with those living in the most deprived areas dying up to nine years earlier compared to people living in more affluent areas across South Yorkshire communities.

The gap in life expectancy between the most and least deprived areas is also widening. Our commitment in this strategy is to change this to improve outcomes for everyone in South Yorkshire. We are committed to working together to take action to address health inequalities and improve healthy life expectancy. We will work together as partners, with people and communities and our voluntary, community and social enterprise sector. Our ultimate ambition is in line with the Mayor's Manifesto, for South Yorkshire to become the healthiest region in the UK and this strategy is our initial staging post.

<sup>1</sup>Michael Marmot, Jessica Allen, Tammy Boyce, Peter Goldblatt, Joana Morrison (2020) Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity



The ‘Marmot Review 10 Years on’ report<sup>1</sup>, published prior to the Covid-19 Pandemic, found unprecedented declines in health nationally over the decade before Covid-19. Improvement in health in the UK had slowed dramatically, inequalities had increased and health for the poorest people in society had got worse. The Covid pandemic has further exposed these deep inequalities and it is evident that the current cost of living crisis has further exacerbated these disparities. South Yorkshire with its relatively lower level of earnings and employment is particularly vulnerable. However, health inequalities are not inevitable and by definition are preventable. It is within this challenging context that we have come together to develop our South Yorkshire Integrated Care Partnership with refreshed energy and renewed commitment to collaborate as partners and work with our local communities of Barnsley, Doncaster, Rotherham and Sheffield to work differently together to address health inequalities and improve the health and wellbeing of all people living in South Yorkshire.

This is our initial Integrated Care Strategy developed within the challenging timeline set nationally at a time when there is immense pressure across the health and care system. We have endeavored to engage broadly, to listen to what matters to people living in South Yorkshire and actively engage with our wider partners in the development of this Strategy. We will build on this and continue to engage and involve as the Strategy evolves and we translate its ambition into delivery.



## 2

## What is the South Yorkshire Integrated Care System – an overview

Partner organisations across South Yorkshire have a long history of collaboration. The first Sustainability and Transformation Partnership was established in 2016. This then became one of the first non-statutory Integrated Care Systems in England in 2018. Following the Health and Care Act 2022 a statutory Integrated Care System (ICS) has come together from July 1st.

Partners have already started to break down organisational barriers so that we can wrap support, care and services around people and improve lives. In Barnsley, Doncaster, Rotherham and Sheffield, our Local Authorities, NHS partners, the Voluntary, Community and Social Enterprise Sector and many others have strengthened the way they work with each other and have joined forces where it makes sense to do so and where it makes a real difference to the public, patients, and staff.

Our pledges in 2016 were to give people more options for care while joining it up in communities and neighbourhoods, to help people to stay healthy, tackle health inequalities, improve quality, access and outcomes of care, meliorate workforce pressures and introduce new technologies. We paid particular attention to cancer, mental health and primary care, and the two key enablers of workforce and digital technology. Since then, much has changed - the impacts of the Covid-19 pandemic and the more recent cost of living crisis provide a very challenging backdrop as we set out our new strategy.

But we remain focussed and committed in our goal and undeterred for the people of South Yorkshire. We will build on our commitment to the quadruple aim, set out in our **Health and Care Compact** and use the new system architecture and partnerships and our renewed vision, ambition and commitments to go further faster on health inequalities. We will also build new partnerships with agencies outside the ICS to support improved and more equitable health and wellbeing for all and focus on those with greatest need.





New statutory Integrated Care Systems have been set up to bring local authorities, NHS organisations, combined authorities and the Voluntary, Community and Social Enterprise Sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.

**Integrated Care Systems have four key purposes:**

- 1 Improving outcomes in population health and health care
- 2 Enhancing productivity and value for money
- 3 Tackling inequalities in outcomes, experience and access
- 4 Helping the NHS to support broader social and economic development

**They are made up of:**

- **An Integrated Care Partnership** - a statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary, Community and Social Enterprise Sector and other partners.

**The partnership is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities. They are rooted in the needs of people, communities and places, oversee population health strategies, drive integration and take an inclusive approach to involvement.**

- **An Integrated Care Board**, which is an NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members, including Healthwatch, Mental Health and the Voluntary Care Sector representation.





**What matters most to me about my health and wellbeing is to live in an equal society. Only through equality can health equity be achieved. I want to live in high-quality housing, in pedestrianised, green, and clean neighbourhoods, with local community facilities and assets prioritised. I want to live in a city that takes care of the most vulnerable, and where everyone is valued. I want to receive compassionate and destigmatising care from health and wellbeing professionals, that empowers me to take control of my life and health. I want to be able to access the resources to take care of myself and my community.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

In South Yorkshire the membership of our Integrated Care Partnership (ICP) was proposed by the Health and Wellbeing Boards in the four local authority areas – Barnsley, Doncaster, Rotherham and Sheffield and NHS South Yorkshire. We have worked hard to ensure there is a rich diversity of voices and perspectives represented and will continue to do this across the life of this strategy. Oliver Coppard, Mayor of South Yorkshire Combined Mayoral Authority became Chair of the South Yorkshire Integrated Care Partnership

in September 2022 and Pearse Butler the Chair of NHS South Yorkshire is vice chair. By developing our partnership in this way we have built upon our existing partnership and aligned with Health and Wellbeing Boards. Work continues to increase diversity and inclusion in our Partnership and to further strengthen representation from our Voluntary, Community and Social Enterprise Sector as an equal partner, linking with the developing Voluntary, Community and Social Enterprise (VCSE) Sector Alliance.



The South Yorkshire Integrated Care Partnership covers the 1.4 million people and families living in Barnsley, Doncaster, Sheffield and Rotherham.



## Places, Collaboratives, Alliances and Networks

**Places:** In each of our communities of Barnsley, Doncaster, Rotherham and Sheffield we have well established place-based health and care partnerships already working well together to provide joined up integrated health and social care, support and services by creating integrated multidisciplinary neighbourhood teams to meet the needs of local people. These are the cornerstone of our health and care system and already have delegated authority from the new NHS South Yorkshire to plan, determine and deliver for local communities.

**Collaboratives:** Our hospitals, mental health trusts and primary care organisations have also established strong collaborative arrangements. These Provider Collaboratives have been developed to further strengthen partnership working between our hospital and care providers to support joined up sustainable health and care services building resilience across organisations and pathways of care. They include:

- Mental Health Learning Disability and Autism Provider Collaborative (including acute, community and specialist services)
- Acute Hospital Provider Collaborative (including acute, elective and diagnostics children's and specialist services)



**Alliances & Networks:** Important Alliance arrangements have also been developed where partners across whole pathways or sectors come together to integrate and improve services and care support. These include:

- Primary Care Alliance (including general practice, pharmacists, dentists, and optometrists)
- Urgent & Emergency Care Alliance
- Children and Young People's Alliance (CYPA)
- Voluntary, Community and Social Enterprise Sector Alliance (VCSE) and creative and arts sector
- Cancer Alliance
- Local Maternity and Neonatal Network (LMNS)
- Social Care Networks and Clinical Networks



The **South Yorkshire Mayoral Combined Authority** (SYMCA) is a formal partnership of our four local authorities in South Yorkshire: Barnsley Metropolitan Borough Council, Doncaster Council (City of Doncaster Council from January 2023), Rotherham Metropolitan Borough Council and Sheffield City Council. It covers the same population and is led by an elected Mayor. Its Strategic Economic Plan for the region recognises the critical interdependency of health, the economy and having good work. It aims to deliver a stronger, greener and fairer economy, one which reduces social and health inequalities. Oliver Coppard was elected as Mayor of South Yorkshire in May 2022 and is the Chair of the Integrated Care Partnership. One of his Mayoral priorities is the health and wellbeing of local communities, and he has a personal ambition to make South Yorkshire the healthiest region in the country.

We tend to think of our health as being mostly the product of our own energies, whereas in fact health outcomes and the inequalities in those outcomes are largely shaped by social, environmental, commercial and economic conditions in which we live. Our chances of experiencing good health and wellbeing, and maximising the length and quality of our lives, depend on **the circumstances and environment within which we are born, live, work and age**. Good health outcomes and health inequalities are rooted in socioeconomic circumstances. Many of the levers for improving population health, **such as quality education, good employment, comfortable, quality housing, connectivity, healthy local neighbourhoods, creativity and arts and commercial environment** reside with our local authorities and SYMCA, making our partnership a unique opportunity to make a real difference.

## 3

## Listening to our communities in creating this Strategy

To develop our strategy, we started by understanding what matters to people living in South Yorkshire by:

- Gathering insight from a wide range of engagement and involvement activities undertaken in South Yorkshire in the last two years by our ICP partners, from 284 different sources (for more details see page 69).
- Building on this with a campaign to gain new insights: **'What Matters to You'**.

Our early insight-gathering identified the following key themes:

- **Awareness** – the need for more information about health prevention and availability of different health and social care services.
- **Access** – making it easy for people to access health and social care services and removing barriers
- **Agency** – enabling people to have the information, tools and capacity to make informed decisions and be in control of their lives.

Our **'What Matters to You Campaign'** took place over November. Working with our local Healthwatches and VCSE we asked people a single question. We reached out to as many people as possible in South Yorkshire, including our health and care workforce, children and young people, under-represented

and socially excluded groups and asked **'What matters to you about your health and wellbeing?'**

The 'live feedback' from our campaign has been actively used to shape and inform our Strategy.

The following key themes have emerged in addition to those from the early insight and they have been used to shape our strategy:

- **Access to care**
- **Quality of care**
- **Improving mental health and wellbeing**
- **Support to live well**
- **Wider determinants of health**
- **Affordability**

All the quotes throughout this Strategy are taken directly from our engagement work and the insight gathered informs our goals, shared outcomes, bold ambitions and joint commitments outlined in the next section. We have endeavoured to engage broadly and acknowledge the national timeline for development of this initial Strategy has made it challenging. There is a strong commitment from the partnership members to continue to engage and involve as the Strategy evolves and we translate it into delivery. This will include continuing to work with our local healthwatches and VCSE to engage with local people in neighbourhoods. We are working with local healthwatches and VCSE to engage with local people in neighbourhoods including those we have yet to hear from.

## 4

## Our vision, strategic goals and shared outcomes for South Yorkshire

Our strategy to better health starts with people and families living in our communities.

Our Vision is that **Everyone in our diverse communities lives a happy, healthier life for longer**. Our vision is in line with Mayor's Manifesto, for South Yorkshire to become the healthiest region in the UK.

We have developed our initial strategy at a significantly challenging time for all partners. We are recovering from the covid pandemic, managing increasing operational and workforce pressures and responding to periods of industrial action. All these substantial factors are together creating an incredibly challenging environment for our health and care services and contributing to the access issues and increasing waiting times being experienced by people living in South Yorkshire.

Access to high quality services is identified as what matters most to people in South Yorkshire from our recent engagement work. Addressing access issues, including access to primary care, urgent and emergency care, mental health services and the increasing waiting times for hospital services are a key area of focus for our immediate delivery plans, with work already well underway upon which we will continue to build.

To improve access to services we know that we need to address increasing waiting times. We also need to understand the barriers people face and how we can work together with them and our VCSE partners to overcome these barriers to address inequalities in access. Alongside ensuring we have sufficient capacity in services to meet demand.

Addressing inequalities in access, improving access to services for those with the greatest needs will actively contribute to addressing health inequalities in South Yorkshire. So we commit to work together to address our immediate challenges through our delivery plans, including our NHS Five Year Joint Forward Plan, in a way that builds towards our longer term vision to address health inequalities in South Yorkshire.



This strategy is our initial staging post, through which we are making a commitment to work together to take action to address health inequalities and improve healthy life expectancy in South Yorkshire.

Creating the environments and economy that create and support health and allow people to thrive, now and in the future.

## Our Strategic Goals

**Our vision is underpinned by three overarching goals. We want to see the people in all our communities:**

- 1 Live healthier and longer lives
- 2 Experience fairer outcomes
- 3 Have access to quality health and wellbeing support and care

Our success in these goals will ultimately be determined by improvements in Healthy Life Expectancy (HLE), the gap in HLE between the most and least deprived groups, eliminating inequalities in access and experience and unwarranted variation between our communities.

### Our aim is to:

Halt the stall in Life Expectancy (LE) in South Yorkshire and improve it by 3 years by 2028/30

Halt the stall in Healthy Life Expectancy (HLE) and close the gap between South Yorkshire and England by 2028/30

Close the gap in healthy years lived between the most and least deprived groups in South Yorkshire







Our vision and goals are supported by **four shared outcomes** which are reflected in all our current Health and Wellbeing Board Strategies in each of our places. These shared outcomes align well to the life courses of **Starting Well, Living Well** and **Aging well** and act as an enabler in this strategy for current plans. These are:

- 1 Children and young people have the best start in life
- 2 People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- 3 People are supported to live in safe, strong and vibrant communities
- 4 People are equipped with the skills and resources they need to thrive

**Working Vision** Everyone in our diverse communities lives a happy, healthier life for longer

| Goals | Healthier and Longer Life | Fairer Outcomes for all | Access to quality Health and Wellbeing support and care |
|-------|---------------------------|-------------------------|---|
|-------|---------------------------|-------------------------|---|

| Shared Outcomes | Best start in life for Children & Young People | Living healthier and longer lives AND improved wellbeing for those with greatest need | Safe, strong and vibrant communities | People with the skills and resources they need to thrive |
|-----------------|--|---|--------------------------------------|--|
|-----------------|--|---|--------------------------------------|--|

In this strategy we will set out a focussed number of bold ambitions to support achievement of our shared outcomes which can only be achieved by all partners working together.



## 5

## Where are we now?

The impacts of the pandemic have been unequal and unfair and have highlighted inequalities which have been there for some time in South Yorkshire. Learning from the pandemic has provided us with an expanded view of inequality and to consider the importance and interplay of housing, employment, environment, skills, creativity, and transport (as key wider determinants of health) and their fundamental impact on health and wellbeing. We are fortunate to have many excellent care and support services across South Yorkshire, however, as a result of the pandemic and the impact on our workforce these have become stretched and under significant pressure over a prolonged period. We know from our engagement work, our communities value simple and timely access to high quality care and for this to support both physical and mental health needs. Our strategy and delivery plans, including our NHS Joint Forward Plan, which follow will address this and our focus will be on enabling equitable access to care and support.

### **Understanding the Population Health Needs and outcomes in South Yorkshire**

Inequalities cost lives. People of South Yorkshire are living shorter lives than they should. The average number of years a baby born today in South Yorkshire can expect to live is 1.5 years less than those living elsewhere in England.



Not only are we dying younger, but we are living less years in good health, around 3.6 more years of life in poorer health than other areas in England. 37% (527,000) of people living in South Yorkshire live in the most 20% deprived areas nationally. Men and women living in the most deprived parts of South Yorkshire die around nine years earlier than those living in the most affluent parts of South Yorkshire. People who live in the most deprived areas are also more likely to spend longer in poorer health.

National data tells us that women in the most deprived areas will spend up to 19 years in poorer health compared to those in the most affluent areas. People living in the most deprived areas will experience the onset of multiple ill health conditions 10-15 years earlier than those in the most affluent areas.

Poor health damages our economy, prosperity and opportunity. Around a third of the productivity gap between the North and the rest of the country is estimated to be attributable to poor



**My health is dependent on my financial stability. If I can afford to heat my home, eat well, socialize, and commute to work safely then I am starting from a good foundation.**



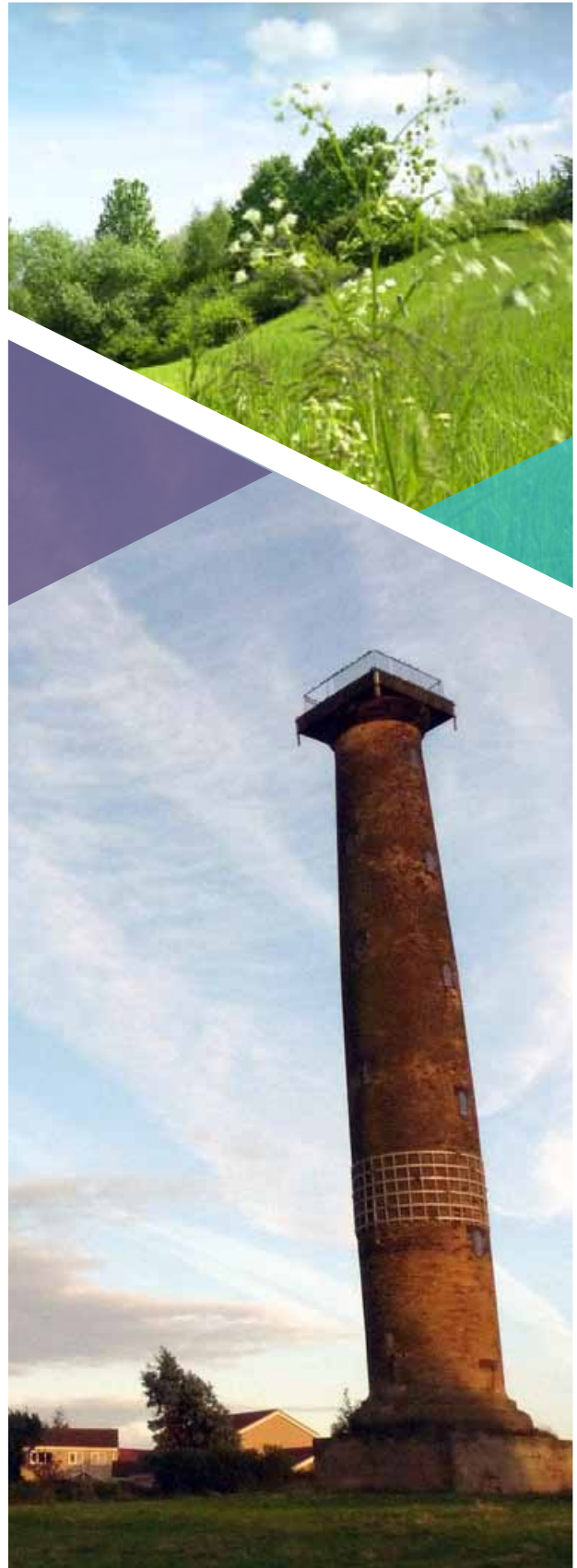
### **The conditions that create our health (wider social, environmental and commercial determinants)**

To have a healthy society we need a range of building blocks in place: stable jobs, good pay, quality housing and education.

We need local streets and places that create and support health, environments that are free from pressure towards unhealthy products and behaviours and make it easier to be active and connect with people and with nature.








Over the last century or more we have seen a rise in non communicable diseases linked to smoking, obesity, alcohol and lack of physical activity. In that time people's genetics or will power have not changed, what has changed is the cultural and commercial environment in which we live.

Making changes to ensure everyone has equality of opportunity, has an environment that gives agency of choice and gives access to the building blocks of health is not easy and will require us to be determined in our focus for the people of South Yorkshire.



**Theme**

**Key indicator**

|   |  |   |
|---|--|---|
|    | <p><b>Housing</b></p> <p>Many of the most pressing health challenges such as obesity, poor mental health, physical inactivity are directly influenced by the built and natural environment, including access to quality housing.</p>   | <p>Nearly 19% of South Yorkshire homes were reported to be experiencing fuel poverty, this is significantly worse than the England average (13%). This is likely to significantly increase given the rising cost of fuel prices and is estimated to impact on at least 42% of households.</p>   |
|    | <p><b>Access to green spaces and active travel</b></p> <p>Access to green space such as woodland, supports wellbeing and allows people to engage in physical activity.</p>   | <ul style="list-style-type: none"> <li>• 14% of adults in South Yorkshire walk for travel.</li> <li>• 16% of South Yorkshire residents make use of outdoor space for exercise or health reasons.</li> <li>• All four Places in South Yorkshire are ranked in the top 10 of all local authorities with the highest rates of children being killed or seriously injured on roads.</li> </ul>  |
|    | <p><b>Education</b></p> <p>Access to a high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives.</p>   | <ul style="list-style-type: none"> <li>• An estimated 1,840 (6.2%) young people are not in education, employment or training in South Yorkshire.</li> <li>• 30% of children were deemed to not have achieved the expected level of development at the end of reception.</li> </ul>  |
|   | <p><b>Jobs</b></p> <p>Being in good work is good for both physical and mental health/wellbeing.</p>  | <ul style="list-style-type: none"> <li>• 73% of South Yorkshire residents aged 16-64 are in employment, this is significantly lower than the England average.</li> <li>• The average weekly earnings are only 91% of the England average.</li> <li>• The main reason for sickness absence is MSK– 19% of over 16s report having a long term MSK problem.</li> </ul>   |
|  | <p><b>Inclusive work</b></p> <p>To ensure everyone can benefit from the protective factors of being in good work, labour markets should be inclusive and diverse so everyone can access good work with fair pay.</p>   | <ul style="list-style-type: none"> <li>• There is a 12% gap in the employment rate between those with a physical or mental long term condition and the overall employment. This is even worse for those with a learning disability, where the gap is 66%.</li> <li>• Those from non-white ethnic minority groups are less likely to be in employment, similarly employment levels are lowest in those in the most deprived areas and those aged 50-64.</li> </ul> |
|  | <p><b>Crime and violence</b></p> <p>Crime is both a risk factor for health and an outcome from a number of other social determinants of health: crime can lead to both the short term effects which can be severe but it can also lead to long term problems such as depression or anxiety-related illnesses and; crime itself has its own risk factors.</p> | <ul style="list-style-type: none"> <li>• There were approximately 46,000 violence offences reported, a rate of 33 offences per 1,000 population, this is higher than the value for England (29 per 1,000).</li> <li>• The rate of deaths to drug misuse was 7.6 per 100,000, that's nearly 300 deaths due to drug misuse (in a three-year period).</li> </ul>   |
|  | <p><b>Air pollution</b></p> <p>Poor air quality is the largest environmental risk to public health in the UK as long-term exposure to air pollution can directly result in long term conditions as well as exacerbate conditions leading to hospitalisation.</p>   | <ul style="list-style-type: none"> <li>• Approximately 5% of all deaths are attributable to air pollution.</li> <li>• It is estimated that 200,000 residents of South Yorkshire live in areas that are vulnerable to air pollution.</li> </ul>  |

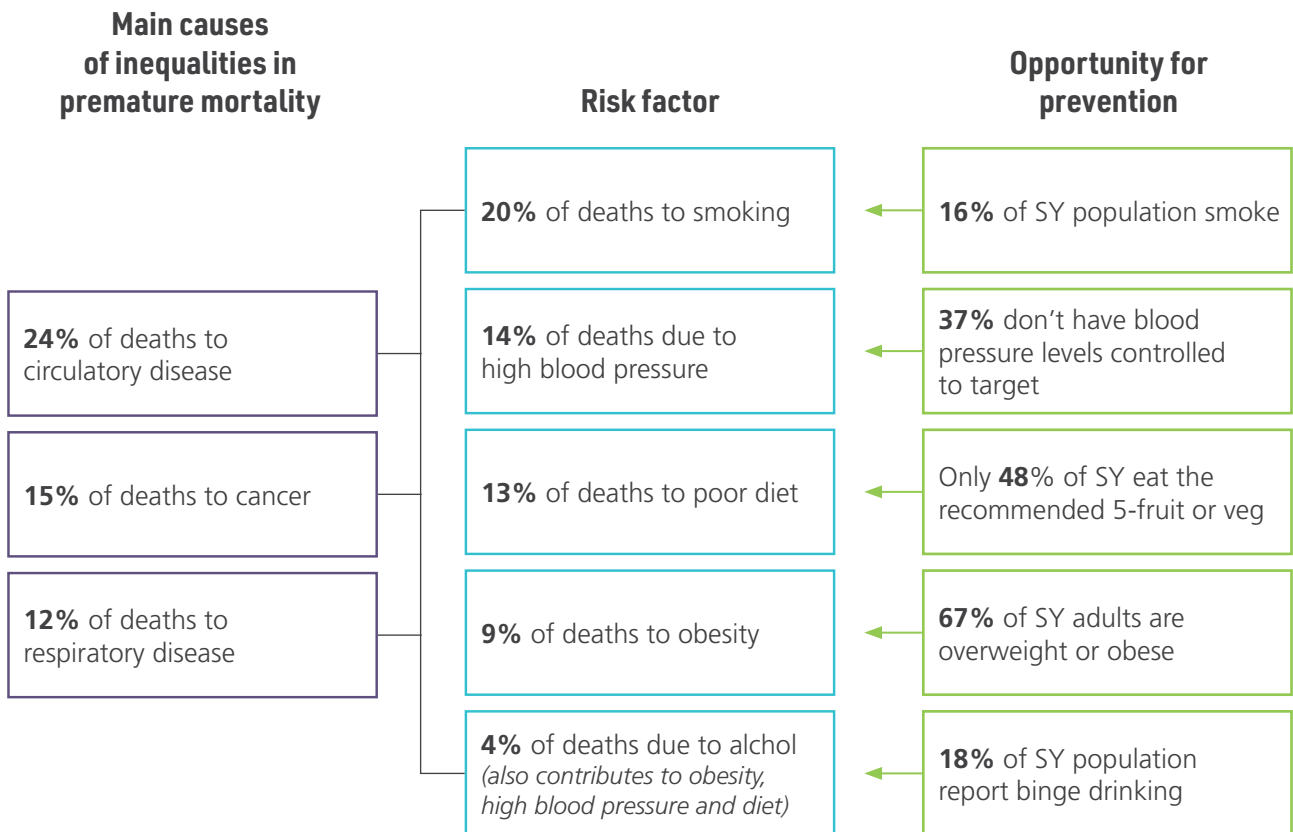


### Health conditions amenable to prevention

We have a good understanding of the main contributors to mortality in South Yorkshire. They are cardiovascular disease, which includes all heart and circulatory diseases such as coronary heart disease, hypertension, stroke and vascular dementia. Inequalities in the wider determinants, risks and behaviours are strongly associated with poorer outcomes. The principal risk factors associated with the main causes of death and ill health are smoking, high blood pressure, diet, obesity and alcohol. South Yorkshire has higher than national rates of these common, but modifiable, risk factors.

### Key numbers:

- 14% of population are recorded to have high blood pressure and 7% diabetes
- Rates of deaths from stroke are twice that in the most deprived group than least deprived group.
- Admissions for pneumonia in all 4 places are some of the highest in the country
- Early detection of cancer is most important factor for outcomes, only 51% of cancers are diagnosed early, which is much less than the national target of 75%

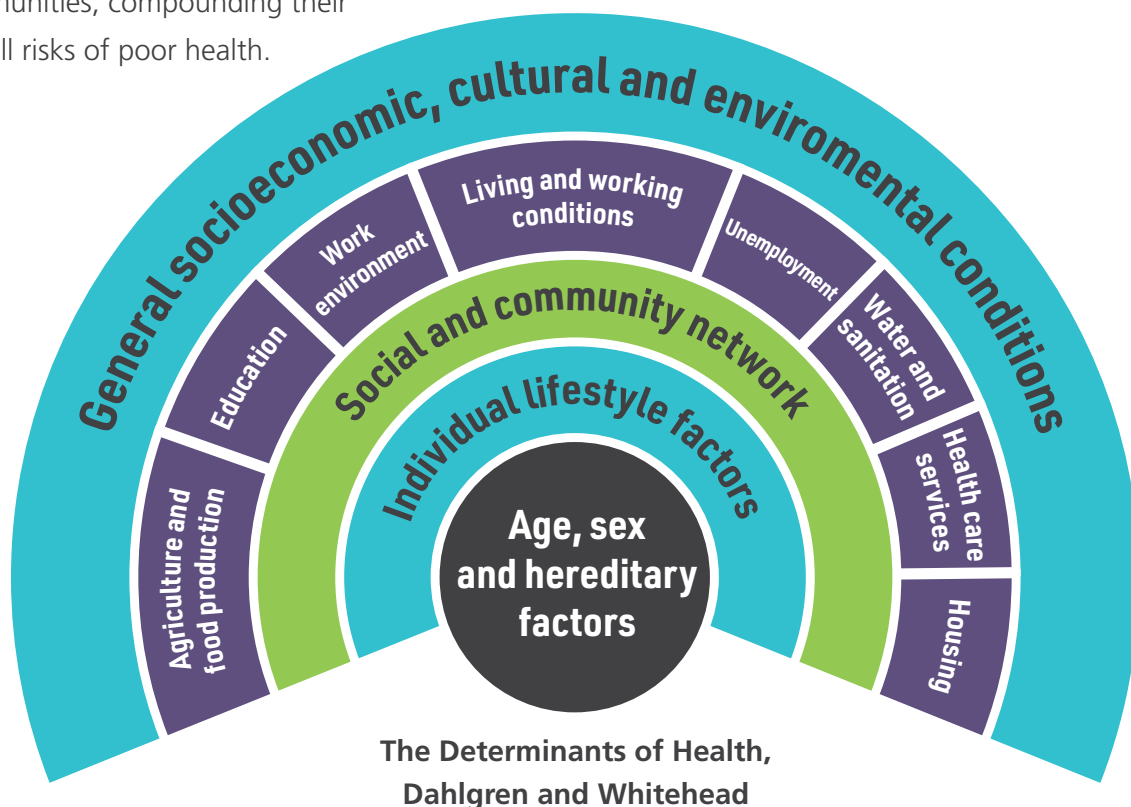


### The health of groups vulnerable to inequalities

Smoking, poor diet, physical inactivity and harmful alcohol are drivers for early onset of illness and death in South Yorkshire. But people’s ability to adopt healthy behaviours is strongly shaped by the environment in which they live. People in deprived areas tend to have less agency to make healthier choices as they disproportionately experience the pressures of unhealthy products due to increased advertising, exposure, normalisation, and a reduced financial means to access better alternatives, thus driving inequality.

Inequalities in the wider determinants of health; housing, environment, education, jobs and the modifiable risk factors (smoking, healthy weight, alcohol) often cluster in individuals and communities, compounding their overall risks of poor health.

The cost-of-living crisis means many more children, young people and adults in South Yorkshire will be living in poverty. Cuts in income combined with increased costs of living also means for many not being able to eat, heat their homes or keep clean. This impacts on immediate health and ability to access health and care services and support and increases the risk of illness in the short and longer-term. Poverty impacts on health through the wider determinants, affecting educational outcomes, life chances, choices and opportunities. By having to focus on their immediate needs and threats, people living in poverty may make decisions that are damaging for their health in the longer term.<sup>2</sup>



<sup>2</sup> How poverty affects people’s decision-making processes Jennifer Sheehy-Skeffington and Jessica Rea 2017 JRF

Very poor health and lower average age of death is also often experienced by people who have become socially excluded as a result of multiple adverse events such as poverty, violence and complex trauma. This may be experienced, for example, by people who experience homelessness and drug and alcohol dependence. It may also be experienced by vulnerable migrants, Gypsy, Roma and Traveller communities. Poor access to health and care services and negative experiences can also be commonplace for these groups due to multiple barriers, often related to the way healthcare services are delivered, further compounding their inequalities in health.

The Covid pandemic has brought to the fore the health inequalities experienced by people from Black and minority ethnic groups in the UK. The recently formed NHS Race and Health Observatory concludes that the health of ethnic minority patients has been negatively impacted by inequalities in access to, experiences of, and outcomes of healthcare and that these longstanding problems in the NHS are rooted in experiences of structural, institutional and interpersonal racism.<sup>3</sup>



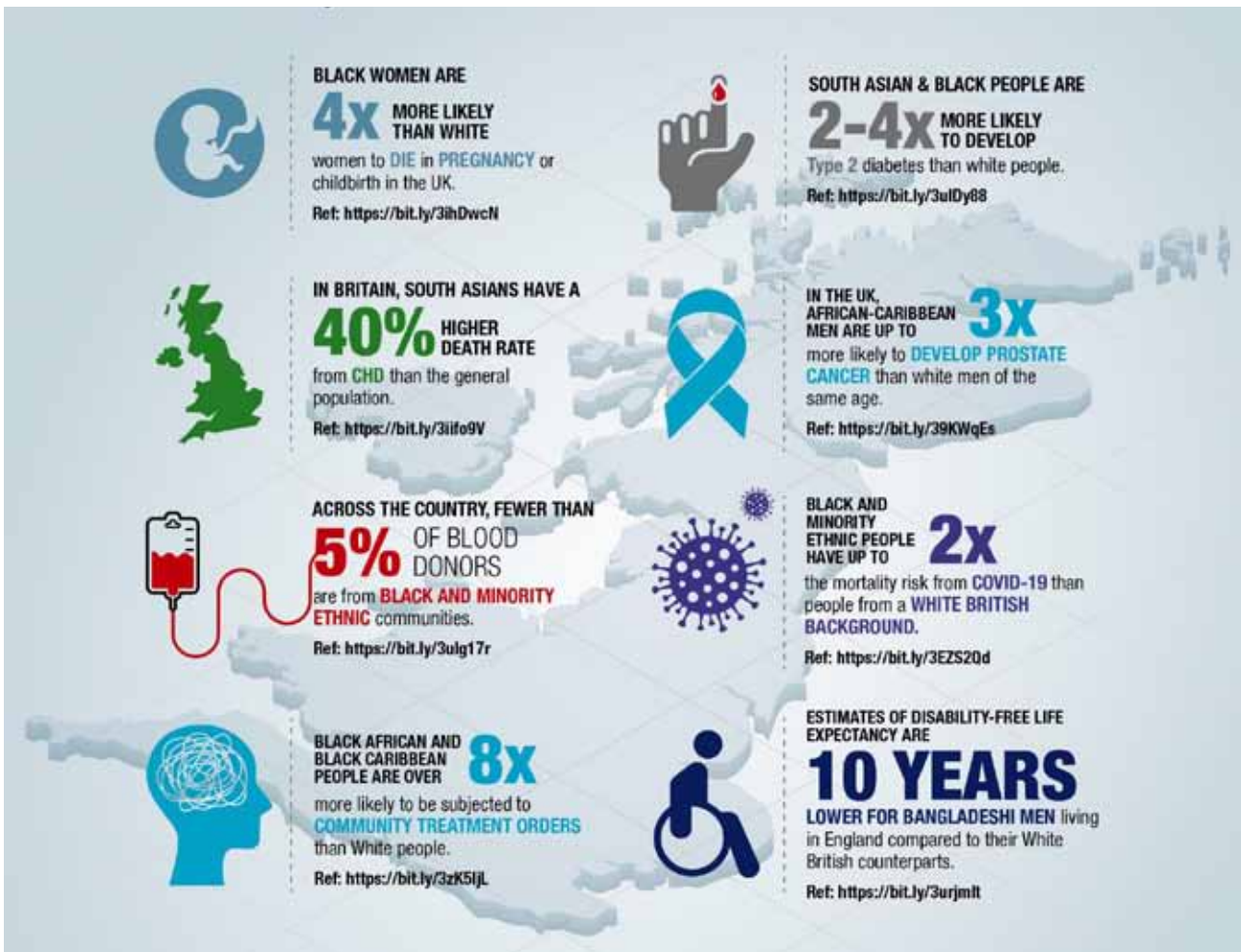
### Key Facts:

- People from Black and minority ethnic groups are disproportionately affected by socio economic deprivation
- People with severe mental illness are at greater risk of poor physical health and reduced life expectancy compared to the general population. On average men with severe mental health conditions die 20 years earlier, and women die 15 years earlier than the general population.
- People with a learning disability have worse physical and mental health and women with a learning disability die on average 18 years younger and men 14 years younger.

<sup>3</sup> NHS Race and Health Observatory. Ethnic Inequalities in Healthcare: A Rapid Evidence Review. 2022



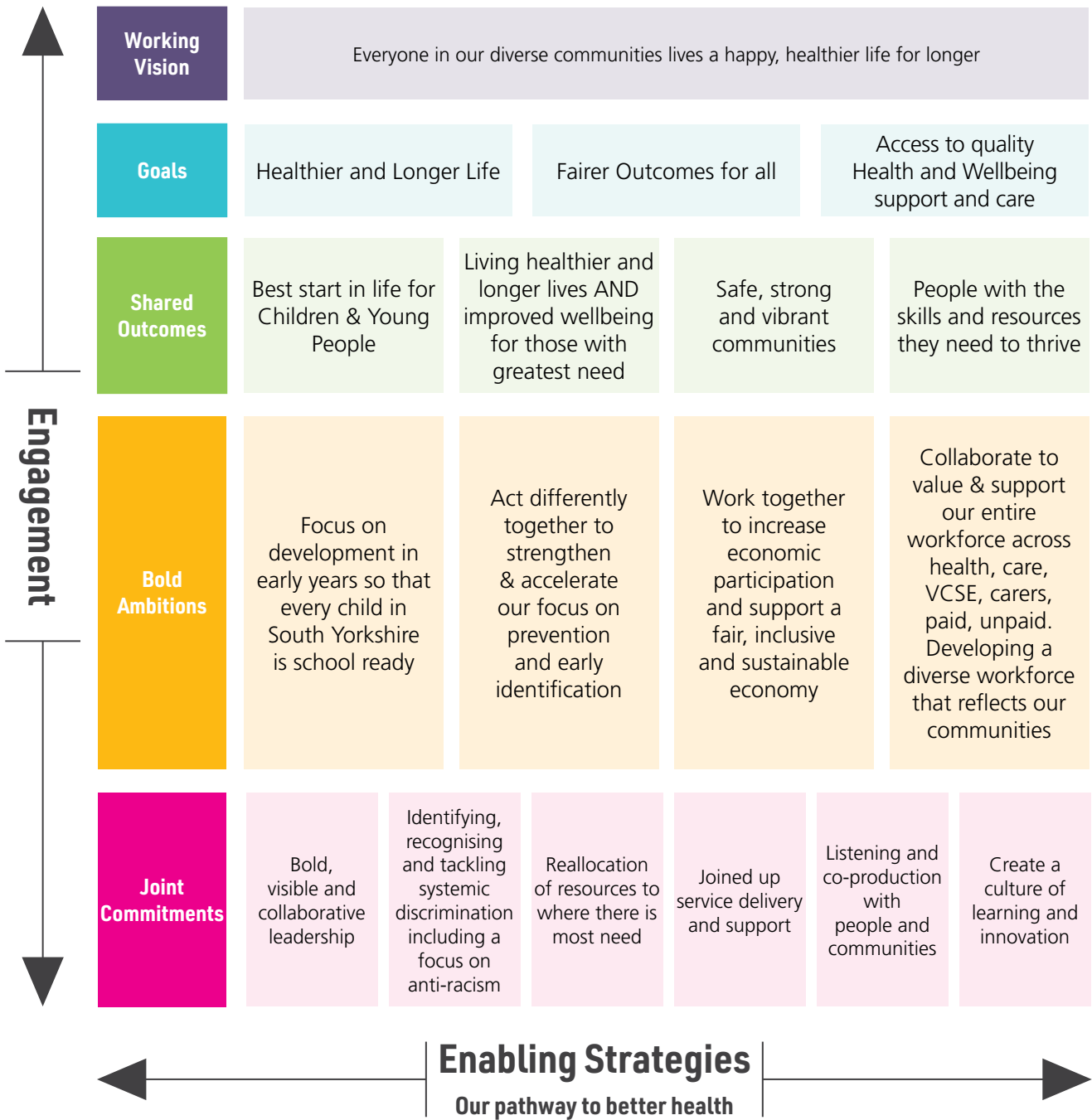
Figure Ethnic Health Inequalities in the UK Source:  
 Ethnic Health Inequalities in the UK - NHS - Race and Health Observatory NHS  
 – Race and Health Observatory (nhsrho.org)



6

Summary Plan on a Page

# Our Shared Outcomes, Bold Ambitions and Joint Commitments



Across South Yorkshire and in each of our places we have existing, strong strategies and plans, these include our Health and Wellbeing Strategies, our Place plans, our 5 Year Health and Care Plan and our South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan. It is not our intention in this initial Integrated Care Strategy to duplicate these but to build on them, setting out where, as a whole partnership working together, we can add value and support to go further faster on some of the more challenging and intractable issues to contribute to reducing health inequalities and improving healthy life expectancy.

**Our intention is to:**

- Ensure that we focus on what matters to people, including good access to high quality care and support, and to demonstrate we have listened we have identified this as one of our strategic goals.
- Amplify or give visibility to exemplars of best practice to support learning, sharing and adoption.
- Identify a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align our collective power and influence to enable delivery at pace and at scale.



**Our shared Outcomes are:**

- 1 Children and young people have the best start in life
- 2 People in South Yorkshire live longer and healthier lives AND the physical and mental health and wellbeing of those with the greatest need improves the fastest
- 3 People are supported to live in safe, strong and vibrant communities
- 4 People are equipped with the skills and resources they need to thrive

**Our Bold Ambitions are to:**

- 1 Focus on development in early years so that every child in South Yorkshire is school ready
- 2 Act differently together to strengthen & accelerate our focus on prevention and early identification
- 3 Work together to increase economic participation and support a fair, inclusive and sustainable economy
- 4 Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities



## Our Shared Outcomes

1

Children and young people have the best start in life



**We need...local community groups to allow children to do things outside school. Access to help on healthy eating and groups to promote exercise at all ages.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



### Why is it important?

- The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development. Development in the early years (including in the womb) can have a lifelong impact on health and wellbeing, educational achievement and economic status.
- Behaviour is heavily influenced by our living conditions. Living in a street or place which encourages play and physical activity within daily life makes it much easier for children to develop healthy habits. We know that physical activity improves mental and physical health and is important for childhood development.
- Childhood is the most important time for enabling the development of behaviours that will have a lifelong influence on health and wellbeing, including physical activity and healthy eating.
- As with adults, the wider determinants of children's health include socio-economic factors, housing, social networks and education.
- Parental ill health, including mental health can also have implications, these vary according to the nature of each parent's condition, their child's health and stage of development, and relationships with other family members.
- Poverty is a major social determinant and adversely affects children's life chances. In South Yorkshire a quarter of children live in poverty, which is higher than the national average and the increasing cost of living is placing additional strain on many families in our communities.

We have lower rates of school readiness, more children who are obese and the number of children who have dental caries is higher than the national average.

- In addition, evidence suggests that the pandemic has had a significant negative impact on children and young people and their mental and physical health.

### Key Facts:

#### Compared to the national average, children in South Yorkshire are:

- Less likely to be breastfed at 6-8 weeks after birth
- Have slightly lower rates of school readiness (71% of children achieved a good level of development at the end of reception)
- More likely to be obese (37% of Year 6 and 25% of reception children are overweight or obese)
- More likely to have dental caries (830 admissions per 100,000 population, ages 0-5)
- More likely to die / be seriously injured on roads (37 deaths per 100,000 population of those aged 16 and under)
- There were 212 hospital admissions per 100,000 as a result of self-harm in those aged 10-14 (180 of our children)



### What are we doing about it?

- We are working in each of our places, with our Local Maternity and Neonatal Network and Children and Young People's Alliance and Primary Care Networks to enable all our children and young people to thrive, have good physical and mental health, high aspirations and to ensure that they are able to maximise their capabilities to participate and contribute to society.
  - We are enabling children and young people and their families to have a voice together with the information, tools and resources to manage their own health and wellbeing and to actively participate in how we improve and integrate services.
  - We know that there is more we can do together to support families, including the development of family hubs in South Yorkshire to ensure that all our children are well supported in their early years and are all school ready and enabled to maximise their potential. To both support children to have the best start possible now, and to build on this for future generations.
  - We are committed to supporting a reduction in healthcare inequalities, using the new Core20Plus 5 framework adapted for children and young people. The 'Core20' is the most deprived 20% of the national population as identified by the national index of multiple deprivation. The plus groups include ethnic minority communities; people with a learning disability, autistic people; people with multi morbidities; and those with protected characteristics.
- Specific consideration is given to young carers, looked after children, care leavers and those in contact with the justice system. As part of the framework five clinical areas have been identified to be focused on by Integrated Care Boards and Integrated Care Partnerships and these are the key areas we are already working on:
- Asthma
  - Diabetes
  - Epilepsy
  - Oral health
  - Mental health
- We are working together with the Mental Health Provider Collaborative to improve the support of our children and young people's emotional wellbeing and mental health responding to the ongoing impact of the covid pandemic.
  - We know the association between exposure to adverse childhood experiences and poor adult outcomes is heightened in looked after children therefore we are working to support all our looked after children to enable them to achieve academically and develop the capabilities to maximise their potential.
  - Children's social care services are supporting families to stay safely together, with a focus on early help, access to services and preventing them from reaching crisis point.
  - We are working together to identify where unhealthy commodity industries influence our environment and choices for profit, and use our powers to control those pressures. For example Local Authorities limiting saturation of hot food takeaways in areas around schools and working to remove industry interference in alcohol and gambling educational materials.





**As a South Yorkshire Integrated Partnership, we will:**

- Act swiftly together to galvanise all partners, including Primary Care Networks and partners in education and childcare settings, to deliver our bold ambition to focus on development in early years so that every child in South Yorkshire is school ready.
- Ensure, through our Place Partnerships, Local Maternity Network and Children's and Young People's Alliance that the voice and insights of families, children and young people are central to strengthening our understanding of their needs and enable changes to services to be co-produced.
- Through our Place Partnerships and Local Maternity Network, working closely with our communities, the Maternity Voices Partnership and VCSE, enhance maternity care, to decrease inequalities in maternal and neonatal outcomes.
- Building on existing relationships and multi-agency collaboration, take a strengths-based and coordinated approach to establishing family hubs across South Yorkshire, which have a focus on supporting families with the greatest needs. Maximise the opportunity through this approach to improve uptake of childhood immunisations.
- Through our Place Partnerships and Children's and Young People's Alliance, enable all our children to have the information, knowledge, skills and confidence to have good physical and mental health so that they are able to increasingly manage their physical and mental health and wellbeing, maximise their capabilities and have choice and control over their lives.
- Through our Place Partnerships and Mental Health Provider Collaboratives, take action to improve support and access to mental health and wellbeing services for children and young people.
- Maximise the benefit of the Bloomberg Harvard City Leadership Programme for South Yorkshire focused on addressing health inequalities, including targeting the use of national frameworks such as the Core 20 Plus.
- Barnardo's and the Institute of Health Equity, led by Prof Sir Michael Marmot, are partnering to shape the way Integrated Care Systems (ICSs) create health and address health inequalities among children and young people. In South Yorkshire we have been invited as one of three successful ICSs to be part of this Children and Young People's Health Equity Collaborative over the next three years.
- The development of a National Centre for Child Health Technology (NCCHT) at Sheffield Olympic Legacy Park, a global first centre will develop the world's most advanced and integrated healthcare system for children and young people.

## Our Shared Outcomes

2

**People in South Yorkshire live longer and healthier lives**

AND the physical and mental health and wellbeing of those with the greatest need improves the fastest



**To live a healthy, long life I want support maintaining my general health and mobility; access to fitness classes that suit me; confidence in my GP; suitable housing, preferably near a family member in case support is needed; enough money to eat reasonably healthily and to heat at least one room of my home.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise





### Why is it important?

- People in South Yorkshire are living shorter lives than they should. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.
- People in South Yorkshire deserve better health and wellbeing.
- We want all citizens of South Yorkshire to benefit from an improvement in their health and wellbeing. We need to ensure that those with the greatest needs and /or most at risk from health inequalities see the biggest and fastest improvements.
- Taking a proactive approach, creating the conditions for good health and wellbeing to prevent problems and issues from arising in the first place, including creating streets and places that support every day physical activity and social connection.
- But where problems do arise, we need to focus on preventing them from escalating further, so that people can live happy, healthy, and fulfilling lives for as long as possible.
- Creating good health and preventing ill health is better for people, better for services and better for the planet.
- Consumption and choices are influenced by the commercial environment in which we live. An environment where these pressures, normalisation and exposure are reduced give people greater agency to make healthier options.

### What are we doing about it?

To help improve physical and mental health and wellbeing and to reduce health inequalities action is being taken on a range of fronts:

- Partners are working together in every place with communities to take actions to improve the wider determinants of health such as education and skills, housing, employment opportunities, neighbourhoods and communities, air pollution, creativity and arts climate mitigation and adaptation.
- Our partners are working to identify where commercial actors disproportionately influence choices and behaviours towards unhealthy products, and use their powers to reduce those pressures. For example introducing measures to limit hot food takeaways around schools and reduce industry interference in alcohol and gambling educational materials.
- Place based Partnerships, including Primary Care Networks and the Voluntary Community and Social Enterprise (VCSE) sector, are working with communities to support a strengths-based approach to the development of vibrant communities (see later sections)
- Targeted actions are being taken on the main risk factors for the conditions that are leading to premature death – smoking, alcohol, obesity and hypertension. For example, each Place is working to reduce access to tobacco and support people to stop smoking and all trusts in South Yorkshire are implementing the QUIT Programme<sup>4</sup>. Place Partnerships and the Children and Young People's Alliance are working with schools to promote healthy weight for children and young people.

<sup>4</sup> [www.sybics-quit.co.uk](http://www.sybics-quit.co.uk)



- Healthcare services, including Primary Care Networks, are taking steps to identify earlier, and improve the clinical management in line with evidence, of the main diseases that contribute to our mortality and premature mortality – cardiovascular disease (heart disease and stroke), respiratory disease, cancer and dementia – and of their risk factors (such as high cholesterol, high blood pressure and diabetes).
- We have a well established Cancer Alliance that is leading the way with its focus on health inequalities and early diagnosis using behavioural science techniques, working in partnership with communities, primary care and the Voluntary Sector with Voluntary, Community and Social Enterprise Sector.
- We also have regional Clinical Networks for Cardiovascular, Diabetes, Stroke and Respiratory Disease. Our places are all actively involved in delivering prevention and management initiatives linked into these Clinical Networks.
- Physical activity partnership arrangements are well established, supported by Health and Wellbeing Boards and Place Partnerships, including for example Sheffield's Move More and Get Doncaster Moving. The South Yorkshire Mayoral Combined Authority has made a commitment to enabling active travel.
- Place Based Partnerships and the Mental Health Provider Collaborative are working with communities and people with lived experience to improve mental wellbeing, by promoting the importance of mental health throughout every stage of life, identifying those at risk of poor mental health and reducing the factors that contribute to this, including social and economic factors.
- Proactively enabling early intervention to prevent more serious difficulties and preventing suicide.
- Supporting people with mental ill health to have better physical health and working with primary care to enhance the annual physical health check for people with serious mental ill health.
- Mental Health Trusts now have specialist Tobacco Treatment Advisors who are supporting people in contact with secondary care mental services to stop smoking.
- Adult social care services are helping people to live the life they want while keeping safe and well in their local communities, guided by the 'Making it Real' Framework<sup>5</sup> focusing on what matters most to people.

<sup>5</sup> Making it Real - Think Local Act Personal

- We are being guided by what is important to people, we know that this includes access to services, seeing the right professional, at the right time and getting the right support when they need it. To enable this, we are working together to improve access to services, understand and remove barriers and enable the integration of care. For example, Places are developing multidisciplinary teams, bringing together Primary Care Networks, community services, specialist community teams, social care and the VCSE sector.
- We have an effective health protection programme in South Yorkshire and will continue to work with the UK Health Security Agency (UKHSA) and NHSE to deliver health protection, including maximising delivery of routine adult and childhood vaccination programmes and ensuring effective delivery of covid and seasonal flu vaccination programmes. We will also continue to support delivery of health protection through Local Authorities, e.g. environmental health protection, outbreak management and addressing air pollution.
- Places are increasing their focus on addressing ethnic health inequalities. For example, improving access to social prescribing for ethnic minority communities.
- Partners are also developing their approach to the use of data and information from patients and communities to more effectively identify individuals and communities who

are at risk or are experiencing poor health outcomes and adapting the way care or broader interventions are delivered to improve patient experience, access and outcomes. For health care services, this is known as taking a population health management approach.

- Whilst progress is being made, if we are to prevent people living in South Yorkshire from having many years in poor health or from dying too early, we need a step change in the focus on wellbeing, prevention and the early identification and management of physical and mental ill health.

#### **As a South Yorkshire Integrated Care Partnership we will:**

- Through our Place Partnerships, working with the Mayoral Combined Authority Collaboratives and Alliances, ensure that community voice and insights are central to strengthening our understanding of our population needs and enable changes to services and local programmes to be co-produced with local communities and people with lived experience.
- Work through our Place Partnerships with local communities and the VCSE as equal partners to support local geographic and other communities to identify and address what matters most to them and ensure that prevention interventions are co-produced with local communities, delivered, and funded at sufficient scale to have real impact.



- Work through the Place Partnerships, Collaboratives and Alliances to accelerate the move from reactive care to proactive care, taking a whole-person approach and focusing on what matters most to people.
- Work together to ensure that people of all ages have the information, knowledge, skills and confidence they need to manage their physical and mental health and wellbeing, have choice and control in their own lives, and are able to use their skills, knowledge and experience to benefit the wider community.
- We will act differently together to deliver our ambition to strengthen and accelerate our focus on prevention and early identification. This will include a focus on improving access and the quality of care and support to reduce inequalities in access, experience and outcomes.
  - This will mean focusing on the four main modifiable risk factors – smoking, healthy weight, alcohol, and hypertension
  - Early identification and management of the three main causes of early death and unwarranted variations in care in South Yorkshire – Cardiovascular, Respiratory Disease and early diagnosis of Cancer.
- We will enhance rehabilitation for patients prior to cancer therapy and rehabilitation for people with cancer, cardiac and respiratory diseases and stroke. By doing this we can help to delay the onset of multimorbidity and frailty as well as premature death.
- We will take a personalised approach to support those living with multiple conditions and those with life limiting conditions, enabling choice and control and supporting end of life planning.
- We will work with communities and people with lived experience to improve mental health and well-being and to remodel and integrate mental health services to have a strong focus on prevention, early intervention, resilience and recovery and continue our focus on reducing suicides.
- We will work together to challenge mental health stigma and promote social inclusion and social justice for everyone affected by mental illness.
- We will work with:
  - People with serious mental health conditions and those with learning disabilities and autism to improve their physical health.
  - People with serious physical long-term conditions to enable them to have good mental health.
  - Ethnic minority communities to support improvements in physical and mental health.
- We will build on the work of our partners to identify where commercial actors disproportionately influence choices and behaviours towards unhealthy products, and identify opportunities to work together to use our collective powers to reduce those pressures.



- NHS partners will commit to increase the focus on reducing inequalities in healthcare using the 'Core 20 Plus 5', an NHS England health inequalities framework, to support local health services to focus action on:
  - People living the most deprived neighbourhoods (Core 20).
  - Locally identified priority groups (Plus). Our Places each identified their priorities groups. Examples include people from ethnic minority heritage, Gypsy, Roma and Traveller communities, asylum seekers, people with learning disabilities, homeless, LGBTQTrans communities.
  - Five clinical areas that will impact significantly on health inequalities if we accelerate improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and high lipids.
  - Decreasing smoking.
- We will increase our joint use of data and information to identify those at risk to target improvements in care, treatment and support. This is taking a population health management approach and will help us to support those who need it most.



## Our Shared Outcomes

3

People are supported to live in safe, strong and vibrant communities



**My health and wellbeing are severely affected by the environment in which we live. Clean air, green space access, safer roads, installation of renewable energy sources in public areas, improved public transport locally, more of it at affordable prices to encourage use.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



### Why is it important?

- We have many strong, proud and vibrant communities in South Yorkshire, but many communities have seen the decline of their local economy and of their community assets and through this they experience a lack of connectivity to education, employment and opportunities.
- The physical environment where people live and work and how safe they feel in their communities are important in creating good health and health outcomes. Good health is supported by a sense of wellbeing. Many things contribute to our sense of wellbeing; having good relationships with friends and family, being connected to nature, hobbies and having access to activities and amenities, culture and art. There is evidence of the benefits of these factors, including creativity and health improvement, particularly in relation to mental wellbeing. Other factors can be detrimental to wellbeing such as feeling lonely and isolated, living in places that we find ugly, run-down or unsafe. So creating and investing in places and local environments that support good health and wellbeing is really important for population health. Transport, planning and how the local environment is shaped, influence our wellbeing by making it easier, or harder, to get around and connect with people, activities and amenities. They are also important in creating local places that people enjoy living in.
- People living in places with poor quality housing, high air pollution and traffic volumes, poor access to green space and poor active travel and public transport links to jobs, services, family and friends and leisure are far more likely to experience poorer health outcomes. Environments like these discourage every day physical activity and can increase social isolation. These differences in the quality and liveability of our communities and local places are key contributory factors to the health inequalities we see across South Yorkshire.
- Living in poor quality housing, or homes that you are unable to heat is known to contribute to both physical and mental health problems. We know that this is an issue in South Yorkshire, with the latest published data (2020) estimating around 18% of South Yorkshire homes were experiencing fuel poverty. This is significantly worse than the England average, and likely to have increased considerably with increasing cost of living challenges. Damp, mould and condensation are all becoming increasing issues linked to fuel poverty.



### What are we doing about it?

- Health and Care Partnerships in every place are working together to address these wider determinants and support community development. Health and Wellbeing Boards in each place play a critical role in driving forward this work. Places are actively enabling the growth of community infrastructure, working to increase access to physical activity in communities, working closely with the VCSE sector and with communities to enable use of our estate.
- Place Partnerships are also working together to ensure sufficient warm, sustainable and affordable housing is built across South Yorkshire and linking housing improvement programmes to public health and wider social care agendas. Places are also aligning their plans to address housing issues related to fuel poverty and services for those with cold homes to address the key drivers of fuel poverty, income, energy efficiency and fuel prices.
- In each place organisations are working to leverage their local economic power to help create more accessible jobs for people in our communities and retain more of our public sector spend within our local areas to deliver additional social value for local people, including building wealth within our local communities through progressive procurement strategies. Progressive procurement is about making it easier for potential suppliers to bid for opportunities and to offer their goods and services to public sector organisations in a way that it benefits the local communities.
- Places are taking a strengths-based approach to build on the skills and strengths in different communities to enable positive and sustainable improvements.
- Places are working with local people and the VCSE sector to find solutions to local issues. Taking an asset-based community development approach is important in creating vibrant communities in which people feel happy, safe and proud. Putting more power and control in the hands of local people and local organisations helps to build stronger communities.
- This on the ground approach is enabling us to create more connected local communities. Being part of and feeling like you belong to a connected and resilient community, with opportunities to be physically active and participate in arts and culture, all contributes to people's mental as well as physical wellbeing.
- Work is underway to enable access to green space, leisure and sport facilities in our local communities, and to also enable access to cultural and creative opportunities, all of which positively contribute to health and wellbeing. Work needs to continue to improve health outcomes, including through interventions in the arts and a set of recommendations have been outlined to guide this in *"Improving health outcomes through culture, arts and heritage: Opportunities for the Integrated Care Strategy."*
- Strengthen our action on climate mitigation and adaptation to unlock co-benefits for health and reduce health inequalities.





**As a South Yorkshire Integrated Care Partnership, we will:**

- Through our Place Partnerships, Collaboratives and Alliances we will actively support strength based community development, work to enable access to green space, cultural and creative opportunities and ensure decisions are made as close to communities as possible.
- In doing so we will promote physical activity and enable participation in meaningful activities to increase connectivity and reduce loneliness.
- Work through our Place Partnerships with local communities and the VCSE as equal partners to support local geographic and other communities to identify and address what matters most to them and co-produce solutions that address issues and enable community development in a way that contributes to safer, stronger more vibrant communities.
- Supporting place partnerships working together with housing providers to address key issues associated with fuel poverty, including condensation, damp and mould.
- Through our Place Partnerships, Collaboratives and Alliances, and together with our communities, to harness our collective role as anchor institutes to aid community development.
- Use our ability as a partnership to share learning and influence wider partners so that all are able to act as an advocate for safer and stronger communities.



## Our Shared Outcomes

4

People with the skills and resources they need to thrive



**My health is dependent on my financial stability. If I can afford to heat my home, eat well, socialize, and commute to work safely then I am starting from a good foundation.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



### Why is it important?

- We know that being able to keep well, have choice and control and feel able to manage your own health and wellbeing is important to people in South Yorkshire. Equipping people with the skills and resources they need is vital so people have the information, knowledge, skills and confidence to keep well, manage and improve their own health and wellbeing and know when to seek support.
- To have a healthy society we need a range of building blocks in place as already described, these include stable jobs with good pay, quality housing, education and freedom from pressure towards unhealthy choices. As outlined socioeconomic factors such as education, employment and income all impact on our health and wellbeing.
- Together with a focus on the first 1,001 days, access to high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives. It is also important that learning opportunities are available for adults of all ages to develop the skills and qualifications needed for employment and progression.
- Equipping people with the skills and resources they need to thrive, through formal education, informal life-long learning, adult and community education, enables people to maximise their potential, participate in their communities and secure stable employment or contribute in other ways. It also equips people with the ability to research, ask questions, think critically, be curious and access/find the information and knowledge they need about how to manage their own health and wellbeing behaviours, supporting the wider prevention agenda.
- Being in work is good for both physical and mental health and wellbeing. Currently 72% of South Yorkshire residents aged 16-64 are in employment and this is significantly lower than the England average. Sheffield has one of the lowest rates in the country at 69%. As well as having less people employed in South Yorkshire the average weekly earnings are only 91% of the England average.
- Sickness absence in South Yorkshire is also higher than England. Doncaster has one of the highest rates in England, at 3.1%. There is a relationship between health and productivity, healthy people are more productive in the workplace.
- Affordability has been identified by people in South Yorkshire as an area of challenge and a barrier to enabling them to manage their health and wellbeing. It is anticipated that this will increase further as the cost of living increases, resulting in more children, young people and adults in South Yorkshire living in poverty.



### What are we doing about it?

- The South Yorkshire Mayoral Combined Authority is working with partners to enable delivery of the South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan. The Strategic Economic Plan (SEP) sets out local leaders' blueprint to drive our post covid recovery and to transform South Yorkshire's economy and society for people, businesses and places. We are already working to develop an inclusive and sustainable economy. "An inclusive and sustainable economy is one that works for everyone, with no one being left behind. It also protects the needs of future generations by ensuring that these can be met within the means of our planet".
- To enable this, labour markets need to be inclusive and diverse so everyone can access good work with fair pay. The South Yorkshire Skills Strategy, which is in development, will help support lifelong learning and develop people with the appropriate skills to support the economy. Life-long learning and skills development is important at all ages and in ensuring that people working in unsustainable industries are able to transition into quality, good, green jobs.
- Partners in South Yorkshire are already working together to take forward a transport strategy, with a focus on affordable public transport and enabling a shift towards active travel.
- Health and care services are working together to enable people to have the information, knowledge, skills and confidence to improve their health and wellbeing and feel confident about taking control and looking after themselves. Healthy engaged people are more able to work and are more productive in the workplace and thus able to contribute to wider economic prosperity.
- Places are working with communities and the VCSE to understand what matters most to people in our communities and what we can do to help to mitigate the negative health and wellbeing impacts of the increasing cost of living, e.g. ensuring they have a single point of contact and streamlined access to welfare advice and support. Affordable public transport is identified as important to enhance access to services and jobs, reduce poverty and address inequalities.



### **As a South Yorkshire Integrated Care Partnership, we will:**

- Strengthen our work together to ensure everyone in South Yorkshire can benefit from being in good work by harnessing the collective power of our anchor institutions and supporting the development of our health and care workforce.
- Take action with our partners to support those that may traditionally find it difficult to get into or stay in work or find other fulfilling ways to make a meaningful contribution, such as those with a physical or learning disability, or a long-term health condition. In South Yorkshire we have schemes in place such as Working Win, but we know we can do more to make a difference.
- Actively promote the development of inclusive labour markets by focusing on work and health, including local recruitment, supporting people to enter and stay in work, especially those with physical and mental health conditions, inclusion groups & in greatest need to address health inequalities.
- Partner with education and skills providers who offer skills development at all stages of the life-course, in both formal and informal learning settings, to enable people to develop the skills and acquire the knowledge and understanding to look after their own health and wellbeing where possible.
- Amplify, sharing learning and actively support the work underway in each of our places with local communities and the VCSE sector to reduce the impact of the increasing cost of living on people living in South Yorkshire, especially for those in the greatest need. Work together to understand those most at risk and to mitigate the impact of cost of living on access to health and care services and support.



**Being able to flex my employment around my health needs is the most incredible gift and I cannot thank my employer enough for that, I've had jobs in the past where disability and health have always been a barrier in the workplace but where I currently work the culture and support available is genuinely the best I could ask for.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise





**I think having a decent standard of living in many aspects such as financial health, whilst taking responsibility for own health is of utmost importance. Finance and health are linked in such a way where you can afford to eat healthy foods, something that has become a challenge in recent months. Everything is interlinked with Mental and Physical Health as well.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

## Bold Ambitions

This strategy to better health, recognises the work already ongoing and set out in strategies and plans in each of our places and across South Yorkshire. Our intention is not to duplicate these but to build on them. This strategy sets out where, as a whole partnership working together, we can add value to go further faster with a targeted number of action focused **bold ambitions** which can only be achieved by the Integrated Care Partnership joining forces to practically align collective power and influence to enable delivery at pace and at scale. The next step is to do the work to agree together the specific actions we need to take to deliver on these ambitions.

### 1 Focus on development in early years so that every child in South Yorkshire is school ready

Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

### 2 Act differently together to strengthen & accelerate our focus on prevention and early identification

With a focus on the four main modifiable risk factors, smoking, healthy weight, alcohol and hypertension and early identification and management of the main causes of premature mortality in South Yorkshire. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030

### 3 Work together to increase economic participation and support a fair, inclusive and sustainable economy

Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30

Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30

Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024

Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets

### 4 Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities

Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce

For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities

Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism

## Joint Commitments

To enable successful delivery of our strategy requires us to do things fundamentally differently for our communities. Our commitments underpin delivery of our Integrated Care Strategy.

They are:

- To be **bold, generous, visible, creative and collaborative in our leadership** for the people of South Yorkshire, doing things differently being courageous and taking risks where it improves outcomes or reduces health inequalities.
- To **identify, recognise, and tackle systemic discrimination together** with a focus on anti-racism.
- To **reallocate our resources to where there is most need** and where they can have the greatest impact on population health outcomes. This means reducing duplication, investing differently and earlier in people's lives. It means reallocating our collective resources towards prevention and those people and areas with the greatest needs.
- To **join up service delivery and support** between health and social care and VCSE where it makes sense to do so in our places and across South Yorkshire.
- To **listen** and facilitate **co-production with people and communities**.
- To **create a culture of learning and innovation**, where best practice is shared confidently and adopted quickly across communities, places and South Yorkshire as a whole.
- Develop and deliver **inclusive enabling strategies which** support delivery of our strategy **to better health**.





## What do we mean by these commitments?

### Bold Collaborative Leadership

- As a Partnership we are making a joint commitment to bold, visible and collaborative leadership which embraces and empowers leaders at all levels and across all partners working within a distributed leadership model.
- We will harness the power of our collective leadership across the Partnership, including VCSE. We will take an inclusive approach to develop leaders at all levels to reflect the communities we serve and develop a leadership culture which is inspiring and courageous.

### Identify, recognise and tackle systemic discrimination with a focus on anti-racism

- As a Partnership we are making a joint commitment to identify, **recognise and tackle systemic discrimination with a focus on anti-racism**. We will identify and make systematic discrimination visible and work together to create the conditions to address it and to ensure fair and inclusive treatment and engagement.
- We are committed to supporting health and care systems, change levers and management leadership behaviours to tackle ethnic health inequalities and promote quality of care, safety, compassion and **a fairer experience** for patients, NHS staff and diverse communities alike.

### Reallocate our resources

- As a partnership we are making a joint commitment to **reallocate our resources to where there is most need** and where they can have the greatest impact on population health outcomes. This means reducing duplication, investing differently and earlier in people's lives. It means reallocating our collective resources towards prevention and those people and areas with the greatest needs.
- To deliver this Strategy we know that we will need to be more flexible with the use of our financial resources, rebalancing our spend towards prevention and those with the greatest needs to address health inequalities. This will mean collectively challenging ourselves as partners to operationalise a different approach to allocating our resources. We are committed to working through this together, understanding each other's differing financial regimes, the national constraints we need to operate within and considering what we can do differently, including the scope of our pooled budget arrangements.
- We will continue to strive to make best use of our financial resources, to ensure value for money and work towards a financially sustainable health and care system.



### Joined up service delivery & support

- As a Partnership we are making a joint commitment to joined up service delivery and support. Through our engagement work we know that people really value access to high quality health and care services that are easy to navigate, personalised and joined up in their delivery. In every place in South Yorkshire, we are already working to join up service delivery and support by integrating health and care services. General practices are working together as Primary Care Networks, with community health services, mental health, social care, community pharmacy and the VCSE sector. They are working together to integrate health and care services through the creation of integrated multidisciplinary neighbourhood teams to deliver more preventative and personalised care, treatment and support for people in their local communities.
- Across South Yorkshire Better Care Fund Plans supported integration by enabling joint planning and pooled budgets between NHS commissioners and Local Authorities. Section 75 is a key tool to enable integration and is well utilised in South Yorkshire. Through the Better Care Fund, we have enabled people to stay independent for longer and improved our hospital discharge pathways and reablement services.

- There is still much more we can do to better integrate health and care services, physical and mental health services in each place working with our communities, the VCSE and our developing Provider Collaboratives and Alliances. By joining up service delivery and support we will be able to better meet the needs of individuals and communities in South Yorkshire.

### Listening and co-production with people and communities

- As a partnership we are making an ongoing commitment to listen consistently to, and collectively act on, the experience and aspirations of local people and communities.
- We will work creatively and accessibly to reach those whose voices / views / opinions/ experiences that are underrepresented, seldom heard, too often ignored or not sought, working closely with the Voluntary Community and Social Enterprise sector (VCSE) and using flexible methods.
- Understanding the insights and diverse experiences of people and communities from across South Yorkshire is essential to help us build on all the strengths within those communities, enabling us to co design services to address health inequalities and the other challenges faced by our health and care system and our places.



## Creating a Culture of Learning and Innovation

- In South Yorkshire we want to create the conditions for a high learning and sharing health and care system, where best practice is shared confidently and adopted quickly across communities, places and South Yorkshire as a whole.
- We want to work together to strengthen our approach to research and innovation and bridging the gap between new knowledge, research and implementing evidence of what works to improve for all our local communities. There are a number of healthcare research and innovation organisations that operate in South Yorkshire that we are already connecting with, including University of Sheffield and Sheffield Hallam University and we have also partnered with the Academic Health Science Network to establish an Innovation Hub.
- We are committed to further forging partnerships between the NHS, Universities and Industry to contribute to improving the health and wellbeing of people living in South Yorkshire. Our aim is to:
  - Increase the pace of adoption and spread of impactful innovation
  - Make data, research evidence and insights more accessible
  - To support researchers and innovators and remove obstacles for those with potentially impactful solutions for health and care
- The South Yorkshire Integrated Care Partnership provides a refreshed opportunity to advocate for increased focus for innovation and research in the primary and social care sectors and explore new opportunities for socially focused research on challenges experienced by our communities, including the wider determinants of health.
- We will develop and use plans for an Academy for Population Health and Health Inequalities as a platform to connect people working across all sectors of our health, care and VCSE system to raise awareness and share knowledge. The academy will develop the confidence and capability of our workforce to enable cultural change to facilitate better collaboration and integration with the intent of reducing health inequalities and improving the health of people across South Yorkshire.



## 7

# How we will achieve our ambitions: Enabling plans and our partnerships

## Inclusive Enabling Plans

### Developing Our Workforce

- Our South Yorkshire health and care workforce is our greatest asset as an integrated care system. Over 72,000 people are employed across our NHS and care sectors, spanning over 300 diverse roles. In addition, our communities benefit from a strong Voluntary, Community and Social Enterprise (VCSE) sector. Our workforce has grown, but demand is now often outstripping supply and there are ongoing challenges which require us to work together differently as partners.
- In addition to our health and care workforce we also recognise the significant role of unpaid carers, which includes thousands of people providing unpaid care and support. Carers often experience poorer health outcomes themselves and report that the experience of care for their family member, and themselves could be improved.
- Volunteers play a substantial role in supporting the work of all sectors and communities across South Yorkshire, and we are working together to ensure that volunteers feel valued and supported, that opportunities to volunteer are inclusive, meaningful and varied, and that organisations working with volunteers collaborate to offer best practice in volunteer management and support.
- Across South Yorkshire we operate a well-established Workforce Hub. The Hub has been developed in partnership with Health Education England and is aligned to the NHS South Yorkshire. It delivers a range of workforce transformation programmes across health and care to support education and training, recruitment, retention, health and wellbeing, equality, diversity and inclusion, and new ways of working.
- It has been agreed with our partners to develop a workforce strategy for South Yorkshire. This will enable us to:
  - Ensure that our workforce feels valued and supported by health and care organisations in South Yorkshire and the system as a whole
  - Drive parity of esteem across sectors and develop a sense of belonging
  - Continue to support the health and wellbeing of our existing workforce
  - Develop our future health and care workforce, supporting local people to enter health and care roles, and those that may traditionally find it challenging to enter and stay in work, such as care leavers or people living with a physical or mental health conditions
  - Develop creative leadership across the health and care sector working with the creative sector

- Recruit and develop a workforce that reflects the diversity of the communities we serve
- Deliver the NHS People Plan ambition for more people, working differently, in a compassionate and inclusive culture and to ensure our workforce and staff find fulfilment and enjoyment in their work
- Progress shared development of innovative new workforce roles to meet emerging needs
- Deliver on our commitment to the Sheffield Race Equality Commission recommendation to become anti-racist employers by 2024
- Work with partners to address health inequalities, especially where protected characteristics have increased those inequalities
- Put in place programmes to support unpaid carers which are coproduced to meet their needs.

**Quality and Quality Improvement**

- Access to high quality health and care is consistently identified as a key theme that is important to people in South Yorkshire. We know that seeing this through a Health Inequalities lens is critical to delivery of our goal of Fairer Outcomes for All. Our approaches to Quality and Quality Improvement need to build on the principles of fairness and equity. We have embedded an approach to continuous improvement and delivery of high-quality services as a fundamental principle of our collective delivery. We are keen to build on this and to continue to

embed a culture of continuous learning and improvement across our Partners.

- Our Partners are committed to delivering high quality services that meet the needs of local communities and are evidence based, and to do this through embedding the voice of our citizens throughout our work; an area we are already progressing through our System Quality Group and our broader delivery programmes. Engaging with the power in the voices of local people, listening to their needs and being driven by high quality, timely, information is core to our continuous development.
- As well as being driven by continuous improvement, we will be responsive in our approach to quality management and understanding the key risks across the systems, working together to respond to pressures across the system, embedding a supportive culture and using our collective experience and expertise to ensure we mitigate any risks to service delivery.
- We have set out a series of key principles for Quality which we deliver through the work of the partnership:
  - We will work together to develop detailed **clear standards defining what high quality care and outcomes look like**, based on what matters to people and communities
  - Create a shared understanding of **accountabilities** for the delivery of **quality and safety** across the system.
  - Focus our **resource and embed effective quality governance** arrangements appropriately





- Core to our approach will be to reduce health **inequalities and minimise variations in the quality of care and outcomes across South Yorkshire** to inform our ongoing improvement
  - Embed a single, consistent approach to **measuring quality and safety** using KPIs triangulated with intelligence and professional insight
  - Celebrate **where we have got things right and share this learning** widely to continue our development journey
  - Focus on **adopting innovation, embedding research and monitoring care and outcomes** to provide progressive, high-quality health and care policy
- As part of setting out our governance arrangements, we have embedded an approach to quality and monitoring, which will further develop to complement our work programmes and delivery of services. We recognise, within this, the important role of regulators including the Care Quality Commission (CQC) and Office of Standards for Education, Children's Services and Skills (OFSTED) in ensuring we meet requirements around safety and quality. We will continue to ensure that individually, and collectively, we work with agencies to learn and develop. This will include learning from good practices elsewhere both within and beyond the UK, embedding national policy and recommendations as well as learning from our local service delivery.

**Improving access to services, care and support**

- Access to health and care services is identified by people in South Yorkshire as important to them. Across health and care we know that there is variation in access and that there is more that we can do working with our local communities and VCSE to understand the barriers people face and how to enable these be overcome to facilitate more equitable access.
- Access to primary care is an area specifically identified. In recent years primary care has been challenged by increasing workload, both complexity and intensity and workforce challenges. The expectations of people and professionals are changing and with them the manner and scale in which services are delivered are being adapted, drawing on technology and digital solutions, balancing the need for face to face and remote consultations, whilst building capacity to enable us to meet increasing patient demand.
- The South Yorkshire Primary Care Provider Alliance brings together General Practice, Community Pharmacy, Dental and Optometry. It will develop a strategic plan for primary care which includes recommendations from the Fuller report published by NHS England. This will address the need to enable good access to services delivered at the right scale, whilst retaining the benefits of local neighbourhood services that offer continuity of care. NHS South Yorkshire will commission Community

Pharmacy, Dental and Optometry services from April 2024, creating an opportunity to play to the respective strengths of the providers of primary care services, including addressing issues with access to dentistry, widening the range of services available through Ophthalmic Opticians and increasing the role of community pharmacies in providing services and support to local populations.



**What matters to me about my health and wellbeing is getting care for me & my family in a timely way when we need it - be it an ambulance, a care home, a GP appointment.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



- Similar to the position nationally, waiting lists for hospital treatment in South Yorkshire have increased through the pandemic. Working through our Acute Provider Collaborative we have a strong focus on reducing waiting times such as through Community Diagnostic Centre developments. We are also working through Place Partnerships and our Urgent and Emergency Care Alliance to develop and implement plans for winter to increase capacity and support to deliver more personalised and preventative care and support for people in their own homes.
- The pandemic has also increased demand for mental health services, including children's and young people's mental health and neuro diversity services resulting in increased waiting times. We are working through our Place Partnerships and our Mental Health Provider Collaborative to take action to address this. Our aspiration is in line with 'No Wrong Door', a NHS Confederation publication that sets out a vision for mental health, learning disability and autism services in 2032 is that there will be no wrong door to access quality and compassionate care and support.

### **Estates**

- Health and care services in South Yorkshire are delivered in a wide range of buildings and hubs across our communities. An Estate Strategy for South Yorkshire was developed by NHS South Yorkshire during 2021/22. The Estate Strategy is working towards ensuring that we have modern, fit for purpose, sustainable and high-quality estate for the people in South Yorkshire. Its purpose is to demonstrate how our estate

can be improved over time, for the benefit of patients, staff and the local community. This includes supporting a wide range of projects such as plans to upgrade hospital facilities, for example the redevelopment of Doncaster Hospital and working together as partners to invest in estate in town centre locations to improve access, increase footfall and maximise social value.

- We have been increasingly moving from a functional approach to managing our estate, to one which looks at the whole estate across South Yorkshire, building on the 'One Public Estate' approach and principles. The Estate Strategy embeds this approach and provides a strategic focus and added value via a collaborative and innovative approach to estates management, maintenance and efficiency; and strategic development and investment across the ICB footprint. It supports delivery of our clinical strategies and joint plans to maximise use of our assets through greater utilisation of existing estate, co-locating with other agencies and services where possible, creating a better patient environment and reducing the carbon emissions linked to our estate.
- Through this we are committed to taking a strategic approach to managing our estate to get the most out of our collective assets. That includes working with our communities to ensure that we plan and deliver integrated services that are in the right places and furthering our role as anchor institutions by supporting the use of our estate by VCSE and local communities contributing to social value.





## Digital, data and technology

- In South Yorkshire we have an ambitious plan for digital transformation. Our vision is to promote and coordinate optimal use of digital tools, integration and interoperability of technologies (how technologies speak to each other and work together) to create a seamless digital experience for people and clinical staff with the aim of increasing safety, improving experience and reducing inequity.
- Our priorities are:
  - Working with communities VCSE and other anchor organisations / institutes to enable digital inclusion
  - Actively supporting improvements in partner digital maturity and digital transformation including delivery of electronic health records and shared care records. This will support joined up service delivery, improve access to data for health and care staff and improve reliability and cyber security
  - Implementing transformative technologies for our public to remotely interact with their care record, use new remote monitoring technologies to access health and care services and manage their own health and wellbeing
  - Develop a digital workforce strategy to improve digital and technical expertise and enable new ways of working
- We are committed to working with partners to co create a high-quality intelligence service for South Yorkshire to enable better use of data to understand our population health needs and health inequalities. Practically this means:
  - Supporting development of a data-literate community across South Yorkshire to develop an insight-led health and care system
  - Provision of a South Yorkshire data platform, collating not only health and care data, but information integral to understanding wider determinants of health
  - Supporting, where legally appropriate, sharing of data and information with research partners
  - Expanding our analytical capability to use innovative tools, techniques and advanced analytics to deepen our understanding of outcomes and develop new integrated pathways of care
  - Building a strong analytical community to promote sharing of data management and analysis skills and expertise across the system





## What matters to me is staying healthy to enable me to stay independent and remain in my own home as long as possible.

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

### Sustainability

- A Sustainability and Green Plan was launched by the South Yorkshire Integrated Care System in 2022. It sets out a programme of work that focuses action on a number of areas including estates and facilities, travel and transport, supply chain, medicines and adaptations, alongside workforce and digital. Local priorities were also identified, including primary care. The agreed programme of work set out in the South Yorkshire ICS Sustainability and Green Plan enables us to exploit synergies between partners.
- Climate change and population health are closely linked, the actions needed to promote sustainability and tackle climate change are also those that contribute to preventing ill health and improving population health. Taking a more preventative approach to health also can reduce health sector carbon emissions. Recognising this interdependence, as an Integrated Care Partnership we will collaborate with existing programmes of work and strengthen our commitment as partners to work together and with others to have a wider impact. By joining up our work to raise awareness, educate our workforce and progress initiatives to deliver sustainable travel, active travel, reduce air pollution and other sustainability initiatives.
- Action on climate and the environment also can improve health and reduce health inequalities through other mechanisms. For example, improving the energy efficiency of homes results in warmer homes and helps reduce the cost of living, both which are related to better health outcomes and contribute to reducing health inequalities. The creation of good, accessible, green jobs could be targeted to those further away from the labour market and to those needing to transition from carbon intensive jobs.
- There are also many opportunities to boost the local economy collectively as anchor institutions by meeting South Yorkshire's net zero ambition, including the needs of the NHS, by supporting local innovation, local businesses and local jobs.





- Working with partners to support nature recovery will also benefit health by providing more options for nature connectivity for our communities and can also support climate adaptation by reducing flood risk and protecting against high urban temperatures.
- The NHS has committed to reaching carbon net zero. The Health and Care Act 2022 placed new duties on NHS to contribute towards statutory emissions and environmental targets. The South Yorkshire Mayoral Combined Authority and Local Authorities are moving at pace to develop tangible plans for how they tackle climate change, including the Mayoral manifesto commitment to establish a South Yorkshire Citizens Assembly for Climate Change and together this has fuelled our collective ambition.

**Broadening & strengthening our partnerships**

- As a Partnership we will only be able to achieve our bold ambitions and make progress in relation to our shared outcomes to improve the health and wellbeing of people living in South Yorkshire and reduce health inequalities if we work together as partners and broaden and strengthen our partnerships.





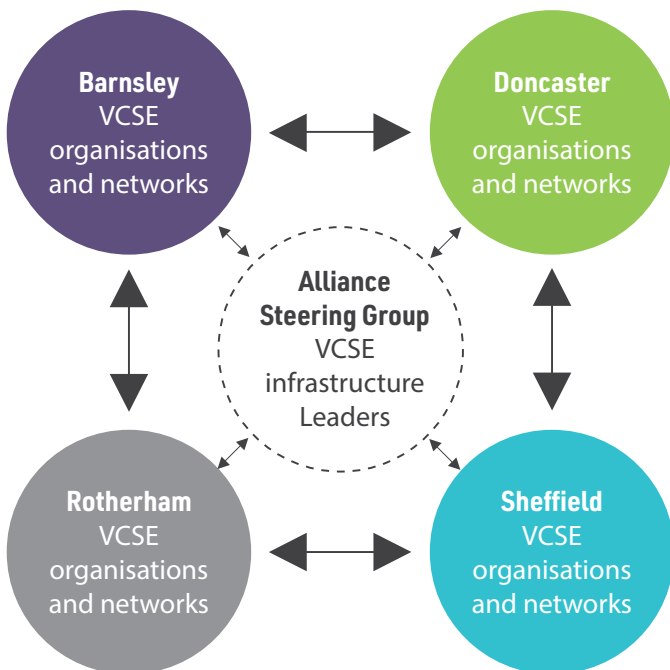
**What matters to my health and wellbeing is having care systems that work for the patient. I have complex health needs so I need a health system that connects services together. In theory this happens but in reality it does not. I spend a lot of my time connecting the missing dots, sharing missed letters between professionals so we can have wider conversations about my health as one condition can affect another.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise

## Working with our Voluntary, Community and Social Enterprise Sector (VCSE)

### VCSE Sector in South Yorkshire

- South Yorkshire is home to over 6000 diverse VCSE organisations undertaking wide ranging activities and services that impact positively on the health and wellbeing of our communities. This includes small grassroots community associations, community groups, voluntary organisations, faith groups, charities, not for private profit companies and social enterprises. It also includes the creative and cultural sector.



### How will we work in real partnership with VCSE?

- We hugely value the contribution of VCSE organisations to our health and care landscape, and the Integrated Care System is committed to embedding and strengthening the role of the VCSE sector as an equal partner in our work, fulfilling its potential to collaborate on strategy, delivery, engagement and insight.
- To enable and support this, we are working with our VCSE partners to develop a VCSE Alliance. The Alliance will enable VCSE organisations across South Yorkshire (and Bassetlaw where appropriate) to participate in system work in meaningful ways including networking, information exchange, co-designing new opportunities and participating in South Yorkshire level ICS meetings. The Alliance will connect with VCSE organisations and networks in our Places, and will be guided by a Steering Group of VCSE infrastructure leaders (please see diagram).
- A new VCSE and ICS Memorandum of Understanding describes our relationship underpinned by shared values, principles, responsibilities and priorities. This has been co-designed by VCSE partners and conversations with NHS and Local Authority partners and will be adopted in 2022/23.
- Our 'enabling' priorities for partnership working include strengthening our VCSE commissioning and investment approach, enhancing communications, and building a culture of parity of esteem.



**What will we do together?**

- We will build on successful work already underway such as social prescribing and identify new opportunities and potential for collaboration across our system partners and transformation priorities.
- We have started a conversation about how we value and support the workforce both paid and unpaid across all sectors in South Yorkshire and will co-design a new workforce strategy with Voluntary, Community and Social Enterprise Sector partners.
- We will continue to utilise VCSE expertise in our work with VCSE, NHS and Local Authority partners to strengthen and support volunteering across South Yorkshire.
- We are scoping opportunities to understand how our Voluntary, Community and Social Enterprise Sector partners can work with us to improve outcomes on a range of pathways, including mental health, maternity and stroke.
- With our renewed commitment to enhancing population health and tackling health inequalities, we will harness VCSE expertise and knowledge of our local communities of geography and diversity. Building on our experience of and learning from collaboration during the Covid-19 pandemic, and as we look ahead to a cost of living crisis, this has never been more important.

**Working with other agencies including Housing and Education**

- Place Partnerships in South Yorkshire are already facilitating multi-agency collaboration that enables consideration of the physical, social, structural, cultural and commercial environments people live in that directly impact on their ability to lead a healthy life.
- To enable children and young people to have the best start in life we will build on the existing relationships to strengthen our work with education providers. Education is a key factor that influences the health and wellbeing of children, young people. Not being in education increases the risk of a range of negative outcomes for young people. Increasing access to a high-quality education will reduce inequalities in educational outcomes and enable children to maximise their capabilities and have control over their lives.



- To enable people in South Yorkshire to live longer healthier lives we will build on our existing relationships with adult focused education providers, including through the development of the South Yorkshire Skills Strategy. Life long learning is important to enable people to develop the skills to work and for career progression so we will work with Life-Long learning delivery partners and the VCSE to ensure people continue to learn the skills they need to thrive in the fast-changing world of the 21st Century.
- We will also build on existing relationships with housing providers to support people to access the right housing support they need, as the quality of housing, house tenure and affordability are all linked to health and wellbeing.
- As a South Yorkshire Integrated Care Partnership we will strengthen multiagency collaboration through our Place Partnerships and facilitate work with other agencies across South Yorkshire where it adds value to do so. This could be on planning for cross boundary housing developments, engaging with communities and public transport providers across South Yorkshire to improve links, walking and cycling routes and further developing sustainable and active travel.
- We will also build partnerships approaches with others, including working with the Police and Crime Commissioner. As part of this we are commencing partnership working with the violence reduction unit to prevent and reduce crime.

### **Harnessing our collective role as 'Anchor Institutions' - Working through our Partnerships to develop an Anchor System**

- Health, Local Authorities, Universities and other large employing organisation in our communities are 'anchor institutions' which have an important presence in an area. This is usually through a combination of being largescale employers; the largest purchasers of goods and services; controlling large areas of land; and having relatively fixed assets. The term anchor is used because they are unlikely to relocate given their connection to their local community. They can make a real difference to social determinants and have a significant influence on the health and wellbeing of communities.
- In South Yorkshire we are committed to collectively harness our role as 'Anchor Institutions' across the NHS, Local Authorities, Universities, particularly maximising our collective contribution as large scale employers to support the health and wellbeing of our staff, develop the health and care workforce for the future, creating a more inclusive and sustainable economy.



8

# Enabling delivery of our Integrated Care Strategy and measuring success

- To enable delivery of our Integrated Care Strategy we will develop a delivery plan overseen by our Integrated Care Partnership.
- The NHS South Yorkshire Five Year Joint Forward Plan to be developed by March 2023 will be a key delivery vehicle for our Integrated Care Strategy.
- We will also develop an outcomes framework to inform and monitor our progress towards our goals and vision.
- The framework will include the multiple levels at which we need to track our progress as reflected in this strategy. We will develop a dashboard to present the selected measures which will comprise:
  - an assessment of the health needs of the South Yorkshire population. This has been largely completed and was used as the basis of this strategy
  - metrics that reflect the high level goals that underpin our vision
  - the ambitions we have set ourselves where we will work differently as a partnership



- the metrics that reflect our shared outcomes. These are largely based on existing place plans and outcomes frameworks
- the measures and metrics (or proxy measures) that are used by each partner in the partnership to inform and monitor their input to our shared outcomes, ambitions and vision
- An initial set of proposed metrics are set out in the appendix but will be developed further alongside the progressing of the partnership and partner delivery plans to make sure our actions can be linked to the outcomes we want to achieve





Artwork created and submitted by a South Yorkshire Citizen submitted as part of the What Matters to You exercise

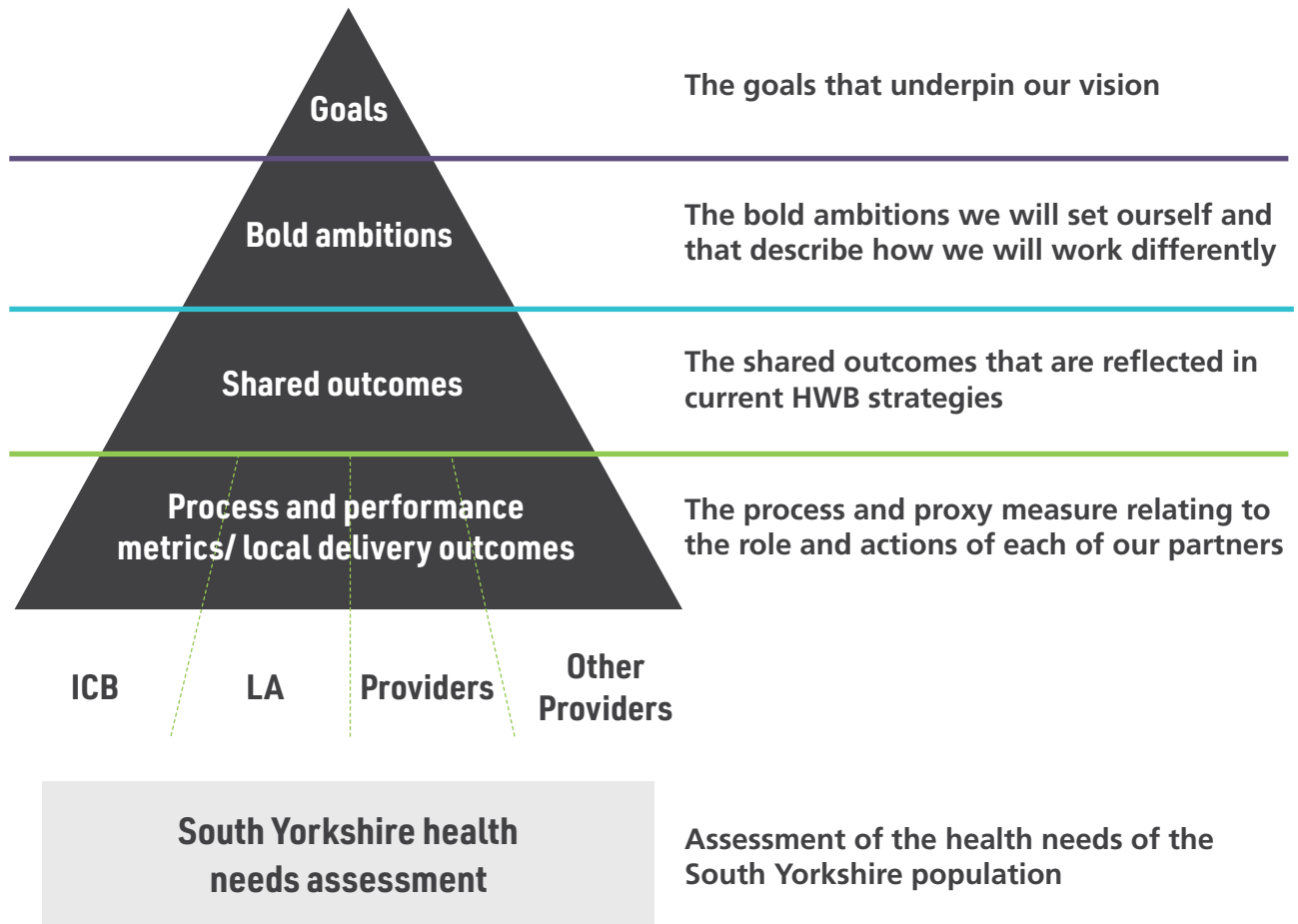


**Having a work life balance is crucial to my health and wellbeing, working keeps me well as I love what I do, but on the flipside sharing quality time with my friends and family really makes my heart sing.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



Figure 1 Proposed outcomes framework for South Yorkshire Integrated Care Strategy



**My health is central to my hopes, ambitions and opportunities.**

Quote from a South Yorkshire Citizen submitted as part of the What Matters to You exercise



# Appendices

**Full Engagement Report:**

[https://syics.co.uk/application/files/7516/7094/4690/Final\\_phase\\_2\\_report.pdf](https://syics.co.uk/application/files/7516/7094/4690/Final_phase_2_report.pdf)

**South Yorkshire Population Health Needs Assessment:**

[https://syics.co.uk/download\\_file/2837/0](https://syics.co.uk/download_file/2837/0)

**Developing our Outcome Framework:**

[https://syics.co.uk/download\\_file/2836/0](https://syics.co.uk/download_file/2836/0)

# Appendices

| Strategy/Plan   | Place  | Link   |
|---|--|--|
| <b>Health &amp; Wellbeing Strategies in South Yorkshire</b> | <b>Barnsley</b>  | Barnsley Health and Wellbeing Strategy 2021 – 2030:                                |
|   | <b>Rotherham</b>                                       | rotherham-joint-health-and-wellbeing-strategy (rotherhamhealthandwellbeing.org.uk) |
|   | <b>Doncaster</b>                                       | 051115 i9 HWB_Strategy update 2015 Ap4.pdf (moderngov.co.uk)                       |
|   | <b>Sheffield</b>                                       | Joint Health Wellbeing Strategy 2019-24.pdf (sheffield.gov.uk)                     |
| <b>Place Health and Care Plans</b>                          | <b>Barnsley</b>  | Barnsley Health and Care Plan Refresh 22/23  |
|   | <b>Rotherham</b>                                       | Rotherham Integrated Care P Place Plan appendix.pdf                                |
|   | <b>Doncaster</b>                                       | DCCG-Place-Plan-Refresh-2019-22-web-FINAL.pdf (doncasterccg.nhs.uk)                |
|   | <b>Sheffield</b>                                       | Shaping-Sheffield-Main-Doc-Final.pdf (sheffieldhcp.org.uk)                         |
| <b>South Yorkshire Strategic Five Year Plan</b>             | <b>South Yorkshire Strategic Five Year Plan</b>        | Five Year Plan (2019 - 2024): SYB ICS (syics.co.uk)                                |
|   | <b>South Yorkshire Green &amp; Sustainability Plan</b> | South Yorkshire Green & Sustainability Plan  |
| <b>South Yorkshire Strategic Economic Plan</b>              | <b>South Yorkshire Strategic Economic Plan</b>         | SCR_SEP_Full_Draft_Ja (southyorkshire-ca.gov.uk)                                   |
| <b>South Yorkshire Housing Prospectus</b>                   | <b>South Yorkshire Housing Prospectus</b>              | Home   Yorkshire Housing   |



# South Yorkshire Integrated Care Partnership Membership Nominations

|  | Barnsley  | Doncaster   | Rotherham                               | Sheffield  | South Yorkshire Wide  |
|--|---|---|---|--|---|
| <b>Health and Wellbeing Board Chairs and other elected members</b> | Councillor Caroline Makinson                                | Councillor Rachael Blake<br>Councillor Nigel Ball | Councillor David Roche                  | Councillor Angela Argenzio   |   |
| <b>Local Authority Chief Executive</b>                             |   | Damian Allen,<br>Chief Executive<br>DMBC          | Sharon Kemp,<br>Chief Executive<br>RMBC |  |   |
| <b>ICB Executive and Non-Executive Members</b>                     |   |   |   |  | <p><b>Pearse Butler,</b><br/>ICB Chair</p> <p><b>Gavin Boyle,</b><br/>ICB Chief Executive<br/>(Vice chair)</p> <p><b>Will Cleary-Gray,</b><br/>ICB Executive<br/>Director of Strategy<br/>and Partnerships</p> <p><b>Christine Joy,</b><br/>ICB Chief People<br/>Officer</p> <p><b>David Crichton,</b><br/>ICB Chief Medical<br/>Officer</p> <p><b>Cathy Winfield,</b><br/>Chief Nursing<br/>Officer</p> <p><b>Wendy Lowder,</b><br/>ICB Executive Place<br/>Director</p> |
| <b>Public Health</b>   |   | Rupert Suckling,<br>Director of Public<br>Health  |   | Greg Fell,<br>Director of Public<br>Health                         |   |
| <b>Adult Social Care</b>   |   |   |   | Alexis Chappell,<br>Director of Adult<br>Health and Social<br>Care |   |
| <b>Children and Young People</b>                                   | Carly Speechley,<br>Director of<br>Children and<br>Families |   |   |  | Suzie Joyner.<br>Strategic Director<br>Children services,<br>Rotherham (TBC)  |



|  | Barnsley   | Doncaster  | Rotherham   | Sheffield  | South Yorkshire Wide             |
|--|--|--|---|--|----------------------------------|
| <b>Voluntary, Community and Social Enterprise Sector</b> |  | <b>Dolly Agoro</b><br>Co-chair<br>Doncaster<br>inclusion and<br>fairness forum | <b>Kate Davis</b><br>Chief Executive<br>Crossroads,<br>Rotherham                  | <b>Helen Steers</b><br>Director of<br>Strategic<br>Partnerships, VAS         |                                  |
| <b>Hospitals</b>   | <b>Sheena McDonnell,</b><br>Chair - Barnsley<br>Hospital   |  | <b>Richard Jenkins,</b><br>Chief Executive<br>Rotherham and<br>Barnsley Hospitals |  |                                  |
| <b>Primary Care</b>                                      |  |  | <b>Dr Jason Page</b><br>GP Primary Care   |  |                                  |
| <b>Housing</b>   | <b>Kathy McArdle,</b><br>Service Director -<br>Regeneration and<br>Culture   |  |   | <b>Juliann Hall</b><br>Co-Director of<br>Care, Health and<br>Wellbeing, SYHA |                                  |
| <b>Education</b>   |  |  |   |  |                                  |
| <b>South Yorkshire Mayoral Combined Authority</b>        |  |  |   |  | <b>Oliver Coppard</b><br>(Chair) |
| <b>Workforce</b>   |  |  |   |  |                                  |
| <b>Mental Health</b>                                     | <b>Adrian England,</b><br>Independent<br>Chair – Mental<br>Health, Learning<br>Disability<br>and Autism<br>Partnership |  |   |  |                                  |



# Glossary

|              |   |   |
|--------------|---|---|
| <b>ICS</b>   | <b>Integrated Care System</b>                         | Statutory Integrated Care Systems (ICSs) are being set up to bring local authorities, NHS organisations, combined authorities and the Voluntary, Community and Social Enterprise Sector together with local communities to take collective responsibility for planning services, improving health and wellbeing and reducing inequalities.  |
| <b>ICP</b>   | <b>Integrated Care Partnership</b>                    | A statutory committee jointly convened by Local Government and the Integrated Care Board, to bring together the NHS with Local Authorities, Combined Authorities, the Voluntary, Community and Social Enterprise Sector and other partners. The ICP is set up to facilitate joint action to improve health and care outcomes and experiences across their populations and reduce health inequalities. |
| <b>ICB</b>   | <b>Integrated Care Board</b>                          | An NHS organisation responsible for planning and funding NHS services, in our case NHS South Yorkshire established in July 2022. NHS South Yorkshire has been established with Partner Board Members including Healthwatch, Mental Health and the Voluntary Care Sector representation.   |
| <b>SYMCA</b> | <b>South Yorkshire Mayoral Combined Authority</b>     | A formal partnership of our four local authorities in South Yorkshire: Barnsley Metropolitan Borough Council, Doncaster Council (City of Doncaster Council from January 2023), Rotherham Metropolitan Borough Council and Sheffield City Council. It covers the same population and is led by an elected Mayor.   |
| <b>VCSE</b>  | <b>Voluntary, Community, Social Enterprise Sector</b> | VCSE sector is a term that refers to the voluntary, community and social enterprise sector, as all working with a social purpose.   |
| <b>LE</b>    | <b>Life expectancy</b>                                | <b>Life expectancy (LE)</b> is an estimate of how many years a person might be expected to live, whereas <b>healthy life expectancy (HLE)</b> is an estimate of how many years they might live in a 'healthy' state. Both of them are key summary measure of a population's health.   |
| <b>HLE</b>   | <b>Healthy life expectancy</b>                        |   |



|                      |  |  |
|----------------------|--|--|
| <b>Core20 Plus 5</b> | <b>Core20 Plus 5 Framework</b>   | The 'Core 20 Plus 5' an NHS England health inequalities framework to support local health services to focus action the most deprived neighbourhoods (core20), locally identified groups (plus) and Five clinical areas that will impact significantly on health inequalities if we accelerate improvement: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and high lipids. Alongside decreasing smoking. |
| <b>PHM</b>           | <b>Population Health Management</b>                                      | Population health management (PHM) is an approach that uses data and insight to help health and care systems to improve population health and wellbeing, by identifying those individuals and communities who are at risk or are experiencing poor health outcomes and adapting the way we support and care or broader interventions are delivered to improve patient experience, access and outcomes.   |
| <b>BCF</b>           | <b>Better Care Fund</b>  | The Better Care Fund is a programme that supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.  |
| <b>CQC</b>           | <b>Care Quality Commission</b>   | The Care Quality Commission, CQC is the independent regulator of health and adult social care in England.  |
| <b>OFSTED</b>        | <b>Office of Standards for Education, Children's Services and Skills</b> | Ofsted is the Office for <b>Standards in Education, Children's Services and Skills</b> . They inspect services providing education and skills for learners of all ages.  |
| <b>MSK</b>           | <b>Musculoskeletal</b>   | <b>Musculoskeletal (MSK)</b> is a medical condition that can affect your joints, bones and muscles. They can range from minor injuries to long term conditions. It is estimated that over 30 million working days are lost to MSK conditions every year in the UK.   |
| <b>CVD</b>           | <b>Cardiovascular disease</b>  | <b>Cardiovascular disease (CVD)</b> is a general term for conditions affecting the heart or blood vessels. CVD includes all heart and circulatory diseases, including coronary heart disease, angina, heart attack, congenital heart disease, hypertension, stroke and vascular dementia.  |
| <b>SMI</b>           | <b>Serious Mental Illness</b>  | <b>Serious Mental Illness (SMI)</b> is a term used to describe people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia and bipolar disorder are often referred to as an SMI.  |





# Our thanks

Our thanks to the following organisations, who held focus groups or provided feedback through surveys that helped to influence this strategy:

- Barnsley College, Dark Nights
- Barnsley Parent Carer Forum
- Barnsley Youth Council
- Beacon Coffee Morning (Carers)
- Breathing Space Rotherham
- Chilypep
- Citizens Advice Event, Barnsley Library
- Doncaster District Deaf Society, Happy Hands
- Doncaster Health Ambassadors
- Healthwatch South Yorkshire
- KickBack Recovery
- Newlife
- Roshni Asian Sheffield Women's Group
- Rotherham Ethnic Minority Alliance
- Safeguarding Event, Barnsley Market
- Salvation Army Goldthorpe Foodbank
- Sheffield Mansel Primary School
- South Yorkshire Stroke Survivor and Carer Panel
- Speakup for Autism
- SY Military Veterans support
- TransBarnsley
- Umbrella Winter Wellbeing



# **SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY**

Working together to build a healthier South Yorkshire  
our Initial Integrated Care Strategy

March 2023

Email

**helloworkingtogether@nhs.net**

Address

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Sheffield  
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**0114 305 4487**

**[www.healthandcaretogethersyb.co.uk](http://www.healthandcaretogethersyb.co.uk)**

## APPENDIX A

### DRAFT SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP CONSTITUTION

#### BACKGROUND

1. Section 116ZA of the Local Government and Public Involvement in Health Act 2007 requires the Integrated Care Board (ICB) and each local authority in ICB to establish an Integrated Care Partnership (ICP), which is a joint committee of these bodies. The ICP may appoint other members and determine its own procedures. ICPs have a critical role to play in Integrated Care Systems (ICS), facilitating joint action to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.

#### NAME

2. The name of the ICP is **'The South Yorkshire Integrated Care Partnership'**

#### OBJECTIVES

3. The South Yorkshire ICP will consider what arrangements work best in its area by creating a dedicated forum to enhance relationships between the leaders across the health and care system that:-
  - build on existing governance structures such as Health and Wellbeing Boards (HWBs) and Place-based partnerships, and support newly forming structures to ensure governance and decision-making are proportionate, support subsidiarity and avoid duplication across the ICS.
  - drive and enhance integrated approaches and collaborative behaviours at every level of the system, where these can improve population health outcomes, planning, and service delivery.
  - foster, structure, and promote an ethos of partnership and co-production, working in partnership with communities and organisations within them.
  - address health challenges that the health and care system cannot address alone, especially those that require a longer timeframe to deliver, such as tackling health inequalities and the underlying social determinants that drive poor health outcomes, including employment, reducing offending, climate change and housing.
  - continue working with multiagency partners to safeguard people's rights and ensure people are free from abuse or neglect and not deprived of their liberty or subject to compulsory detainment or treatment without safeguards.
  - develop strategies that are focused on addressing the needs and preferences of the population including specific cohorts and those most vulnerable.
  - promote the commitment of health and care partners made to improve population health and health inequalities in the [South Yorkshire Health and Care Compact](#)

#### FUNCTIONS

4. Under s116ZB of the Local Government and Public Involvement in Health Act 2007

South Yorkshire ICP is required to prepare an integrated care strategy that:-

- Details how the needs of resident of its area will be met by either the ICB, NHS England, or local authorities.
- Considers how NHS bodies and local authorities could work together to meet these needs using section 75 of the National Health Service Act 2006.
- Must have regard to the NHS mandate and guidance published by the Secretary of State.
- Involves the Local Healthwatch and people who live or work in the ICP's area.
- Is reviewed and revised as required when a new Health and Social Care joint strategic needs assessment is received from a local authority within the ICP.
- Considers how health related services can be more closely integrated with arrangements for the provision of health services and social care in its area.
- Is published and provided to each local authority in its area and each partner Integrated Care Board of those local authorities. Under s116B of the Local Government and Public Involvement in Health Act 2007 a local authority and each of its partner ICPs must have regard to:-
  - Any joint assessment of health and social care in relation to the area for which they are responsible
  - Any Integrated Care Strategy that applies to the area of the local authority
  - Any Joint Health and Wellbeing Strategy prepared by the local authority and any of its partner ICB's
- South Yorkshire ICP will not perform a Health Scrutiny Function and will itself be subject to scrutiny by the Health Scrutiny Committees of the Local Authorities within the ICS area.

## **MEMBERSHIP**

5. Within the legislation ICPs are a statutory joint committee between Local Authorities and the ICB within the ICS area and include wider membership.
6. Members of the ICP therefore fall into two groupings:
  - Statutory members
  - Co-opted members
7. The initial statutory membership of South Yorkshire ICP is one member appointed by each of the local Authorities and the ICB.
8. Where a member is to be appointed other than by a Local Authority or the ICB then the ICP will invite nominations via any fair process determined by their appointing organisations and the agreed nominee will be co-opted on to the ICP at a meeting of the ICP.
9. In the event that there is no clear nominee or if there is a dispute as to the identity of the nominee the ICP may co-opt as it thinks fit.
10. South Yorkshire ICP may appoint such additional persons as it sees fit, either as co-opted members or as observers who shall be entitled to participate in discussion at meetings.

| <b>Nomination:</b>    | <b>Name:</b>                                      | <b>Title:</b>                                      | <b>Organisation:</b>   |
|-----------------------|---|--|--|
|                       | Oliver Coppard<br><b>(Chair)</b>                  | South Yorkshire Major                              | South Yorkshire Mayoral Combined Authority                                       |
|                       | Martin Swales                                     | Chief Executive                                    | South Yorkshire Mayoral Combined Authority                                       |
|                       | Pearse Butler<br><b>(Vice Chair)</b>              | ICB, Chair   | South Yorkshire Wide   |
|                       | Gavin Boyle                                       | ICB Chief Executive                                | South Yorkshire Wide   |
|                       | Will Cleary-Gray                                  | ICB Executive Director of Strategy and Partnership | South Yorkshire Wide   |
|                       | David Crichton                                    | ICB Chief Medical Officer                          | South Yorkshire Wide   |
|                       | Cathy Winfield                                    | ICB Chief Nursing Officer                          | South Yorkshire Wide   |
|                       | Christine Joy                                     | ICB Chief People Officer                           | South Yorkshire Wide   |
|                       | Wendy Lowder                                      | ICB Executive Place Director Barnsley              | South Yorkshire Wide   |
| <b>HWBB Barnsley</b>  | Councillor Caroline Makinson                      | Councillor   | Barnsley Metropolitan Borough Council  |
|                       | Carly Speechley                                   | Executive Director of Children's Services          | Barnsley Metropolitan Borough Council  |
|                       | Sheena McDonnell                                  | Chair  | Barnsley Hospital NHS Foundation Trust   |
|                       | Kathy McArdle                                     | Service Director, Regeneration and Culture         | Barnsley Metropolitan Borough Council  |
|                       | Adrian England                                    | Independent Chair                                  | Mental Health, Learning Disability and Autism Partnership, Barnsley              |
| <b>HWBB Doncaster</b> | Councillor Rachael Blake<br>Councillor Nigel Ball | Councillor<br>Councillor                           | Doncaster Metropolitan Borough Council<br>Doncaster Metropolitan Borough Council |
|                       | Damian Allen                                      | Chief Executive                                    | Doncaster Metropolitan Borough Council   |
|                       | Rupert Suckling                                   | Director of Public Health                          | Doncaster Metropolitan Borough Council   |
|                       | Dolly Agoro                                       | Co-chair   | Doncaster Inclusion and Fairness Forum   |

|                       |                            |  |  |
|-----------------------|----------------------------|--|--|
| <b>HWBB Rotherham</b> | Councillor David Roche     | Councillor   | Rotherham Metropolitan Borough Council   |
|                       | Sharon Kemp                | Chief Executive  | Rotherham Metropolitan Borough Council   |
|                       | Kate Davis                 | Chief Executive  | Crossroads, Rotherham  |
|                       | Richard Jenkins            | Chief Executive  | Rotherham Hospital Foundation Trust and Barnsley Hospital NHS Foundation Trust |
|                       | Dr Jason Page              | GP Primary Care  | Thorpe Hesley GP Practice, Rotherham   |
|                       | <b>Suzie Joyner</b>        | <b>Strategic Director Children services, Rotherham</b> | <b>South Yorkshire Wide</b>  |
| <b>HWBB Sheffield</b> | Councillor Angela Argenzio | Councillor   | Sheffield City Council   |
|                       | Greg Fell                  | Director of Public Health                              | Sheffield City Council   |
|                       | Alexis Chappell            | Director of Adult Health and Social Care               | Sheffield City Council   |

11. It is anticipated that agreement will be achieved by consensus not through voting.

### PROFESSIONAL AND ADMINISTRATIVE SUPPORT

12. South Yorkshire ICP may establish Programme Boards and Advisory Sub-groups to oversee specific work programmes or broader thematic areas as required.
13. Programme Boards/Sub-Groups, reporting into the South Yorkshire ICP, will be managed in accordance with separate terms of reference as agreed by the South Yorkshire ICP
14. The role, remit and membership of Programme Boards and Advisory Sub-groups will be reviewed regularly by South Yorkshire ICP to ensure they remain flexible to the demands of ongoing and new programmes of work.
15. Administrative support to South Yorkshire ICP will be provided by South Yorkshire Integrated Care Board for the first 12 months of its operation without charge and thereafter this arrangement will be subject to review.

### STANDING ORDERS

16. South Yorkshire ICP is governed by Standing Orders approved and amended by the ICP from time to time. The Current standing orders are set out in [Annex A attached](#) to this Constitution.

## **ANNEX A**

### **SOUTH YORKSHIRE ICP STANDING ORDERS**

#### **Membership**

1. South Yorkshire ICP may appoint representatives to other outside bodies as co-opted members, voting or non-voting.

#### **Alternate or Substitute Members**

2. Each member will be entitled to appoint from time to time one named alternate or substitute member in exceptional circumstances, who may act in all aspects as a statutory or co-opted member of the South Yorkshire ICP in the absence of the member appointed.
3. The Chair of the South Yorkshire ICP must be informed in advance of the relevant meeting of the identity of any alternative or substitute.

#### **Term of Office**

4. The term of office of members shall end:
  - a) if rescinded by the organisation by whom they are appointed
  - b) if a Councillor appointed by a Council cease to be a member of the appointing Council
  - c) if an ex officio member cease to be appointed in that role
  - d) if the individual change's role within an organisation and is no longer in the role that led to their appointment to the ICP.

#### **Appointment of Chair and Vice-Chair**

5. The Chair and Vice Chair will hold office until they resign, cease to be a member of the South Yorkshire ICP, or until their successor is appointed.

#### **Quorum**

6. Quorum for meetings of the South Yorkshire ICP will be one member appointed by each of the Local Authorities of Barnsley, Doncaster, Rotherham and Sheffield and the ICB.
7. If there is no quorum at the published start time for the meeting, a period of ten minutes will be allowed, or longer, at the Chair's discretion. If there remains no quorum at the expiry of this period, the meeting will be abandoned, and no business will be transacted.
8. If there is no quorum at any stage during a meeting, the Chair will adjourn the meeting for a period of ten minutes, or longer, at their discretion. If there remains no quorum at the expiry of this period, the meeting will be closed, and no further business will be transacted.



## **Member Conduct**

9. Members of the South Yorkshire ICP shall comply with any code of conduct applicable to their employing organisation and or professional body they represent.
10. Members of the South Yorkshire ICP are required to declare any interests they have in respect of matters being discussed by the ICP.

## **Meetings and Proceedings of South Yorkshire ICP**

11. South Yorkshire ICP shall hold at least four meetings each year. Special meetings may be called at any time by (i) the Chair or (ii) by a written notice requiring a meeting to be called being served on the Chair by the ICB or Local Authorities of Barnsley, Doncaster, Rotherham and Sheffield, specifying the business to be transacted.
12. In the absence of the Chair at a meeting of South Yorkshire ICP, the Vice Chair will preside over that meeting. In the event that both the Chair and Vice Chair are absent then the ICP will appoint one of its members to preside at that meeting.
13. South Yorkshire ICP may hold any meeting remotely using Zoom, Microsoft Teams, or any other suitable platform and may live stream the meeting.

## **Decision-Making**

14. Decisions are expected to be achieved by consensus by the chair.

## **Notice of and Summons to Meetings**

15. At least five clear working days before a meeting, a copy of the agenda and associated papers will be sent to every member of the ICP. The agenda will give the date, time and confirmation regarding whether the meeting is in person or virtual or hybrid and specify the business to be transacted and will be accompanied by such details as are available.

## **Virtual Meetings**

16. The Quorum provisions at paragraph 6 shall apply equally to virtual meetings. If it is not possible in a specific instance to find a consensus, the issue may be deferred to a later meeting.

## **Reports from Health Overview and Scrutiny Committees**

17. South Yorkshire ICP may receive reports and recommendations from the Health Scrutiny Committees within the area and the Chairs of those Scrutiny Committees, or a nominated representative on their behalf, will be entitled to attend meetings of the ICP to represent the Committee.

## **Participation at South Yorkshire ICP**

18. All members of South Yorkshire ICP are entitled to speak and contribute to discussions.

## **Public Questions**

19. Any member of the public who is a resident or a registered local government elector of South Yorkshire may ask a question about any matter over which the South Yorkshire ICP has power, or which directly affects the health and wellbeing of the population.
20. A member of the public who wishes to ask a question:
  - shall give written notice, including the text of the proposed question, to South Yorkshire ICBs Director of Corporate Governance and Board Secretary at least 2 clear working days before the meeting.
21. Unless the Chair otherwise agrees, questions shall be:
  - put orally at the meeting in the order in which notice of the question has been received;
  - at the end of each reply, the questioner may ask one supplementary question arising from the answer;
  - a member of the South Yorkshire ICP nominated by the Chair will either give an oral reply to the question and/or any supplementary question orally or will indicate that a written reply will be made available to the questioner within 14 working days and published on ICS website. The method of answer shall be at the discretion of the Chair. There shall be no debate about the question or any supplementary question between members of the public and South Yorkshire ICP;
  - the period allocated to questions shall be limited to 20 minutes unless the Chair agrees to extend this time. Any questions remaining after that period has elapsed shall be subject to a written reply within 14 working days; and
  - answers given orally at the meeting shall be included in the Minutes. Written replies shall be copied to all members of South Yorkshire ICP.

## **Minutes**

22. The Chair will sign the minutes of the proceedings at the next suitable meeting after they have been agreed as a correct record at that meeting. The Chair will move that the minutes of the previous meeting be signed as a correct record.
23. The minutes will be accompanied by a list of agreed action points, which may be discussed in considering the minutes of the previous meeting should they not be specifically listed as items on the agenda for the meeting.
24. Minutes will be published.

## **Interpretation of Standing Orders**

25. The ruling of the Chair of South Yorkshire ICP as to the interpretation of these Standing Orders shall be final.

## **Suspension of Standing Orders**

26. As far as is lawful, any of these Standing Orders may be suspended by motion passed by the majority of those members present.

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